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6464 Supported Employment Demonstration Attachment J4. Baseline Interview Digit Symbol Test Instructions 05-03-17

Digit Symbol Test Instructions

Materials Needed

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

Description

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

Administration

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

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

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

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

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

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

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

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

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

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

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

Write in the symbol.

Point to the third Sample Item and say:

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

After marking the first three Sample Items, say:

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

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

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

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

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

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

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

Sweep across the first row with your finger and say:

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

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

Go ahead.

BEGIN TIMING.

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

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

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

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

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

COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI)

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

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

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

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

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

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

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

Are you willing to do this?

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

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

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

INTERVIEWER: If respondent indicates any of the following, begin with that corresponding module once screener Is completed. Otherwise, go in order below. Stop CIDI and move onto Baseline interview once first positive diagnosis is triggered

Depression Generalized anxiety disorder Panic disorder Social phobia Agoraphobia Neurasthenia [somatoform dx] PTSD OCD Psychosis Mania Eating disorder Explosive disorder Personality screen then disorder Specific phobia

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

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.

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

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

*SC27.1 INTERVIEWER CHECKPOINT (SEE *SC27 SERIES):

*SC27.2.You feared (KEY PHRASE OF ENDORSED ITEMS IN *SC27a-*SC27f SERIES). Was there ever a time in your life when you became very upset or nervous whenever you were faced with (this situation/one of these situations)?

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

*SC27.3. Did you ever stay away from (this situation/these situations) whenever you could because of your fear?

| YES | |
|------------------|---|
| NO DON'T KNOW | |
| REFUSED | 9 |

*SC27.4 Do you think your fear was ever much stronger than it should have been?

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

*SC28. INTERVIEWER CHECKPOINT (SEE *SC27.2, *SC27.3, *SC27.4):

| INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY. | YES (1) | NO (5) | DK (8) | RF (9) |
|--|-----------------------|---------------------|---------------------|---------------------|
| *SC29. (RB, PG 2) Looking at page 2 in your booklet, was there ever a time in your life when you felt very afraid or <u>r</u> eally, <u>really</u> shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom? | 1 GO TO *SC29.1 | 5 | 8 | 9 |
| *SC29a. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class? | 1 | 5 GO TO *SC30 | 8 GO TO *SC30 | 9 GO TO *SC30 |

*SC29.1. Was there ever a time in your life when you became very upset or nervous (IF *SC29 EQUALS '1': whenever you were in a social situation/ ALL OTHERS: when you had to do something in front of a group)?

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

*SC29.2. Did you ever stay away from (IF *SC29 EQUALS '1': social situations/ ALL OTHERS: situations where you had to do something in front of a group) whenever you could because of your fear?

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

*SC29.3. Do you think your fear was ever much stronger than it should have been?

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

*SC29.4. INTERVIEWER CHECKPOINT (SEE *SC29.1, *SC29.2, *SC29.3):

*SC30. (RB, PG 2) Looking at the bottom of page 2 in your booklet, was there ever a time in your life when you felt afraid of either being in <u>c</u>rowds, going to <u>public places</u>, traveling <u>by y</u>ourself, or traveling <u>away from home</u>?

| GO TO *SC31 |
|-------------|
| GO TO *SC31 |
| GO TO *SC31 |
| |

*SC30.1. Was there ever a time in your life when you became very upset or nervous whenever you were in crowds, public places, or traveling?

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

*SC30.2. Did you ever stay away from these situations whenever you could because of your fear?

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

*SC30.3. Do you think your fear was ever much stronger than it should have been?

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

*SC30.4. INTERVIEWER CHECKPOINT (SEE *SC30.1, *SC30.2, *SC30.3):

*SC36. INTERVIEWER CHECKPOINT: (SEE *SC20, *SC20a, *SC21, *SC22, *SC23, *SC24, *SC25, *SC25a, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4)

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

| *SC21 EQUALS '1' | 1 | GO TO *D1, NEXT SECTION |
|--------------------|----|-------------------------|
| *SC22 EQUALS '1' | 2 | GO TO *D2 |
| *SC23 EQUALS '1' | 3 | GO TO *D9 |
| *SC24 EQUALS '1' | 4 | GO TO *M1 |
| *SC25a EQUALS '1' | 5 | GO TO *M5 |
| *SC20 EQUALS '1' | 6 | GO TO *PD1 INTRO 1 |
| *SC20a EQUALS '1' | 7 | GO TO *PD1 INTRO 2 |
| *SC28 EQUALS '1' | 8 | GO TO *SP1 |
| *SC29.4 EQUALS '1' | 9 | GO TO *SO1 |
| *SC30.4 EQUALS '1' | 10 | GO TO *AG1 |
| *SC26 EQUALS '1' | 11 | GO TO *G1 INTRO 1 |
| *SC26a EQUALS '1' | 12 | GO TO *G1 INTRO 2 |
| *SC26b EQUALS '1' | 13 | GO TO *G1 INTRO 3 |
| ALL OTHERS | 14 | GO TO *IED1 |
| | | |

DEPRESSION (D)

*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?

| YES1 | |
|--------------|------------|
| NO 5 | GO TO *D1b |
| DON'T KNOW 8 | GO TO *D1b |
| REFUSED9 | 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 |
| REFUSED9 | 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 | то | *D5 |
|--------------|----|----|-----|
| NO 5 | GO | то | *D6 |
| DON'T KNOW 8 | GO | то | *D6 |
| REFUSED9 | GO | то | *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?

| YES1 | GO TO *D7 |
|--------------|-----------|
| NO5 | GO TO *D8 |
| DON'T KNOW 8 | GO TO *D8 |
| REFUSED9 | 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 INSTRUCTION:

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

*D6. INTERVIEWER INSTRUCTION:

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

*D7. INTERVIEWER INSTRUCTION:

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

*D8. INTERVIEWER INSTRUCTION:

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

| *D9. | Earlier in the interview, you mentioned having periods that lasted set | veral 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 NO | 1 GO TO *D11 |
|-----------------------|--------------|
| DON'T KNOW REFUSED | |

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

INTERVIEWER: "LESS THAN ONE DAY" CODE 0

NUMBER

| CIRCLE UNIT OF TIME: | DAYS1 | WEEKS2 | MONTHS3 | YEARS 4 |
|-------------------------|--------------------|----------------|-----------------|--------------|
| PROBE DK: Was it th | nree days or longe | r? | | |
| DON'T KNOW REFUSED | | | | |
| USE THE KEY PHRA | ASE "UNINTERE | ESTED" THROUGH | IOUT THE SECTIO | N GO TO *D10 |

*D10. INTERVIEWER CHECKPOINT: (SEE *D9a)

| DURATION OF 3 DAYS OR LONGER1 | GO TO *D14 |
|-------------------------------|--------------|
| ALL OTHERS2 | 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 LONGER1 | GO TO *D14 |
|-------------------------------|--------------|
| ALL OTHERS | 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?

| GO TO *D87.1 |
|--------------|
| GO TO *D87.1 |
| 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?

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

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

INTERVIEWER: ASK ABOUT PERIODS LASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF THE SECTION.

GO TO *D17

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

| LESS THAN 1 HOUR | 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: 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)

*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 <u>largest number</u> 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?

| YES1 | |
|------------|-------------|
| NO5 | GO TO *D22c |
| DON'T KNOW | GO TO *D22c |
| REFUSED9 | GO TO *D22c |

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

YEARS OLD

*D22b. How long did that worst episode last?

***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

*D22d. How long did that episode last?

NUMBER

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

| GO TO *D24 |
|------------|
| GO TO *D24 |
| GO TO *D24 |
| (|

*D23a. (RB, PG 3) (IF NEC: [Look at page 3 in your booklet.] Briefly, what was going on that caused the episode to occur?)

CIRCLE ALL MENTIONS.

STRESS

| OVERWORK | 1 |
|--|---|
| TENSION | |
| DEATH OF LOVED ONE | 3 |
| MARITAL SEPARATION/DIVORCE | 4 |
| JOB LOSS | 5 |
| STRESS | 6 |
| OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW) | 7 |

PHYSICAL ILLNESS/INJURY/CONDITION

| EXHAUSTION | 10 |
|----------------------------------|----|
| MENSTRUAL CYCLE | 11 |
| PREGNANCY/POSTPARTUM | 12 |
| HEART DISEASE | 13 |
| THYROID DISEASE | 14 |
| CANCER | 15 |
| OVERWEIGHT | 16 |
| OTHER PHYSICAL ILLNESS OR INJURY | |
| (SPECIFY BELOW) | 17 |
| | |

OTHER

| OTHER (SPECIFY BELOW) | 82 |
|-----------------------|----|
| DON'T KNOW | |
| REFUSED | 99 |

SPECIFY

| *D24 | 4. (RB, PG 4. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Look at page 4 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 |
| | severe and frequent. During that period, which of the following problems did you have most of the day nearly |
| | every day: |

| | | YES | NO | DK | RF |
|--------|--|-----|------------------------|------------------------|------------------------|
| | | (1) | (5) | (8) | (9) |
| *D24a. | Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/ two weeks) or longer? | 1 | 5 | 8 | 9 |
| | | | GO TO *D24c | GO TO *D24c | GO TO *D24c |
| *D24b. | Did you feel so sad that nothing could cheer you up nearly every day? | 1 | 5 | 8 | 9 |
| *D24c. | During that period of (several days/ two weeks) or longer, did you feel discouraged about how things were going in your life most of the day 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 4-5. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------------------|-------------------|-------------------|-------------------|
| *D26a. Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)? | 1 | 5 | 8 | 9 |
| | GO TO *D26e | | | |
| *D26b. Did you have a much <u>larger</u> appetite than usual nearly every day? | 1 | 5 | 8 | 9 |
| *D26c. Did you gain weight without trying to during that period of (several days/ two weeks)? | 1 | 5 | 8 | 9 |
| IF R REPORTS BEING PREGNANT OR GROWING, CODE "7" AND GO TO *D26g | | GO TO *D26e | GO TO *D26e | GO TO *D26e |
| *D26d. How much did you gain? | | | | |
| NUMBER GO TO *26g | | | | |
| CIRCLE UNIT OF MASS: POUNDS 1 GO TO *26g KILOS 2 GO TO *26g | | | 998 | 999 |
| | | | | |
| * D26e. Did you <u>lose</u> weight without trying to? | 1 | 5 | 8 | 9 |
| IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO" AND GO TO *D26g | | GO TO | GO TO | GO TO |
| *D26f. How much did you lose? | | *D26g | *D26g | *D26g |
| | | | | |
| NUMBER | | | | |
| NUMBER CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2 | | | 998 | 999 |
| CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2 *D26g. Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during | 1 | 5 | 998 | 999 9 |
| CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2 *D26g. Did you have a lot more trouble than usual either falling asleep, | 1 GO TO *D26i | 5 | | |
| CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2 *D26g. Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during | GO TO | 5 | | |
| CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2 *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)? *D26h. Did you sleep a lot more than usual nearly every night during that | GO TO *D26i | | 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 |
| *D261. | 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 *D261 |
| *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 *D26] |
| *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 *D26 |
| *D260. | 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. I | 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 *D26v |
| *D26v | Did you feel totally worthless nearly every day? | 1 | 5 | 8 | 9 |

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

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

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

| COUNT EQUALS TWO OR MORE1 | |
|---------------------------|--------------|
| ALL OTHERS | GO TO *D87.1 |

*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 ALL1 A LITTLE2 | |
|--------------------------|------------|
| SOME | 0010 22 |
| A LOT4 EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | GO TO *D29 |

*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

*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 [IF D29= '1': episode/or/IF D29>1: episodes] of [IF *D24a EQUALS '1': sadness/ or/ IF *D24c EQUALS: discouragement/ or/ IF *D24e EQUALS '1': lack of interest] ever_occurred as the result of such physical causes?

|) TO *D29d |
|------------|
|) TO *D29d |
|) TO *D29d |
| |

*D29b. Do you think your [IF D29= '1': episode was/or/IF D29>1: episodes were] <u>always</u> the result of physical causes?

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *D29d |
| DON'T KNOW8 | GO TO *D29d |
| REFUSED9 | GO TO *D29d |

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

*D29d. INTERVIEWER CHECKPOINT (SEE *D29)

***D29** EQUALS "1"1 **GO TO *D37d** ALL OTHERS......2

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

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

*D37e. INTERVIEWER CHECKPOINT: (SEE *D29)

***D29** EQUALS "1 - 3"1 **GO TO *D37**g 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 after the death of someone close to you. Including your first episode, about how many of your lifetime episodes started out of the blue, about how many episodes started in response to some stressful experience, and about how many episodes started after the death of someone close to you?

***D37f.1**._NUMBER OUT OF THE BLUE DON'T

KNOW 998 REFUSED......999

*D37f.2._NUMBER IN RESPONSE TO STRESS DON'T

*D37f.3._NUMBER AFTER THE DEATH OF SOMEONE CLOSE TO YOU DON'T

KNOW 998 REFUSED......999

*D37g. INTERVIEWER CHECKPOINT: (SEE *D29)

***D29** EQUALS "1".....1 **GO TO *D38** ALL OTHERS.....2 ***D38.** Think of the past 12 months. During this time, did you have an episode of being (sad/or/discouraged/or/uninterested) that lasted (several days or longer/two weeks or longer) and included some of the problems listed on pages 4-5 in your booklet?

| YES1 | GO TO *D38a |
|-------------|-------------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

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

*D38a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH1 2-6 MONTHS AGO2 MORE THAN 6 MONTHS AGO...3 DON'T KNOW8 REFUSED9

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

NUMBER

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

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

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

MONTH YEAR

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

*D38a EQUALS '1'.....1 ALL OTHERS......2 GO TO *D38b *D38a.6. Has this episode <u>ended</u> or is it still going on?

| ENDED | 1 |
|----------------|---|
| STILL GOING ON | 5 |
| DON'T KNOW | 8 |
| 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: DAYS1 WEEKS2 MONTHS3 YEARS4

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

D38a EQUALS '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

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

| * D29 EQUALS '1'1 | GO TO *D62.2 |
|--------------------------------|--------------|
| *D29 EQUALS '2' or '3'2 | GO TO *D54 |
| ALL OTHERS | GO TO *D39 |

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

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

| R CAN READ | 1 | |
|------------|---|------------|
| ALL OTHERS | 2 | GO TO *D64 |

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

GO TO *D64a

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

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

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

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

NUMBER

DON'T KNOW 998 REFUSED 999

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

One: You did not wake up at night.

Two: You had a restless, light sleep with few brief awakenings each night.

Three: You woke up at least once a night, but you got back to sleep easily.

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

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

NUMBER

*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

*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

*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

*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

*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

*D641. 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

*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

*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

| In | No terference | | Mild | | | Moderat | te | | Severe | | Very Severe Interference |
|------|-------------------------|--------------------------------------|-----------------------------|-----------|-----------------------------|---------------------|--------------|--------------------------|---------------------------|--------------------|--|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| D66. | (sadness/ booklet, v | or/discou where 0 r ur (sadnes | ragement neans <u>no</u> | /or/lack | of interes nce and 1 | t) was m 0 means | very sever | Using <u>e interf</u> | the 0 to 10 erence, wh |) scale nat num | en your on page 9 of your ber describes how owing activities du |
| | (IF NEC: during th | | | our (sadr | ness/or/di | scourage | ement/or/lac | ck of in | terest) inte | erfere w | vith (ACTIVITY) |
| | (IF NEC: | You car | n use any | number | between | 0 and 10 | to answer. |) | | | |
| | | | | | | | | |] | NUME | BER (0-10) |
| | *D66a. | | g, and wo | | like clear ound the | | apartment) | | | | |
| | | | | | | | | DON | 'T KNOW | V | 97 98 99 |
| | *D66b. | Your ab | ility to w | ork? | | | | | | | |
| | | | | | | | | DON | 'T KNOW | V | 97 98 99 |
| | *D66c. | | ility to fo ships wit | | naintain <u>c</u> eople? | <u>elose</u> | | | | | |
| | | | | | | | | DON | 'T KNOW | V | 97 98 99 |
| | *D66d. | Your so | cial life? | | | | | | | | |
| | | | | | | | | DON | 'T KNOW | V | 97 98 99 |

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

| ALL RESPONSES EQUAL '0' OR '97'1 | GO TO *D72 |
|----------------------------------|------------|
| ALL OTHERS | |

*D68. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your (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 <u>ever</u> 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 |
|-------------|--------------|
| NO5 | GO TO *D87.1 |
| DON'T KNOW8 | GO TO *D87.1 |
| REFUSED9 | GO TO *D87.1 |

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

YEARS OLD

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

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

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

YEARS OLD

*D84b. How many professionals did you <u>ever</u> 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 <u>ever</u> talk to about your (sadness/or/discouragement/or/lack of interest)?

____NUMBER OF PROFESSIONALS

*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)?

| YES | 1 | |
|------------|---|--------------|
| NO5 | 5 | GO TO *D87.1 |
| DON'T KNOW | 8 | GO TO *D87.1 |
| REFUSED | 9 | 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 in things) that either caused them a lot of distress or that interfered with their lives?

NUMBER

IF POSTIVE FOR DEPRESSSION, END SCREENER. IF NEGATIVE, D88.

*D88. INTERVIEWER CHECKPOINT (SEE *SC20, *SC20a, *SC24, *SC25a, *SC26a, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

| *SC26 EQUALS '1' | |
|-----------------------------------|--------------------|
| *SC26a EQUALS '1' | GO TO *G1 INTRO 2 |
| *SC26b EQUALS '1' | GO TO *G1 INTRO 3 |
| *SC20 EQUALS '1' | GO TO *PD1 INTRO 1 |
| *SC20a EQUALS '1' | |
| *SC29.4 EQUALS '1' | GO TO *SO1 |
| *SC30.4 EQUALS '1' | GO TO *AG1 |
| [IF NONE OF THE ABOVE, GO TO *N1] | |

GENERALIZED ANXIETY DISORDER SECTION (G)

| *G1 INTRO 1. (RB, PG 18-19) | *G1 INTRO 2. (RB, PG 18-19) | *G1 INTRO 3. (RB, PG 18-19) |
|---------------------------------|------------------------------------|------------------------------------|
| Earlier you mentioned having a | Earlier you mentioned having a | Earlier you mentioned having a |
| time in your life when you were | time in your life when you were | period lasting one month or |
| "a worrier". The next questions | much more nervous or anxious | longer when you were anxious or |
| are about that time. Looking at | than most other people. The next | worried most days. The next |
| pages 18-19 in your booklet, | questions are about that time. | questions are about that time. |
| what sorts of things were you | Looking at pages 18-19 in your | Looking at pages 18-19 in your |
| worried or nervous or anxious | booklet, what sorts of things were | booklet, what sorts of things were |
| about during that time? | you nervous or anxious about | you anxious or worried about |
| | during that time? | during that time? |

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

CIRCLE ALL MENTIONS.

DIFFUSE WORRIES

| EVERYTHING | 1 |
|---|----|
| NOTHING IN PARTICULAR | 2 |
| | |
| PERSONAL PROBLEMS | |
| FINANCES | 3 |
| SUCCESS AT SCHOOL OR WORK | 4 |
| SOCIAL LIFE | |
| LOVE LIFE | |
| RELATIONSHIPS AT SCHOOL OR WORK | |
| RELATIONSHIPS WITH FAMILY | |
| PHYSICAL APPEARANCE | |
| PHYSICAL HEALTH | 10 |
| MENTAL HEALTH | 11 |
| SUBSTANCE USE | |
| OTHER PERSONAL PROBLEMS (SPECIFY) | 13 |
| | |
| PHOBIC AND OBSESSIVE-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) | |
| OBSESSIONS (E.G., WORRY ABOUT GERMS) | 17 |
| COMPULSIONS (E.G., REPETITIVE HANDWASHING) | |
| | |
| <u>NETWORK PROBLEMS</u> | |
| BEING AWAY FROM HOME OR APART FROM LOVED ONES | |
| THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION | 20 |
| THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION | |
| THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION | |
| OTHER NETWORK PROBLEMS (SPECIFY) | 23 |
| | |
| SOCIETAL PROBLEMS | |
| CRIME / VIOLENCE | |
| THE ECONOMY | |
| THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION) | |
| MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) | |
| WAR / REVOLUTION | |
| OTHER SOCIETAL PROBLEMS (SPECIFY) | 29 |
| OTHED BRODI EMG (CDECLEV) | |
| OTHER PROBLEMS (SPECIFY) FIRST (SPECIFY) | 30 |
| | 30 |
| | |
| SECOND (SPECIFY) | 31 |

***G3.** Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was <u>ever</u> 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?

| OFTEN | 1 |
|------------|---|
| 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) <u>most days</u>?

IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," CODE 995 YEARS GO TO *G6 DON'T KNOW OR REFUSED – GO TO *G5.1

NUMBER

*G5.TUnit.

CIRCLE UNIT OF TIME: DAYS...1 WEEKS...2 MONTHS...3 YEARS...4 GO TO *G6

*G5.1. Did you ever have a time lasting 6 months or longer? YES......1 GO TO *G6 NO......5 DON'T KNOW8 REFUSED9 GO TO *G6

*G5.2. Did you ever have a time lasting 1 month or longer?

YES.....1 NO.....5 DON'T KNOW8 REFUSED.....9 ***G6.** INTERVIEWER CHECKPOINT: (SEE ***G5**, ***G5.1**, ***G5.2**)

- *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 | |
| FOUR OR MORE RESPONSES CODED '1' IN *G9 AND *G10 SERIES | |
| ALL OTHERS | 4 GO TO *G13 |

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

| TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES1 | 6 |
|--|---|
| ALL OTHERS | 6 |

GO TO *G15 GO TO *IED1, NEXT SECTION

| *G13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES | | | | |
|---|----------------------|-----------|-----------|-----------|
| CODED '1' IN *G9 SERIES IS | | | | |
| CODED '1' IN *G10 SERIES IS | YES (1) | NO (5) | DK (8) | RF (9) |
| GO TO *G15 AS SOON AS FIVE RESPONSES CODED '1' IN *G9, G10, G13 SERIES | | | | |
| *G13a. Did you often feel dizzy or lightheaded? | 1 | 5 | 8 | 9 |
| *G13b. Were you often short of breath? | 1 | 5 | 8 | 9 |
| *G13c. Did you often feel like you were choking? | 1 | 5 | 8 | 9 |
| *G13d. Did you often have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *G13e. Did you often have pain or discomfort in your stomach? | 1 GO TO *G13g | 5 | 8 | 9 |
| *G13f. Did you often have nausea? | 1 | 5 | 8 | 9 |
| *G13g. Did you often feel that you were unreal? | 1 GO TO *G13i. | 5 | 8 | 9 |
| *G13h. Did you often feel that things around you were unreal? | 1 | 5 | 8 | 9 |
| *G13i. Were you often afraid that you might lose control or go crazy? | 1 GO TO *G13k | 5 | 8 | 9 |
| *G13j. Were you often afraid that you might pass out? | 1 | 5 | 8 | 9 |
| *G13k. Were you often afraid that you might die? | 1 | 5 | 8 | 9 |
| *G131. Did you often have hot flushes or chills? | 1 | 5 | 8 | 9 |
| *G13m. Did you often have numbness or tingling sensations? | 1 | 5 | 8 | 9 |
| *G13n. Did you often feel like you had a lump in your throat? | 1 | 5 | 8 | 9 |
| *G130. Were you easily startled? | 1 | 5 | 8 | 9 |

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

| TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES1 | |
|---|---------------------------|
| THREE OR MORE RESPONSES CODED '1' IN *G9, 10, 13 SERIES2 | |
| ALL OTHERS | 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 ALL1 | GO TO *G17.1 |
|-------------|--------------|
| A LITTLE2 | GO TO *G17.1 |
| SOME3 | |
| A LOT4 | |
| EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | 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?

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

| *G15 EQUALS '3', '4', OR '5' <u>OR</u> *G17 EQUALS '3', '4', OR '5' | ĺ |
|---|---|
| ALL OTHERS | |

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?

| YES1 | |
|--------------|------------|
| NO5 | GO TO *G26 |
| DON'T KNOW 8 | GO TO *G26 |
| REFUSED | GO TO *G26 |

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

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

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

*G26. Think of the <u>very first time</u> 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 <u>exact age</u>?

| 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 KNOW998 REFUSED999

*G26b. <u>About how old were you?</u>

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

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

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

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

MONTH YEAR

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

NUMBER

| CIRCLE UNIT OF TIME: | DAYS 1 | WEEKS2 | MONTHS 3 | YEARS4 |
|----------------------|--------|--------|----------|--------|
| | | | | |

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

| *G27a EQUALS '1'1 | |
|-------------------|------------|
| ALL OTHERS | GO TO *G28 |

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

| ENDED | 1 |
|----------------|---|
| STILL GOING ON | |
| DON'T KNOW | |
| REFUSED | |
| | |

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 | WEEKS2 | MONTHS 3 | YEARS4 |
| DON'T KNOW REFUSED | | | | |

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

| *G27a EQUALS '1' 1 | |
|--------------------|-------------|
| ALL OTHERS | GO TO *G27b |

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

| ENDED | 1 |
|----------------|---|
| STILL GOING ON | |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

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

MONTHS

| DON'T KNOW | |
|------------|--|
| REFUSED | |

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

*G29. INTERVIEWER CHECKPOINT: (SEE *G28) 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 GO TO *G35 GO TO *G35 *G31. How long did the longest of these episodes last? NUMBER WEEKS......2 MONTHS 3 YEARS4 CIRCLE UNIT OF TIME: DAYS.....1 DON'T KNOW 98

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

NUMBER

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

YEARS

*G33. INTERVIEWER CHECKPOINT: (SEE *G32)

*G32 EQUALS '1'1 ALL OTHERS......2

GO TO *G35

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

YEARS

*G35. INTERVIEWER CHECKPOINT: (SEE *G27)

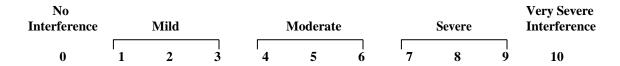
| *G27 EQUALS '1'1 | |
|------------------|------------|
| ALL OTHERS2 | GO TO *G44 |

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

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

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

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



*G38. (RB, PG 9) 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 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe interference</u>, 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 APPLY |
| *G38b. | Your ability to work? | |
| | | DOES NOT APPLY |
| *G38c. | Your ability to form and maintain <u>close</u> relationships with other people? | |
| | | DOES NOT APPLY |
| *G38d. | Your social life? | |
| | | DOES NOT APPLY 97 DON'T KNOW 98 REFUSED 99 |

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

*G40. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your (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 <u>ever</u> in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES1 | |
|-------------|--------------|
| NO5 | GO TO *G59.1 |
| DON'T KNOW8 | GO TO *G59.1 |
| REFUSED9 | GO TO *G59.1 |

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

_____YEARS OLD

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

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *G56c |
| DON'T KNOW8 | GO TO *G56c |
| REFUSED9 | GO TO *G56c |

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

YEARS OLD

DON'T KNOW998 REFUSED999

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

| NUMBER (| OF PROFESSIONALS | GO TO *G58 |
|--------------|------------------|------------|
| DON'T KNOW98 | | |
| REFUSED99 | GO TO *G58 | |

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

NUMBER OF PROFESSIONALS

*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)?

| GO TO *G59.1 |
|--------------|
| GO TO *G59.1 |
| 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

*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

| *SC20 EQUALS '1' | GO TO *PD1 INTRO 1 |
|-----------------------------------|--------------------|
| *SC20a EQUALS '1' | |
| *SC29.4 EQUALS '1' | GO TO *SO1 |
| *SC30.4 EQUALS '1' | GO TO *AG1 |
| [IF NONE OF THE ABOVE, GO TO *N1] | |

PANIC DISORDER (PD)

| when all o or uneasy. | TRO 1 I mentioned having attacks of fear or panic f a sudden you felt very frightened, anxious, Think of a bad attack like that. During that ich of the following problems did you have? | * PD1. INTRO 2 Earlier you mentione you had several prob heart pounding or fe die or go crazy. Thir attack, which of the | blems like b eling dizzy, ik of a bad a | eing short and being attack like | of breath, g afraid you that. Durin | your 1 would 1g that |
|-----------------------|---|--|---|--|---|----------------------------|
| SKIP TO | *PD2 AFTER SIX "YES" RESPONSES | | YES (1) | NO (5) | DK (8) | RF (9) |
| *PD1a. | Did your heart pound or race? (KEY PHRASI | E: heart racing) | 1 | 5 | 8 | 9 |
| *PD1b. | Were you short of breath? (KEY PHRASE: be | eing short of breath) | 1 | 5 | 8 | 9 |
| *PD1c. (KEY PHI | PD1c. Did you have nausea or discomfort in your stomach? KEY PHRASE: having nausea) | | 1 | 5 | 8 | 9 |
| *PD1d. | Did you feel dizzy or faint? (KEY PHRASE: f | eeling dizzy) | 1 | 5 | 8 | 9 |
| *PD1e. | Did you sweat? (KEY PHRASE: sweating) | | 1 | 5 | 8 | 9 |
| *PD1f. | Did you tremble or shake? (KEY PHRASE: tre | embling) | 1 | 5 | 8 | 9 |
| *PD1g. | Did you have a dry mouth? (KEY PHRASE: h | aving a dry mouth) | 1 | 5 | 8 | 9 |
| *PD1h. | Did you feel like you were choking? (KEY PH | IRASE: choking) | 1 | 5 | 8 | 9 |
| *PD1i. (KEY PHI | Did you have pain or discomfort in your chest' RASE: having discomfort in your chest) | ? | 1 | 5 | 8 | 9 |
| *PD1j. crazy? (KI | Were you afraid that you might lose control of EY PHRASE: fearing that you might lose control | | 1 | 5 | 8 | 9 |
| - | Did you feel that you were "not really there", la movie of yourself? RASE: feeling unreal) | ike you were | 1 GO TO *PD1m | 5 | 8 | 9 |
| *PD11. | Did you feel that things around you were unrea ASE: feeling that things around you were unrea | | 1 | 5 | 8 | 9 |
| *PD1m. | Were you afraid that you might pass out? RASE: fearing that you might pass out) | | 1 | 5 | 8 | 9 |
| *PD1n. (KEY PHI | Were you afraid that you might die? RASE: fearing that you might die) | | 1 | 5 | 8 | 9 |
| *PD1o. flushes) | Did you have hot flushes or chills? (KEY PHR | ASE: having hot | 1 | 5 | 8 | 9 |
| *PD1p. (KEY PHI | Did you have numbness or tingling sensations' RASE: having numbness) | ? | 1 | 5 | 8 | 9 |

*PD2. INTERVIEWER CHECKPOINT: (SEE ***PD1** SERIES)

ZERO TO THREE RESPONSES CODED '1'.....1 GO TO *PD66 ALL OTHERS......2

*PD3. During your attacks did the problems like (PARENTHETICAL PHRASE OF FIRST THREE YES RESPONSES IN ***PD1** SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?

*PD4. About how many of these sudden attacks have you had in your entire lifetime?

_____ NUMBER OF ATTACKS

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

*PD5. INTERVIEWER CHECKPOINT: (SEE *PD4)

| * PD4 EQUALS '1'1 | |
|--------------------------|------------|
| ALL OTHERS2 | GO TO *PD9 |

*PD6. When did the attack occur – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

| PAST MONTH | 1 GO TO *PD8 TWO TO |
|-----------------|---------------------|
| SIX MONTHS | |
| MONTHS3 | GO TO *PD8 |
| MORE THAN TWELV | 'E MONTHS4 |
| DON'T KNOW | |
| REFUSED | 9 |

*PD7. Can you remember your <u>exact age</u> when the attack occurred?

| YES | | 1 |
|------------|---|-------------|
| NO | | GO TO *PD7b |
| DON'T KNOW | | GO TO *PD7b |
| REFUSED | 9 | GO TO *PD7b |

*PD7a. (IF NEC: How old were you?)

_____YEARS OLD GO TO *PD8

*PD7b. About how old were you?

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

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

_____YEARS OLD

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

***PD8.** Attacks of this sort can occur in three different situations. The first are when the attacks occur unexpectedly "out of the blue." The second are when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third are when a person is in real danger, like a car accident or a bank robbery.

Which of these three describes your attack – did it occur unexpectedly "out of the blue," in a situation that you strongly fear, or in a situation of real danger?

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS, CODE "REAL DANGER."

| OUT OF THE BLUE | 1 |
|-----------------|---|
| STRONG FEAR | 2 |
| REAL DANGER | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

GO TO *PD66

*PD9. Can you remember your exact age the very first time you had one of these attacks?

| YES | 1 |
|--------------|-------------|
| NO5 | GO TO *PD9b |
| DON'T KNOW 8 | GO TO *PD9b |
| REFUSED9 | GO TO *PD9b |

*PD9a. (IF NEC: How old were you?)

YEARS OLD GO TO *PD10

*PD9b. 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 | |
| NOT BEFORE TEENAGER | 13 |
| WHOLE LIFE OR DON'T KNOW | |
| REFUSED | |
| | |

*PD10. Did you have one of these attacks at any time in the past 12 months?

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *PD10d |
| DON'T KNOW 8 | GO TO *PD10d |
| REFUSED 9 | GO TO *PD11 |

*PD10a. How recently - in the past month, between two and six months ago, or more than six months ago?

| PAST MONTH | 1 |
|--------------------------------|---|
| BETWEEN TWO AND SIX MONTHS AGO | 2 |
| MORE THAN SIX MONTHS AGO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

*PD10b. How many weeks in the past 12 months did you have at least one attack?

NUMBER

| DON'T KNOW | 98 |
|------------|----|
| REFUSED | 99 |

*PD10c. And how many attacks in all did you have in the past 12 months?

____ NUMBER GO TO *PD11

DON'T KNOW98 REFUSED99 GO TO *PD11 GO TO *PD11

***PD10d.** How old were you the <u>last time you had one of these attacks?</u>

_____YEARS OLD

*PD11. What is the largest number of attacks you ever had in any single year of your life?

___NUMBER OF ATTACKS

*PD12. About how many separate years in your life did you have at least one attack?

_____YEARS

| *PD13. After having one of these attacks, did you ever have any of the following experiences: | YES (1) | NO (5) | DK (8) | RF (9) |
|---|---------------------|-----------|-----------|-----------|
| *PD13a. A month or more when you often worried that you might have another attack? | 1 GO TO *PD14 | 5 | 8 | 9 |
| *PD13b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control? | 1 GO TO *PD14 | 5 | 8 | 9 |
| *PD13c. A month or more when you changed your everyday activities because of the attacks? | 1 GO TO *PD14 | 5 | 8 | 9 |
| PD13d. A month or more when you avoided certain situations because of fear about having another attack? | 1 GO TO *PD14 | 5 | 8 | 9 |

*PD14. INTERVIEWER CHECKPOINT: (SEE *PD13a-d)

*PD15. How old were you the <u>first</u> time you had a month when you either often worried, changed your everyday activities, or avoided certain situations because of the attacks?

_____YEARS OLD

*PD16. Did you have a month of worry or change in activity like that in the past 12 months?

*PD16a. How recently – in the past month, between two and six months ago, or more than six months ago?

| PAST MONTH1 |
|----------------------------|
| BETWEEN TWO AND SIX MONTHS |
| MORE THAN SIX MONTHS |
| DON'T KNOW |
| REFUSED |
| |

*PD16b. How many months of worry or change in activity did you have in the past 12 months?

NUMBER OF MONTHS

| DON'T KN | IOW | 8 |
|----------|-----|---|
| REFUSED | | 9 |

*PD16c. During the time in the past 12 months when your worry about having another attack was most frequent and severe, did you worry nearly all the time, most of the time, often, sometimes, or only rarely?

| NEARLY ALL THE TIME | 1 |
|---------------------|---|
| MOST OF THE TIME | 2 |
| OFTEN | |
| SOMETIMES | |
| ONLY RARELY | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

*PD16d. And how severe was the worry during this time -- mild, moderate, severe, or so severe that you were unable to carry out important tasks?

| MILD | 1 |
|------------|---|
| MODERATE | |
| SEVERE | |
| SO SEVERE | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

GO TO *PD17

***PD16e.** About how old were you the <u>last time you had a month like this when you worried about having another attack?</u>

| | YEARS OLD |
|-----------------------|-----------|
| DON'T KNOW REFUSED | |

***PD17.** Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly "out of the blue." The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery.

The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly "out of the blue?"

| YES | | 1 |
|------------|---|-------------|
| NO | 5 | GO TO *PD18 |
| DON'T KNOW | 8 | GO TO *PD18 |
| REFUSED | 9 | GO TO *PD18 |

*PD17a. About how many attacks in your lifetime occurred unexpectedly "out of the blue?"

___NUMBER_OF ATTACKS

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

***PD18.** About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?

_NUMBER OF ATTACKS

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

*PD19. About how many attacks in your lifetime occurred in situations where you were in real danger?

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE "REAL DANGER."

_____ NUMBER OF ATTACKS

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

*PD20. INTERVIEWER CHECKPOINT: (SEE *PD17)

| *PD17 EQUALS '1' | 1 | |
|-------------------------|---|-------------|
| ALL OTHERS | 2 | GO TO *PD66 |

*PD20a.INTERVIEWER CHECKPOINT: (SEE *PD18 - *PD19)

| *PD18 EQUALS '0' AND *PD19 EQUALS '0'1 | GO TO *PD22 |
|--|-------------|
| ALL OTHERS2 | |

*PD21. How old were you (when you had the attack/the <u>first time</u> you had an attack) "out of the blue" for no obvious reason?

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

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

_____ YEARS OLD

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

***PD22.** How much did (this/these) unexpected "out of the blue" attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

| NOT AT ALL1 | GO TO *PD23 |
|-------------|-------------|
| A LITTLE2 | GO TO *PD23 |
| SOME | |
| A LOT4 | |
| EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | GO TO *PD23 |

*PD22a. How often during that time were you unable to carry out your daily activities or to take care of yourself because of this/these unexpected "out of the blue" attacks(s) or worry about having another attack – often, sometimes, not very often, or never?

| OFTEN | 1 |
|----------------|---|
| SOMETIMES | |
| NOT VERY OFTEN | 3 |
| NEVER | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

*PD23. INTERVIEWER CHECKPOINT: (SEE *PD17a)

| *PD17A EQUALS '1' 1 | |
|---------------------|--------------|
| ALL OTHERS 2 | GO TO *PD24a |

*PD24. Did this unexpected "out of the blue" attack occur while you were asleep?

*PD25a. Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks <u>ever</u> occurred as the result of such physical causes?

| YES | | | | 1 | |
|-------------|----|-------|-----|-------|-------|
| NO | 5 | GO | ТО | *PD33 | DON'T |
| KNOW8 GO | ТО | *PD33 | REF | USED | 9 |
| GO TO *PD33 | | | | | |

*PD25b. Do you think all of your attacks were the result of physical causes?

| *PD25c. Briefly, what were the physical causes? | |
|--|--|
| | |
| | |
| | |
| *PD33. INTERVIEWER CHECKPOINT: (SEE | *PD20a) |
| * PD20a EQUALS '1' | GO TO *PD35 |
| *PD34. INTERVIEWER CHECKPOINT: (SE | E * PD10) |
| * PD10 EQUALS '1'1 ALL OTHERS2 | GO TO *PD40 GO TO *PD39 |
| *PD35. INTERVIEWER CHECKPOINT: (SE | E * PD10) |
| * PD10 EQUALS '1'1 ALL OTHERS2 | GO TO *PD39 |
| *PD36. How many unexpected "out of the blue" | attacks did you have in the past 12 months? |
| NUMBER OF ATTACKS | 5 |
| DON'T KNOW 998 REFUSED | 9 |
| *PD37. INTERVIEWER CHECKPOINT: (SE | E * PD36) |
| * PD36 EQUALS "0"1 | |
| * PD36 EQUALS "1"2 | GO TO *PD38 |
| ALL OTHERS3 | GO TO *PD37b |
| *PD37a. How old were you the last time you had | an unexpected "out of the blue" attack? |
| YEARS OI | LD GO TO *PD39 |
| DON'T KNOW98 REFUSED99 | GO TO *PD39 GO TO *PD39 |
| *PD37b. About how many weeks in the past 12 m | nonths did you have at least one of these attacks? |
| NUMBER | |

| DON'T KNOW | 98 |
|------------|----|
| REFUSED | 99 |

*PD38. How recently did you have an unexpected "out of the blue" attack - in the past month, between two and six months ago, or more than six months ago?

| PAST MONTH | 1 |
|----------------------------|---|
| BETWEEN TWO AND SIX MONTHS | 2 |
| MORE THAN SIX MONTHS | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

GO TO *PD40

*PD39. INTERVIEWER CHECKPOINT: (SEE *PD16)

| * PD16 EQUALS '1'1 | GO TO *PD41 |
|---------------------------|-------------|
| ALL OTHERS2 | GO TO *PD50 |

*PD40. When you had an attack in the past 12 months, how much emotional distress did it cause you during the attack itself -- none, mild, moderate, severe, or so severe that you were unable to concentrate and had to stop what you were doing?

| NONE | |
|------------|---|
| MILD2 | |
| MODERATE | |
| SEVERE | |
| SO SEVERE | |
| DON'T KNOW | |
| REFUSED9 | ł |

***PD41.** Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or caffeinated beverages, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary motion picture or television show. In the past 12 months, did you ever get upset by any physical sensations that reminded you of your attacks?

| YES | 1 | |
|------------|---|-------------|
| NO | 5 | GO TO *PD44 |
| DON'T KNOW | 8 | GO TO *PD44 |
| REFUSED | 9 | GO TO *PD44 |

*PD41a. How strong was your discomfort with any physical sensations like these in the past 12 months – mild, moderate, severe, or so severe that you became very worried that these sensations might cause you to have another attack?

| MILD | 1 |
|-----------|---|
| MODERATE | 2 |
| SEVERE | 3 |
| SO SEVERE | 4 |

*PD42. How often did you avoid situations or activities that might cause these physical sensations in the past 12 months – all the time, most of the time, sometimes, rarely, or never?

| ALL THE TIME | 1 | |
|------------------|---|-------------|
| MOST OF THE TIME | 2 | |
| SOMETIMES | 3 | |
| RARELY | 4 | GO TO *PD44 |
| NEVER | 5 | GO TO *PD44 |
| DON'T KNOW | 8 | GO TO *PD44 |
| REFUSED | 9 | GO TO *PD44 |
| | | |

*PD43. How much did avoidance of these situations interfere with either your work, your social life, or your personal relationships over the past 12 months -- not at all, a little, some, a lot, or extremely?

| NOT AT ALL | |
|------------|---|
| A LITTLE | 2 |
| SOME | |
| A LOT | 4 |
| EXTREMELY | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

| No | | | | | | | q | | | Severe | |
|--------------|-----|---|---|----------|---|---|--------|---|--------|--------|--|
| Interference | Mil | d | Γ | Moderate | 2 | | Severe | | Interf | erence | |
| | | | | | _ | | | _ | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

***PD44.** (RB, PG 9) Think about the month or longer in the past 12 when your attack(s) or worry about the attacks (was/were) most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much the attack(s) or worry about the attacks interfered with each of the following activities during that time?

(IF NEC: How much did the attacks interfere with (ACTIVITY) during that time?) (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

| *PD44a. | Your home management, like cleaning, | |
|---------------------|--|--|
| shopping, and takin | g care of the (house/ apartment)? | |
| DOES NOT APPLY | Υ | |
| | | |
| REFUSED | | |
| *PD44b. Your ab | ility to work? Y | |
| | 1 | |
| | | |
| *PD44c. | Your ability to form and maintain <u>close</u> | |

| relationships with other people? | DOES NOT APPLY | |
|----------------------------------|----------------|--|
| | DON'T KNOW | |
| | REFUSED | |

*PD44d. Your social life?

| DOES NOT APPLY | 97 |
|----------------|----|
| DON'T KNOW | 98 |
| REFUSED | |
| | |

*PD45. INTERVIEWER CHECKPOINT: (SEE *PD44a - *PD44d)

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

_____ NUMBER OF DAYS

*PD50. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your attacks? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES | | 1 |
|------------|---|---------------|
| NO | 5 | GO TO *PD65.1 |
| DON'T KNOW | 8 | GO TO *PD65.1 |
| REFUSED | 9 | GO TO *PD65.1 |

*PD50a. How old were you the <u>first time (you talked to a professional about your attacks)</u>?

| | YEARS OLD |
|-----------------------|-----------|
| DON'T KNOW REFUSED | |

*PD62. Did you ever get treatment for your attacks that you considered <u>helpful</u> or <u>effective</u>?

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *PD62c |
| DON'T KNOW 8 | GO TO *PD62c |
| REFUSED 9 | GO TO *PD62c |

*PD62a. How old were you the <u>first time (you got helpful</u> treatment for your attacks)?

YEARS OLD

DON'T KNOW

REFUSED......999

*PD62b. How many professionals did you <u>ever</u> talk to about your attacks, up to and including the first time you got helpful treatment?

NUMBER OF PROFESSIONALS GO TO *PD64

***PD62c.** How many professionals did you <u>ever talk to about your attacks?</u>

_____ NUMBER OF PROFESSIONALS

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

*PD64. Did you receive professional treatment for your attacks at any time in the past 12 months?

| YES 1 | |
|--------------|--|
| NO5 | |
| DON'T KNOW 8 | |
| REFUSED9 | |

*PD65. Were you ever hospitalized overnight for your attacks?

| YES | | . 1 |
|------------|---|---------------|
| NO | 5 | GO TO *PD65.1 |
| DON'T KNOW | 8 | GO TO *PD65.1 |
| REFUSED | 9 | GO TO *PD65.1 |
| | | |

*PD65a. How old were you the first time (you were hospitalized overnight because of your attacks)?

*PD65.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had attacks of this sort?

NUMBER

***PD66.** INTERVIEWER CHECKPOINT (SEE ***SC26**, ***SC26a**, ***SC26b**, ***SC28**, ***SC29.4**, ***SC30.4**): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

| *SC29.4 EQUALS '1' | GO TO *SO1 |
|-----------------------------------|------------|
| *SC30.4 EQUALS '1' | GO TO *AG1 |
| [IF NONE OF THE ABOVE, GO TO *N1] | |

SOCIAL PHOBIA SECTION (SO)

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

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

| | | YES | NO | N/A | DK | RF |
|--------|--|-----|-----|-----|-----|-----|
| | | (1) | (5) | (7) | (8) | (9) |
| *SO1a. | Meeting new people? | 1 | 5 | 7 | 8 | 9 |
| *SO1b. | Talking to people in authority? | 1 | 5 | 7 | 8 | 9 |
| *SO1c. | Speaking up in a meeting or class? (KEY PHRASE: speaking up at a meeting) | 1 | 5 | 7 | 8 | 9 |
| *SO1d. | Going to parties or other social gatherings? (KEY PHRASE: going to parties) | 1 | 5 | 7 | 8 | 9 |
| *SO1e. | Acting, performing, or giving a talk in front of an audience? (KEY PHRASE: performing in front of an audience) | 1 | 5 | 7 | 8 | 9 |
| *SO1f. | Taking an important exam or interviewing for a job, even though you were well prepared? | 1 | 5 | 7 | 8 | 9 |
| *SO1g. | (KEY PHRASE: taking an important exam) Working while someone watches? | 1 | 5 | 7 | 8 | 9 |
| *SO1h. | Entering a room when others are already present? | 1 | 5 | 7 | 8 | 9 |
| *SO1i. | Talking with people you don't know very well? | 1 | 5 | 7 | 8 | 9 |
| *SO1j. | Expressing disagreement to people you didn't know very well? (KEY PHRASE: disagreeing with people) | 1 | 5 | 7 | 8 | 9 |
| *SO1k. | Writing or eating or drinking while someone watches? | 1 | 5 | 7 | 8 | 9 |
| *SO11. | Urinating in a public bathroom or using a bathroom away from home? (KEY PHRASE: using a public bathroom) | 1 | 5 | 7 | 8 | 9 |
| *SO1m. | Being in a dating situation? (KEY PHRASE: dating) | 1 | 5 | 7 | 8 | 9 |
| *SO1n. | Any <u>other social or performance situation where you could be</u> the center of attention or where something <u>embarrassing</u> might happen? | 1 | 5 | 7 | 8 | 9 |

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

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

| ou had a fear of a number of social or performance situations | |
|---|--|
| the list. Can you remember your exact age the very first | |
| time you had a fear of any of these situations? | |
| | |
| YES 1 | |
| NO | |
| DON'T KNOW | |
| n | |

*SO3a. (IF NEC: How old were you?)

_____YEARS OLD GO TO *SO6

***SO3b.** <u>About how old were you?</u>

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 |
| | |

*SO6. INTERVIEWER CHECKPOINT: (SEE *SC29.2)

*SO6a. Earlier in the interview you mentioned having times when you avoided social or performance situations because of your fear. How old were you when you first started this avoidance?

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 |

*SO8. Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with (this situation/ these situations), or thought you would have to be, did you ever have any of the following experiences?

| GO TO *SO9 AFTER ONE "YES" IN *SO8a-*SO8c | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------|-----------|-----------|---------------|
| *SO8a. Did you ever blush or shake? | 1 | 5 | 8 | 9 |
| *SO8b. Did you ever fear that you might lose control of your bowels or bladder? | 1 | 5 | 8 | 9 |
| *SO8c. Did you ever fear that you might vomit? | 1 | 5 | 8 | 9 |

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

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

GO TO *SO10

| GO TO | *SO10 AFTER TWO "YES" RESPONSES | YES (1) | NO (5) | DK (8) | RF (9) |
|--------|---|----------------|-----------|-----------|-----------|
| *SO9a. | Did your heart ever pound or race? | 1 | 5 | 8 | 9 |
| *SO9b. | Did you sweat? | 1 | 5 | 8 | 9 |
| *SO9c. | Did you tremble? | 1 | 5 | 8 | 9 |
| *SO9d. | Did you feel sick to your stomach? | 1 | 5 | 8 | 9 |
| *SO9e. | Did you have a dry mouth? | 1 | 5 | 8 | 9 |
| *SO9f. | Did you have chills or hot flushes? | 1 | 5 | 8 | 9 |
| *SO9g. | Did you feel numbness or have tingling sensations? | 1 | 5 | 8 | 9 |
| *SO9h. | Did you have trouble breathing normally? | 1 | 5 | 8 | 9 |
| *SO9i. | Did you feel like you were choking? | 1 | 5 | 8 | 9 |
| *SO9j. | Did you have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *SO9k. | Did you feel dizzy or faint? | 1 | 5 | 8 | 9 |
| *SO91. | Were you afraid that you might die? | 1 | 5 | 8 | 9 |
| *SO9m. | Did you ever fear that you might lose control, go crazy, or pass out? | 1 | 5 | 8 | 9 |
| *SO9n. | Did you feel like you were distant from the situation, "not really there", or like you were watching yourself in a movie? | 1 | 5 | 8 | 9 |
| | | GO TO *SO10 | | | |
| *SO90. | Did you feel that things around you were unreal or like a dream? | 1 | 5 | 8 | 9 |

***SO10.** When you were in (IF ***SO2** EQUALS '2': this situation/ ALL OTHERS: these situations), were you ever afraid that you might have a panic attack?

| YES | 1 | | | |
|------------|-----|----|----|-------|
| NO | . 5 | GO | то | *SO11 |
| DON'T KNOW | 8 | GO | то | *SO11 |
| REFUSED | 9 | GO | то | *SO11 |

*SO10a. Did you ever have a panic attack in (this situation / one of these situations)?

*SO11. Were you afraid that you might be trapped or unable to escape?

*SO12. When you were in (IF ***SO2** EQUALS '2': this situation/ ALL OTHERS: these situations) were you afraid you might do something <u>embarrassing</u> or <u>humiliating</u>?

| YES1 | GO TO *SO15 |
|-------------|-------------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*SO12a. Were you afraid that you might embarrass other people?

YES1 GO TO *SO15 NO5 DON'T KNOW8 REFUSED9

*SO13. Were you afraid that people might look at you, talk about you, or think negative things about you?

| YES1 | GO TO *SO15 |
|-------------|-------------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

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

| YES1 | GO TO *SO15 |
|-------------|-------------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*SO14a. What was it you feared <u>most</u> about (IF ***SO2** EQUALS '2' : KEY PHRASE/ ALL OTHERS : these situations)?

| REAL DANGER (SPECIFY BELOW) | 1 |
|-----------------------------|---|
| OTHER (SPECIFY BELOW) | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

*SO15. Was your fear related to embarrassment about having a physical or mental health problem or disability?

| YES1 | | | |
|-------------|----|----|-------|
| NO5 | GO | то | *SO16 |
| DON'T KNOW8 | GO | то | *SO16 |
| REFUSED9 | GO | то | *SO16 |

*SO15a. Briefly, what was the health problem?

INTERVIEWER: CIRCLE ALL THAT APPLY

| MENTAL HEALTH PROBLEM1 |
|------------------------------------|
| ALCOHOL OR DRUG PROBLEM |
| SPEECH, VISION, OR HEARING PROBLEM |
| MOVEMENT OR COORDINATION PROBLEM4 |
| FACIAL / BODY DISFIGUREMENT OR |
| WEIGHT / BODY IMAGE PROBLEM5 |
| BAD ODOR OR SWEATING |
| PREGNANCY7 |
| OTHER PHYSICAL HEALTH PROBLEM |
| DON'T KNOW9 |
| REFUSED10 |
| |

***SO16.** How much did your fear (or avoidance) <u>ever</u> 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 *SO17 |
|--------------|-------------|
| A LITTLE | GO TO *SO17 |
| SOME | |
| A LOT | |
| EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | GO TO *SO17 |

- SO16.1. How often during that time were you unable to carry out your daily activities or to take care of yourself because of your fear (or avoidance) often, sometimes, not very often, never?
- *SO17. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of (IF ***SO2** EQUALS '2' : this situation/ ALL OTHERS : this situation/ these situations)?

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

*SO18. When was the last time you either strongly feared or avoided (IF ***SO2** EQUALS '2': this situation/ any of these situations) – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

| WITHIN PAST MONTH1 | GO TO *SO19 |
|----------------------|-------------|
| 2 AND 6 MONTHS | GO TO *SO19 |
| 7 AND 12 MONTHS 3 | GO TO *SO19 |
| MORE THAN 12 MONTHS4 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*SO18a. How old were you the <u>last time [you either strongly feared or avoided (IF *SO2 EQUALS '2' : this situation/</u> ALL OTHERS : any of these situations)]?

YEARS OLD

***SO19.** What if you were faced with (IF ***SO2** EQUALS '2' : this situation/ ALL OTHERS : one of these situations) today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOLUNTEERED "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you <u>most</u>: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

TO *SO25 TO *SO25

| NOT AT ALL 1 | GO |
|--------------|----|
| MILD | GO |
| MODERATE | |
| SEVERE4 | |
| VERY SEVERE5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*SO20. During the past 12 months, how often did you avoid (IF ***SO2** EQUALS '2' : KEY PHRASE/ ALL OTHERS : any of these situations) -- all the time, most of the time, sometimes, rarely, or never?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided <u>most</u>: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

| ALL THE TIME | 1 |
|------------------|---|
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

| No Interfere | nce | Mild | |] | Moderat | e | | Severe | | Very Severe Interference | |
|-----------------|-----|------|---|---|---------|---|---|--------|---|-----------------------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

*S021. (RB, PG 9) Think about the month or longer in the past 12 when your fear (or avoidance) of social or performance situations was most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much your fear (or avoidance) of social or performance situations interfered with each of the following activities during that time?

NUMBER (0-10)

REFUSED......99

[IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?] [IF NEC: You can use any number between 0 and 10 to answer.]

*SO21a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? DOES NOT APPLY97 DON'T KNOW98 REFUSED......99 *SO21b. Your ability to work? DOES NOT APPLY97 DON'T KNOW98 REFUSED......99 *SO21c. Your ability to form and maintain close relationships with other people? DOES NOT APPLY97 DON'T KNOW98 REFUSED......99 *SO21d. Your social life? DOES NOT APPLY97 DON'T KNOW98

*SO22. INTERVIEWER CHECKPOINT: (SEE *SO21a - *SO21d)

| ALL RESPONSES EQUAL '0' OR '97' | 1 | GO TO *SO25 |
|---------------------------------|---|-------------|
| ALL OTHERS | 2 | |

*SO23. About how many days in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your fear (or avoidance)?

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

_____NUMBER OF DAYS

*SO25. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your fear (or avoidance) of (IF ***SO2** EQUALS '2': KEY PHRASE/ ALL OTHERS : these situations)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| GO TO *SO39.1 |
|---------------|
| GO TO *SO39.1 |
| GO TO *SO39.1 |
| |

*SO25a. How old were you the first time (you talked to a professional about your fear)?

_____YEARS OLD

*SO36. Did you ever get treatment for your fear that you considered <u>helpful</u> or <u>effective</u>?

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *SO36c |
| DON'T KNOW 8 | GO TO *SO36c |
| REFUSED9 | GO TO *SO36c |

*SO36a. How old were you the first time (you got helpful treatment for your fear)?

YEARS OLD

DON'T KNOW 998 REFUSED 999

*SO36b. How many professionals did you <u>ever</u> talk to about your fear, up to and including the first time you got helpful treatment?

___ NUMBER OF PROFESSIONALS GO TO *SO38

*SO36c. How many professionals did you ever talk to about your fear?

_____NUMBER OF PROFESSIONALS

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

*SO38. Did you receive professional treatment for your fear at any time in the past 12 months?

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

*SO39. Were you ever hospitalized overnight for your fear?

| YES1 | |
|-------------|---------------|
| NO5 | GO TO *SO39.1 |
| DON'T KNOW8 | GO TO *SO39.1 |
| REFUSED9 | GO TO *SO39.1 |

*SO39a. How old were you the first time (you were hospitalized overnight because of your fear)?

____YEARS OLD

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

*SO39.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had a strong fear of social or performance situations?

____ NUMBER

***SO40.** INTERVIEWER CHECKPOINT (SEE ***SC26**, ***SC26a**, ***SC26b**, ***SC30.4**): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

[OTHERWISE, GO TO *N1]

AGORAPHOBIA SECTION (AG)

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

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

| | | YES (1) | NO (5) | N/A (7) | DK (8) | RF (9) |
|-----------|---|---------|-----------|------------|-----------|-----------|
| *AG1a. | Being home alone? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: being home alone) | | | | | |
| *AG1b. | Being in crowds? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: being in crowds) | | | | | |
| *AG1c. | Traveling away from home? | 1 | 5 | 7 | 8 | 9 |
| * 1 0 1 1 | (KEY PHRASE: traveling away from home) | | | | | |
| *AGId. | Traveling alone or being alone away from home? (KEY PHRASE: traveling alone) | 1 | 5 | 7 | 8 | 9 |
| *AG1e. | Using public transportation? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: using public transportation) | | | | | |
| *AG1f. | Driving a car? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: driving a car) | | | | | |
| *AG1g. | Standing in a line in a public place? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: standing in a line) | | | | | |
| *AG1h. | Being in a department store, shopping mall, or supermarket? (KEY PHRASE: being in stores or malls) | 1 | 5 | 7 | 8 | 9 |
| *AG1i. | Being in a movie theater, auditorium, lecture hall, or church? | 1 | 5 | 7 | 8 | 9 |
| | (KEY PHRASE: being in large auditoriums) | 1 | 5 | , | 0 | , |
| *AG1j. | Being in a restaurant or any other public place? | | | | | |
| | (KEY PHRASE: being in restaurants) | 1 | 5 | 7 | 8 | 9 |
| *AG1k. | Being in a wide, open field or street? | | | | | |
| | (KEY PHRASE: being in open places) | 1 | 5 | 7 | 8 | 9 |

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

| ZERO - ONE RESPONSES CODED '1' | .1 |
|---------------------------------|----|
| TWO - THREE RESPONSES CODED '1' | 2 |

GO TO *AG39 GO TO *AG3 INTRO 1 GO TO *AG3 INTRO 2 *AG3. INTRO 2 *AG3. INTRO 1 You had a fear of (KEY PHRASE OF ALL "YES" You had a fear of a number of the situations on the list. Can RESPONSES IN *AG1 SERIES). Can you remember your you remember your exact age the very first time you had a fear of one of these situations? exact age the very first time you had a fear of one of these situations? YES1 YES 1 NO 5 GO TO *AG3b DON'T NO 5 GO TO *AG3b DON'T KNOW 8 GO TO *AG3b REFUSED KNOW 8 GO TO *AG3b REFUSED

*AG3a. (IF NEC: How old were you?)

YEARS OLD GO TO *AG4

*AG3b. <u>About how old were you?</u>

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 | |
| REFUSED | |
| | |

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

*AG6. INTERVIEWER CHECKPOINT: (SEE *SC30.2)

| *SC30.2 EQUALS '1' 1 | |
|-----------------------------|------------|
| ALL OTHERS2 | GO TO *AG8 |

*AG6a. Earlier in the interview, you mentioned having times when you avoid these situations because of your fears. How old were you when you first avoided these situations?

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

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

_____YEARS OLD

| BEFORE STARTED SCHOOL | 4 |
|-----------------------|---|
| BEFORE TEENAGER | |
| NOT BEFORE TEENAGER | |
| DON'T KNOW | |
| REFUSED | |

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

| YES | 1 |
|------------|--------------|
| NO | 5 GO TO *AG9 |
| DON'T KNOW | 8 GO TO *AG9 |
| REFUSED | GO TO *AG9 |

*AG8a. Did you have a panic attack as a result of that incident or event?

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

| | ten you were faced with these situations, or thought you would have to be, did e any of the following experiences? | YES (1) | NO (5) | DK (8) | RF (9) |
|--------|---|------------|-----------|-----------|-----------|
| *AG9a. | Did your heart ever pound or race? | | | | |
| | | 1 | 5 | 8 | 9 |
| *AG9b. | Did you ever sweat? | | | | |
| | | 1 | 5 | 8 | 9 |
| *AG9c. | Did you tremble or shake? | | | | |
| | | 1 | 5 | 8 | 9 |
| *AG9d. | Did you have a dry mouth? | | | | |
| | | 1 | 5 | 8 | 9 |

*AG10. INTERVIEWER INSTRUCTION: (SEE *AG9a-d)

| ZERO RESPONSES CODED '1' | .1 | GO TO *AG12a |
|--------------------------|----|--------------|
| ONE RESPONSE CODED '1' | .2 | GO TO *AG11 |
| ALL OTHERS | .3 | GO TO *AG12a |

*AG11. (RB, PG 17) When you were faced with these situations, or thought you would have to be, did you ever have <u>one or more of</u> these reactions on Page 17?

READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ YES

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

GO TO *AG12a

| GO TO *AG12a AFTER ONE "YES" RESPONSE | YES | NO (5) | DK (8) | RF (9) |
|--|-----|--------|--------|--------|
| | (1) | | | |
| *AG11a. Did you have trouble breathing normally? | 1 | 5 | 8 | 9 |
| *AG11b. Did you feel like you were choking? | 1 | 5 | 8 | 9 |
| *AG11c. Did you have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *AG11d. Did you feel sick to your stomach? | 1 | 5 | 8 | 9 |
| *AG11e. Did you feel dizzy or faint? | 1 | 5 | 8 | 9 |
| *AG11f. Did you ever fear that you might lose control, go crazy, or pass out? | 1 | 5 | 8 | 9 |
| *AG11g. Were you afraid that you might die? | 1 | 5 | 8 | 9 |
| *AG11h. Did you have chills or hot flashes? | 1 | 5 | 8 | 9 |
| *AG11i. Did you feel numbness or have tingling sensations? | 1 | 5 | 8 | 9 |
| *AG11j. Did you feel like you were "not really there", like you were watching a movie of yourself? | 1 | 5 | 8 | 9 |
| *AG11k. Did you feel that things around you were not real or like a dream? | 1 | 5 | 8 | 9 |

*AG12a. Fearful reactions of this kind sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your fearful reactions (or your avoidance of fearful situations) ever occurred as the result of such physical causes?

| YES | |
|--------------|-------------|
| NO5 | GO TO *AG13 |
| DON'T KNOW 8 | GO TO *AG13 |
| REFUSED9 | GO TO *AG13 |

*AG12b. Do you think all of your fearful reactions (or avoidance of fearful situations) were the result of physical causes?

| YES | | |
|------------|---|-------------|
| NO | 5 | GO TO *AG13 |
| DON'T KNOW | 8 | GO TO *AG13 |
| REFUSED | 9 | GO TO *AG13 |

| 6464 Supported Employment Demonstration Attachment K. CIDI 05-03-1 | 6464 | Supported | Employment | Demonstration | Attachment K. | CIDI 05-03-1 |
|--|------|-----------|------------|---------------|---------------|--------------|
|--|------|-----------|------------|---------------|---------------|--------------|

| *AG12c. | Briefly, | what were | the phy | sical | causes? |
|---------|----------|-----------|---------|-------|---------|
| | | | | | |

*AG13. Now we want to ask you about how your fear (or avoidance) may have impacted your life. Were you ever unable to leave your home for an entire day because of your fear?

*AG13a. What is the longest period of days, weeks, months or years you were unable to leave your home?

| | NUMBER | | | |
|-------------------------|--------|--------|---------|---------|
| CIRCLE UNIT OF TIME: | DAYS1 | WEEKS2 | MONTHS3 | YEARS 4 |
| DON'T KNOW REFUSED | | | | |

*AG14. Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

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

*AG15. How much did your fear (or avoidance) of these situations <u>ever</u> interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

| NOT AT ALL1 | GO TO *AG16 |
|-------------|-------------|
| A LITTLE | GO TO *AG16 |
| SOME | |
| A LOT | |
| EXTREMELY | |
| DON'T KNOW | |
| REFUSED9 | GO TO *AG16 |

*AG15.1. How often during that time were you unable to carry out your daily activities or to take care of yourself because of your fear (or avoidance) of these situations – often, sometimes, not very often, never?

| OFTEN | 1 |
|----------------|---|
| SOMETIMES | 2 |
| NOT VERY OFTEN | |
| NEVER | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

*AG16. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance)?

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

*AG17. Did you either strongly fear or avoid any of these situations at any time in the past 12 months?

| YES | | |
|-----|-------------|--------------|
| | NO5 | GO TO *AG17b |
| | DON'T KNOW8 | GO TO *AG17b |
| | REFUSED9 | GO TO *AG18 |

*AG17a. How recently -- in the past month, between two and 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 |
| | |

GO TO *AG18

*AG17b. How old were you the last time (you either strongly feared or avoided one of these situations)?

*AG18. What if you were faced with one of these situations today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOL "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you <u>most</u>: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

| NOT AT ALL | GO TO *AG24 GO TO *AG24 |
|-------------|----------------------------|
| MODERATE | |
| SEVERE4 | |
| VERY SEVERE | |
| DON'T KNOW | |
| REFUSED9 | |

*AG19. During the past 12 months, how often did you avoid these feared situations - - all the time, most of the time, sometimes, rarely, or never?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the situation that you avoided <u>most</u>: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

| ALL THE TIME | 1 |
|------------------|---|
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

| No Interference | | Mild | |] | Moderat | e | | Severe | | Very Severe Interference |
|--------------------|---|------|---|---|---------|---|---|--------|---|-----------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*AG20. (RB, PG 9) Think about the month or longer in the past 12 when your fear (or avoidance) was most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much your fear (or avoidance) interfered with each of the following activities during that time?

(IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?) (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

| *AG20a. Your home management, like cleaning, | | |
|--|----------------|----|
| shopping, and taking care of the (house/ apartment)? | DOECNOT ADDI V | 07 |
| | DOES NOT APPLY | |
| | DON'T KNOW | |
| | REFUSED | 99 |
| *AG20b. Your ability to work? | | |
| DOES NOT APPLY | | 97 |
| DON'T KNOW | | 98 |
| REFUSED | | 99 |
| *AG20c. Your ability to form and maintain <u>close</u> | | |
| relationships with other people? | | |
| | DOES NOT APPLY | 97 |
| | DON'T KNOW | 98 |
| | REFUSED | 99 |
| *AG20d. Your social life? | | |
| DOES NOT APPLY | | 97 |
| DON'T KNOW | | 98 |
| REFUSED | | 99 |
| | | |
| *AG21. INTERVIEWER CHECKPOINT: (SEE *AG2 | 0a - *AG20d) | |

| ALL RESPONSES EQUAL '0' OR '97'1 | GO TO *AG24 |
|----------------------------------|-------------|
| ALL OTHERS | |

*AG22. About how many days in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your fear (or avoidance)?

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

____ NUMBER OF DAYS

*AG24. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your fear (or avoidance) of these situations? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES | | .1 |
|------------|---|---------------|
| NO | 5 | GO TO *AG38.1 |
| DON'T KNOW | 8 | GO TO *AG38.1 |
| REFUSED | 9 | GO TO *AG38.1 |

*AG24a. How old were you the first time (you talked to a professional about your fear)?

YEARS OLD

| DON'T KNOW | 998 |
|------------|-----|
| REFUSED | |

*AG35. Did you ever get treatment for your fear that you considered helpful or effective?

| YES | 1 |
|--------------|--------------|
| NO5 | GO TO *AG35c |
| DON'T KNOW 8 | GO TO *AG35c |
| REFUSED9 | GO TO *AG35c |

*AG35a. How old were you the first time (you got helpful treatment for your fear)?

| Y | EARS OLD |
|------------|----------|
| DON'T KNOW | |
| REFUSED | 999 |

*AG35b.How many professionals did you <u>ever</u> talk to about your fear, up to and including the first time you got helpful treatment?

NUMBER OF PROFESSIONALS

_NUMBER OF PROFESSIONALS GO TO *AG37

 DON'T KNOW
 98
 GO TO *AG37

 REFUSED
 99
 GO TO *AG37

*AG35c. How many professionals did you ever talk to about your fear?

*AG37. Did you receive professional treatment for your fear at any time in the past 12 months?

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

*AG38. Were you ever hospitalized overnight for your fear?

| YES | 1 | |
|------------|----|---------------|
| NO | 5 | GO TO *AG38.1 |
| DON'T KNOW | 8 | GO TO *AG38.1 |
| REFUSED | .9 | GO TO *AG38.1 |

*AG38a. How old were you the first time (you were hospitalized overnight because of your fear)?

| | YEARS OLD |
|-----------------------|-----------|
| DON'T KNOW REFUSED | |

*AG38.1 How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had a strong fear of being home alone, being in crowds, or being away from home?

NUMBER

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

NEURASTHENIA SECTION (N)

*N1. (READ SLOWLY) Did you ever in your life have a period lasting several months or longer when you became very tired, weak, or exhausted either while performing minor everyday <u>physical</u> tasks like working, shopping, housekeeping, and walking, or while performing everyday <u>mental</u> tasks like reading, writing, and doing paperwork?

| YES1 | |
|-------------|--------------------------|
| NO5 | GO TO *FD1, NEXT SECTION |
| DON'T KNOW8 | GO TO *FD1, NEXT SECTION |
| REFUSED9 | GO TO *FD1, NEXT SECTION |

*N2. What would happen when you tried to rest or relax — would you fully regain your energy and strength? Or would you still feel tired or weak?

GO TO *FD1, NEXT SECTION

*N3. During the months or years when this problem was most severe, how often did you get tired — nearly every day, most days, about half the days, or less than half the days?

| NEARLY EVERY DAY1 | |
|---------------------------|--------------------------|
| MOST DAYS2 | |
| ABOUT HALF THE DAYS | GO TO *FD1, NEXT SECTION |
| LESS THAN HALF THE DAYS 4 | GO TO *FD1, NEXT SECTION |
| DON'T KNOW8 | GO TO *FD1, NEXT SECTION |
| REFUSED9 | GO TO *FD1, NEXT SECTION |
| | |

*N4. How much did your tiredness ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

| NOT AT ALL 1 | |
|--------------|---|
| A LITTLE2 | |
| SOME | |
| A LOT | |
| EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | , |

GO TO *FD1, NEXT SECTION GO TO *FD1, NEXT SECTION

GO TO *FD1, NEXT SECTION

*N4a. How often were you too tired to carry out your daily activities – often, sometimes, rarely, or never?

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

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

*N6. INTERVIEWER CHECKPOINT: (SEE ***N5a** – ***N5f** SERIES)

| AT LEAST ONE 'YES' RESPONSE IN *N5a – *N5f SERIES |
|--|
| ALL OTHERS |

GO TO *FD1, NEXT SECTION

*N7. Did you ever talk to a medical doctor about your frequent tiredness and other related problems?

| YES1 | GO TO *N8 |
|-------------|-----------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*N7a. Experiences of this sort sometimes occur as a result of physical causes such as illness or injury or the use of medication, drugs, or alcohol. Do you think your frequent tiredness <u>ever</u> occurred as the result of such physical causes?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *N15 |
| DON'T KNOW8 | GO TO *N15 |
| REFUSED9 | GO TO *N15 |

*N7b. Do you think your frequent tiredness was <u>always</u> the result of physical causes?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *N15 |
| DON'T KNOW8 | GO TO *N15 |
| REFUSED9 | GO TO *N15 |

*N7c. What do you think the cause was?

GO TO *N15

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

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

CIRCLE ALL THAT APPLY.

| PSYCHOLOGICAL PROBLEMS PANIC. ANXIETY DEPRESSION NER VES/EMOTIONS/MENTAL HEALTH. OTHER PSYCHOLOGICAL (SPECIFY BELOW) | 2 3 4 |
|---|-------------|
| STRESS | |
| OVERWORK | 10 |
| TENSION | 11 |
| OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW) | |
| PHYSICAL ILLNESS/INJURY/CONDITION | |
| CHRONIC FATIGUE SYNDROME | 20 |
| EXHAUSTION | 21 |
| HYPERVENTILATION | |
| HYPOCHONDRIASIS | 23 |
| MENSTRUAL CYCLE | 24 |
| PREGNANCY/POSTPARTUM | 25 |
| HEART DISEASE | 26 |
| HIGH BLOOD PRESSURE | 27 |
| OVERWEIGHT | 28 |
| OTHER PHYSICAL ILLNESS (SPECIFY BELOW) | |
| MEDICATION/DRUGS/ALCOHOL | |
| MEDICATION (SPECIFY BELOW) | 30 |
| DRUGS (SPECIFY BELOW) | |
| ALCOHOL | |
| OTHER | |
| NO DEFINITIVE DIAGNOSIS | 81 |
| OTHER (SPECIFY BELOW) | |
| DON'T KNOW | |
| REFUSED | |
| | |

SPECIFY:

*N9. INTERVIEWER CHECKPOINT: (SEE ***N8**) FOLLOW SKIP FOR FIRST ENDORSED ITEM

| ONE OR MORE RESPONSES ARE CIRCLED IN 1-12 SERIES | |
|---|------------|
| (PSYCHOLOGICAL/STRESS)1 | GO TO *N16 |
| ONE OR MORE RESPONSES ARE CIRCLED IN 30-32 SERIES | |
| (MED/DRUGS/ALC) | GO TO *N10 |
| ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES | |
| (PHYSICAL ILLNESS) | |
| ALL OTHERS4 | GO TO *N13 |
| | |

*N10. Was your frequent tiredness <u>always</u> the result of taking medication, drugs, or alcohol?

| YES 1 | GO TO *N15 |
|-------------|------------|
| NO5 | |
| DON'T KNOW8 | 1 |
| REFUSED9 | 1 |

*N11. INTERVIEWER CHECKPOINT: (SEE *N8)

| ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES | |
|---|------------|
| (PHYSICAL ILLNESS)1 | |
| ALL OTHERS | GO TO *N15 |
| | |

*N12. When the tiredness was not due to taking medication, drugs, or alcohol, was it <u>always</u> the result of a physical illness, or injury [such as (MENTIONS IN ***N8**)]?

| YES1 | |
|-------------|--|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

GO TO *N15

*N13. Did they find anything abnormal when they examined you or took tests or x-rays?

| YES | 1 |
|-----------------------|--------------|
| NO | |
| EXAMINATION PERFORMED | |
| KNOW | 8 GO TO *N15 |
| REFUSED | |
| | |

*N14. Was your frequent tiredness <u>always</u> the result of a physical illness or injury [such as (MENTIONS IN *N8)]?

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

*N15. Do you think that psychological factors ever played an important part in your frequent tiredness and other related problems?

*N16. Can you remember your <u>exact age the very first time in your life you had a period lasting several months or longer</u> when you were easily tired and had any of the other related problems that we just reviewed?

| YES1 | |
|--------------|-------------|
| NO 5 | GO TO *N16b |
| DON'T KNOW 8 | GO TO *N16b |
| REFUSED9 | GO TO *N16b |

*N16a. (IF NEC: How old were you?)

YEARS OLD GO

GO TO *N17

*N16b. <u>About how old were you (the first time you had a period of this sort)?</u>

YEARS OLD

DON'T KNOW998 REFUSED999 *N17. Did you have a period of a month or longer when you had these problems in the past 12 months?

| YES1 | |
|--------------|-------------|
| NO5 | GO TO *N17c |
| DON'T KNOW 8 | GO TO *N17c |
| REFUSED9 | GO TO *N17c |

*N17a. How recently – in the past month, two to six months ago, or more than six months ago?

| PAST MONTH1 | |
|-------------------------|---|
| 2-6 MONTHS AGO | 2 |
| MORE THAN 6 MONTHS AGO3 | 5 |
| DON'T KNOW8 | 3 |
| REFUSED9 |) |

*N17b. How many months in the past 12 months did you have frequent tiredness and any of the other problems we reviewed?

| MONTHS | GO TO *N18 |
|---------------|------------|
| DON'T KNOW 98 | GO TO *N18 |
| REFUSED | GO TO *N18 |

*N17c. How old were you the last time you had frequent tiredness and any of the other problems we reviewed?

YEARS OLD

*N18. How many episodes of frequent tiredness lasting several months or longer have you had in your life?

EPISODES

DON'T KNOW998 REFUSED999

*N19. INTERVIEWER CHECKPOINT: (SEE *N18)

*N20. How many months or years did that episode last?

| NUMBER | | GO TO *N25 | |
|----------------------|-----|------------|--------|
| CIRCLE UNIT OF TIME: | MON | VTHS1 | YEARS2 |
| DON'T KNOW | 998 | GO TO *N25 | |
| REFUSED | 999 | GO TO *N25 | |

*N21. How many months or years did the <u>longest</u> of these episodes last?

NUMBER

*N22. How many different years in your life did you have at least one episode?

YEARS

DON'T KNOW998 REFUSED999

*N25. INTERVIEWER QUERY: (SEE *N17)

R HAD AN EPISODE IN THE PAST 12 MONTHS1ALL OTHERS2GO TO *N30

| No Interference | | Mild | | | Moderat | e | | Severe | | Very Severe Interference | |
|--------------------|---|------|---|---|---------|---|---|--------|---|-----------------------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

*N26. (RB, PG 9) Think about the month or longer in the past 12 when your tiredness and related problems were most severe. Using a 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much your tiredness and related problems interfered with each of the following activities during that time?

(IF NEC: How much did your tiredness and related problems interfere with (ACTIVITY) during that time?) (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

| *N26a. | Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? | |
|--------|---|---|
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *N26b. | Your ability to work? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *N26c. | Your ability to form and maintain <u>close</u> relationships with other people? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *N26d. | Your social life? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |

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

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

*N28. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your tiredness?

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

NUMBER OF DAYS

REFUSED 999

*N30. INTERVIEWER CHECKPOINT: (SEE *N7)

| "YES" RESPONSE IN *N7 1 | GO TO *N31 |
|--------------------------------|------------|
| ALL OTHERS2 | GO TO *N32 |

*N31. How old were you the <u>first time</u> you ever talked to a medical doctor or other professional about your tiredness? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YEARS OLD | GO TO *N33 (GO TO *N44) ** | (15h) |
|----------------|--|-------|
| | | |
| DON'T KNOW 998 | GO TO *N33 (GO TO *N44) ** | |

*N32. Did you <u>ever in your life talk to a professional about your tiredness?</u> (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

GO TO *N33 (GO TO *N44) **

| YES 1 | |
|-------------|--------------------------|
| NO5 | GO TO *FD1, NEXT SECTION |
| DON'T KNOW8 | GO TO *FD1, NEXT SECTION |
| REFUSED9 | GO TO *FD1, NEXT SECTION |

*N32a. How old were you the first time (you talked to a professional about your tiredness)?

____YEARS OLD

*N44. Did you ever get treatment for your tiredness that you considered <u>helpful</u> or <u>effective</u>?

| YES1 | |
|------------|-------------|
| NO5 | GO TO *N44c |
| DON'T KNOW | GO TO *N44c |
| REFUSED | GO TO *N44c |

*N44a. How old were you the first time (you got helpful treatment for your tiredness)?

YEARS OLD

DON'T KNOW......998 REFUSED999

*N44b. How many professionals did you <u>ever</u> talk to about your tiredness, up to and including the first time you got helpful treatment?

NUMBER OF PROFESSIONALS GO TO *N46

| DON'T KNOW | 98 | GO TO *N46 |
|------------|----|------------|
| REFUSED | 99 | GO TO *N46 |

*N44c. How many professionals did you ever talk to about your tiredness?

NUMBER OF PROFESSIONALS

DON'T KNOW......98 REFUSED99

*N46. Did you receive professional treatment for your tiredness at any time in the past 12 months?

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

*N47. Were you ever hospitalized overnight for your tiredness?

| YES1 | |
|-------------|--------------------------|
| NO5 | GO TO *FD1, NEXT SECTION |
| DON'T KNOW8 | GO TO *FD1, NEXT SECTION |
| REFUSED9 | GO TO *FD1, NEXT SECTION |

*N47a. How old were you the first time (you were hospitalized overnight because of your tiredness)?

____YEARS OLD

DON'T KNOW......998 REFUSED999

GO TO *OCD, NEXT SECTION

END OF SECTION

OBSESSIVE-COMPULSIVE DISORDER SECTION

| 01. | Some people have repeated unpleasant thoughts, images, or impulses that they For example, some people have the idea that their hands are dirty no matter have you ever have a time in your life when you were bothered by any of the follow | ow much | | | |
|------|--|----------------|-----------|-----------|-----------|
| | | YES (1) | NO (5) | DK (8) | RF (9) |
| O1a. | A recurrent, persistent concern about dirt, germs, or contamination? (KEY PHRASE: concerns about germs or contamination) | 1 | 5 | 8 | 9 |
| O1b. | A recurrent, persistent concern about harming someone, or being responsible for things going wrong? (KEY PHRASE: concerns about causing harm) | 1 | 5 | 8 | 9 |
| O1c. | A recurrent, persistent concern about having things symmetrical, lined up, or ordered in exactly the right way, or a recurrent urge to count or touch things? (KEY PHRASE: concerns about symmetry and order) | 1 | 5 | 8 | 9 |
| O1d. | A recurrent, persistent concern about having to save or keep things, even if they have little monetary or sentimental value? (KEY PHRASE: concerns about saving things) | 1 | 5 | 8 | 9 |
| Ole. | Any another disturbing thought that kept entering your mind, such as concerns about doing something terrible or morally wrong, sexual thoughts that you found disturbing and unpleasant, or some other repeated, upsetting thought, image, or impulse? (KEY PHRASE: [and some other] recurrent, disturbing thoughts) | 1 | 5 | 8 | 9 |

O2. INTERVIEWER CHECKPOINT: (SEE O1a - O1e)

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

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

| ALL | | |
|--------|---|----------|
| MOST | 2 | |
| SOME | 3 | |
| RARELY | 4 | |
| NEVER | 5 | GO TO O4 |

O3a. How often did your unpleasant thoughts focus on things <u>other</u> than day-to-day problems – all the time, most of the time, sometimes, rarely, or never?

| ALL | 1 |
|------------|---|
| MOST | 2 |
| SOME | 3 |
| RARELY | 4 |
| NEVER | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O4. Please give me a brief example of your unpleasant thoughts (that did <u>not</u> focus on day-to-day problems):

(PROBE FOR UP TO 3 EXAMPLES: Any other examples of unpleasant thoughts?)

O5. How much did these unpleasant thoughts ever upset you or cause you emotional distress – extremely, a lot, some, a little, or not at all?

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

O6. During the time in your life when you had these unpleasant thoughts, how often did any of them seem excessive or unreasonable to you – all the time, most of the time, sometimes, rarely, or never?

| ALL | 1 | GO TO 08 |
|------------|---|-----------------|
| MOST | 2 | GO TO O8 |
| SOME | 3 | GO TO O8 |
| RARELY | 4 | GO TO 08 |
| NEVER | 5 | |
| DON'T KNOW | 8 | |
| REFUSED | 9 | |

O6a. Did you ever pay more attention to these unpleasant thoughts than they deserved?

| YES1 | GO TO 08 |
|-------------|----------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

O7. INTERVIEWER CHECKPOINT: (SEE **O5**):

| O5 CODED '1', '2' OR '3' 1 | |
|-----------------------------------|-----------|
| ALL OTHERS | GO TO O21 |

| O8. | OFTEN (1) | SOMETIMES (2) | RARELY (3) | NEVER (4) | DK (8) | RF (9) |
|--|---------------|---------------|---------------|--------------|-----------|-----------|
| O8a. How often did you try to resist the unpleasant thoughts or push them out of your mind? | 1 GO TO O9 | 2 GO TO 09 | 3 | 4 | 8 | 9 |
| O8b. How often did you try to ignore these unpleasant thoughts or think about other things? | 1 GO TO O9 | 2 GO TO 09 | 3 | 4 | 8 | 9 |
| O8c. Some people react to unpleasant thoughts by thinking or doing something over and over. For example, a person who worries about leaving the door unlocked might check the lock again and again. Or a person who has a terrible thought might pray, count, or repeat words in his mind over and over. How often did you react to your unpleasant thoughts by thinking or doing something over and over? | 1 | 2 | 3 | 4 | 8 | 9 |

O9. INTERVIEWER CHECKPOINT: (SEE O8a - O8c)

- O10. How often were these thoughts so strong that you could not get them out of your mind no matter how hard you tried often, sometimes, rarely, or never?
- O11. How much did these thoughts ever interfere with either your work, your social life, or your personal relationships not at all, a little, some, a lot, or extremely?

| NOT AT ALL | 1 |
|------------|---|
| A LITTLE | 2 |
| SOME | 3 |
| A LOT | 4 |
| EXTREMELY | 5 |
| DON'T KNOW | 8 |

REFUSED9

O12. Did you have any of these unpleasant thoughts in the <u>past 12 months</u>?

| YES | 1 | |
|------------|----|------------|
| NO | .5 | GO TO O12c |
| DON'T KNOW | 8 | GO TO O12c |
| REFUSED | 9 | GO TO O12c |

O12a. How recently – in the past month, two to six months ago, or more than six months ago?

| PAST MONTH1 |
|-------------------------|
| 2-6 MONTHS AGO2 |
| MORE THAN 6 MONTHS AGO3 |
| DON'T KNOW8 |
| REFUSED9 |

O12b. About how many weeks altogether in the past 12 months did you have any of these unpleasant thoughts?

| WEEKS | GO TO 013 |
|-----------------------------|-----------|
| DON'T KNOW998 REFUSED999 | |

O12c. How old were you the last time you had any of these unpleasant thoughts?

| YEARS OLD | GO TO 014 |
|---------------|-----------|
| DON'T KNOW998 | GO TO 014 |
| REFUSED999 | GO TO 014 |

O13. In the past 12 months, was there a time lasting <u>two weeks or longer</u> when you had any of these unpleasant thoughts <u>most days</u>?

| YES1 | |
|-------------|-----------|
| NO5 | GO TO 014 |
| DON'T KNOW8 | GO TO 014 |
| REFUSED9 | GO TO 014 |

O13a. 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 AGO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

O13b. About how many weeks altogether in the past 12 months did you have any of these unpleasant thoughts most days?

| WEEKS | GO TO 015 |
|---------------|-----------|
| DON'T KNOW998 | GO TO 015 |
| REFUSED | GO TO 015 |

O14. Was there <u>ever a time in your life lasting two weeks or longer when you had any of these unpleasant thoughts most days?</u>

| YES1 | |
|-------------|-----------|
| NO5 | GO TO 015 |
| DON'T KNOW8 | GO TO 015 |
| REFUSED9 | GO TO 015 |

Ol4a. How old were you the last time you had any of these unpleasant thoughts most days for two weeks or longer?

YEARS OLD

DON'T KNOW998 REFUSED999

O15. INTERVIEWER CHECKPOINT (SEE **012**):

O16. The next questions ask about your experiences with these unpleasant thoughts in the past 12 months. In the past 12 months, on average, how much of your time was occupied by these thoughts – less than 1 hour a day, 1 to 3 hours a day, more than 3 hours and up to 8 hours a day, or more than 8 hours a day?

| LESS THAN 1 HOUR | 1 |
|----------------------------|---|
| 1 TO 3 HOURS | 2 |
| MORE THAN 3, UP TO 8 HOURS | 3 |
| MORE THAN 8 HOURS | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O17. In the past 12 months, how much did these unpleasant thoughts interfere with your work, your social life, or your personal relationships – not at all, a little, somewhat, a lot, extremely?

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

O18. In the past 12 months, how much did these unpleasant thoughts upset you or make you anxious – not at all, a little, somewhat, a lot, extremely?

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

O19. In the past 12 months, how much of an effort did you make to resist these unpleasant thoughts or to turn your attention away from them as they entered your mind – none, a little, some, a lot, or an extreme effort?

| NONE | 1 |
|------------|---|
| A LITTLE | 2 |
| SOME | 3 |
| A LOT | 4 |
| EXTREME | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O20. How much control did you have over these unpleasant thoughts in the past 12 months – no control, little control, moderate control, much control, or complete control?

| NONE | 1 |
|------------|---|
| LITTLE | 2 |
| MODERATE | 3 |
| MUCH | 4 |
| COMPLETE | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

| O21. | O21. Some people feel driven to do certain behaviors over and over, either physically or in their mind. For example, some people check the stove in their home again and again, many times a day, no matter how many times they see that the stove is turned off. Did you ever have a time in your life when you repeatedly carried out any of the following behaviors: | | | | |
|-------|---|----------------|-----------|-----------|-----------|
| | | YES (1) | NO (5) | DK (8) | RF (9) |
| O21a. | Repeatedly washing, cleaning, or decontaminating? (KEY PHRASE: washing or cleaning) | 1 | 5 | 8 | 9 |
| O21b. | Repeatedly checking things like locks or stoves, or repeatedly making sure that no harm or injury was done to yourself or someone else? (KEY PHRASE: checking things) | 1 | 5 | 8 | 9 |
| O21c. | Repeatedly straightening, lining up, arranging, counting, or touching things, or doing things in an exactly defined order? (KEY PHRASE: ordering or touching things) | 1 | 5 | 8 | 9 |
| O21d. | Always having to save things, to the point where you could not throw away things that you no longer needed or cared about? (KEY PHRASE: saving things) | 1 | 5 | 8 | 9 |
| O21e. | Any other repetitive behaviors that you felt driven to do, such as going over and over a moral argument in your mind, or praying over and over for forgiveness, or some other physical or mental act you felt you had to do repeatedly? (KEY PHRASE: [and some other] behaviors you did over and over) | 1 | 5 | 8 | 9 |

O22. INTERVIEWER CHECKPOINT (SEE O21a – O21e):

| ONE OR MORE RESPONSES CODED '1'1 | GO TO O24 |
|----------------------------------|-----------|
| ALL OTHERS | |

O23. INTERVIEWER CHECKPOINT (SEE **O9**):

| O9 CODED '1'1 | GO TO O43 |
|----------------------|-----------|
| ALL OTHERS2 | GO TO 074 |

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

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

| ALL1 | GO TO O26 |
|-------------|-----------|
| MOST2 | GO TO O26 |
| SOME3 | GO TO O26 |
| RARELY4 | GO TO O26 |
| NEVER5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

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

| YES1 | GO TO O26 |
|-------------|-----------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

025. INTERVIEWER CHECKPOINT (SEE **O9**):

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

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

O27. INTERVIEWER CHECKPOINT: (SEE O26a - O26c)

GO TO *O29

O28. How often did you try to resist doing these repeated behaviors - often, sometimes, rarely, or never?

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

O28a. How often were the urges to carry out these behaviors ever so strong that you could not resist them no matter how hard you tried – often, sometimes, rarely, or never?

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

O28b. Some people not only feel some relief when they do these behaviors, but also find them pleasurable or enjoyable. How often did you find these repeated behaviors pleasurable – often, sometimes, rarely, or never?

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

O29. INTERVIEWER CHECKPOINT: (SEE O27, O28a)

| O27 CODED '1'1 | GO TO O31 |
|------------------------------------|-----------|
| O28a CODED '1', '2' OR '3'2 | GO TO O31 |
| ALL OTHERS | |

O30. INTERVIEWER CHECKPOINT (SEE **O9**):

| O9 CODED '1'1 | GO TO O43 |
|----------------------|-----------|
| ALL OTHERS2 | GO TO 074 |

O31. How much did these repeated behaviors ever upset you or cause you emotional distress – extremely, a lot, some, a little, or not at all?

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

O32. How much did these repeated behaviors ever interfere with either your work, your social life, or your personal relationships - not at all, a little, some, a lot, or extremely?

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

O33. Did you carry out any of these repeated behaviors in the past 12 months?

| YES | 1 | |
|------------|---|------------|
| NO | 5 | GO TO O33c |
| DON'T KNOW | 8 | GO TO O33c |
| REFUSED | 9 | GO TO O33c |

O33a. 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 AGO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O33b. About how many weeks altogether in the past 12 months did you carry out any of these repeated behaviors?

| WEEKS | GO TO 034 |
|------------|-----------|
| DON'T KNOW | GO TO O34 |
| REFUSED | GO TO 034 |

O33c. How old were you the last time you carried out any of these repeated behaviors?

| YEARS OLD | GO TO O35 |
|-----------------------------|-----------|
| DON'T KNOW998 REFUSED999 | |

O34. In the past 12 months, was there a time lasting two weeks or longer when you carried out any of these repeated behaviors most days?

| GO TO 035 |
|-----------|
| GO TO O35 |
| GO TO 035 |
| |

O34a. 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 AGO | .3 |
| DON'T KNOW | .8 |
| REFUSED | .9 |

O34b. About how many weeks altogether in the past 12 months did you carry out any of these repeated behaviors most days?

| WEEKS | GO TO O36 |
|---------------|-----------|
| DON'T KNOW998 | GO TO O36 |
| REFUSED999 | GO TO O36 |

O35. Was there <u>ever a time in your life lasting two weeks or longer</u> when you carried out any of these repeated behaviors <u>most days</u>?

| YES1 | |
|-------------|-----------|
| NO5 | GO TO O36 |
| DON'T KNOW8 | GO TO 036 |
| REFUSED9 | GO TO O36 |

O35a. How old were you the last time you carried out any of these repeated behaviors most days for two weeks or longer?

_____YEARS OLD

DON'T KNOW998 REFUSED999

O36. INTERVIEWER CHECKPOINT (SEE O33):

| O33 CODED '1'1 | |
|-----------------------|-----------|
| ALL OTHERS2 | GO TO 043 |

O37. The next questions ask about your experiences with these repeated behaviors in the past 12 months. In the past 12 months, on average, how much time did you spend performing these behaviors – less than 1 hour a day, 1 to 3 hours a day, more than 3 hours and up to 8 hours a day, or more than 8 hours a day?

O38. In the past 12 months, how much did these repeated behaviors interfere with your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

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

O39. In the past 12 months, how anxious would you have felt if you were prevented from performing these repeated behaviors – not at all, mildly, moderately, severely, or extremely?

| NOT AT ALL | 1 |
|------------|---|
| MILDLY | 2 |
| MODERATELY | 3 |
| SEVERELY | 4 |
| EXTREMELY | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O40. In the past 12 months, how much of an effort did you make to resist doing these repeated behaviors – none, a little, some, a lot, or an extreme effort?

| NONE | 1 |
|------------|---|
| A LITTLE | 2 |
| SOME | 3 |
| A LOT | 4 |
| EXTREME | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O41. How much control did you have over these repeated behaviors in the past 12 months – no control, little control, moderate control, much control, or complete control?

| NONE | 1 |
|------------|---|
| LITTLE | 2 |
| MODERATE | 3 |
| MUCH | 4 |
| COMPLETE | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

O42. In the past 12 months, how much did these repeated behaviors upset or bother you – not at all, a little, some, a lot, or extremely?

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

O43. INTERVIEWER CHECKPOINT: (SEE O12, O33)

| O12 CODED '1'1 | |
|-----------------------|-----------|
| O33 CODED '1' | |
| ALL OTHERS | GO TO 053 |

O44. INTERVIEWER CHECKPOINT (SEE **O9**):

| O9 CODED '1'1 | |
|----------------------|-----------|
| ALL OTHERS2 | GO TO O46 |

O45. INTERVIEWER CHECKPOINT: (SEE O29)

| O29 CODED '1' OR '2' | GO TO 047 |
|-----------------------------|-----------|
| ALL OTHERS2 | GO TO 048 |

046. INTERVIEWER INSTRUCTIONS: REFER TO "**REPEATED BEHAVIORS**" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS.

GO TO O49 INTRO1

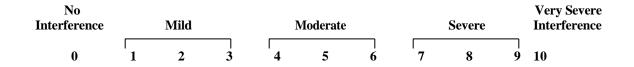
047. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS OR REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION.

GO TO O49 INTRO2

048. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO O49 INTRO3

| O49 INTRO1 | O49 INTRO2 | O49 INTRO3 |
|---|--|--|
| Think about the month or longer in the past 12 months when your repeated behaviors were most severe. | The next questions ask about these repeated behaviors <u>and the</u> unpleasant thoughts you mentioned earlier. Think about the month or longer in the past 12 months when these thoughts or behaviors were | The next questions ask about the unpleasant thoughts you mentioned earlier. Think about the month or longer in the past 12 months when your unpleasant thoughts were most severe. |
| | most severe. | |



O49. (RB, PG 9) Using a 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) interfered with each of the following activities during that time?

(IF NEC: How much did these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) interfere with (ACTIVITY) during that time?)

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

NUMBER (0-10)

O49a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY......97 DON'T KNOW......98

REFUSED......99

| O49b. | Your ability to work? | |
|-------|--|----------------|
| | | DOES NOT APPLY |
| O49c. | Your ability to form and maintain <u>close</u> | |
| | relationships with other people? | DOES NOT APPLY |
| O49d. | Your social life? | REFUSED99 |

| DOES NOT APPLY | 97 |
|----------------|----|
| DON'T KNOW | 98 |
| REFUSED | 99 |

O50. INTERVIEWER CHECKPOINT: (SEE O49a - O49d)

| ALL FOUR RESPONSES TO O49a-O49d CODED '0' OR '97' 1 | GO TO 052 |
|---|-----------|
| ALL OTHERS | |

O51. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of these (unpleasant thoughts / unpleasant thoughts or repeated behaviors/ repeated behaviors)?

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

____ NUMBER OF DAYS

DON'T KNOW 998 REFUSED 999

O52. The next questions ask about your experiences with these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) since they first began. Experiences 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 (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) ever_occurred as a result of such physical causes?

| YES1 | GO TO O58a |
|-------------|------------|
| NO5 | GO TO O59 |
| DON'T KNOW8 | GO TO O59 |
| REFUSED9 | GO TO O59 |

O53. INTERVIEWER CHECKPOINT (SEE **O9**):

| O9 CODED '1'1 | |
|----------------------|-----------|
| ALL OTHERS2 | GO TO 055 |

O54. INTERVIEWER CHECKPOINT: (SEE **O29**)

O29 CODED '1' OR '2'
 1
 GO TO O56

 ALL OTHERS
 2
 GO TO O57

055. INTERVIEWER INSTRUCTIONS: REFER TO "**REPEATED BEHAVIORS**" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS.

GO TO O58 INTRO1

056. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS OR REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION.

GO TO O58 INTRO2

057. INTERVIEWER INSTRUCTIONS: REFER TO "**UNPLEASANT THOUGHTS**" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO O58 INTRO3

| O58 INTRO1 | O58 INTRO2 | O58 INTRO3 |
|-----------------------------------|-----------------------------------|-----------------------------------|
| The next questions ask about your | The next questions ask about your | The next questions ask about your |
| experiences with these repeated | experiences with these repeated | experiences with the unpleasant |
| behaviors since they first began. | behaviors, and the unpleasant | thoughts you mentioned earlier, |
| | thoughts you mentioned earlier, | since these thoughts first began. |
| | since they first began. | |

O58. Experiences 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 (unpleasant thoughts/ unpleasant thoughts or repeated behaviors) ever occurred as a result of such physical causes?

| YES1 | |
|-------------|-----------|
| NO5 | GO TO 059 |
| DON'T KNOW8 | GO TO O59 |
| REFUSED9 | GO TO 059 |

O58a. Do you think they were always the result of physical causes?

| YES1 | |
|-------------|-----------|
| NO5 | GO TO 059 |
| DON'T KNOW8 | GO TO O59 |
| REFUSED9 | GO TO 059 |

O58b. What were these physical causes?

CHECK ALL MENTIONS

| PHYSICAL ILLNESS/INJURY | |
|--|----|
| EXHAUSTION | |
| MENSTRUAL CYCLE | 2 |
| PREGNANCY/POSTPARTUM | |
| HEART DISEASE | 4 |
| THYROID DISEASE | 5 |
| CANCER | 6 |
| OVERWEIGHT | 7 |
| INFECTION [FOR EXAMPLE: THROAT INFECTION] | 8 |
| OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY) | 9 |
| | |
| MEDICATION/DRUGS/ALCOHOL | |
| MEDICATION (SPECIFY BELOW) | 10 |
| DRUGS (SPECIFY BELOW) | 11 |
| ALCOHOL | |
| | |
| OTHER | |
| NO DEFINITIVE DIAGNOSIS | 81 |
| OTHER (SPECIFY BELOW) | 82 |
| DON'T KNOW | 98 |
| REFUSED | |

SPECIFY

O59. Some people only have experiences like these when they are sad or depressed. Did the (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) usually occur during times when you were sad or depressed?

| YES | 1 | |
|------------|---|-----------|
| NO | 5 | GO TO O60 |
| DON'T KNOW | 8 | GO TO 060 |
| REFUSED | 9 | GO TO O60 |

O59a. Did you ever have these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) when you were <u>not</u> sad or depressed?

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

O60. Think of the <u>very first</u> time in your life when you experienced (the unpleasant thoughts/ the unpleasant thoughts or repeated behaviors/ the repeated behaviors). Can you remember your exact age?

| YES | 1 | |
|------------|---|------------|
| NO | 5 | GO TO O60b |
| DON'T KNOW | 8 | GO TO O60b |
| REFUSED | 9 | GO TO O60b |

O60a. (IF NEC: How old were you?)

| YEARS OLD | GO TO 061 |
|------------|-----------|
| DON'T KNOW | GO TO 061 |
| REFUSED | GO TO 061 |

O60b. About how old were you (the first time you had an experience of this sort)?

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

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

YEARS OLD

| BEFORE STARTED SCHOOL | .4 |
|--------------------------|-----|
| BEFORE TEENS | 12 |
| BEFORE 20s | 19 |
| WHOLE LIFE OR DON'T KNOW | 998 |
| REFUSED | 999 |
| | |

O61. How many different years in your life did you have these experiences?

YEARS

DON'T KNOW998 REFUSED999

O62. INTERVIEWER CHECKPOINT: (SEE O13, O14)

| O13 CODED '1'1 | GO TO 064 |
|-----------------------|-----------|
| O14 CODED '1' | GO TO 064 |
| ALL OTHERS | |

O63. INTERVIEWER CHECKPOINT: (SEE **034**, **035**)

| O34 CODED '1'1 | |
|-----------------------|-----------|
| O35 CODED '1' | |
| ALL OTHERS | GO TO 066 |

O64. Now think of the <u>very first time</u> in your life you had <u>two weeks</u> or longer when <u>most days</u> you experienced (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors). Can you remember your exact age?

| YES | 1 | |
|------------|---|------------|
| NO | 5 | GO TO O64b |
| DON'T KNOW | 8 | GO TO O64b |
| REFUSED | 9 | GO TO O64b |

O64a. (IF NEC: How old were you?)

| YEARS OLD | GO TO 065 |
|---------------|-----------|
| DON'T KNOW998 | GO TO 065 |
| REFUSED | GO TO 065 |

O64b. About how old were you (the first time you had two weeks of this sort)?

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

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

YEARS OLD

| BEFORE STARTED SCHOOL | 4 |
|--------------------------|-----|
| BEFORE TEENS | 12 |
| BEFORE 20s | 19 |
| WHOLE LIFE OR DON'T KNOW | 998 |
| REFUSED | 999 |
| | |

O65. How many different years in your life did you have a time lasting <u>two weeks</u> or longer when you had these experiences <u>most days</u>?

YEARS

DON'T KNOW998 REFUSED999

O66. Think of the time in your life when these (unpleasant thoughts/ unpleasant thoughts and repeated behaviors/ repeated behaviors) were most frequent. About how many minutes or hours each day did you spend (with these unpleasant thoughts on your mind/ either with these unpleasant thoughts on your mind, or carrying out repeated behaviors/ carrying out these repeated behaviors)?

PROBE FINAL DK: Was it more than 60 minutes a day?

NUMBER

O67. INTERVIEWER CHECKPOINT: (SEE O45, O54)

| 045 CODED '1'1 | |
|-----------------------|-----------|
| 054 CODED '1' | |
| ALL OTHERS | GO TO 069 |

O68. Were you bothered mainly by unpleasant thoughts, mainly by repeated behaviors, or about equally by both the thoughts and behaviors?

THOUGHTS.....1 BEHAVIORS.....2 EQUAL.....3 DON'T KNOW......8 REFUSED......9

O69. Did you <u>ever in your life talk to a medical doctor or other professional about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).</u>

| NO5 GO | TO 074 |
|----------------|--------|
| DON'T KNOW8 GO | TO 074 |
| REFUSED | TO 074 |

O70. How old were you the <u>first</u> time (you talked to a medical doctor or other professional about these [unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors])?

YEARS OLD

DON'T KNOW 998 REFUSED 999

O71. Did you ever get treatment for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) that you considered <u>helpful</u> or <u>effective</u>?

| YES 1 | |
|--------------|------------|
| NO5 | GO TO O71c |
| DON'T KNOW 8 | GO TO O71c |
| REFUSED 9 | GO TO O71c |

O71a. How old were you the <u>first time (you got helpful treatment for these [unpleasant thoughts/</u>unpleasant thoughts or repeated behaviors/ repeated behaviors])?

_____YEARS OLD

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

O71b. How many professionals did you <u>ever</u> talk to about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors), up to and including the first time you got helpful treatment?

____NUMBER OF PROFESSIONALS GO TO O72

O71c. How many professionals did you <u>ever</u> talk to about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)?

_____ NUMBER OF PROFESSIONALS

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

O72. Did you receive professional treatment for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) at any time in the past 12 months?

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

O73. Were you ever hospitalized overnight for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)?

| YES 1 | |
|-------------|-----------|
| NO5 | GO TO 074 |
| DON'T KNOW8 | GO TO 074 |
| REFUSED9 | GO TO 074 |

O73a. How old were you the first time (you were hospitalized overnight because of these [unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors])?

____YEARS OLD

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

O73b. How many separate times were you ever hospitalized for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)?

_____NUMBER OF TIMES DON'T

KNOW998 REFUSED.....999

074. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER) RANDOM 30% OF

| RESPONDENTS1 | GO TO PS1 |
|--------------|-----------|
| ALL OTHERS | |

END OF SECTION

PSYCHOSIS SCREEN (PS)

| *PS1. | The next questions are about unusual things, like seeing visions or hearing voices. W quite common, but we don't know for sure because previous research has not done a please take your time and think carefully before answering. | | | | |
|----------|--|----------------|------------------------|------------------------|------------------------|
| | Ferner and Year and and and an end of the second and a second second second second second second second second | YES (1) | NO (5) | DK (8) | RF (9) |
| *PS1a. | The first thing is seeing a vision that is, seeing something that other people who were there could not see. Did you ever see a vision that other people could not see? (KEY PHRASE: saw a vision) | 1 | 5 GO TO *PS1b | 8 GO TO *PS1b | 9 GO TO *PS1b |
| *PS1a.1 | Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not under the influence of alcohol or drugs? | 1 | 5 GO TO *PS1b | 8 GO TO *PS1b | 9 GO TO *PS1b |
| *PS1a.2. | About how many times in your life did this ever happen (when you saw a vision when half-asleep, and not under the influence of alcohol or drugs)? TIMES DON'T KNOW | len you v | | | |
| *PS1a.3. | Could you give me a brief example of a time when this happened? | | | | |
| *PS1a.4. | What do you think caused this to happen? | | | | |
| | The second thing is hearing voices that other people could not hear. I don't mean having good hearing, but rather hearing things that other people said did not exist, like strange voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around. Did you ever hear voices in this way? (KEY PHRASE: heard voices) | 1 | 5 GO TO *PS1c | 8 GO TO *PS1c | 9 GO TO *PS1c |
| *PS1b.1 | . Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not under the influence of alcohol or drugs? | 1 | 5 GO TO *PS1c | 8 GO TO *PS1c | 9 GO TO *PS1c |

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

| | YES (1) | NO (5) | DK (8) | RF (9) |
|--|----------------|-------------|-------------|-------------|
| *PS1c.3. Could you give me a brief example of a time when this happened? | (1) | (3) | (0) | (9) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *PS1c.4. What do you think caused this to happen? | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PS1d. The fourth unusual thing is feeling that your mind was being taken over by | | | | |
| strange forces with laser beams or other methods that were making you do things | | 5 | 8 | 9 |
| you did not choose to do. Did you ever have a time when you felt that your mind | 1 | GO | GO | GO |
| was being taken over by strange forces? | 1 | ТО | ТО | ТО |
| (KEY PHRASE: felt that your mind was being taken over by strange forces) | | *PS1e | *PS1e | *PS1e |
| *PS1d.1. Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not | | 5 | 8 | 9 |
| under the influence of alcohol or drugs? | 1 | GO | GO | GO |
| | | TO *PS1e | TO *PS1e | TO *PS1e |
| *PS1d.2. About how many times in your life did this ever happen (when you felt that your n | | being take | n over by | |
| strange forces when you were not dreaming, not half-asleep, and not under the inf | luence of | alcohol or | drugs)? | |
| TIMES | | | | |
| DON'T KNOW | | | | |
| REFUSED | | | | |
| *PS1d.3. Could you give me a brief example of a time when this happened? | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| | | YES | NO (5) | DK | RF |
|----------|---|-----|------------|------------|------------|
| *DC16 | | (1) | (5) | (8) | (9) |
| *PS1f. | Sixth, did you ever believe that there was an unjust plot going on to harm you or | | 5 | 8 | 9 |
| | to have people follow you that your family and friends did not believe was true? | 1 | GO | GO | GO |
| | | | TO | TO | TO |
| *D0161 | (KEY PHRASE: believed there was a plot to harm you) | | *PS2 | *PS2 | *PS2 |
| *PSII.1 | Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not | | 5 | 8 | 9 |
| | under the influence of alcohol or drugs? | 1 | GO | GO | GO |
| | | | TO *DC2 | TO *DC2 | TO *DC2 |
| *D0160 | | | *PS2 | *PS2 | *PS2 |
| *PS1f.2. | About how many times in your life did this ever happen (when you believed there | | ot to harm | you when | you |
| | were not dreaming, not half-asleep, and not under the influence of alcohol or drugs | 5)? | | | |
| | TIMES | | | | |
| | DON'T KNOW | | | | |
| | REFUSED | | | | |
| | KEF05ED | | | | |
| *PS1f.3. | Could you give me a brief example of a time when this happened? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *PS1f.4. | What do you think caused this to happen? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*PS2. INTERVIEWER CHECKPOINT: (SEE ***PS1a.1**, ***PS1b.1**, ***PS1c.1**, ***PS1d.1**, ***PS1e.1**, ***PS1f.1**)

| ONE OR MORE RESPONSES CODED '1' IN *PS1a.1, *PS1b.1, *PS1c.1 , | |
|---|--------------------|
| *PS1d.1, *PS1e.1, *PS1f.1 | |
| ALLOTHERS | GO TO NEXT SECTION |

*PS3. Let me review. You (KEY PHRASE FOR ALL YES MENTIONS IN ***PS1a - *PS1f**). How old were you the very first time (this/either of these things/any of these things) happened to you?

YEARS OLD

DON'T KNOW998 REFUSED999 *PS4. (Has/Have) (this/either of these things/any of these things) happened to you at any time in the past 12 months?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *PS6 |
| DON'T KNOW8 | GO TO *PS6 |
| REFUSED9 | GO TO *PS6 |
| | |

*PS5. About how many different days did (this/either of these things/any of these things) happen to you in the past 12 months?

_____ NUMBER OF TIMES

DON'T KNOW998 REFUSED999

***PS6.** About how many different times have you had (this/either of these things/any of these things) happen to you in your entire life?

_____ NUMBER OF TIMES

DON'T KNOW998 REFUSED999

*PS7. Did you ever talk to a doctor or mental health professional for help in dealing with (this/these) experience(s)?

| YES1 | |
|-------------|--------------------------|
| NO5 | GO TO *GM1, NEXT SECTION |
| DON'T KNOW8 | GO TO *GM1, NEXT SECTION |
| REFUSED9 | GO TO *GM1, NEXT SECTION |
| | |

*PS8. What did the doctor say was causing (this/these) experience(s)?

INTERVIEWER: CIRCLE ALL MENTIONS

| SCHIZOPHRENIA/PSYCHOSIS | 1 |
|-------------------------------|---|
| MANIC-DEPRESSION/MANIA | 2 |
| EMOTIONS/NERVES/MENTAL HEALTH | 3 |
| PHYSICAL ILLNESS/ INJURY | 4 |
| MEDICATION/DRUGS/ALCOHOL | 5 |
| OTHER (SPECIFY) | 6 |
| | |

| DON'T KNOW | 8 |
|------------|---|
| REFUSED | |

*PS9. Were you ever hospitalized because of (this/these) experience(s)?

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

*PS10. (RB, PG 52) This is a list of medications commonly taken by people who have experiences like the (one/ones) you had. Did you ever take any of these medications?

| YES1 | |
|-------------|--------------------------|
| NO5 | GO TO *GM1, NEXT SECTION |
| DON'T KNOW8 | GO TO *GM1, NEXT SECTION |
| REFUSED9 | GO TO *GM1, NEXT SECTION |

*PS10a. Did you take any of these medications in the past 12 months?

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

| *SC24 EQUALS '1' | GO TO *M1 |
|--------------------------|------------------|
| *SC25a EQUALS '1' | GO TO *M5 |

[OTHERWISE, GO TO EATING DISORDER - *EA]

MANIA (M)

*M1. Earlier in the interview you mentioned having an episode lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. (READ SLOWLY) People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?

| YES1 | GO TO *M3 |
|-------------|-----------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | |
| | |

*M1a. INTERVIEWER CHECKPOINT: (SEE ***SC25a**)

| *SC25a IS CHECKED1 | GO TO *M5 |
|--------------------|------------|
| ALL OTHERS | GO TO *M54 |

*M3. Please think of the one episode when you were very excited and full of energy and you had the <u>largest number</u> of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *M3c |
| DON'T KNOW8 | GO TO *M3c |
| REFUSED9 | GO TO *M3c |

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

YEARS OLD

*M3b. How long did that episode last?

| NUMBER | GO TO *M | [4 | | |
|----------------------|---------------|--------|--------|-----------|
| CIRCLE UNIT OF TIME: | HOURS 1 | DAYS2 | WEEKS3 | MONTHS 4 |
| YEARS5 DON'T KNOW | V | 998 | | GO TO *M4 |
| REFUSED | 999 GO | ГО *М4 | | |

*M3c. Then think of the <u>most recent</u> time you had an episode like this. How old were you when that most recent episode occurred?

YEARS OLD

*M3d. How long did that episode last?

NUMBER

*M4. During that episode, which of the following behavior changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?

| YES | 1 |
|------------|---|
| NO | 5 |
| DON'T KNOW | 3 |
| REFUSED |) |

INTERVIEWER INSTRUCTION: USE THE PHRASE "EXCITED AND FULL OF ENERGY" THROUGHOUT THIS SECTION

GO TO *M7a

*M5. Earlier in the interview you mentioned having episodes lasting four days or longer when you became so <u>irritable</u> or <u>grouchy</u> that you started arguments, shouted at people, or hit people.

(READ SLOWLY) People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *M54 |
| DON'T KNOW8 | GO TO *M54 |
| REFUSED9 | GO TO *M54 |

*M6. Please think of the episode of four days or more when you were very irritable or grouchy and you had the <u>largest</u> <u>number</u> of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

| YES1 | |
|-------------|------------|
| NO5 | GO TO *M6c |
| DON'T KNOW8 | GO TO *M6c |
| REFUSED9 | GO TO *M6c |

*M6a. How old were you when that episode occurred?

YEARS OLD

DON'T KNOW998 REFUSED999

*M6b. How long did that episode last?

NUMBER GO TO *M7

CIRCLE UNIT OF TIME: HOURS ... 1 DAYS 2 WEEKS ... 3 MONTHS 4 YEARS ... 5

 DON'T KNOW
 998
 GO TO *M7

 REFUSED
 999
 GO TO *M7

INTERVIEWER INSTRUCTION: USE THE PHRASE "IRRITABLE OR GROUCHY" THROUGHOUT THIS SECTION

*M6c. Then think of the <u>most recent time</u> you had an episode like this. How old were you when that most recent episode occurred?

YEARS OLD

DON'T KNOW998 REFUSED999

*M6d. How long did that episode last?

NUMBER

CIRCLE UNIT OF TIME: HOURS ... 1 DAYS 2 WEEKS ... 3 MONTHS 4 YEARS ... 5

INTERVIEWER INSTRUCTION: USE THE PHRASE "IRRITABLE OR GROUCHY" THROUGHOUT THIS SECTION

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

| | | YES (1) | NO (5) | DK (8) | RF (9) |
|---|---|----------------|-----------|-----------|-----------|
| financial trouble? | n more money than usual that it caused you to have ing into financial trouble) | 1 | 5 | 8 | 9 |
| *M7m. Did you do reckless t having casual or unsa (KEY PHRASE: doir | | 1 | 5 | 8 | 9 |
| you could do things y | y exaggerated sense of self-confidence or believe ou really couldn't do? ng too much self-confidence) | 1 | 5 | 8 | 9 |
| had a special connect have? | that you were actually someone <u>els</u> e, or that you ion with a famous person that you really <u>didn't</u> eving you were someone else or somehow s person) | 1 | 5 | 8 | 9 |

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

| THREE OR MORE RESPONSES CODED '1'1 | |
|------------------------------------|------------|
| ALL OTHERS | GO TO *M54 |

*M9. Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 "YES" RESPONSES IN *M7 SERIES). How much did these episodes 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 | |
|-------------------------|-------------|
| SOME | 00 10 milda |
| A LOT4 EXTREMELY5 | |
| DON'T KNOW8 REFUSED9 | GO TO M10a |

*M9a. How often during these episodes were you unable to carry out your normal daily activities – often, sometimes, rarely, or never?

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

*M9b. Did other people say anything or worry about the way you were acting?

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

*M10a. Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your episodes <u>ever</u> occurred as the result of such physical causes?

| YES1 | | | | |
|------------|---|----|----|------|
| NO | 5 | GO | то | *M18 |
| DON'T KNOW | 8 | GO | ТО | *M18 |
| REFUSED9 | | GO | ТО | *M18 |

*M10b. Do you think <u>all of your episodes were the result of physical causes?</u>

| YES1 | l | | | |
|------------|---|----|----|------|
| NO | 5 | GO | ТО | *M18 |
| DON'T KNOW | 8 | GO | ТО | *M18 |
| REFUSED9 |) | GO | то | *M18 |

*M10c. Briefly, what were the physical causes?

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

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *M18b |
| DON'T KNOW8 | GO TO *M18b |
| REFUSED9 | GO TO *M18b |

*M18a. (IF NEC: How old were you?)

_____YEARS OLD GO TO *M18c

DON'T KNOW998 REFUSED999

*M18b. <u>About how old were you the first time you had an episode of this sort?</u>

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 |

*M18c. 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 | 5 |
| DON'T KNOW | |
| REFUSED | |

*M18d. About how long did that episode go on?

| NUMBE | ER | | | |
|-----------------------|----------|-------|--------|-----------------|
| CIRCLE UNIT OF TIME: | HOURS 1 | DAYS2 | WEEKS3 | MONTHS 4 YEARS5 |
| DON'T KNOW REFUSED | 98 99 | | | |

*M19. Did you have one of these episodes at any time in the past 12 months?

| YES | 1 | |
|------------|---|-------------|
| NO | 5 | GO TO *M19d |
| DON'T KNOW | 8 | GO TO *M19d |
| REFUSED | 9 | GO TO *M19d |

*M19a. 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 AGO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

| | NUMBER | |
|--------------------------------|--------------------------------------|--|
| DON'T KNOW REFUSED | 998 999 | 9 |
| *M19c. How many weeks | in the past 12 months v | were you in (this episode/one of these episodes) |
| | NUMBER | GO TO *M20 |
| DON'T KNOW REFUSED | | GO TO *M20 GO TO *M20 |
| *M19d. How old were you | the last time you had o | one of these episodes? |
| | YEARS OL | D |
| DON'T KNOW REFUSED | | |
| * M20. How many episode | - | <u>r longer</u> have you ever had in your life? |
| | NUMBER | |
| DON'T KNOW 99 REFUSED | | |
| *M21. How many episode | es lasting <u>less than one</u> | week have you ever had in your life? |
| | NUMBER | |
| DON'T KNOW 99 REFUSED | 98 999 | |
| *M21a. Interviewer Checkp | oint: (SEE * M20 , * M | 21) |
| | | ALS ONE |

*M21.1. How many of your episodes were brought on by some stressful experience?

*M22. How long was the <u>longest</u> episode you ever had?

_____ NUMBER

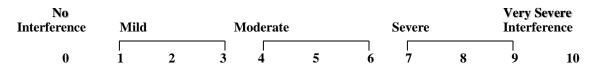
*M23. How many different years in your life did you have at least one episode?

YEARS

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

*M26. INTERVIEWER CHECKPOINT: (SEE *M19)

| * M19 EQUALS '1' | |
|-------------------------|------------|
| ALL OTHERS | GO TO *M33 |



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

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

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

NUMBER (0-10)

| | nanagement, like cleaning, care of the (house/ apartment)? | | |
|----------------------------------|---|---|----|
| DON'T KNOW | | | 98 |
| *M27b. | Your ability to work? | DOES NOT APPLY DON'T KNOW REFUSED | 98 |
| *M27c. relationships with oth | Your ability to form and maintain <u>close</u> er people? | DOES NOT APPLY DON'T KNOW REFUSED | 98 |
| *M27d. | Your social life? | DOES NOT APPLY | |

*M28. INTERVIEWER CHECKPOINT: (SEE *M27a - *M27d)

| ALL RESPONSES EQUAL '0' OR '97'1 | GO TO *M29.1 |
|----------------------------------|--------------|
| ALL OTHERS | |

*M29. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your episode(s) of being very (excited and full of energy/ irritable or grouchy)?

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

NUMBER OF DAYS

*M29.1. INTERVIEWER CHECKPOINT

*M29.2. (RB, PG 10-13) For the next questions I need you to think about the episode of four days or more during the <u>past 12</u> <u>months</u> when you were in the <u>most severe</u> episode of being very (excited and full of energy/ irritable or grouchy). Please read each of the eleven sets of statements on pages 10-13 in your booklet and circle the one response for each of the eleven that best describes your experience during the worst four days. As you finish each set, please tell me the number of the statement you have circled.

GO TO *M30a

*M30. (RB, PG 10-13) For the next questions I need you to think about the episode during the <u>past 12 months</u> when you were in the <u>most severe</u> episode of being very (excited and full of energy/ irritable or grouchy). I'm going to read eleven series of statements. Please pick the one statement in each series that comes closest to your experience during that worst four days.

*M30a. Here's the first series, which deals with your mood during those four days:

One:Your mood was no more high than usual in terms of things like being happy, self-confident, or optimisticTwo:Your mood was a little more high than usual.

Three: Your mood was quite a bit more high than usual, but never over the edge or inappropriate.

Four: Your mood was over the edge in terms of things like being unrealistically self-confident or optimistic or very happy even when bad things were happening.

Five: You were uncontrollably high in terms of things like laughing out loud without cause or singing loudly in public places.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

*M30b. Here's the next series, which deals with physical arousal:

One: You had no increase in physical arousal in terms of things like energy or restlessness or difficulty sitting still. Two: You had some increase in arousal, but not enough for most people to notice.

Three: You had a big enough increase in arousal for most people to notice, with things like increases in hand gestures, loudness, or being a lot more animated than usual.

Four: You were so highly aroused that you felt agitated or restless or hyper, but not enough to be out of control. Five: You were uncontrollably agitated or restless or hyper.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

NUMBER

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

*M30c. Here's the next series, which deals with sexual interest:

One: You had no increase in sexual interest.

Two: You had a mild increase in sexual interest.

Three: You had a strong increase in sexual thoughts without talking about it or doing anything. Four: You

talked a lot more about sex than usual without doing anything about it.

Five: You inappropriately propositioned people or touched people sexually or engaged in other sexual behaviors you wouldn't normally do.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

*M30d. Here's the next series, which deals with how much sleep you got:

One: You experienced no decrease in sleep.

Two: You slept less than normal by up to one hour.

Three: You slept less than normal by more than one hour.

Four: You slept less than usual and didn't feel the need for more sleep. Five: You didn't feel the need for any sleep at all.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

_____NUMBER

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

*M30e. Here's the next series, which deals with how irritable you were:

One: You experienced no increase in irritability, in terms of things like feeling grumpy or acting annoyed or angry. Two: You experienced some increase in irritability, but not enough for most people to notice.

Three: You experienced a big enough increase in irritability for most people to notice, with things like sometimes being short or snappy with people or having occasional outbursts of anger.

Four: You were very irritable most of the time.

Five: You were so hostile or uncooperative that it was impossible for people to be around you.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

NUMBER

DON'T KNOW 998 REFUSED999

*M30f. Here's the next series, which deals with how talkative you were:

One: You experienced no increase in talkativeness.

Two: You wanted to be more talkative, but didn't actually talk a lot more than usual.

Three: At times you talked a lot more than usual or a lot more than the situation required.

Four: You often talked a lot more than the situation required or talked so much that it was hard for other people to interrupt you.

Five: You talked nonstop or so much that no one could interrupt you even when they tried.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

*M30g. Here's the next series, which deals with racing thoughts or disorganized thinking:

One: Your thoughts did not come more quickly or seem more confused or escape you more than usual. Two: Your thoughts came somewhat more quickly than usual, or seemed a bit more confused than usual, or

you lost your train of thought somewhat more than usual.

Three: Your thoughts raced through your mind, or you easily lost your train of thought, or your mind kept jumping from one topic to another.

Four: Your thoughts jumped around so much that people had a hard time following you or you couldn't keep yourself on track in a conversation.

Five: Your thoughts were going so fast or you were so confused that it was impossible for anyone to follow you or for you to make yourself understood.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

| | NUMBER |
|------------|--------|
| DON'T KNOW | 998 |
| REFUSED | |

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

One: You didn't think or talk about anything different than usual

Two:You thought a lot about new interests or new plans that were not very practical or realistic.Three:You thought a lot about really strange unrealistic things like hyper-religious ideas or totally unrealistic plans.Four:You had a lot of grandiose ideas about being able to do things you can't really do, or paranoid ideas about plots orconspiracies that don't really exist, or ideas about you being at the center of things that really don't have much to do with you.Five:Your mind was so confused that you were having delusions or hearing voices or seeing things.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

_____NUMBER

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

*M30i. Here's the next series, which deals with disruptive or aggressive behavior:

One:You were no more disruptive or aggressive in your behavior than usual.Two:You were often loud or sarcastic with people, but never threatened or got physical.Three:You sometimes threatened people or made hostile demands, but never got physical. Four:You frequently threatened or shouted at people, but without getting physical.Five:You physically assaulted someone or destroyed property.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

*M30j. Here's the next series, which deals with your appearance:

One: You dressed the same as always.

Two: You had a big reduction in neatness of dressing or grooming, but not so much that most people would get worried about you.

Three: You had a big change in dressing and grooming, either due to looking like a mess in terms of clothes and grooming or due to being very overdressed.

Four: You had an extreme change in dressing or grooming, like being only partly clothed or wearing wild make-up or looking like a total mess.

Five: You were completely un-groomed or disorganized in clothing or wore bizarre clothes.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

___NUMBER

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

*M30k. Here's the next series, which deals with whether you thought you had a problem:

One: You recognized that you were sick and needed help.

Two: You realized that you might have a problem.

Three: You recognized that your behavior had changed a great deal, but didn't think it was a problem.

Four: You realized that there had been some change in your behavior, but didn't really appreciate how great it had been.

Five: You had times when you were totally unaware that your behavior was different from normal.

(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

***M33**. Did you <u>ever in your life talk to a medical doctor or other professional about your episode(s) of being very (excited and full of energy/irritable or grouchy)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)</u>

| YES | | 1 |
|------------|---|--------------|
| NO | 5 | GO TO *M48.1 |
| DON'T KNOW | | GO TO *M48.1 |
| REFUSED | 9 | GO TO *M48.1 |

*M33a. How old were you the <u>first time [you talked to a professional about your episode(s) of being very</u> (excited and full of energy/ irritable or grouchy)]?

_____YEARS OLD

M33b. IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

| Y | EARS OLD |
|--|----------|
| BEFORE TEENS BEFORE 20s AFTER 20s (IF VOL): "NEVER" DON'T KNOW | |
| REFUSED | |

*M45. Did you ever get treatment for your episode(s) of being very (excited and full of energy/ irritable or grouchy) that you considered <u>helpful</u> or <u>effective</u>?

| YES | | 1 |
|------------|---|-------------|
| NO | 5 | GO TO *M45c |
| DON'T KNOW | | GO TO *M45c |
| REFUSED | 9 | GO TO *M45c |

*M45a. How old were you the <u>first time [you got helpful</u> treatment for your episode(s) of being very (excited and full of energy/irritable or grouchy)]?

_____YEARS OLD

| DON'T KNOW | |
|------------|--|
| REFUSED | |

*M45b. How many professionals did you <u>ever</u> talk to about your episode(s) of being very (excited and full of energy/ irritable or grouchy), up to and including the first time you got helpful treatment?

| | NUMBER OF PROFESSIONALS | GO TO *M47 |
|---------------------------|--------------------------|------------|
| DON'T KNOW98 REFUSED99 | GO TO *M47 GO TO *M47 | |

***M45c**. How many professionals did you <u>ever</u> talk to about your episode(s) of being very (excited and full of energy/ irritable or grouchy)?

______NUMBER OF PROFESSIONALS

*M47. Did you receive professional treatment for your episode(s) of being very (excited and full of energy/ irritable or grouchy) at any time in the past 12 months?

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

*M48. Were you ever hospitalized overnight for your episode(s) of being very (excited and full of energy/irritable or grouchy)?

| YES | 1 | |
|------------|----|--------------|
| NO | .5 | GO TO *M48.1 |
| DON'T KNOW | 8 | GO TO *M48.1 |
| REFUSED | 9 | GO TO *M48.1 |

*M48a. How old were you the first time [you were hospitalized overnight because of your episode(s) of being very (excited and full of energy/ irritable or grouchy)]?

| | YEARS OLD |
|-----------------------|-----------|
| DON'T KNOW REFUSED | |

*M48.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had episodes of being very (excited and full of energy/ irritable or grouchy)?

EATING DISORDERS (EA)

*EA1. This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *EA16 |
| DON'T KNOW8 | GO TO *EA16 |
| REFUSED9 | GO TO *EA16 |

*EA1a. Did you ever have this strong worry or fear at a time when you really weighed less than most other people?

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *EA16 |
| DON'T KNOW8 | GO TO *EA16 |
| REFUSED9 | GO TO *EA16 |

*EA2.1 INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR WEIGHT

IMPERIAL/US......1 METRIC......2

*EA2. What was the lowest body weight you ever purposefully had after the age of twelve?

BODY WEIGHT (POUNDS or KILOGRAMS)

*EA3.1. INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR HEIGHT

 IMPERIAL/US
 1

 METRIC
 2
 GO TO *EA3c.

*EA3a. How tall were you at that time?

BODY HEIGHT (FEET/ INCHES)

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

***EA3c.** How tall were you at that time?

BODY HEIGHT (CENTIMETERS)

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

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

| WEIGHT RECORDED IN *EA2 IS LESS THAN MINIMUM WEIGHT IN TABLE FOR | |
|--|------------|
| HEIGHT RECORDED IN *EA3 1 | |
| ALL OTHERS | O TO *EA16 |

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

| MINIMUM WEIGHTS FOR MEN | | | |
|-------------------------|-----|----------------------|----|
| Height (feet) | | Height (meters) | |
| 5'2" or less 5'3" | 120 | 1.57 or less 1.60 | |
| 5'4" | 133 | 1.62 | |
| 5'5" | | 1.65 | |
| 5'6" 5'7" | | 1.68 1.70 | |
| 5'8" | | 1.73 | |
| 5'9" | | 1.75 | |
| 5'10" | | 1.78 | 69 |
| 5'11" | | 1.80 | |
| 6'0" 6'1" | | 1.83 1.85 | |
| 6'2" | | 1.88 | |
| 6'3" | | 1.90 | |
| 6'4" or more | 176 | 1.93 or more | 80 |

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

| YES 1 | |
|-------------|-------------|
| NO5 | GO TO *EA16 |
| DON'T KNOW8 | GO TO *EA16 |
| REFUSED9 | GO TO *EA16 |

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

| YES1 | | |
|-------------|------------------|-------|
| NO5 | (GO TO *EA16) ** | (17b) |
| DON'T KNOW8 | (GO TO *EA16) ** | |
| REFUSED9 | (GO TO *EA16) ** | |

*EA8. INTERVIEWER CHECKPOINT: (**R'S GENDER**)

| R IS MALE1 | GO TO *EA10 |
|--------------|-------------|
| R IS FEMALE2 | |

*EA9. Around the time you weighed (WEIGHT REPORTED IN *EA2) did you ever have three months or more in a row when you stopped having your menstrual periods?

| YES 1 | | |
|----------------|------------------|-------|
| NOT APPLICABLE | | |
| NO5 | (GO TO *EA16) ** | (17c) |
| DON'T KNOW8 | (GO TO *EA16) ** | |
| REFUSED9 | (GO TO *EA16) ** | |

| | | YES (1) | NO (5) | DK (8) | RF (9) |
|---------|--|----------------|-----------|-----------|-----------|
| *EA10. | Did you feel like you were heavier than you should have been or heavier than you wanted to be? (KEY PHRASE: feeling you were too heavy) | 1 | 5 | 8 | 9 |
| *EA10b. | Did you think that some parts of your body were too fat? (KEY PHRASE: thinking that parts of your body were too fat) | 1 | 5 | 8 | 9 |
| *EA10c. | Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight? (KEY PHRASE: feeling like your self-esteem depended on being thin) | 1 | 5 | 8 | 9 |
| *EA10d. | Did anyone tell you that your low weight was bad for your health? (KEY PHRASE: hearing from others that your low weight was bad for your health) | 1 | 5 | 8 | 9 |

*EA11. INTERVIEWER CHECKPOINT: (SEE *EA10 SERIES (*EA10, *EA10b, *EA10c, *EA10d) **)

(17e)

| AT LEAST ONE "YES" RESPONSE IN *EA 10 SERIES (*EA10, *EA10b, OR *EA10c, OR | |
|---|-----------|
| *EA10d)1 | |
| ALL OTHERS | GO TO |
| | * 1 4 1 6 |

*EA16

*EA12. Think of the <u>very first time</u> in your life you weighed around (WEIGHT REPORTED IN ***EA2**) and you had problems like (KEY PHRASES FROM "YES" RESPONSES IN ***EA10 SERIES**). Can you remember your <u>exact age</u>?

| YES1 | |
|------------|--------------|
| NO5 | GO TO *EA12b |
| DON'T KNOW | GO TO *EA12b |
| REFUSED9 | GO TO *EA12b |

*EA12a. (IF NEC: How old were you?)

____YEARS OLD GO TO *EA13

*EA12b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____YEARS OLD

| BEFORE TWENTIES | 19 |
|-----------------|-----|
| DON'T KNOW | 998 |
| REFUSED | 999 |

*EA13. About how many different years in your life did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed?

YEARS

*EA14. INTERVIEWER CHECKPOINT: (SEE *EA13)

*EA15. How recently did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

| PAST MONTH1 | GO TO *EA16 |
|-------------------------|-------------|
| 2-6 MONTHS AGO2 | GO TO *EA16 |
| 7-12 MONTHS AGO | GO TO *EA16 |
| MORE THAN 12 MONTHS AGO | |
| DON'T KNOW8 | |
| REFUSED9 | |

*EA15a. How old were you the last time?

YEARS OLD

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

| YES1 | |
|--------------|----------------------|
| NO5 | GO TO *E/ |
| DON'T KNOW 8 | GO TO *E/ |
| REFUSED9 | GO TO *E/ |

GO TO *EA 23 (GO TO *EA30) * GO TO *EA 23 (GO TO *EA30) * GO TO *EA 23 (GO TO *EA30) *

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

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

| AT LEAST ONE "YES" RESPONSE IN *EA17 SERIES 1 | | |
|--|-------|-------|
| ALL OTHERS | GO TO | *EA23 |

(17f)

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

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *EA19b |
| DON'T KNOW 8 | GO TO *EA19b |
| REFUSED9 | GO TO *EA19b |

*EA19a. (IF NEC: How old were you?)

____ YEARS OLD GO TO *EA20

*EA19b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

YEARS OLD

| BEFORE TWENTIES | 19 |
|-----------------|-----|
| DON'T KNOW | 998 |
| REFUSED | 999 |

*EA20. About how many different years in your life did you go through periods when you binged at least two times a week for three months or longer?

YEARS

*EA21. INTERVIEWER CHECKPOINT: (SEE *EA20)

*EA22. How recently did you binge at least two times a week – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

| PAST MONTH | 1 | GO TO *EA23a |
|-------------------------|---|--------------|
| 2-6 MONTHS AGO | 2 | GO TO *EA23a |
| 7-12 MONTHS AGO | 3 | GO TO *EA23a |
| MORE THAN 12 MONTHS AGO | 4 | |
| DON'T KNOW | 8 | |
| REFUSED | 9 | |

*EA22a. How old were you the last time?

YEARS OLD GO TO *EA23a

| DON'T KNOW | . 998 | GO TO *EA23a |
|------------|-------|--------------|
| REFUSED | .999 | GO TO *EA23a |

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

*EA24. INTERVIEWER CHECKPOINT: (SEE *EA23 SERIES)

| AT LEAST ONE "YES' RESPONSE IN *EA23 SERIES 1 | |
|--|-------------|
| ALL OTHERS | GO TO *EA30 |

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

| YES | 1 |
|------------|--------------------|
| NO5 | GO TO *EA30 |
| DON'T KNOW | GO TO *EA30 |
| REFUSED9 | GO TO *EA30 |

*EA26. Can you remember your <u>exact</u> age the <u>very first</u> time you used (this/ any of these) weight control (strategy/ strategies) at least two times a week for three months?

| YES1 | |
|-------------|--------------|
| NO5 | GO TO *EA26b |
| DON'T KNOW8 | GO TO *EA26b |
| REFUSED9 | GO TO *EA26b |

*EA26a. (IF NEC: How old were you?)

_____YEARS OLD GO TO *EA27

*EA26b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

| BEFORE TWENTIES | . 19 |
|-----------------|------|
| DON'T KNOW | .998 |
| REFUSED | .999 |

*EA27. About how many different years in your life did you do any of these things at least twice a week for three months or longer?

YEARS

*EA28. INTERVIEWER CHECKPOINT: (SEE *EA27)

*EA29. How recently did you use (this strategy/these strategies) this often – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

*EA30 *EA30 *EA30

| PAST MONTH1 | GO TO |
|--------------------------|-------|
| 2-6 MONTHS AGO | GO TO |
| 7-12 MONTHS AGO | GO TO |
| MORE THAN 12 MONTHS AGO4 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*EA29a. How old were you the last time?

YEARS OLD

*EA30. INTERVIEWER CHECKPOINT: (SEE *EA11, *EA18, *EA24)

| RESPONSE CODED "1," IN AT LEAST ONE OF THE | |
|--|---------|
| FOLLOWING: *EA11 , *EA18 OR *EA24 1 | |
| ALL OTHERS | GO TO * |

GO TO *PR1, NEXT SECTION

*EA31. INTERVIEWER CHECKPOINT: (SEE *EA15, *EA22, *EA29)

| No Interference | | Mild | | | Moderat | e | | Severe | | Very Severe Interference | |
|--------------------|---|------|---|---|---------|---|---|--------|---|-----------------------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

*EA32. (RB, PG 9) Think about the month or longer in the past 12 when your problems with your eating or weight were most severe. Using a 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much problems with your eating or weight interfered with each of the following activities during that time?

(IF NEC: How much did problems with your eating or weight interfere with (ACTIVITY) during that time?)

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

NUMBER (0-10)

| *EA32a. | Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? | |
|---------|---|---|
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *EA32b. | Your ability to work? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *EA32c. | Your ability to form and maintain <u>close</u> relationships with other people? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *EA32d. | Your social life? | |
| | | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |

*EA33. INTERVIEWER CHECKPOINT: (SEE *EA32 SERIES)

| ALL FOUR RESPONSES TO *EA32 SERIES EQUAL '0' OR '97'1 | GO TO *EA35 |
|--|-------------|
| ALL OTHERS2 | |

*EA34. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of problems with your eating or weight?

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

__NUMBER OF DAYS

*EA35. Did you <u>ever</u> in your life talk to a medical doctor or other professional about problems with your eating or weight? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES1 | |
|-------------|--------------------------|
| NO5 | GO TO *PR1, NEXT SECTION |
| DON'T KNOW8 | GO TO *PR1, NEXT SECTION |
| REFUSED9 | GO TO *PR1, NEXT SECTION |

*EA35a. How old were you the first time (you talked to a professional about problems with your eating or weight)?

YEARS OLD

DON'T KNOW998 REFUSED......999

*EA37. Did you ever get treatment for problems with your eating or weight that you considered helpful or effective?

| YES1 | |
|-------------|--------------|
| NO5 | GO TO *EA37c |
| DON'T KNOW8 | GO TO *EA37c |
| REFUSED9 | GO TO *EA37c |
| | |

*EA37a. How old were you the first time (you got helpful treatment for problems with your eating or weight)?

YEARS OLD

DON'T KNOW998 REFUSED999

*EA37b.How many professionals did you ever talk to about problems with your eating or weight, up to and including the first time you got helpful treatment?

_____NUMBER OF PROFESSIONALS GO TO *EA38

 DON'T KNOW
 998
 GO TO *EA38

 REFUSED
 999
 GO TO *EA38

*EA37c.How many professionals did you ever talk to about problems with your eating or weight?

_NUMBER OF PROFESSIONALS

DON'T KNOW998 REFUSED999

***EA38.** Did you receive professional treatment for problems with your eating or weight at any time in the past 12 months?

END OF SECTION

INTERMITTENT EXPLOSIVE DISORDER (IED)

*IED1. INTERVIEWER CHECKPOINT: (SEE *SC20.1, *SC20.2, *SC20.3)

| *SC20.1 IS CHECKED1 | GO TO *IED2 |
|---------------------|---------------------|
| *SC20.2 IS CHECKED | GO TO *IED3 INTRO 4 |
| *SC20.3 IS CHECKED | GO TO *IED3 INTRO 5 |
| ALL OTHERS | GO TO NEXT SECTION |

*IED2. INTERVIEWER CHECKPOINT: (SEE ***SC20.2**, ***SC20.3**)

| * SC20.2 IS CHECKED1 | GO TO *IED3 INTRO 1 |
|-----------------------------|---------------------|
| * SC20.3 IS CHECKED2 | GO TO *IED3 INTRO 2 |
| ALLOTHERS | GO TO *IED3 INTRO 3 |

| *IED3 INTRO 1. | *IED3 INTRO 2. | *IED3 INTRO 3. | *IED3 INTRO 4. | *IED3 INTRO 5. | |
|--|--------------------------|--------------------------|--------------------------|------------------------|--|
| Earlier in the interview | Earlier in the interview | Earlier in the interview | Earlier in the interview | Earlier in the | |
| you mentioned having | you mentioned having | you mentioned having | you mentioned having | interview you | |
| attacks of anger when | attacks of anger when | attacks of anger when | attacks of anger when | mentioned having | |
| all of a sudden you lost | all of a sudden you lost | all of a sudden you lost | all of a sudden you | attacks of anger when | |
| control and either | control and either | control and broke or | lost control and hit or | all of a sudden you | |
| broke or smashed | broke or smashed | smashed something of | hurt someone. The | lost control and | |
| something of value or | something of value or | value. The next few | next few questions are | threatened to hit or | |
| you hit or hurt | you threatened to hit or | questions are about | about those attacks. | hurt someone. The | |
| someone. The next few | hurt someone. The next | those attacks. | Approximately how | next few questions are | |
| questions are about | few questions are about | Approximately how | many times in your | about those attacks. | |
| those attacks. | those attacks. | many times in your | life have you had an | Approximately how | |
| Approximately how | Approximately how | life have you had an | attack of this sort, | many times in your | |
| many times in your life | many times in your life | attack of this sort, | (READ SLOWLY) | life have you had an | |
| have you had an attack | have you had an attack | (READ SLOWLY) | when you lost control | attack of this sort, | |
| of this sort, (READ | of this sort, (READ | when you lost control | and either hurt | (READ SLOWLY) | |
| SLOWLY) when you | SLOWLY) when you | and either broke or | someone or threatened | when you lost control | |
| lost control and either | lost control and either | smashed something? | to hurt someone? | and threatened to hurt | |
| broke something, hurt | broke something or | | | someone? | |
| someone, or threatened | threatened to hurt | | | | |
| to hurt someone? | someone? | | | | |
| *IED3. CODE RESPONSES GREATER THAN 9997 AS 9997 | | | | | |
| ATTACKS | | | | | |
| | | | | | |
| DON'T KNOW9998 REFUSED | | | | | |
| KEFUSED | | | | | |
| | | | | | |

*IED4. INTERVIEWER CHECKPOINT: (SEE *IED3)

| * IED3 CODED '0'-'2' | 1 |
|-----------------------------|---|
| ALL OTHERS | 2 |

GO TO NEXT SECTION

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

| YES | 1 | GO TO *IED6 |
|------------|---|-------------|
| NO | 5 | |
| DON'T KNOW | 8 | |
| REFUSED | 9 | |

*IED5a. Did the attacks sometimes occur in situations where most people would not have had an anger attack?

| YES | 1 GO TO *IED6 |
|------------|---------------|
| NO | .5 |
| DON'T KNOW | .8 |
| REFUSED | .9 |

*IED5b. During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.

| YES | 1 |
|------------|---------------------------|
| NO5 | GO TO NEXT SECTION |
| DON'T KNOW | GO TO NEXT SECTION |
| REFUSED | GO TO NEXT SECTION |

*IED6. Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?

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

*IED7. How often was your anger <u>out of control</u> during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?

| ALL OF THE TIME | |
|-----------------|---|
| SOMETIMES | |
| RARELY4 | ÷ |
| NEVER | |
| DON'T KNOW8 | |
| REFUSED9 |) |

*IED8. INTERVIEWER CHECKPOINT: (SEE *IED6, *IED7)

| * IED6 CODED '1' | .1 |
|-----------------------------|----|
| * IED7 CODED '1'-'4' | .2 |
| ALL OTHERS | 3 |

GO TO NEXT SECTION

*IED8.1. INTERVIEWER CHECKPOINT: (SEE *IED3)

| | *IED3 EQUALS '3' – | [•] 9997 [•] | 1 | | |
|----------|--------------------|--------------------------------|---------------|---------------------------|--------------|
| | ALL OTHERS | | 2 | GO TO *IED9 | |
| *IED8.2. | INTERVIEWER INST | RUCTION: | CIRCLE LETTER | R 'I' IN LONG/SHORT GROUP | OF REFERENCE |
| | CARD (SIDE TWO). | THEN GO | ТО *IED 9. | | |

*IED9. Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?

| YES 1 | |
|-------------|--------------|
| NO 5 | GO TO *IED10 |
| DON'T KNOW8 | GO TO *IED10 |
| REFUSED9 | GO TO *IED10 |

*IED9a. Did you ever have anger attacks when you had not been drinking or using drugs? .

| YES1 | |
|-------------|--------------------|
| NO 5 | GO TO NEXT SECTION |
| DON'T KNOW8 | GO TO NEXT SECTION |
| REFUSED9 | GO TO NEXT SECTION |

*IED10. Anger attacks can sometimes be caused by physical illnesses such as epilepsy or head injury or by the use of medications. Were your anger attacks ever caused by physical illness or the use of medications?

| YES 1 | |
|-------------|--------------|
| NO5 | GO TO *IED11 |
| DON'T KNOW8 | GO TO *IED11 |
| REFUSED9 | GO TO *IED11 |

*IED10a. What was the cause?

*IED10b. Did you ever have anger attacks that were not caused by physical causes such as (CAUSE DESCRIBED IN *IED10a) or by the use of alcohol or drugs?

| 1 |
|---|
| 5 |
| 8 |
| 9 |
| |

*IED11.Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?

| YES 1 | |
|-------------|--------------|
| NO 5 | GO TO *IED12 |
| DON'T KNOW8 | GO TO *IED12 |
| REFUSED9 | GO TO *IED12 |

*IED11a. Did you ever have anger attacks at times you were not sad or depressed?

| YES 1 | |
|--------------|---|
| NO | i |
| DON'T KNOW 8 | , |
| REFUSED 9 | , |

*IED12. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SCREENING SECTION)

| *SC 20.1 IS CHECKED 1 | |
|-----------------------|--------------|
| *SC 20.2 IS CHECKED 2 | GO TO *IED15 |
| ALL OTHERS | GO TO *IED16 |

*IED13. Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?

CODE RESPONSES GREATER THAN \$9,997 AS \$9,997

\$_____

***IED15**. About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?

CODE RESPONSES GREATER THAN 997 AS 997

TIMES

*IED16.How much did your anger attacks 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 | |
|-------------|--------------|
| SOME | |
| A LOT | |
| EXTREMELY5 | |
| DON'T KNOW8 | |
| REFUSED9 | GO TO *IED17 |

*IED16a. How often were you unable to carry out your daily activities because of your attacks -- often, sometimes, rarely, or never?

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

*IED17. How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?

| ALL OF THE TIME | 1 |
|------------------|---|
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | |
| DON'T KNOW | |
| REFUSED | 9 |
| | |

*IED18. Think of the very first time in your life you had an anger attack. Can you remember your exact age when that attack occurred?

| YES 1 | |
|-------------|---------------|
| NO 5 | GO TO *IED18b |
| DON'T KNOW8 | GO TO *IED18b |
| REFUSED9 | GO TO *IED18b |

*IED18a. (IF NEC: How old were you)?

_____YEARS OLD GO TO *IED19

*IED18b. <u>About how old were you?</u>

__YEARS OLD

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE:

*IED18b1. Was it before you first started school? IF NO, PROBE: Was it before you were a teenager?

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

*IED19.During about how many different years in your life did you have at least one attack?

YEARS

CODE RESPONSES GREATER THAN 997 AS 997

ATTACKS

*IED21. What is the largest number of anger attacks you ever had during a single year?

CODE RESPONSES GREATER THAN 997 AS 997

_____ ATTACKS

*IED22. How recently did you have an anger attack -- in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

| PAST MONTH1 | GO TO *IED23 |
|--------------------------|--------------|
| 2-6 MONTHS AGO | GO TO *IED23 |
| 7-12 MONTHS AGO | GO TO *IED23 |
| MORE THAN 12 MONTHS AGO4 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*IED22a. How old were you the last time (you had an attack)?

_____YEARS OLD GO TO *IED29

| DON'T KNOW | 998 | GO TO *IED29 |
|------------|-----|--------------|
| REFUSED | 999 | GO TO *IED29 |

*IED23. How many weeks out of 52 in the past twelve months did you have at least one attack?

WEEKS

*IED24. And how many attacks in total did you have during the past twelve months?

CODE RESPONSES GREATER THAN 997 AS 997

ATTACKS

DON'T KNOW 998 REFUSED 999

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

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

| No Interference | | Mild | | | Moderat | e | | Severe | | Very Severe Interference |
|--------------------|--------|------|---|---|---------|---|---|--------|---|-----------------------------|
| 0 | ۲ 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*IED26. (RB, PG 9) Using the 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means <u>very</u> <u>severe</u> interference, what number describes how much your anger attacks interfered with each of the following activities during the past 12 months?

[IF NEC: How much did your anger attacks interfere with (ACTIVITY) during that period?]

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

NUMBER (0-10)

*IED26a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)?

| | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
|---|---|
| *IED26b. Your ability to work? | |
| | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *IED26c. Your ability to form and maintain <u>close</u> relationships with other people? | |
| | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |
| *IED26d. Your social life? | |
| | DOES NOT APPLY97 DON'T KNOW98 REFUSED99 |

*IED27. INTERVIEWER CHECKPOINT: (SEE *IED26a - *IED26d)

| ALL RESPONSES CODED '0' OR '97'1 | GO TO *IED29 |
|----------------------------------|--------------|
| ALL OTHERS2 | |

*IED28. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your anger attacks?

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

NUMBER OF DAYS

DON'T KNOW 998 REFUSED 999

*IED29. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your anger attacks? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| GO TO *IED33.1 |
|----------------|
| GO TO *IED33.1 |
| GO TO *IED33.1 |
| |

*IED29a. How old were you the first time [you talked to a professional about your anger attacks]?

YEARS OLD

*IED30. Did you ever get treatment for your anger attacks that you considered helpful or effective?

| YES 1 | |
|-------------|---------------|
| NO5 | GO TO *IED30c |
| DON'T KNOW8 | GO TO *IED30c |
| REFUSED 9 | GO TO *IED30c |

*IED30a. How old were you the first time [you got helpful treatment for your anger attacks]?

_YEARS OLD

DON'T KNOW 998 REFUSED 999

*IED30b. How many professionals did you <u>ever</u> talk to about your anger attacks, up to and including the first time you got helpful treatment?

___NUMBER OF PROFESSIONALS GO TO *IED32

 DON'T KNOW
 998
 GO TO *IED32

 REFUSED
 999
 GO TO *IED32

*IED30c. How many professionals did you ever talk to about your anger attacks?

____ NUMBER OF PROFESSIONALS

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

*IED32. Did you receive professional treatment for your anger attacks at any time in the past 12 months?

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

*IED33. Were you ever hospitalized overnight for your anger attacks?

| YES1 | |
|-------------|----------------|
| NO5 | GO TO *IED33.1 |
| DON'T KNOW8 | GO TO *IED33.1 |
| REFUSED 9 | GO TO *IED33.1 |

*IED33a. How old were you the first time [you were hospitalized overnight because of your anger attacks]?

_____YEARS OLD

DON'T KNOW 998 REFUSED 999

*IED33.1. How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had repeated attacks of anger?

NUMBE

R DON'T KNOW 998 REFUSED 999

PERSONALITY DISORDERS SCREEN (P)

_

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

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

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

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

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

PERSONALITY

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

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

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

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

SPECIFIC PHOBIA (SP)

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

*SP1a. INTERVIEWER CHECKPOINT: (SEE *SC27a-*SC27f)

*SP2. INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO FIRST CIRCLED GROUP ON GRID *SP1 AND FOLLOW SKIP GROUP 1

| | | GO TO *SP3 |
|---------|---|-------------|
| GROUP 2 | 2 | GO TO *SP5 |
| GROUP 3 | | GO TO *SP7 |
| GROUP 4 | 4 | GO TO *SP9 |
| GROUP 5 | 5 | GO TO *SP11 |
| GROUP 6 | 6 | GO TO *SP13 |

| GROUP 1 | |
|--|---|
| [KEY PHRASE = ANIMALS | 5] |
| *SP3. Earlier you mentioned being a lot more afraid than most people of bugs, snakes or other animals. How old were you the <u>very first</u> time you had a fear of some type of animal? | YEARS OLD BEFORE STARTED SCHOOL4 |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE STARTED SCHOOL4 BEFORE TEENAGER12 NOT BEFORE TEENAGER13 |
| IF NOT YES, PROBE: Was it before you were a teenager? | DON'T KNOW |
| *SP3.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) *SP1a EQUALS '2' AND *SC27.2 EQUALS '1'1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1'2 GO TO *SP3b *SC27.3 EQUALS '1' | |
| *SP3a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with (ANIMAL/the type of animal that scared you most)? | YES |
| *SP3a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) | |
| *SC27.3 EQUALS '1' | |
| ALL OTHERS | |
| *SP3b. Did you ever <u>avoid</u> situations where you might have even a small chance of seeing (ANIMAL/this type of animal) whenever you could because of your fear? | YES |
| *SP3c. How old were you when you first avoided situations where you might see (ANIMAL/animals)? | YEARS OLD |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," | BEFORE STARTED SCHOOL4 |
| PROBE: Was it before you first started school? | BEFORE TEENAGER12 |
| IF NOT YES, PROBE: Was it before you were a teenager? | NOT BEFORE TEENAGER13 DON'T KNOW998 |
| | REFUSED999 |

***SP4.** INTERVIEWER CHECKPOINT: (SEE ***SP1**)

| 2 | GO TO *SP5 |
|-------------|-------------|
| GROUP 3 3 | GO TO *SP7 |
| GROUP 4 4 | GO TO *SP9 |
| GROUP 5 5 | GO TO *SP11 |
| GROUP 6 6 | GO TO *SP13 |
| ALL OTHERS7 | GO TO *SP14 |

| GROUP 2 | | | | |
|---|---|--|--|--|
| | [KEY PHRASE = STORMS OR STILL WATER] | | | |
| *SP5. (Earlier you/ You also) mentioned being a lot more afraid than most people of either being in storms or in still water. How old were you the very first time you had this fear? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager? | YEARS OLD BEFORE STARTED SCHOOL 4 BEFORE TEENAGER 12 NOT BEFORE TEENAGER 13 DON'T KNOW | | | |
| | REFUSED | | | |
| *SP5.1. INTERVIEWER CHECKPOINT: (SEE *SP1a , *SC27.2 , *SC27.3) | | | | |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' | | | | |
| *SP5a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the situation like this that scared you most? | YES1 NO5 DON'T KNOW8 REFUSED9 | | | |
| *SP5a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) | | | | |
| * SC27.3 EQUALS '1'1 ALL OTHERS | | | | |
| *SP5b. Did you ever <u>avoid</u> situations where you could be in a storm or still water whenever you could because of your fear? | YES 1 NO | | | |
| *SP5c. How old were you when you first started avoiding these situations? | YEARS OLD | | | |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," | BEFORE STARTED | | | |
| PROBE: Was it before you first started school? | SCHOOL4 | | | |
| IF NOT YES, PROBE: Was it before you were a teenager? | BEFORE TEENAGER 12 NOT BEFORE TEENAGER | | | |

***SP6**. INTERVIEWER CHECKPOINT: (SEE ***SP1**) GO TO NEXT CIRCLED GROUP ON GRID ***SP1**, PAGE 69 AND FOLLOW SKIP

| GROUP 3 3 | GO TO *SP7 |
|--------------|-------------|
| GROUP 4 4 | GO TO *SP9 |
| GROUP 5 5 | GO TO *SP11 |
| GROUP 6 6 | GO TO *SP13 |
| ALL OTHERS 7 | GO TO *SP14 |

| GROUP 3 | |
|---|---|
| [KEY PHRASE = BLOOD, INJURIES, OR MEDI | CAL EXPERIENCES] |
| *SP7. (Earlier you/ You also) mentioned being a lot more afraid than most people of going to a doctor or a dentist or a hospital, getting a shot or injection, or seeing blood or injury. How old were you the very first time you had this fear? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," | YEARS OLD BEFORE STARTED SCHOOL4 BEFORE TEENAGER12 NOT BEFORE TEENAGER |
| PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager? | |
| *SP7.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP7b *SC27.3 EQUALS '1' | |
| *SP7a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the thing in this group that scared you most? | YES |
| *SP7a.1 INTERVIEWER CHECKPOINT: (SEE * SC27.3) * SC27.3 EQUALS '1'1 ALL OTHERS | |
| *SP7b. Did you ever <u>avoid</u> any of these things whenever you could because of your fear? | YES1 NO |
| *SP7c. How old were you when you first avoided any of these situations? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager? | YEARS OLD BEFORE STARTED SCHOOL4 BEFORE TEENAGER12 NOT BEFORE TEENAGER 13 DON'T KNOW998 REFUSED999 |

*SP8. INTERVIEWER CHECKPOINT: (SEE *SP1)

| | GO TO *SP9 |
|-------------|-------------|
| GROUP 5 5 | GO TO *SP11 |
| GROUP 6 6 | GO TO *SP13 |
| ALL OTHERS7 | GO TO *SP14 |

| GROUP 4 | | | |
|---|--|--|--|
| [KEY PHRASE = CLOSED SPACES] | | | |
| *SP9 . (Earlier you/ You also) mentioned being a lot more afraid than most people of closed spaces, like caves, tunnels, closets, or elevators. How old were you the <u>very first</u> time you had this fear? | YEARS OLD BEFORE STARTED SCHOOL4 | | |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE TEENAGER12 NOT BEFORE TEENAGER 13 | | |
| IF NOT YES, PROBE: Was it before you were a teenager? | DON'T KNOW | | |
| *SP9.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) | | | |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' | | | |
| *SP9a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with closed spaces? | YES 1 NO | | |
| (IF VOL: "IT DEPENDS WHICH CLOSED SPACE," PROBE: What if you were faced with the closed space that you feared <u>most</u> – in <u>that</u> case, did you almost always become very <u>upset</u> or <u>anxious</u> ?) | REFUSED | | |
| *SP9a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) | | | |
| *SC27.3 EQUALS '1' 1 ALL OTHERS ALL OTHERS | | | |
| *SP9b. Did you ever <u>avoid</u> any of these closed spaces whenever you could because of your fear? | YES | | |
| *SP9c. How old were you when you first avoided closed spaces? | YEARS OLD | | |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE STARTED SCHOOL4 | | |
| IF NOT YES, PROBE: Was it before you were a teenager? | BEFORE TEENAGER12 NOT BEFORE TEENAGER | | |
| | | | |
| *SP9d. INTERVIEWER CHECKPOINT: (SEE *SP9.1, *SP9a, *SP9b) | | | |
| * SP9.1 EQUALS '2' OR * SP9.1 EQUALS '3' 1 * SP9a EQUALS '1' OR * SP9b EQUALS '1' | | | |
| | | | |

| | the following things did you strongly fear about closed spaces: Were you afraid) | YES (1) | NO (5) | DK (8) | RF (9) |
|--------|---|------------|-----------|-----------|-----------|
| *SP9f. | That you might be trapped and unable to escape? | 1 | 5 | 8 | 9 |
| *SP9g. | That you might have a panic attack and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP9h. | That you might become physically ill and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP9i. | That you might not be able to breathe? [INTERVIEWER CHECKPOINT: (SEE * SP9f- * SP9i SERIES)] | 1 | 5 | 8 | 9 |
| | ST ONE RESPONSE CODED '1'1 GO TO *SP10 HERS5 | | | | |
| *SP9k. | What was it, then, that you feared <u>most about closed spaces?</u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | NOW | | | | |

SP10. INTERVIEWER CHECKPOINT: (SEE ***SP1**)

| 5 | GO TO *SP11 |
|-------------|-------------|
| GROUP 6 6 | GO TO *SP13 |
| ALL OTHERS7 | GO TO *SP14 |

| GROUP 5 | |
|--|--|
| [KEY PHRASE = HIGH PLA | CES] |
| *SP11. (Earlier you/ You also) mentioned being a lot more afraid than most people of high places. How old were you the <u>very first time</u> you had this fear? | YEARS OLD |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager? | BEFORE STARTED SCHOOL4 BEFORE TEENAGER 12 NOT BEFORE TEENAGER |
| | |
| *SP11.1. INTERVIEWER CHECKPOINT: (SEE * SP1a, *SC27.2, *SC27.3) | |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP11b *SC27.3 EQUALS '1' | |
| *SP11a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with being in a high place? | YES 1 NO |
| (IF VOL: "IT DEPENDS WHICH HIGH PLACE," PROBE: What if you were faced with the high place that you feared <u>most</u> – in <u>that</u> case, did you almost always become very <u>upset</u> or <u>anxious</u> ?) | DON'T KNOW REFUSED9 |
| *SP11a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) | |
| *SC27.3 EQUALS '1'1 ALL OTHERS | |
| *SP11b. Did you ever avoid high places whenever you could because of your fear? | YES 1 NO 5 GO TO *SP11d DON'T KNOW998 GO TO *SP11d REFUSED |
| *SP11c. How old were you when you first avoided high places? | YEARS OLD |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE STARTED SCHOOL4 |
| IF NOT YES, PROBE: Was it before you were a teenager? | BEFORE TEENAGER 12 NOT BEFORE TEENAGER 13 DON'T KNOW |
| *SP11d. INTERVIEWER CHECKPOINT: (SEE *SP11.1, *SP11a, *SP11b) | |
| *SP11.1 EQUALS '2' OR *SP11.1 EQUALS '3' 1 *SP11a EQUALS '1' OR *SP11b EQUALS '1' | |

| Which of the following things did you strongly fear about high places: (IF NEC: Were you afraid) | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------|-----------|-----------|-----------|
| *SP11f. That you might get dizzy and fall? | 1 | 5 | 8 | 9 |
| *SP11g. That you might jump? | 1 | 5 | 8 | 9 |
| *SP11h. That you might have a panic attack and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP11i. That you might become physically ill and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP11j. INTERVIEWER CHECKPOINT: (SEE* SP11f -*SP11i SERIES) AT LEAST ONE RESPONSE CODED '1'1 GO TO * SP12 ALL OTHERS5 | | | | |
| *SP11k. What was it, then, that you feared <u>most</u> about high places? | | | | |
| DON'T KNOW | | | | |

SP12. INTERVIEWER CHECKPOINT: (SEE ***SP1**)

| 6 | GO TO *SP13 |
|-------------|-------------|
| ALL OTHERS7 | GO TO *SP14 |

| GROUP 6 | 1 |
|---|---|
| [KEY PHRASE = FLYING | ז] |
| *SP13. (Earlier you/ You also) mentioned being a lot more afraid than most people of flying or airplanes. How old were you the <u>very first time you had this fear?</u> | YEARS OLD |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE STARTED SCHOOL4 BEFORE TEENAGER 12 |
| IF NOT YES, PROBE: Was it before you were a teenager? | NOT BEFORE TEENAGER 13 DON'T KNOW |
| *SP13.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) | |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' | |
| *SP13a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with flying? | YES |
| *SP13a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) | |
| *SC27.3 EQUALS '1'1 ALL OTHERS2 GO TO *SP13d | |
| *SP13b. Did you ever avoid flying whenever you could because of your fear? | YES1 NO5 GO TO *SP13d DON'T KNOW8 GO TO *SP13d REFUSED9 GO TO *SP13d |
| *SP13c. How old were you when you first avoided flying? | YEARS OLD |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? | BEFORE STARTED |
| IF NOT YES, PROBE: Was it before you were a teenager? | SCHOOL4 BEFORE TEENAGER 12 NOT BEFORE TEENAGER |
| | |
| *SP13d. INTERVIEWER CHECKPOINT: (SEE * SP13.1, *SP13a, *SP13b) | |
| *SP13.1 EQUALS '2' OR *SP13.1 EQUALS '3' | |
| | |

| Which of the following things did you strongly fear about flying: (IF NEC: Were you afraid of) | YES (1) | NO (5) | DK (8) | RF (9) |
|---|-------------------|-----------|-----------|-----------|
| *SP13f. Being high in the air? | 1 | 5 | 8 | 9 |
| *SP13g. Being in a closed space? | 1 | 5 | 8 | 9 |
| *SP13h. That you might have a panic attack and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP13i. That you might become physically ill and be unable to get help? | 1 | 5 | 8 | 9 |
| *SP13j. That the plane might crash? | 1 | 5 | 8 | 9 |
| * SP13j SERIES? YES1 GO TO *SP14 NO5 | | | | |
| *SP131. What was it, then, that you feared <u>most</u> about flying? | | | | |
| DON'T KNOW | | | | |

*SP14. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SP3a, *SP3b, *SP5a, *SP5b, *SP7a, *SP7b, *SP9a, *SP9b, *SP11a, *SP11b, *SP13a, *SP13b)

| ALL OTHERS | GO TO *SP42 |
|---|-------------|
| * SP13 a EQUALS '1' * SP13b EQUALS '1'1 | |
| *SP9b EQUALS '1' OR *SP11a EQUALS '1' OR *SP11b EQUALS '1' OR | |
| *SP5b EQUALS '1' OR *SP7a EQUALS '1' OR *SP7b EQUALS '1' OR *SP9a EQUALS '1' OR | |
| *SP1a EQUALS '1' OR *SP3a EQUALS '1' OR *SP3b EQUALS '1' OR *SP5a EQUALS '1' OR | |

***SP16.** You had fears of (KEY PHRASES LISTED IN ***SP1** GRID OF ALL CIRCLED GROUPS IN ***SP1**). How much did your fear or avoidance of these things <u>ever</u> interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

| NOT AT ALL1 A LITTLE | 00-00 8 |
|-------------------------|-------------|
| SOME | |
| A LOT4 | |
| EXTREMELY5 | |
| DON'T KNOW | |
| REFUSED9 | GO TO *SP17 |

SP16.1. How often during that time were you unable to carry out your daily activities or to take care of yourself because your fears of (KEY PHRASES LISTED IN *SP1 GRID OF ALL CIRCLED GROUPS IN *SP1) – often, sometimes, not very often, never?

| OFTEN | 1 |
|----------------|---|
| SOMETIMES | 2 |
| NOT VERY OFTEN | 3 |
| NEVER | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

***SP17.** Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear or avoidance of these things?

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

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

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

| NO5 |
|------------|
| DON'T KNOW |
| REFUSED |
| |

GO TO *SP19

| GO TO *SP19 AFTER TWO "YES" RESPONSES | YES (1) | NO (5) | DK (8) | RF (9) |
|--|----------------|-----------|-----------|--------|
| *SP18a. Did your heart ever pound or race? | 1 | 5 | 8 | 9 |
| *SP18b. Did you sweat? | 1 | 5 | 8 | 9 |
| *SP18c. Did you tremble? | 1 | 5 | 8 | 9 |
| *SP18d. Did you feel sick to your stomach? | 1 | 5 | 8 | 9 |
| *SP18e. Did you have a dry mouth? | 1 | 5 | 8 | 9 |
| *SP18f. Did you have chills or hot flushes? | 1 | 5 | 8 | 9 |
| *SP18g. Did you feel numbness or have tingling sensations? | 1 | 5 | 8 | 9 |
| *SP18h. Did you have trouble breathing normally? | 1 | 5 | 8 | 9 |
| *SP18i. Did you feel like you were choking? | 1 | 5 | 8 | 9 |
| *SP18j. Did you have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *SP18k. Did you feel dizzy or faint? | 1 | 5 | 8 | 9 |
| *SP181. Were you afraid that you might die? | 1 | 5 | 8 | 9 |
| *SP18m. Did you ever fear that you might lose control, go crazy, or pass out? | 1 | 5 | 8 | 9 |
| *SP18n. Did you feel like you were "not really there", like you were watching a movie of yourself? | 1 | 5 | 8 | 9 |
| | GO TO *SP19 | | | |
| *SP180. Did you feel that things around you were unreal or like a dream? | 1 | 5 | 8 | 9 |

*SP19. When was the last time you either strongly <u>feared</u> or <u>avoided</u> any of these things - within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

| WITHIN PAST MONTH 1 | | GO TO *SP21 |
|-------------------------|---|-------------|
| 2 AND 6 MONTHS AGO2 | | GO TO *SP21 |
| 7 AND 12 MONTHS AGO | | GO TO *SP21 |
| MORE THAN 12 MONTHS AGO | 4 | |
| DON'T KNOW | 8 | |
| REFUSED | 9 | |
| | | |

*SP20. How old were you the last time (you either strongly feared or avoided any of these things)?

YEARS OLD

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

***SP21.** What if you were faced with one of these things <u>to</u>day: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: What if you were faced with the thing that scares you most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)

| NOT AT ALL1 | GO TO *SP27 |
|--------------|-------------|
| MILD2 | GO TO *SP27 |
| MODERATE | |
| SEVERE4 | |
| VERY SEVERE5 | |
| DON'T KNOW8 | |
| REFUSED9 | |
| | |

*SP22. During the past 12 months, how often did you avoid these feared things - - all the time, most of the time, sometimes, rarely, or never?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided <u>most</u>: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

| ALL THE TIME | 1 |
|------------------|---|
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

| No Interference | | Mild | | Μ | oderate | | | Severe | | Very Severe Interference |
|--------------------|---|------|---|---|---------|---|---|--------|---|-----------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*SP23. (RB, PG 9) Think about the month or longer in the past 12 when your fear (or avoidance) was most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means <u>no</u> interference and 10 means very <u>severe</u> interference, what number describes how much your fear (or avoidance) interfered with each of the following activities during that time?

[IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?] [IF NEC: You can use any number between 0 and 10 to answer.]

NUMBER (0-10)

*SP23a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? DOES NOT APPLY97 DON'T KNOW98 REFUSED........99 *SP23b. Your ability to work?

> DOES NOT APPLY97 DON'T KNOW98 REFUSED......99

*SP23c. Your ability to form and maintain <u>close</u> relationships with other people?

| DOES NOT APPLY | 97 |
|----------------|----|
| DON'T KNOW | |
| REFUSED | 99 |

*SP23d. Your social life

DOES NOT APPLY97 DON'T KNOW98 REFUSED......99

*SP24. INTERVIEWER CHECKPOINT: (SEE ***SP23a - *SP23d**)

ALL RESPONSES EQUAL '0' OR '97'.....1 GO TO *SP27 ALL OTHERS......2

*SP25. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your fear (or avoidance)?

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

____ NUMBER OF DAYS

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

*SP27. Did you <u>ever in your life talk to a medical doctor or other professional about your fear (or avoidance)?</u> (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES | | 1 |
|------------|---|---------------|
| NO | 5 | GO TO *SP41.1 |
| DON'T KNOW | 8 | GO TO *SP41.1 |
| REFUSED | 9 | GO TO *SP41.1 |

*SP27a. How old were you the first time (you talked to a professional about your fear)?

YEARS OLD

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

*SP38. Did you ever get treatment for your fear that you considered <u>helpful</u> or <u>effective</u>?

| YES | | 1 |
|------------|---|--------------|
| NO | 5 | GO TO *SP38c |
| DON'T KNOW | | GO TO *SP38c |
| REFUSED | 9 | GO TO *SP38c |
| | | |

*SP38a. How old were you the <u>first time (you got <u>helpful</u> treatment for your fear)?</u>

_____YEARS OLD

*SP38b. How many professionals did you <u>ever</u> talk to about your fear, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS GO TO *SP40

| DON'T KNOW | GO TO *SP40 |
|------------|-------------|
| REFUSED | GO TO *SP40 |

***SP38c.** How many professionals did you <u>ever talk to about your fear?</u>

*SP40. Did you receive professional treatment for your fear at any time in the past 12 months?

| YES | 1 |
|------------|---|
| NO | 5 |
| DON'T KNOW | |
| REFUSED | |
| | |

*SP41. Were you ever hospitalized overnight for your fear?

| YES | 1 |
|-------------|---------------|
| NO5 | GO TO *SP41.1 |
| DON'T KNOW8 | GO TO *SP41.1 |
| REFUSED9 | GO TO *SP41.1 |

*SP41a. How old were you the first time (you were hospitalized overnight because of your fear)?

| | YEARS OLD |
|-----------------------|-----------|
| DON'T KNOW REFUSED | |

*SP41.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had a strong fear of something like animals or closed spaces or heights or blood?

NUMBER

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

***SP42.** INTERVIEWER CHECKPOINT (SEE ***SC26**, ***SC26a**, ***SC26b**, ***SC29.4**, ***SC30.4**): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

| * SC29.4 EQUALS'1'1 | GO TO *SO1, NEXT SECTION |
|----------------------------|--------------------------|
| *SC30.4 EQUALS'1' | GO TO *AG1 |
| * SC26 EQUALS'1' | GO TO *G1 INTRO 1 |
| * SC26a EQUALS'1' | GO TO *G1 INTRO 2 |
| * SC26b EQUALS'1' | GO TO *G1 INTRO 3 |
| ALL OTHERS6 | GO TO *IED1 |

POST-TRAUMATIC STRESS DISORDER (PT)

| | | YES (1) | NO (5) | DK (8) | RF (9) |
|-------|---|----------------------------------|-----------|-----------|-----------|
| *PT1. | (RB, PG 42) In the next part of the interview, we ask about very stressful events that might have happened in your life. (Some of these events are listed on the card.) First, did you ever participate in <u>combat</u> , either as a member of a military, or as a member of an organized <u>non</u> -military group? | 1 GO TO *PT29 AND CODE "1" | 5 | 8 | 9 |
| *PT2. | Did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political, ethnic, religious or other conflicts? | 1 GO TO *PT30 AND CODE "1" | 5 | 8 | 9 |
| *PT3. | Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion? | 1 GO TO *PT31 AND CODE "1" | 5 | 8 | 9 |
| *PT4. | Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons? | 1 GO TO *PT32 AND CODE "1" | 5 | 8 | 9 |
| *PT5. | Were you ever a refugee – that is, did you ever flee from your home to a foreign country or place to escape danger or persecution? | 1 GO TO *PT33 AND CODE "1" | 5 | 8 | 9 |
| *PT6. | Were you ever kidnapped or held captive? | 1 GO TO *PT34 AND CODE "1" | 5 | 8 | 9 |
| *PT7. | Were you ever exposed to a toxic chemical or substance that could cause you serious harm? | 1 GO TO *PT35 AND CODE "1" | 5 | 8 | 9 |
| *PT8. | Were you ever involved in a life-threatening automobile accident? | 1 GO TO *PT36 AND CODE "1" | 5 | 8 | 9 |
| *PT9. | Did you ever have any other life- threatening accident, including on your job? | 1 GO TO *PT37 AND CODE "1" | 5 | 8 | 9 |

| | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------------------------------|-----------|-----------|-----------|
| *PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake? | | (0) | | |
| | 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 question is about rape. We define this as an event during which one person has sexual intercourse with or penetrates the body of another person without their consent, or when they were too young to know what was happening. Did you ever experience an event like the one I just described? | 1 GO TO *PT45 AND CODE "1" | 5 | 8 | 9 |
| *PT18. The next question is about sexual assault. We define this as an event during which one person touches another person inappropriately, or without that person's consent. | 1 | 5 | 8 | 9 |
| Other than rape, did you ever experience an event like the one I just described? | GO TO *PT46 AND CODE "1" | | | |
| *PT19. Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger? | 1 GO TO *PT47 AND CODE "1" | 5 | 8 | 9 |

| | YES (1) | NO (5) | DK (8) | RF (9) |
|--|---|-----------|--------------------|-----------|
| *PT20. Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age? | 1 GO TO *PT48 AND CODE "1" | 5 | 8 | 9 |
| *PT21. Did you ever have a son or daughter who had a life-threatening illness or injury? | 1 GO TO *PT49 AND CODE "1" | 5 | 8 | 9 |
| *PT22. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? | 1 GO TO *PT50 AND CODE "1" | 5 | 8 | 9 |
| *PT22.1. When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother? | 1 GO TO *PT50.1 AND CODE "1" | 5 | 8 | 9 |
| *PT23. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? | 1 GO TO *PT51 AND CODE "1" | 5 | 8 | 9 |
| *PT24. Did you ever <u>do</u> something that <u>accidentally</u> led to the serious injury or death of another person? | 1 GO TO *PT52 AND CODE "1" | 5 | 8 | 9 |
| *PT25. Did you ever <u>on purpose</u> either seriously injure, torture, or kill another person? | 1 GO TO *PT53 AND CODE "1" | 5 | 8 | 9 |
| *PT26. Did you ever see atrocities or carnage such as mutilated bodies or mass killings? | 1 GO TO *PT54 AND CODE "1" | 5 | 8 | 9 |
| *PT27. Did you ever experience any <u>other</u> extremely traumatic or life- threatening event that I haven't asked about yet? | 1 GO TO *PT55 AND CODE "1" | 5 | 8 | 9 |
| *PT28. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me <u>what</u> it was, did you ever have a traumatic event that you <u>didn't</u> tell me about because you didn't want to talk about it? | 1 GO TO *PT57 AND CODE "YES" | 5 | 8 | 9 |
| | | | O *CC1, SECTION | |

| | | AGE | DURATION |
|--|--|--|---|
| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | vfs no (1) (5) | How old were you when you had your <u>first</u> combat experience? | How long did you serve? |
| *PT29. (KEY PHRASE: combat experience) | 1 CHECK OFF EVENT ON REF. CARD | *PT29a. YEARS DK 998 RF999 | *PT29b. DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99 |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | *PT29c. YEARS DK | *PT29d. DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99 |

| | | | AGE | DURATION |
|--|--------------------|-------|---------------------------|---|
| INTERVIEWER: IF EVENT IS ENDORSED, ASK | | | How old were | How long did |
| THE FOLLOW-UP QUESTIONS AT RIGHT. | YES | NO | you the <u>first time</u> | you serve in that |
| | (1) | (5) | yol did this? | capacity? |
| *PT30. (KEY PHRASE: relief worker in war zone) | | | *PT30a. | *PT30b. |
| [Other than the time (s) you <u>participated</u> in combat,] Did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political athnia religious or other conflicts? | 1 | 5 | YEARS DK | DAYS |
| political, ethnic, religious or other conflicts? | 1 | 5 | RF999 | MONTHS3 |
| DK8 GO TO *PT31 | CHECK | GO | | YEARS4 |
| RF9 GO TO *PT31 | OFF | ТО | | DK98 |
| | EVENT | *PT31 | | RF99 |
| (IF NEC: A peacekeeper is a person who works for an international organization, a government, or a military organization to supervise and enforce a truce between hostile groups.) | ON REF. CARD | | | |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, F DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | | *PT30c. YEARS | *PT30d. |
| | | | DK 998 RF999 | WEEKS2 MONTHS3 YEARS4 DK98 RF99 |

| | | | AGE | DURATION |
|--|--------------------|-----------|---|--|
| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | YES (1) | NO (5) | How old were you when you were <u>first</u> in this situation? | How long were you in this situation? |
| *PT31. (KEY PHRASE: civilian in war zone) | | | *PT31a. | *PT31b. |
| (Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place where there was a war, revolution, military coup | 1 | 5 | YEARS | DAYS1 |
| or invasion? | CHECK | GO | DK998 | WEEKS 2 MONTHS 3 |
| DK8 GO TO *PT32 | OFF | TO | RF999 | YEARS4 |
| RF9 GO TO *PT32 | EVENT | *PT32 | | DK98 |
| (IF NEC: By this we mean a civilian not directly involved in the armed conflict.) | ON REF. CARD | | | RF99 |
| | | | *PT31c. | *PT31d. |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | | | |
| | | | YEARS | DAYS1 WEEKS2 |
| | | | DK 998 | MONTHS3 |
| | | | RF999 | YEARS4 DK98 RF99 |

| | - | | | DUDATION |
|--|-----------|-------|--------------------|---------------|
| | | | AGE | DURATION |
| INTERVIEWER: IF EVENT IS ENDORSED, ASK | | | How old were | How long were |
| THE FOLLOW-UP QUESTIONS AT RIGHT. | YES | NO | you when you | you in this |
| | (1) | (5) | were first in this | situation? |
| | | | situation? | |
| *PT32. (KEY PHRASE: civilian in region of terror) | | | *PT32a. | *PT32b. |
| | 1 | 5 | | |
| (Other than what you have already told me | | | | |
| about,) Did you ever live as a civilian in a place | CHECK | GO | | |
| where there was ongoing terror of civilians for | OFF | ТО | YEARS | DAYS1 |
| political, ethnic, religious or other reasons? | EVENT | *PT33 | | WEEKS 2 |
| ponueai, eanite, rengious er outer reasons: | ON | 1 100 | DK 998 | MONTHS3 |
| DK8 GO TO *PT33 | REF. | | RF | YEARS4 |
| RF | CARD | | М | DK |
| Kr | CARD | | | RF |
| | | | *DT22 | *PT32d. |
| | | NON | *PT32c. | *P1520. |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN | | | | |
| MULTIPLE OCCURRENCES OF THIS EVENT TYPE, H | ENTER AGE | AND | | |
| DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | | | |
| | | | YEARS | DAYS1 |
| | | | | WEEKS 2 |
| | | | DK 998 | MONTHS3 |
| | | | RF999 | YEARS 4 |
| | | | | DK98 |
| | | | | RF99 |

| | - | | | |
|--|--|------------------|---|---|
| | | | AGE | DURATION |
| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | YES (1) | NO (5) | How old were you when you were <u>first</u> in this situation? | How long were you a refugee? |
| * PT33. (KEY PHRASE: refugee) Were you ever a refugee – that is, did you ever | | | *РТ33а. | *PT33b. |
| flee from your own home to a foreign country or place to escape danger or persecution? DK | 1 CHECK OFF EVENT ON REF. CARD | 5 68 *PT34 | YEARS DK 998 RF999 | DAYS |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | | *PT33c. YEARS DK | *PT33d. DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99 |

| | | | AGE | DURATION |
|--|---|-------------------|---|---|
| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | YES (1) | NO (5) | How old were you when you were <u>first</u> in this situation? | How long were you in captivity? |
| *PT34. (KEY PHRASE: kidnapped) | | | *PT34a. | *PT34b. |
| Were you ever kidnapped or held captive? | 1 | 5 | | |
| DK8 GO TO *PT35 RF9 GO TO *PT35 | CHECK OFF EVENT ON REF. CARD | GO TO *PT35 | YEARS DK 998 RF999 | DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99 |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE <u>SECOND</u> OCCURRENCE. | | | *PT34c. YEARS DK 998 RF999 | *PT34d. DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99 |

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

| | | | AGE | # TIMES |
|---|-------|-----------|----------------------|------------------|
| INTERVIEWER: FOR EACH ENDORSED EVENT, | VEC | NO | How old were | How many times |
| ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | YES | NO (5) | you the <u>first</u> | (did that happen |
| | (1) | (5) | time? | in your life)? |
| *PT36. (KEY PHRASE: automobile accident) | | | *PT36a. | *PT36b. |
| | 1 | 5 | | |
| Were you ever involved in a life-threatening | | | | |
| automobile accident? | CHECK | GO | YEARS | TIMES |
| | OFF | ТО | | |
| DK8 GO TO *PT37 | EVENT | *PT37 | DK 998 | DK998 |
| RF9 GO TO *PT37 | ON | | RF999 | RF 999 |
| | REF. | | | |
| | CARD | | | |
| *PT37. (KEY PHRASE: life-threatening accident) | | | *PT37a. | *PT37b. |
| | 1 | 5 | | |
| Were you in any other life- threatening accident, | | | | |
| including on your job? | CHECK | GO | YEARS | TIMES |
| including on your job. | OFF | ТО | | |
| DK8 GO TO *PT38 | EVENT | *PT38 | DK 998 | DK998 |
| RF9 GO TO *PT38 | ON | | RF999 | RF 999 |
| Ki | REF. | | | |
| | CARD | | | |
| *PT38. (KEY PHRASE: natural disaster) | | | *PT38a. | *PT38b. |
| | 1 | 5 | | |
| Were you ever involved in a major natural | | | | |
| disaster, like a devastating flood, hurricane, or | CHECK | GO | YEARS | TIMES |
| earthquake? | OFF | ТО | | |
| eur inquite. | EVENT | *PT39 | DK 998 | DK998 |
| DK8 GO TO *PT39 | ON | | RF999 | RF 999 |
| RF | REF. | | | |
| | CARD | | | |
| *PT39. (KEY PHRASE: man-made disaster) | | | *PT39a. | *PT39b. |
| | | | | |
| [Other than the time(s) you've already told me | 1 | 5 | | |
| about,] Were you ever in a man-made disaster, | | | YEARS | TIMES |
| like a fire started by a cigarette, or a bomb | CHECK | GO | | |
| explosion? | OFF | ТО | DK 998 | DK998 |
| | EVENT | *PT40 | RF999 | RF 999 |
| DK8 GO TO *PT40 | ON | | | |
| RF9 GO TO *PT40 | REF. | | | |
| | CARD | | | |
| INTERVIEWER: DO NOT RECORD TOXIC | | | | |
| CHEMICAL EXPOSURE. | | | | |
| *PT40. (KEY PHRASE: life-threatening illness) | | | *PT40a. | *PT40b. |
| | 1 | 5 | | |
| Did you ever have a life-threatening illness? | - | - | | |
| , | CHECK | GO | YEARS | TIMES |
| DK8 GO TO *PT41 | OFF | TO | 12/1105 | |
| RF9 GO TO *PT41 | EVENT | *PT41 | DK 998 | DK998 |
| | ON | 1 1 71 | RF999 | RF 999 |
| | REF. | | | |
| | CARD | | | |
| | CARD | | l | 1 |

| | | | AGE | # TIMES |
|--|-----------------------------|-------------------|---|---|
| INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | | | How old were you the <u>first</u> time? | How many times (did that happen in your life)? |
| | YES (1) | NO (5) | | IF "ONGOING" FOR A PERIOD IN R'S LIFE, CODE 995. |
| *PT41. (KEY PHRASE: beaten up as a child by caregiver) | 1 | 5 | *PT41a. | *PT41b. |
| As a child, were you ever badly beaten up by your <u>parents</u> or the people who raised you? | CHECK OFF EVENT ON | GO TO *PT42 | YEARS | TIMES |
| DK8 GO TO *PT42 RF9 GO TO *PT42 | REF. CARD | | DK 998 RF 999 | DK998 RF999 |
| *PT42. (KEY PHRASE: beaten up by a spouse or romantic partner) | 1 | 5 | *PT42a. | *PT42b. |
| Were you ever badly beaten up by a spouse or romantic partner? | CHECK OFF EVENT | GO TO *PT43 | YEARS | TIMES |
| DK8 GO TO *PT43 RF9 GO TO *PT43 | ON REF. CARD | | DK 998 RF999 | DK |
| *PT43. (KEY PHRASE: beaten by somebody else) | 1 | 5 | *PT43a. | *PT43b. |
| Were you ever badly beaten up by anyone else? | CHECK OFF EVENT | GO TO *PT44 | YEARS | TIMES |
| DK8 GO TO *PT44 RF9 GO TO *PT44 | ON REF. CARD | 1 144 | DK 998 RF999 | DK998 RF999 |
| *PT44. (KEY PHRASE: mugged or threatened with a weapon) | 1 | 5 | *PT44a . | *PT44b. |
| Were you ever mugged, held up, or threatened with a weapon? | CHECK OFF EVENT | GO TO *PT45 | YEARS | TIMES |
| DK8 GO TO *PT45 RF9 GO TO *PT45 | ON REF. CARD | | DK 998 RF999 | DK998 RF999 |

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

| | | | AGE | # TIMES |
|--|--|------------------------|---|---|
| INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | | | How old were you the <u>first</u> time? | How many times (did that happen in your life)? |
| | YES (1) | NO (5) | | IF "ONGOING" FOR A PERIOD IN R'S LIFE, CODE 995. |
| *PT46. (KEY PHRASE: sexual assault) The next question is about sexual assault. We define this as an event during which one person touches another person inappropriately, or without that person's consent. Other than rape, did you ever experience an event like the one I just described? | 1 CHECK OFF EVENT ON REF. CARD | 5 GO TO *PT47 | *PT46a. YEARS DK | *PT46b. TIMES DK998 RF999 |
| DK8 GO TO *PT47 RF9 GO TO *PT47 | | | | |
| * PT47. (KEY PHRASE: stalked) Has someone ever stalked you – that is, | 1 | 5 | *PT47a. | *PT47b. |
| followed you or kept track of your activities in a way that made you feel you were in serious danger? DK | CHECK OFF EVENT ON REF. CARD | GO TO *PT48 | YEARS DK 998 RF999 | TIMES DK998 RF999 |

| | | | AGE | # TIMES |
|---|--|---------------------|---|---|
| INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | | | How old were you the <u>first</u> time? | How many times (has that happened in your life)? |
| | YES (1) | NO (5) | | IF "ONGOING" FOR A PERIOD IN R'S LIFE, CODE 995. |
| *PT48. (KEY PHRASE: unexpected death of a loved one) | 1 | 5 | *PT48a. | *PT48b. |
| 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? DK | CHECK OFF EVENT ON REF. CARD | GO TO *PT49 | YEARS DK 998 RF999 | TIMES DK998 RF999 |
| *PT49. (KEY PHRASE: child's serious illness) | 1 | | *PT49a. | *PT49b. |
| (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? DK | 1 CHECK OFF EVENT ON REF. CARD | 5 GO TO *PT50 | YEARS DK 998 RF999 | TIMES DK998 RF999 |
| *PT50. (KEY PHRASE: traumatic event to love one) | 1 | 5 | *PT50a. | *PT50b. |
| Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? DK | CHECK OFF EVENT ON REF. CARD | GO TO *PT50.1 | YEARS DK | TIMES DK |
| *PT50. 1. (KEY PHRASE: witnessed physical fights at home) When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother? DK | 1 CHECK OFF EVENT ON REF. CARD | 5 GO TO *PT51 | *PT50.1a. YEARS DK | *PT50.1b. TIMES DK998 RF |

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

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

| | YES (1) | NO (5) | |
|--|--|---------------------------|--|
| *PT55. Did you ever experience any <u>other</u> extremely traumatic or life-threatening event that I haven't asked about yet? DK | 1 CHECK OFF EVENT ON REF. CARD | 5 GO TO *PT57 | |
| *PT55a. Briefly, what was the one most traumatic DON'T KNOW | TO *PT57 | u have not told me about? | |
| 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?)

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

_____YEARS OLD GO TO *PT56

| DON'T KN | OW998 | GO TO *PT56 |
|----------|-------|-------------|
| REFUSED | | GO TO *PT56 |

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

| DURATION N | UMBER | | |
|-------------------------------|--------|---------|--------|
| CIRCLE UNIT OF TIME: DAYS1 | WEEKS2 | MONTHS3 | YEARS4 |
| DON'T KNOW98 REFUSED99 | | | |

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 <u>what</u> it was, did you ever have a traumatic event that you <u>didn't tell</u> <u>me about</u> because you didn't want to talk about it?

| YES1 | CHECK OFF "PRIVATE EVENT" ON REFERENCE |
|-------------|--|
| | CARD, THEN GO TO *PT57a |
| NO5 | GO TO *PT58 |
| DON'T KNOW8 | GO TO *PT58 |
| REFUSED9 | 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:

DAYS......1 WEEKS......2 MONTHS......3

DON'T KNOW98 REFUSED99

***PT58.0.** You reported the following events: (LIST ALL ENDORSED EVENTS). Is that correct?

YES......1 GO TO *PT58 ALLOTHERS.......1 GO TO *PT58 MANUALLY CORRECT INCORRECT EVENT(S)

YEARS4

*PT58. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD)

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

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

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

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

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

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

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

| PT59a. | NOTE | OCCUR | RENCE | TO BE I | PROBED | (SEE | *PT58, | STEP 4 | I) |
|--------|--------|--------|----------|---------|----------|------|---------|--------|----|
| | (E.G., | "FIRST | TIME," ' | 'ONLY | TIME," " | ONGO | ING," E | TC.) | |

| OCCURRENCE: |
|-------------|
|-------------|

PT59b. NOTE AGE AT TIME OF RANDOM EVENT: [IF NEC: How old were you (when/ the first time/ the second time/ the third time/ the most recent time) (RANDOM EVENT) (happened/ started)?

YEARS OLD

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

*PT60. INTERVIEWER CHECKPOINT: (SEE *PT58)

| R REPORTED ONLY <u>ONE EVENT TYPE</u> , | |
|---|--------------|
| *PT1 THROUGH *PT6 OR *PT29 THROUGH *PT341 | GO TO *PT118 |
| R REPORTED ONLY <u>ONE</u> EVENT TYPE, | |
| AND THAT EVENT OCCURRED ONLY ONCE | GO TO *PT118 |
| ALL OTHERS | |

*PT61. INTERVIEWER CHECKPOINT: (SEE *PT58)

| R REPORTED ONLY <u>ONE EVENT TYPE</u> , | |
|--|---------------------|
| AND THAT EVENT OCCURRED MORE THAN ONCE1 | GO TO *PT62 INTRO 2 |
| R REPORTED TWO OR THREE DIFFERENT EVENT TYPES2 | GO TO *PT62 INTRO 3 |
| ALL OTHERS | GO TO *PT62 INTRO 4 |

| *PT62 INTRO 2. | *PT62 INTRO 3. | *PT62 INTRO 4. |
|--|---|---|
| Let me review. You experienced | Let me review. You had (two/ three) | Let me review. You had quite a few |
| (NUMBER) (KEY PHRASE OF EVENT | different types of traumatic events: [KEY | different traumatic experiences, like: [KEY |
| TYPE). After an experience like this, | PHRASES OF ALL EVENT TYPES] (and | PHRASES OF 3 EVENT TYPES] (and a |
| people sometimes have problems like | a private event). After experiences like | private event). After experiences like these, |
| upsetting memories or dreams, feeling | these, people sometimes have problems like | people sometimes have problems like |
| emotionally distant or depressed, trouble | upsetting memories or dreams, feeling | upsetting memories or dreams, feeling |
| sleeping or concentrating, and feeling | emotionally distant or depressed, trouble | emotionally distant from or depressed, |
| jumpy or easily startled. Did you have any | sleeping or concentrating, and feeling | trouble sleeping or concentrating, and |
| of these reactions after [(either/any) | jumpy or easily startled. Did you have any | feeling jumpy or easily startled. Did you |
| [EVENT TYPE]/ of these experiences]? | of these reactions after any of the traumatic | have any of these reactions after any of the |
| | experiences you have gone through? | traumatic experiences you have gone |
| | | through? |
| | YES | |

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

| YES1 | |
|-------------|-------------|
| NO5 | GO TO *PT64 |
| DON'T KNOW8 | GO TO *PT64 |
| REFUSED9 | GO TO *PT64 |

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

YEARS OLD

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

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

*PT63. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD)

| USING THE NUMBERING SCHEME FROM REFERENCE CARD, THE RANDOM EVENT IS OF ONE OF THE FOLLOWING TYPES: 1,2,3,4,5,8,10,11,17,18 or 201 | RANDOM 10% GO TO *PT119 |
|--|--------------------------------|
| USING THE NUMBERING SCHEME FROM REFERENCE CARD, THE RANDOM EVENT IS OF ONE OF THE FOLLOWING TYPES: 1,2,3,4,5,8,10,11,17,18 or 20'2 | RANDOM 90% GO TO *CC1 |
| ALLOTHERS | GO TO *CC1 |

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

IF NEC: REVIEW ENDORSED EVENTS.

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

RECORD WORST EVENT: _____NUMBER OF EVENT

PT64a. NOTE AGE AT TIME OF WORST EVENT: [IF NEC: How old were you when that (happened/ started)?]

YEARS OLD

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

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

OCCURRENCE: _____

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

| *PT65. INT | ERVIEWER | CHECKPOINT: | (SEE *PT59 | AND *PT64) |
|------------|----------|-------------|------------|------------|
|------------|----------|-------------|------------|------------|

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

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

 RANDOM EVENT AND WORST EVENT ARE THE SAME
 GO TO *PT122

 OCCURRENCE OF THE SAME EVENT
 Image: Content of the second seco

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

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

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

INTERVIEWER: CIRCLE ALL THAT APPLY.

| COMBAT EXPERIENCE | |
|---|----|
| RELIEF WORKER IN WAR ZONE | |
| CIVILIAN IN WAR ZONE | 3 |
| CIVILIAN IN REGION OF TERROR | |
| REFUGEE | |
| KIDNAPPED | |
| TOXIC CHEMICAL EXPOSURE | 7 |
| AUTOMOBILE ACCIDENT | |
| OTHER LIFE THREATENING ACCIDENT | 9 |
| NATURAL DISASTER | |
| MAN-MADE DISASTER | |
| LIFE-THREATENING ILLNESS | |
| BEATEN UP BY CAREGIVER | |
| BEATEN UP BY SPOUSE OR ROMANTIC PARTNER | |
| BEATEN UP BY SOMEONE ELSE | |
| MUGGED OR THREATENED WITH A WEAPON | |
| RAPE | |
| SEXUAL ASSAULT | |
| STALKED | |
| UNEXPECTED DEATH OF LOVED ONE | |
| CHILD WITH SERIOUS ILLNESS | |
| TRAUMATIC EVENT TO LOVED ONE | |
| 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 | |
| SOME OTHER EVENT | 27 |
| PRIVATE EVENT | 28 |
| NO LINKED EVENTS / NO PLAUSIBLE COMBINATIONS | 30 |
| | |

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

| INTERV | TEWER: SEE *PT64 , THEN PROBE: | YES | NO | DK | RF |
|--------|--|--------------------------|-----|-----|-----|
| | | (1) | (5) | (8) | (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 (GO TO *PT68) ** | 5 | 8 | 9 |

| | YES (1) | NO (5) | DK (8) | RF (9) |
|--|------------|-----------|-----------|-----------|
| *PT68. (RB, PG 43): (Look at Group 1 on Page 43 in your booklet.) In the <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)? (IF YES: Please make a checkmark by reaction 1.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: tried not to think about it) | | | | |
| *PT69. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? (IF YES: Please make a checkmark by reaction 2.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: stayed away from reminders of it) *PT70. Were you ever unable to remember some important parts of | | | | |
| what happened? IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO. (IF YES: Please make a checkmark by reaction 3.) [KEY PHRASE: were unable to remember part(s) of it] | 1 | 5 | 8 | 9 |
| *PT71. Did you lose interest in doing things you used to enjoy? (IF YES: Please make a checkmark by reaction 4.) (KEY PHRASE: lost interest in things you used to enjoy) | 1 | 5 | 8 | 9 |
| *PT72. Did you feel emotionally distant or cut-off from other people? | | | | |
| (IF YES: Please make a checkmark by reaction 5.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: felt distant from other people) *PT73. Did you have trouble feeling normal feelings like love, | | | | |
| (IF YES: Please make a checkmark by reaction 6.) (KEY PHRASE: had trouble feeling normal feelings) | 1 | 5 | 8 | 9 |
| *PT74. Did you feel you had no reason to plan for the future because | | | | |
| you thought it would be cut short? (IF YES: Please make a checkmark by reaction 7.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: felt you had no reason to plan for the future) | | | | |

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

| ZERO "YES" RESPONSES IN *PT68 - *PT741 | GO TO *PT116.1 |
|--|----------------|
| ALL OTHERS | GO TO *PT86 |

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

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

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

| | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------|-----------|-----------|-----------|
| *PT102. (RB, PG 43) (Look at Group 3 on Page 43 in your booklet.) | | | | |
| During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u> , did you have trouble falling or staying asleep? | 1 | 5 | 8 | 9 |
| (IF YES: Please make a checkmark by reaction 13.) | | | | |
| (KEY PHRASE: had sleep problems) | | | | |
| *PT103. Were you more <u>irritable</u> or short-tempered than you usually are? | | | | |
| (IF YES: Please make a checkmark by reaction 14.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: were irritable) | | | | |
| *PT104. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing? | | | | |
| (IF YES: Please make a checkmark by reaction 15.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: had trouble concentrating) | | | | |
| *PT105. Were you much more alert or watchful, even when there was no real need to be? | | | | |
| (IF YES: Please make a checkmark by reaction 16.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: were more alert or watchful) | | | | |
| *PT106. Were you more jumpy or easily startled by ordinary noises? | | | | |
| (IF YES: Please make a checkmark by reaction 17.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: were jumpy or easily startled) | | | | |

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

| ZERO" | YES" RESPONSES IN *PT102 - *PT106 1 | GO TO *PT116.1 |
|-------|--|----------------|
| ALL | OTHERS | 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 <u>start</u> 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

| *PT110. | You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN *PT68 - **PT74, *PT86 - *PT90, *PT102 - *PT106). For about how many days, weeks, months, or years did you <u>continue</u> to have any of these reactions? |
|---------|--|
| | (IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?) |
| | (IF DK, PROBE, "Was it at least a month?" IF YES, CODE 97 BELOW.) |
| | DURATION NUMBER |
| | CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4 |
| | "AT LEAST A MONTH"97 |
| | DON'T KNOW |
| | REFUSED |
| *PT111. | INTERVIEWER CHECKPOINT: (SEE *PT110) |

| LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN *PT1101 | GO TO *PT120a |
|---|---------------|
| ALLOTHERS | GO TO *PT113 |

***PT113.** Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

| LESS THAN ONCE A MONTH1 | GO TO *PT116.1 |
|------------------------------|----------------|
| ONE TO TWO TIMES A MONTH2 | |
| THREE TO FIVE TIMES A MONTH | |
| SIX TO TEN TIMES A MONTH4 | |
| MORE THAN TEN TIMES A MONTH5 | |
| DON'T KNOW8 | |
| REFUSED9 | |
| THREE TO FIVE TIMES A MONTH | |

*PT114. How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?

| NONE | 1 |
|-------------|---|
| MILD | |
| MODERATE | 3 |
| SEVERE | 4 |
| VERY SEVERE | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

***PT115.** How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

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

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

| RESPONSES CODED '3 – 5' IN *PT114 <u>OR</u> *PT | `115 1 | GO TO *PT120a |
|---|---------------|---------------|
| ALL OTHERS | 2 | |

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

| RANDOM 20% OF RESPONDENTS1 | GO TO *PT120a |
|----------------------------|----------------|
| ALL OTHERS2 | GO TO *PT116.2 |

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

| * PT107 = 21 | GO TO *PT261 |
|---------------------|--------------------------|
| ALL OTHERS2 | GO TO *CC1, NEXT SECTION |

*PT118. INTERVIEWER: SEE *PT59, THEN PROBE

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

*PT119.0. INTERVIEWER CHECKPOINT (SEE *PT59b)

*PT119. The next questions are about an event which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). How old were you at that time?

| YEARS OLD | GO TO *PT122 |
|---------------------------|--------------|
| DON'T KNOW 998 REFUSED | |

*PT119a. The next questions are about an event which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). You were (AGE RECORDED IN *PT59b) when that happened. Is that correct?

| YES1 | GO TO *PT120a |
|-------------|---------------|
| NO5 | |
| DON'T KNOW8 | |
| REFUSED9 | GO TO *PT120a |

*PT119a.1. Would you give me your correct age?

YEARS OLD

*PT120.0 INTERVIEWER CHECKPOINT (SEE *PT59)

***PT120.** The next questions are about a <u>second</u> event, which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN ***PT59**) How old were you at that time?

YEARS OLD

GO TO *PT122

GO TO *PT122

*PT120a.The next questions are about an event, which we select at random — for you it is the (IF NEC: first/ second/ third/ most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). You were (AGE RECORDED IN *PT59b) when that happened. Is that correct?

YES.....1 GO TO *PT122 NO.....5

*PT120a.1. Would you give me your correct age?

YEARS OLD

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

| COMBAT EXPERIENCE |
|---|
| RELIEF WORKER IN WAR ZONE |
| CIVILIAN IN WAR ZONE |
| CIVILIAN IN REGION OF TERROR |
| REFUGEE |
| KIDNAPPED |
| TOXIC CHEMICAL EXPOSURE |
| AUTOMOBILE ACCIDENT |
| OTHER LIFE THREATENING ACCIDENT |
| NATURAL DISASTER |
| MAN-MADE DISASTER |
| LIFE-THREATENING ILLNESS |
| BEATEN UP BY CAREGIVER |
| BEATEN UP BY SPOUSE OR ROMANTIC PARTNER 14 GO TO *PT207 |
| BEATEN UP BY SOMEONE ELSE |
| MUGGED OR THREATENED WITH A WEAPON |
| RAPE17 GO TO *PT170 |
| SEXUAL ASSAULT |
| STALKED |
| UNEXPECTED DEATH OF LOVED ONE |
| CHILD WITH SERIOUS ILLNESS |
| TRAUMATIC EVENT TO LOVED ONE |
| WITNESSED PHYSICAL FIGHT AT HOME |
| WITNESSED DEATH/DEAD BODY, |
| OR SAW SOMEONE SERIOUSLY HURT |
| ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH |
| PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE |
| SAW ATROCITIES |
| |

*PT123. RANDOM EVENTS: <u>COMBAT EXPERIENCE</u> <u>RELIEF WORK OR PEACEKEEKER</u> <u>CIVILIAN IN WAR</u> <u>CIVILIAN IN REGION OF TERROR</u>

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

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

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?)

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

| YES | l |
|---------------------------------|--------------|
| NO | GO TO *PT126 |
| R VOLUNTEERED "SAW A DEAD BODY" | 5 |
| DON'T KNOW | GO TO *PT126 |
| REFUSED | GO TO *PT126 |

| *PT125a. [IF NEC: Who (did you see die)?] INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| R'S SPOUSE1 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 4 | |
| OTHER RELATIVE | |
| FRIEND 6 | |
| ACQUAINTANCE7 | |
| STRANGER | |
| DON'T KNOW | |
| REFUSED | |

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

| YES1 | |
|--------------|--------------|
| NO5 | GO TO *PT127 |
| DON'T KNOW 8 | GO TO *PT127 |
| REFUSED9 | GO TO *PT127 |

| *PT126a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| R'S SPOUSE1 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 4 | |
| OTHER RELATIVE | |
| FRIEND 6 | |
| ACQUAINTANCE7 | |
| STRANGER | |
| DON'T KNOW | |
| REFUSED | |

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

| YES1 | |
|--------------|--------------|
| NO 5 | GO TO *PT128 |
| DON'T KNOW 8 | GO TO *PT128 |
| REFUSED9 | GO TO *PT128 |

| *PT127a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| RESPONDENT1 | |
| R'S SPOUSE2 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 5 | |
| OTHER RELATIVE 6 | |
| FRIEND7 | |
| ACQUAINTANCE | |
| STRANGER9 | |
| DON'T KNOW98 | |
| REFUSED | |

***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 | |
| REFUSED9 | |

*PT129. [IF NEC: In what country did (RANDOM EVENT) occur?] INTERVIEWER: CIRCLE COUNTRY OR COUNTRIES IN WHICH RANDOM EVENT OCCURRED. North and Central America 50. FORMER YUGOSLAVIA (CROATIA, SLOVENIA, 01. BAHAMAS 02. CANADA ETC.) 03. COSTARICA 51. EASTERN EUROPE - NO SPECIFIC COUNTRY 04. CUBA 52. WESTERN EUROPE - NO SPECIFIC COUNTRY 05. DOMINICAN REPUBLIC 53. EUROPE, OTHER 06. ELSALVADOR (SPECIFY:) 07. GUADELOUPE Asia 08. GUATEMALA 54. CHINA 09. HAITI 55. INDIA 10. HONDURAS 56. JAPAN 11. JAMAICA 57. KOREA 12. MARTINIQUE 58. PHILIPPINES 13. MEXICO 59. SINGAPORE 14. NICARAGUA 60. TAIWAN 15. PANAMA 61. THAILAND 16. PUERTO RICO 62. ASIA – NO SPECIFIC COUNTRY 17. ST. LUCIA 63. ASIA, OTHER 18. ST. VINCENT (SPECIFY:) 19. TRINIDAD Africa 20. UNITED STATES 64. ALGERIA 21. CENTRAL AMERICA/CARIBBEAN - NO 65. EGYPT SPECIFIC COUNTRY 66. KENYA 22. NORTH/CENTRAL AMERICA, OTHER 67. MOROCCO 68. NIGERIA (SPECIFY:) 69. SOUTH AFRICA South America 49. SWEDEN 23. ARGENTINA 24. BOLIVIA 25. BRAZIL 26. CHILE 27. COLOMBIA 28. ECUADOR 29. PERU **30. SURINAME** 31. VENEZUELA 32. SOUTH AMERICA - NO SPECIFIC COUNTRY 33. SOUTH AMERICA, OTHER (SPECIFY:) Europe 34. CZECH OR SLOVAK REPUBLIC 35. ENGLAND 36. FRANCE 37. GERMANY 38. GREECE 39. HUNGARY 40. IRELAND 41. ITALY 42. NETHERLANDS 43. NORWAY 44. POLAND 45. PORTUGAL

46. RUSSIA OR FORMER SOVIET UNION

47. SCOTLAND 48. SPAIN

- 70. ZAIRE
- 71. ZIMBABWE
- 72. AFRICA NO SPECIFIC COUNTRY
- 73. AFRICA, OTHER
 - (SPECIFY:)

Middle East

- 74. IRAN
- 75. IRAQ
- 76. ISRAEL
- 77. LEBANON
- 78. PAKISTAN
- 79. SAUDI ARABIA
- 80. TURKEY
- 81. MIDDLE EAST NO SPECIFIC COUNTRY
- 82. MIDDLE EAST, OTHER (SPECIFY:)_____

Australia

- 83. AUSTRALIA
- 84. NEW ZEALAND

Other

- 85. OTHER COUNTRY
- (SPECIFY:)
- 86. NONE
- 88. DON'T KNOW
- 89. REFUSED

*PT130. INTERVIEWER CHECKPOINT:

RANDOM EVENT IS COMBAT EXPERIENCE 1 GO TO *PT207

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

INTERVIEWER: CIRCLE ALL THAT APPLY.

| MILITARY | 1 |
|---------------------------------|---|
| NON-MILITARY RESISTANCE FIGHTER | |
| FREEDOM FIGHTER | 3 |
| LIBERATION ARMY | 4 |
| PARAMILITARY | 5 |
| OTHER | 6 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

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

TIMES

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

OCCASIONS

DON'T KNOW998

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

OCCASIONS

DON'T KNOW998

*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

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

TIMES

DON'T KNOW998 REFUSED......999

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

PERCENT

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

| DURATION NUMBER | GO TO *PT207 | | |
|---------------------------|--------------|---------|---------|
| CIRCLE UNIT OF TIME: DAYS | 1 WEEKS2 | MONTHS3 | YEARS 4 |
| DON'T KNOW998 REFUSED | | | |

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

Were you driving, a passenger, or a pedestrian?

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

*PT147. Whose fault was the accident?

INTERVIEWER: CIRCLE ALL THAT APPLY.

| R'S FAULT DRIVER OF R'S VEHICLE | |
|--|---|
| OTHER VEHICLE | |
| 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 | |
|--------------|--------------|
| NO5 | GO TO *PT149 |
| DON'T KNOW 8 | GO TO *PT149 |
| REFUSED 9 | GO TO *PT149 |

| *PT148a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|---|-------------------------------|
| R'S SPOUSE1 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 4 | |
| OTHER RELATIVE | |
| FRIEND 6 | |
| ACQUAINTANCE7 | |
| STRANGER | |
| DON'T KNOW98 | |
| REFUSED |] |

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

| YES1 | |
|--------------|--------------|
| NO5 | GO TO *PT207 |
| DON'T KNOW 8 | GO TO *PT207 |
| REFUSED9 | GO TO *PT207 |

| *PT149a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| RESPONDENT1 | |
| R'S SPOUSE2 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 5 | |
| OTHER RELATIVE | |
| FRIEND | |
| ACQUAINTANCE 8 | |
| STRANGER | |
| DON'T KNOW | |
| REFUSED 99 | |

GO TO *РТ207

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

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

(Briefly, what happened?)

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

| YES1 | |
|-----------------------------|--------------|
| NO5 | GO TO *PT157 |
| (IF VOL:) "SAW A DEAD BODY" | |
| DON'T KNOW8 | GO TO *PT157 |
| REFUSED9 | GO TO *PT157 |
| | |

| *PT156a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| R'S SPOUSE1 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 4 | |
| OTHER RELATIVE | |
| FRIEND 6 | |
| ACQUAINTANCE7 | |
| STRANGER | |
| DON'T KNOW | |
| REFUSED 99 |] |

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

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

| *PT157a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY. | IF VOL, RECORD # PEOPLE |
|--|-------------------------------|
| R'S SPOUSE1 | |
| R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2 | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3 | |
| R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) 4 | |
| OTHER RELATIVE | |
| FRIEND 6 | |
| ACQUAINTANCE7 | |
| STRANGER | |
| DON'T KNOW | |
| REFUSED |] |

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

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *PT159 |
| DON'T KNOW 8 | GO TO *PT159 |
| REFUSED9 | 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 RELATIVE 6 | |
| FRIEND7 | |
| ACQUAINTANCE 8 | |
| STRANGER9 | |
| DON'T KNOW | |
| REFUSED | |

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

| YES 1 | |
|--------------|--------------|
| NO 5 | GO TO *PT160 |
| DON'T KNOW 8 | 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 HOME | 2 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

***PT160.** INTERVIEWER CHECKPOINT:

| RANDOM EVENT IS NATURAL DISASTER 1 | |
|------------------------------------|--------------|
| ALLOTHERS | GO TO *PT207 |

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

CIRCLE ALL THAT APPLY.

| 1 |
|----|
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| |

| DON'T KNOW9 | 8 |
|-------------|---|
| REFUSED9 | 9 |

GO TO *PT207

*PT170. (RB PG 44) RANDOM EVENTS: <u>RAPE</u> <u>SEXUAL ASSAULT</u>

(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 | |
| 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-TIME1 | GO TO *PT172 |
|-------------|--------------|
| REPEATEDLY5 | |
| DON'T KNOW8 | GO TO *PT172 |
| REFUSED9 | GO TO *PT172 |

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

*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 *PT207

*PT173. RANDOM EVENT: <u>UNEXPECTED DEATH OF LOVED ONE</u>

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

| R'S SPOUSE OR ROMANTIC PARTNER | |
|---------------------------------------|---|
| R'S PARENT | |
| R'S CHILD (BIOLOGICAL, ADOPTED, STEP) | |
| R'S SIBLING | |
| GRANDPARENT | 5 |
| OTHER RELATIVE, BY BLOOD OR MARRIAGE | |
| NOT A FAMILY MEMBER | 7 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

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

| HOMICIDE/MURDER SUICIDE | | GO TO *PT175 |
|----------------------------|---|--------------|
| 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?]

| YES1 | |
|-------------|--------------|
| NO5 | GO TO *PT175 |
| DON'T KNOW8 | GO TO *PT175 |
| REFUSED9 | GO TO *PT175 |

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

| DURATION NUMBE | ER | | |
|--------------------------------|---------|---------|---------|
| CIRCLE UNIT OF TIME: DAYS 1 | WEEKS 2 | MONTHS3 | YEARS 4 |
| DON'T KNOW REFUSED | | | |

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

YEARS OLD

*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 |
| | |

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

| | YES (1) | NO (5) | DK (8) | RF (9) |
|--|------------|-----------|-----------|-----------|
| *PT208. (RB, PG 43): (Look at Group 1 on Page 43 in your booklet.) | | | | (-) |
| In the <u>weeks</u> , <u>months</u> , or <u>years</u> after (the event/ the event/ this experience ended/ RANDOM EVENT), did you try not to think about (it/ what happened)? | 1 | 5 | 8 | 9 |
| (IF YES: Please make a checkmark by reaction 1.) | | | | |
| (KEY PHRASE: tried not to think about it) | | | | |
| *PT209. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ RANDOM EVENT)? (IF YES: Please make a checkmark by reaction 2.) | 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 |
| (IF YES: Please make a checkmark by reaction 3.) | | | | |
| [KEY PHRASE: were unable to remember part(s) of it] | | | | |
| *PT211. Did you lose interest in doing things you used to enjoy? | | | | |
| (IF YES: Please make a checkmark by reaction 4.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: lost interest in things you used to enjoy) | | | | |
| *PT212. Did you feel emotionally distant or cut-off from other people? | | | | |
| people : | 1 | 5 | 8 | 9 |
| (IF YES: Please make a checkmark by reaction 5.) | 1 | 5 | 0 | 9 |
| (KEY PHRASE: felt distant from other people) | | | | |
| *PT213. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? | | | | |
| (IF YES: Please make a checkmark by reaction 6.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: had trouble feeling normal feelings) | | | | |
| *PT214. Did you feel you had no reason to plan for the future because you thought it would be cut short? | | | | |
| (IF YES: Please make a checkmark by reaction 7.) | 1 | 5 | 8 | 9 |
| (KEY PHRASE: felt you had no reason to plan for the future) | | | | |

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

| ZERO 'YES' RESPONSES IN *PT208 - *PT214 | GO TO *PT222 |
|--|--------------|
| ALL OTHERS | GO TO *PT217 |

*PT217. You (KEY PHRASES FOR REACTIONS REPORTED IN *PT208 - *PT214). How soon after (the event/ this experience/ RANDOM EVENT) did you start having [this reaction/ (either/any) of these reactions]?

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

| ONSET NUMBER | | | |
|-----------------------------|--------|---------|--------|
| CIRCLE UNIT OF TIME: DAYS 1 | WEEKS2 | MONTHS3 | YEARS4 |
| DON'T KNOW98 REFUSED99 | | | |

*PT218. For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (either/ any) of these (Group 1) reactions]?

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

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

DURATION NUMBER

*PT219. Think of the time when [this reaction was/ these (Group 1) reactions were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

| LESS THAN ONCE A MONTH1 | GO TO *PT222 |
|------------------------------|---------------------|
| ONE TO TWO TIMES A MONTH2 | |
| THREE TO FIVE TIMES A MONTH | |
| SIX TO TEN TIMES A MONTH4 | |
| MORE THAN TEN TIMES A MONTH5 | |
| DON'T KNOW8 | |
| REFUSED9 | |

*PT220. How much distress did (this reaction/ these reactions) cause you – none, mild, moderate, severe, or very severe distress?

| NONE MILD | |
|--------------|---|
| MODERATE | |
| SEVERE | 4 |
| VERY SEVERE | 5 |
| DON'T KNOW | |
| REFUSED | 9 |
| | |

*PT221. How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

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

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

*PT227. INTERVIEWER CHECKPOINT: (SEE *PT222 - *PT226)

| ZERO "YES" RESPONSES IN *PT222 - *PT226 1 | GO TO *PT233 |
|--|--------------|
| ALL OTHERS | |

*PT228. You (KEY PHRASES FOR REACTIONS REPORTED IN ***PT222 - *PT226**). How soon after (the event/ this experience/ RANDOM EVENT) did you <u>start</u> having [this reaction/ (either/any) of these reactions]?

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

ONSET NUMBER

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

*PT229. For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (either/ any) of these (Group 2) reactions]?

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

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

_____ DURATION NUMBER

*PT230. Think of the time when [this reaction was/ these (Group 2) reactions were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

| LESS THAN ONCE A MONTH1 | GO TO *PT233 |
|------------------------------|--------------|
| ONE TO TWO TIMES A MONTH2 | |
| THREE TO FIVE TIMES A MONTH3 | |
| SIX TO TEN TIMES A MONTH4 | |
| MORE THAN TEN TIMES A MONTH5 | |
| DON'T KNOW8 | |
| REFUSED9 | |
| | |

*PT231. How much distress did (this reaction/ these reactions) 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 reaction/ these reactions) disrupt or interfere with your normal, daily life - not at all, a little, some, a lot, or extremely?

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

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

*PT238. INTERVIEWER CHECKPOINT: (SEE *PT233 - *PT237)

ZERO "YES" RESPONSES IN ***PT233 - *PT237**......1 **GO TO *PT244**

*PT239. You (KEY PHRASES FOR REACTIONS REPORTED IN ***PT233** - ***PT237**). How soon after (the event/ this experience/ RANDOM EVENT) did you <u>start</u> having [this reaction/ (either/any) of these reactions]?

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

ONSET NUMBER

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

*PT240. For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (any/ either) of these (Group 3) reactions]?

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

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

_____ DURATION NUMBER

*PT241. Think of the time when [this reaction was/ these (Group 3) reactions were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

| LESS THAN ONCE A MONTH1 | GO TO *PT244 |
|------------------------------|--------------|
| ONE TO TWO TIMES A MONTH2 | |
| THREE TO FIVE TIMES A MONTH3 | |
| SIX TO TEN TIMES A MONTH4 | |
| MORE THAN TEN TIMES A MONTH5 | |
| DON'T KNOW8 | |
| REFUSED9 | |
| | |

*PT242. How much distress did (this reaction/ these reactions) cause you – none, mild, moderate, severe, or very severe distress?

| NONE | 1 |
|-------------|---|
| MILD | |
| MODERATE | |
| SEVERE | |
| VERY SEVERE | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |
| | |

*PT243. How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

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

*PT244. INTERVIEWER CHECKPOINT: (SEE *PT215, *PT219, *PT220, *PT221, *PT227, *PT230, *PT231, *PT232, *PT238, *PT241, *PT242, *PT243)

*PT246. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your reactions to (RANDOM EVENT)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES1 | |
|------------|--------------|
| NO5 | GO TO *PT259 |
| DON'T KNOW | GO TO *PT259 |
| REFUSED9 | GO TO *PT259 |
| | |

*PT246a. How old were you the first time (you talked to a professional about your reactions)?

YEARS OLD

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

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

| 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 reactions)?

YEARS OLD

DON'T KNOW 998 REFUSED999

*PT256b. How many professionals did you <u>ever talk to about your reactions</u>, 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 reactions?

_____ NUMBER OF PROFESSIONALS

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

*PT258. Were you ever hospitalized overnight for your reactions?

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

*PT259. INTERVIEWER CHECKPOINT: (SEE *PT107)

*PT260.1. INTERVIEWER CHECKPOINT: (SEE *PT215, PT227, PT238)

| *PT2 | A15 EQUALS '2' and PT227 EQUALS '2' and PT238 EQUALS | |
|------|---|--------------|
| '2' | | GO TO *PT261 |
| ALL | OTHERS2 | GO TO *CC1 |

***PT261.** (RB, PG 43) (Look at all the reactions on PG 43 in your booklet.) The next question is about whether in the past 12 months you had any reactions like these associated with any traumatic event that ever happened to you in your entire life. Did you have <u>any</u> reactions of this sort over the past 12 months?

| YES 1 | |
|--------------|--------------------------|
| NO 5 | GO TO *CC1, NEXT SECTION |
| DON'T KNOW 8 | GO TO *CC1, NEXT SECTION |
| REFUSED9 | GO TO *CC1, NEXT SECTION |

*PT262. When was the last time you had any of these reactions – within the past month, between 2 and 6 months ago, or more than 6 months ago?

| PAST MONTH | 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 reactions? (You can use any number between 0 and 52.)

____ NUMBER OF WEEKS

| DON'T KNOW | 98 |
|------------|----|
| REFUSED | |

*PT264. INTERVIEWER CHECKPOINT: (SEE *PT263)

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

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

INTERVIEWER: CIRCLE ALL THAT APPLY.

| COMBAT EXPERIENCE 1 |
|--|
| RELIEF WORKER IN WAR ZONE |
| CIVILIAN IN WAR ZONE |
| CIVILIAN IN REGION OF TERROR |
| REFUGEE |
| KIDNAPPED 6 |
| TOXIC CHEMICAL EXPOSURE |
| AUTOMOBILE ACCIDENT |
| OTHER LIFE THREATENING ACCIDENT |
| NATURAL DISASTER |
| MAN-MADE DISASTER |
| LIFE-THREATENINGILLNESS |
| BEATEN UP BY CAREGIVER |
| BEATEN UP BY SPOUSE OR ROMANTIC PARTNER |
| BEATEN UP BY SOMEONE ELSE |
| MUGGED OR THREATENED WITH A WEAPON |
| RAPE |
| SEXUAL ASSAULT |
| STALKED |
| UNEXPECTED DEATH OF LOVED ONE |
| CHILD WITH SERIOUS ILLNESS |
| WITNESSED PHYSICAL FIGHT AT HOME |
| TRAUMATIC EVENT TO LOVED ONE |
| |
| WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT 23 |
| WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT |
| ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH |
| ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH |

| DON'T KNOW | |
|------------|--|
| REFUSED | |

*PT266. INTERVIEWER CHECKPOINT: (SEE *PT265)

 R GAVE ONLY ONE EVENT IN *PT265
 1
 GO TO *PT269

 R GAVE MORE THAN ONE EVENT IN *PT265
 2

*PT267. Of these events, was there one that caused you the most upsetting reactions during the past 12 months?

| YES 1 | |
|--------------|--------------|
| NO5 | GO TO *PT269 |
| DON'T KNOW 8 | GO TO *PT269 |
| REFUSED | 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."

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

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

GO TO *CC1, NEXT SECTION

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

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

(IF NEC: How much did your reactions interfere with (ACTIVITY) during that time?) (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

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

*PT279. INTERVIEWER CHECKPOINT: (SEE *PT278a - *PT278d)

| ALL FOUR RESPONSES TO *PT278a - *PT278d SERIES EQUAL '0' OR '97' 1 | GO TO *PT281 |
|---|--------------|
| ALL OTHERS | |

*PT280. About how many days out of 365 in the past 12 months were you <u>totally unable to</u> work or carry out your normal activities because of your reactions [to (WORST 12-MONTH EVENT/ these events)]?

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

NUMBER OF DAYS

***PT281**. Did you receive any professional treatment for your reactions to (WORST 12-MONTH EVENT/ these events) in the 12 months prior to this interview?

| YES1 | GO TO *CC1, NEXT SECTION |
|-------------|--------------------------|
| NO5 | GO TO *CC1, NEXT SECTION |
| DON'T KNOW8 | GO TO *CC1, NEXT SECTION |
| REFUSED9 | GO TO *CC1, NEXT SECTION |

END OF SECTION