Beneficiary ID:
Digit Symbol-Coding
Beneficiary Name:


Sample Items

| 2 | 1 | 3 | 7 | 2 | 4 | 8 | 2 | 1 | 3 | 2 | 1 | 4 | 2 | 3 | 5 | 2 | 3 | 1 | 4 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 5 | 6 | 3 | 1 | 4 | 1 | 5 | 4 | 2 | 7 | 6 | 3 | 5 | 7 | 2 | 8 | 5 | 4 | 6 | 3 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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| 7 | 2 | 8 | 1 | 9 | 5 | 8 | 4 | 7 | 3 | 6 | 2 | 5 | 1 | 9 | 2 | 8 | 3 | 7 | 4 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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| 6 | 5 | 9 | 4 | 8 | 3 | 7 | 2 | 6 | 1 | 5 | 4 | 6 | 3 | 7 | 9 | 2 | 8 | 1 | 7 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 9 | 4 | 6 | 8 | 5 | 9 | 7 | 1 | 8 | 5 | 2 | 9 | 4 | 8 | 6 | 3 | 7 | 9 | 8 | 6 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 2 | 7 | 3 | 6 | 5 | 1 | 9 | 8 | 4 | 5 | 7 | 3 | 1 | 4 | 8 | 7 | 9 | 1 | 4 | 5 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 7 | 1 | 8 | 2 | 9 | 3 | 6 | 7 | 2 | 8 | 5 | 2 | 3 | 1 | 4 | 8 | 4 | 2 | 7 | 6 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# 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 $\mathbf{2}$ 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 $\mathbf{1}$ 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 $\mathbf{3}$ 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 not 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 <br> (1) | $\begin{gathered} \hline \text { NO } \\ \text { (5) } \end{gathered}$ | DK <br> (8) | $\overline{\mathbf{R F}}$ (9) |
| :---: | :---: | :---: | :---: | :---: |
| *SC20. Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy? | $\begin{gathered} 1 \\ \text { GO TO } \\ { }^{\text {*SC20.1 }} \end{gathered}$ | 5 | 8 | 9 |
| *SC20a. Have you ever had an attack when all of a sudden <br> - you became very uncomfortable, <br> - you either became short of breath, dizzy, nauseous, or your heart pounded, <br> - 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? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \text { *SC21 } \end{gathered}$ | 5 | 8 | 9 |
| *SC20.3 Have you ever had attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone? | 1 | 5 | 8 | 9 |
| *SC21. Have you ever in your life had a period of time lasting several days or longer when most of the day you felt sad, empty_or depressed? | 1 | 5 | 8 | 9 |
| *SC22. Have you ever had a period of time lasting several days or longer when most of the day you were very discouraged 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 lost interest 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 irritable, grumpy, or in a bad mood? | 1 | $\begin{gathered} 5 \\ \text { GO TO } \\ * \text { SC26 } \\ \hline \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO TO } \\ \text { *SC26 } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO TO } \\ \text { *SC26 } \\ \hline \end{gathered}$ |
| *SC25a. Have you ever had a period of time lasting four days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people? | 1 | 5 | 8 | 9 |
| *SC26. Did you ever have a time in your life when you were a "worrier" - that is, when you worried a lot more about things than other people with the same problems as you? | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *SC27 } \end{gathered}$ | 5 | 8 | 9 |
| *SC26a. Did you ever have a time in your life when you were much more nervous or anxious than most other people with the same problems as you? | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *SC27 } \end{gathered}$ | 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 any of the following things?

|  | YES <br> (1) | $\begin{gathered} \hline \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | RF <br> (9) |
| :---: | :---: | :---: | :---: | :---: |
| *SC27a. First, bugs, snakes, dogs, or any other animals? <br> (KEY PHRASE: animals) | 1 | 5 | 8 | 9 |
| *SC27b. Second, still water, like in a swimming pool or a lake, or weather events, like storms, thunder, or lightning? <br> (KEY PHRASE: water) | 1 | 5 | 8 | 9 |
| *SC27c. Third, going to the dentist or doctor, getting a shot or injection, seeing blood or injury, or being in a hospital or doctor's office? <br> (KEY PHRASE: blood, injury, or medical settings) | 1 | 5 | 8 | 9 |
| *SC27d. Fourth, closed spaces, like caves, tunnels, closets, or elevators? <br> (KEY PHRASE: closed spaces) | 1 | 5 | 8 | 9 |
|  staircases? <br> (KEY PHRASE: high places) | 1 | 5 | 8 | 9 |
| *SC27f. Sixth, flying or airplanes? <br> (KEY PHRASE: flying) | 1 | 5 | 8 | 9 |

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

AT LEAST ONE RESPONSE CODED ' 1 ' $\qquad$ .1
$\qquad$ GO TO *SC29
*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....................................................... 1
NO ..................................................... 5
DON'T KNOW................................. 8
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):

(*SC27.2 EQUALS ‘1’ OR *SC27.3 EQUALS ‘1’) AND *SC27.4 EQUALS ‘1’........ 1
ALL OTHERS .................................................................................................................... 2
2

| INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY. | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \mathbf{R F} \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *SC29. (RB, PG 2) Looking at page 2 in your booklet, was there ever a time in your life when you felt very afraid or really, really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{S C} 29.1 \end{gathered}$ | 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 | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *SC30 } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO TO } \\ \text { *SC30 } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO TO } \\ \text { *SC30 } \end{gathered}$ |

*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):
(*SC29.1 EQUALS ' 1 ' OR *SC29.2 EQUALS ' 1 ') AND *SC29.3 EQUALS ' 1 '........ 1
ALL OTHERS ................................................................................................................... 2
*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 crowds, going to public places, traveling by yourself, or traveling away from home?

NO ........................................................................... 5
DON'T KNOW 8

REFUSED............................................................... 9

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
*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):
(*SC30.1 EQUALS ‘1’ OR *SC30.2 EQUALS ' 1 ') AND *SC30.3 EQUALS
'1'......1 ALL OTHERS
.. 2*SC36. INTERVIEWER CHECKPOINT: (SEE *SC20, *SC20a, *SC21, *SC22, *SC23, *SC24, *SC25, *SC25a,*SC26, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4)
FOLLOW SKIP FOR FIRST ENDORSED ITEM.
*SC21 EQUALS ‘1’ ..... 1
*SC22 EQUALS ‘ 1 ’ ..... 2
*SC23 EQUALS ' 1 ' ..... 3
*SC24 EQUALS ' 1 ' .....  4
*SC25a EQUALS ' 1 '. .....  5
*SC20 EQUALS ‘1’ .....  6
*SC20a EQUALS ' 1 '. .....  7
*SC28 EQUALS ' 1 ' ..... 8
*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?

YES..................................... 1
NO
5 GO TO *D1b
DON’T KNOW ..................... 8
8 GO TO *D1b
REFUSED 9 GO TO *D1b
*D1a. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES $\qquad$ 1 GO TO *D3
NO.............................. 5 GO TO *D4
DON'T KNOW......... 8 GO TO *D4
REFUSED................. 9 GO TO *D4
*D1b. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?
YES ................................. 1 GO TO *D5
NO..................... GO TO *D6
DON'T KNOW....... 8 GO TO *D6
REFUSED.............. 9 GO TO *D6
*D2. Earlier in the interview you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES

$$
1 \quad \text { GO TO } * \mathbf{D} 7
$$

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

## *D3. INTERVIEWER INSTRUCTION:

USE KEY PHRASE "SAD, DISCOURAGED, OR UNINTERESTED" THROUGHOUT THE SECTION GO TO *D12
*D4. INTERVIEWER INSTRUCTION:
USE KEY PHRASE "SAD OR DISCOURAGED" THROUGHOUT THE SECTION
GO TO *D12
*D5. INTERVIEWER 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 several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have a period of this sort that lasted most of the day nearly every day for two weeks or longer?

```
    YES................................................ }
    NO 5
```

DON'T KNOW ..... 8
REFUSED ..... 9
GO TO *D11
*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
$\qquad$
CIRCLE UNIT
OF TIME: DAYS ... 1 WEEKS .... 2 MONTHS.... 3 YEARS..... 4

PROBE DK: Was it three days or longer?
DON'T KNOW .998
REFUSED 999

USE THE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION
GO TO *D10
*D10. INTERVIEWER CHECKPOINT: (SEE *D9a)

DURATION OF 3 DAYS OR LONGER.................................................. 1
ALL OTHERS.
.. 2

GO TO *D14
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?
$\qquad$
GO TO *D16

NO5
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
$\qquad$ DAYS
DON’T KNOW 998
REFUSED ..... 999
*D13. INTERVIEWER CHECKPOINT: (SEE *D12a)
DURATION OF 3 DAYS OR LONGER 1 GO TO *D14
ALL OTHERS ..... 2 GO TO *D87.1
*D14. Did you ever have a year or more in your life when you had several different episodes of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?

YES 1

NO................................................... 5
DON'T KNOW ............................... 8 GO TO *D87.1
REFUSED ........................................ 9 GO TO *D87.1
*D14a. Did you ever have a year or more in your life when just about every month you had an episode of this sort?

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

[^0]LESS THAN 1 HOUR .................................. 1 GO TO D87. 1
BETWEEN 1 AND 3 HOURS....................... 2 GO TO D17
BETWEEN 3 AND 5 HOURS....................... 3 GO TO D17
MORE THAN 5 HOURS............................... 4 GO TO D17
DON’T KNOW .............................................. 8 GO TO D17
REFUSED ...................................................... 9 GO TO D17

INTERVIEWER: ASK ABOUT PERIODS LASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF THE SECTION.
*D16. Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

LESS THAN 1 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.
MILD.1
MODERATE .....  2
SEVERE .....  3
VERY SEVERE ..... 4
DON'T KNOW ..... 8
REFUSED ..... 9
*D17. How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?
*D18. How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often,sometimes, rarely, or never?
OFTEN. ..... 1
SOMETIMES ..... 2
RARELY .....  3
NEVER. ..... 4
DON'T KNOW ..... 8
REFUSED ..... 9
*D19. How often, during those times, was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN
.1
SOMETIMES .................................. 2
RARELY......................................... 3
NEVER............................................. 4
DON'T KNOW ............................... 8
REFUSED ........................................ 9
*D20. INTERVIEWER CHECKPOINT: (SEE *D17, *D18, *D19)
*D17 EQUALS '1’ AND *D18 EQUALS ‘4' AND *D19 EQUAL ‘4' ........ 1 GO TO *D87.1
ALL OTHERS.................................................................................................. 2
*D21. People with episodes of being (sad/or/discouraged/or/uninterested) often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, feelings of low self-worth, and other problems. Did you ever have any of these problems during one of your episodes of being (sad/or/discouraged/or/uninterested)?

YES.......................................................... 1
NO......................................................... $5 \quad$ GO TO *D87.1
DON'T KNOW ....................................... 8 GO TO *D87.1
REFUSED .............................................. 9 GO TO *D87.1
*D22. (READ SLOWLY) Please think of an episode of being (sad/or/discouraged/or/uninterested) lasting (several days/two weeks) or longer when you also had the largest number of these other problems at the same time. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

```
YES1
```

NO

```
    5 GO TO *D22c
DON'T KNOW ...................................................... }
8 GO TO *D22c
REFUSED.............................................................. }9\mathrm{ GO TO *D22c
```

*D22a. How old were you when that worst episode started?
$\qquad$ YEARS OLD
DON'T KNOW ..... 998
REFUSED ..... 999
*D22b. How long did that worst episode last?

$\qquad$
NUMBER
GO TO *D23
CIRCLE UNIT OF TIME: DAYS ...... 1 WEEKS ....... 2 MONTHS...... 3 YEARS ..... 4
DON'T KNOW ..... $98 \quad$ GO TO *D23
REFUSED ..... 99 GO TO *D23
*D22c. Then think of the last time you had a bad episode [of being ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested) ] like this. How old were you when that last episode occurred?
$\qquad$ YEARS OLD
DON'T KNOW ........................ 998
REFUSED ................................ 999
*D22d. How long did that episode last?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: DAYS ...... 1 WEEKS ....... 2 MONTHS...... 3 YEARS ....... 4
DON'T KNOW
REFUSED99
*D23. Was there something going on in your life shortly before that episode started that caused it to occur?
YES .............................................. 1
NO ................................................... 5 GO TO *D24
DON'T KNOW ................................ 8 GO TO *D24
REFUSED ....................................... 9 GO TO *D24
*D23a. (RB, PG 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................................................................................... 2
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 ............................................................................ 98
REFUSED.................................................................................. 99

SPECIFY

| (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: |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \hline \text { YES } \\ (\mathbf{1}) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (\mathbf{9}) \\ & \hline \end{aligned}$ |
| *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 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { \%D24c } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D24c } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D24c } \end{gathered}$ |
| *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 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D24e } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D24e } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D24e } \end{gathered}$ |
| *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 ', $\qquad$ 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 <br> (1) | $\begin{gathered} \hline \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *D26a. Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D26e } \end{gathered}$ | 5 | 8 | 9 |
| *D26b. $\quad$ Did you have a much larger 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)? <br> IF R REPORTS BEING PREGNANT OR GROWING, CODE "7" AND GO TO *D26g | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26e } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26e } \\ \hline \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D26e } \\ \hline \end{gathered}$ |
| *D26d. How much did you gain? <br> NUMBER GO TO $\boldsymbol{* 2 6 g}$ <br> CIRCLE UNIT OF MASS: POUNDS $\qquad$ 1 GO TO *26g KILOS $\qquad$ 2 GO TO *26g |  |  | 998 | 999 |
| *D26e. Did you lose weight without trying to? <br> IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO" AND GO TO *D26g | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ * \mathbf{D 2 6 g} \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26g } \end{gathered}$ | $\begin{gathered} 9 \\ \mathbf{G O} \\ \text { TO } \\ \text { *D26g } \end{gathered}$ |
| *D26f. How much did you lose? <br> NUMBER <br> CIRCLE UNIT OF MASS: <br> POUNDS $\qquad$ .1 <br> KILOS $\qquad$ |  |  | 998 | 999 |
| *D26g. Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/ two weeks)? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D26i } \end{gathered}$ | 5 | 8 | 9 |
| *D26h. Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D26j } \end{gathered}$ | 5 | 8 | 9 |
| *D26i. Did you sleep much less than usual and still not feel tired or sleepy? | 1 | 5 | 8 | 9 |


|  | YES <br> (1) | $\begin{gathered} \hline \text { NO } \\ \text { (5) } \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (9) \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *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? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D261 } \end{gathered}$ | 5 | 8 | 9 |
| *D26k. Did you have a lot more energy than usual nearly every day during that period of (several days/ two weeks)? | 1 | 5 | 8 | 9 |
| *D26. Did you talk or move more slowly than is normal for you nearly every day? | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26n } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26n } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { FD26n } \end{gathered}$ |
| *D26m. Did anyone else notice that you were talking or moving slowly? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { \%D26p } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ |
| *D26n. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still? | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D26p } \end{gathered}$ |
| *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)? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D26r } \end{gathered}$ | 5 | 8 | 9 |
| *D26q. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them? | 1 | 5 | 8 | 9 |
| *D26r. Did you have a lot more trouble concentrating than is normal for you nearly every day? | 1 | 5 | 8 | 9 |
| *D26s. Were you unable to make up your mind about things you ordinarily have no trouble deciding about? | 1 | 5 | 8 | 9 |
| *D26t. Did you lose your self-confidence? | 1 | 5 | 8 | 9 |
| *D26u. Did you feel that you were not as good as other people nearly every day? | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26w } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26w } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D26w } \end{gathered}$ |
| *D26v. Did you feel totally worthless nearly every day? | 1 | 5 | 8 | 9 |


|  | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ \text { (8) } \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *D26w. Did you have feelings of extreme guilt nearly every day? | $\begin{gathered} 1 \\ \text { GO } \\ \text { TO } \\ \text { *D26x } \end{gathered}$ | 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 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *D26ff } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *D26ff } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *D26ff } \end{gathered}$ |
| *D26dd. Did you make a suicide plan? | 1 | 5 | 8 | 9 |
| *D26ee. Did you make a suicide attempt? | 1 | 5 | 8 | 9 |
| *D26ff. Did you feel that you could not cope with your everyday responsibilities? | 1 | 5 | 8 | 9 |
| *D26gg. Did you feel like you wanted to be alone rather than spend time with friends or relatives? | 1 | 5 | 8 | 9 |
| *D26hh. Did you feel less talkative than usual? | 1 | 5 | 8 | 9 |
| *D26ii. Were you often in tears? | 1 | 5 | 8 | 9 |

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

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

COUNT EQUALS TWO OR MORE....................................................... 1
ALL OTHERS......................................................................................... 2 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 ALL
GO TO *D29
A LITTLE......................................... 2 GO TO *D29
SOME................................................... 3
A LOT............................................... 4
EXTREMELY ................................... 5
DON'T KNOW .................................. 8
REFUSED ......................................... 9

## 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?

| SOMETIMES <br> RARELY <br> NEVER. $\qquad$ <br> DON'T KNOW |
| :---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*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 ( $\mathrm{sad} / \mathrm{or} / \mathrm{discouraged/or/uninterested} \mathrm{)} \mathrm{and} \mathrm{also} \mathrm{had} \mathrm{some} \mathrm{of} \mathrm{the} \mathrm{other} \mathrm{problems}$ we talked about. The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, about how many different episodes did you ever have in your entire life?
NUMBER
DON'T KNOW ............................... 998
REFUSED....................................... 999
*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?

YES....................................... 1
NO...................................... 5 GO TO *D29d
DON'T KNOW .................. 8 GO TO *D29d
REFUSED .......................... 9 GO TO *D29d
*D29b. Do you think your [IF D29= ' 1 ': episode was/or/IF D29>1: episodes were] always the result of physical causes?

YES....................................... 1
NO...................................... 5 GO TO *D29d
DON'T KNOW .................. 8 GO TO *D29d
REFUSED ......................... 9 GO TO *D29d
*D29c. Briefly, what do you think the physical cause was?
*D29d. INTERVIEWER CHECKPOINT (SEE *D29)

```
*D29 EQUALS "1" .......... 1 GO TO *D37d
ALL OTHERS................ }
```

*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

REFUSED ......................................................................... 9
*D37e. INTERVIEWER CHECKPOINT: (SEE *D29)
*D29 EQUALS "1-3" $\qquad$ GO TO *D37g
ALL OTHERS 2
*D37f. As we just mentioned, episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue" and other times they occur in response to some stressful experience and sometimes 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 $\qquad$ 999
*D37f.2._NUMBER IN RESPONSE TO STRESS DON'T

KNOW 998
REFUSED 999
*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?

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

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

```
*D29 LIFETIME EPISODES EQUALS "1-3"
1 GO TO *D72
ALL OTHER
2 GO TO *D38c
```

*D38a. 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
*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?
$\qquad$
DON'T KNOW ............................... 998
REFUSED........................................ 999
*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?


DON'T KNOW ............................... 998
REFUSED........................................ 999
*D38a.5. INTERVIEWER CHECKPOINT: (SEE *D38a)
*D38a EQUALS ' 1 '.................... 1
ALL OTHERS....................... 2 GO TO *D38b
*D38a.6. Has this episode ended 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?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: DAYS ...... 1 WEEKS ...... 2 MONTHS...... 3 YEARS ....... 4

DON'T KNOW
998
REFUSED........................................ 999
*D38a.8. INTERVIEWER CHECKPOINT: (SEE *D38a)
D38a 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
DON'T KNOW. 998
REFUSED......................... 999

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

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


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

*D38 EQUALS ' 1 ’
. 1
ALL OTHERS.................................. 2 GO TO *D72
*D62.2. INTERVIEWER CHECKPOINT

R CAN READ .. 1

ALL OTHERS
*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 past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe and frequent. Please read each of the fourteen sets of statements on page 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 past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe and frequent. I'm going to read fourteen series of statements. Please pick the one statement in each series that comes closest to your experience during that worst (several days/two weeks).
*D64a. Here's the first series, which deals with problems falling asleep:

One: You never took longer than 30 minutes to fall asleep.
Two: You took at least 30 minutes to fall asleep, less than half the time.
Three: You took at least 30 minutes to fall asleep, more than half the time.
Four: You took more than 60 minutes to fall asleep, more than half the time.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER

DON'T KNOW
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 ( $\mathrm{sad} /$ or/discouraged/or/uninterested) in the past 12 months?)

DON'T KNOW 998
REFUSED ....................................... 999
*D64c. Here's the next series, which deals with waking up too early in the morning:
One: Most of the time, you woke up no more than 30 minutes before you needed to get up.
Two: More than half the time, you woke up more than 30 minutes before you needed to get up.
Three: You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
Four: You woke up at least one hour before you needed to and couldn't get back to sleep.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
$\qquad$ 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?)
$\qquad$ 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 ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested) in the past 12 months?)

NUMBER

DON'T KNOW
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 ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER

DON'T KNOW 998
REFUSED ....................................... 999
*D64g. Here's the next series, which deals with feeling down on yourself:
One: You saw yourself as equally worthwhile and deserving as other people.
Two: You were more self-blaming than usual.
Three: You largely believed that you caused problems for others.
Four: You thought almost constantly about major and minor defects in yourself.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested) in the past 12 months?)
$\qquad$
DON'T KNOW 998
REFUSED 999
*D64h. Here's the next series, which deals with your interest in daily activities:
One: There was no change from usual in how interested you were in other people or activities.
Two: You noticed that you were less interested in people or activities.
Three: You found you had interest in only one or two of your formerly pursued activities.
Four: You had virtually no interest in formerly pursued activities.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being ( $\mathrm{sad} /$ or/discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER

DON'T KNOW
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?)
$\qquad$ NUMBER

DON'T KNOW 998
REFUSED ...................................... 999
*D64j. Here's the next series, which deals with a change in your appetite:
One: There was no change in your usual appetite.
Two: You ate somewhat less often or lesser amounts of food than usual.
Three: You ate much less than usual and only with personal effort.
Four: You rarely ate within a $24-\mathrm{hr}$ 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?)
$\qquad$
DON'T KNOW .............................. 998
REFUSED ...................................... 999
*D64k. Here's the next series, which deals with changes in your weight:
One: You did not have a change in your weight.
Two: You felt as if you had a slight weight loss.
Three: You lost 2 pounds or more.
Four: You lost 5 pounds or more.
Five: You felt as if you had a slight weight gain.
Six: You gained 2 pounds or more.
Seven: You gained 5 pounds or more.
(IF NEC: Which of these seven statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER

DON'T KNOW
REFUSED ...................................... 999
*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?)
$\qquad$ NUMBER

DON'T KNOW 998
REFUSED ...................................... 999
*D64m. Here's the next series, which deals with feeling slowed down:
One: You thought, spoke, and moved at your usual rate of
speed.
Two: You found that your thinking was slowed down or your voice sounded dull or flat.
Three: It took you several seconds to respond to most questions, and you're sure your thinking was slowed.
Four: You were often unable to respond to questions without extreme effort.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER

DON'T KNOW 998
REFUSED ...................................... 999
*D64n. Here's the last series, which deals with feeling restless:

One: You did not feel restless.
Two: You were often fidgety, wringing your hands, or needing to shift how you were sitting.
Three: You had impulses to move about and were quite restless.
Four: At times, you were unable to stay seated and needed to pace around.
(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested) in the past 12 months?)
$\qquad$ NUMBER
DON'T KNOW 998
REFUSED ...................................... 999

| No <br> Interference | Mild |  |  | Moderate |  |  | Severe |  |  | Very Severe Interference |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 1 | 2 | 3 | 4 | 5 | $\checkmark$ | $\checkmark$ | 8 | 9 | 10 |

*D66. (RB, PG 9) Think about the period lasting one month or longer in the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (sadness/or/discouragement/or/lack of interest) interfered with each of the following activities during that period?
(IF NEC: How much did your (sadness/or/discouragement/or/lack of interest) interfere with (ACTIVITY) during that period?)
(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)
*D66a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)?

DOES NOT APPLY............... 97
DON'T KNOW ...................... 98
REFUSED............................... 99
*D66b. Your ability to work?
DOES NOT APPLY............... 97
DON'T KNOW....................... 98
REFUSED............................... 99
*D66c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY............... 97
DON'T KNOW ...................... 98
REFUSED.............................. 99
*D66d. Your social life?
DOES NOT APPLY............... 97
DON'T KNOW....................... 98
REFUSED.............................. 99
*D67. INTERVIEWER CHECKPOINT: (SEE *D66a - *D66d)
ALL RESPONSES EQUAL ‘0' OR ‘97’.
.1
GO TO *D72
ALL OTHERS.......................................................................................... 2
*D68. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (sadness/or/discouragement/or/lack of interest)?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ NUMBER OF DAYS

DON'T KNOW998
REFUSED ..... 999
*D72. Did you ever in your life talk to a medical doctor or other professional about your (sadness/or/discouragement/or/ lack of interest)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES
.. 1
NO..................................................... 5
DON'T KNOW ................................. 8 GO TO *D87.1
REFUSED ......................................... 9 GO TO *D87.1
*D72a. How old were you the first time [you talked to a professional about your (sadness/or/ discouragement/or/lack of interest)]?
$\qquad$

DON'T KNOW 998
REFUSED................................ 999
*D84. Did you ever get treatment for your (sadness/or/discouragement/or/lack of interest) that you considered helpful or effective?
$\qquad$
NO.......................................................... 5 GO TO *D84c
DON'T KNOW ....................................... 8 GO TO *D84c
REFUSED .............................................. 9 GO TO *D84c
*D84a. How old were you the first time [you got helpful treatment for your (sadness/or/ discouragement/or/lack of interest)]?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED 999
*D84b. How many professionals did you ever talk to about your (sadness/or/discouragement/or/lack of interest), up to and including the first time you got helpful treatment?

| NUMBER OF PROFESSIONALS GO TO *D86 |  |  |
| :--- | :--- | :---: |
| DON'T KNOW.............. 98 | GO TO *D86 |  |
| REFUSED ................... 99 | GO TO *D86 |  |

*D84c. How many professionals did you ever talk to about your (sadness/or/discouragement/or/lack of interest)?
$\qquad$ NUMBER OF PROFESSIONALS

DON'T KNOW
REFUSED........................................ 99
*D86. Did you receive professional treatment for your (sadness/or/discouragement/or/lack of interest) at any time in the past12 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 |  |
| :---: | :---: |
| NO............................................ 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)]?
$\qquad$ 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 ( $\mathrm{sad} / \mathrm{or} /$ discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
$\qquad$ NUMBER
DON'T KNOW............................... 998
REFUSED....................................... 999

IF POSTIVE FOR DEPRESSSION, END SCREENER. IF NEGATIVE, D88.
*D88. INTERVIEWER CHECKPOINT (SEE *SC20, *SC20a, *SC24, *SC25a, *SC26, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM.
*SC26 EQUALS ' 1
GO TO *G1 INTRO 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 '....................................................................... GO TO *PD1 INTRO 2
*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)
> Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you worried or nervous or anxious about during that time?
*G1 INTRO 2. (RB, PG 18-19)
Earlier you mentioned having a
time in your life when you were
much more nervous or anxious
than most other people. The next
questions are about that time.
Looking at pages 18-19 in your
booklet, what sorts of things were
you nervous or anxious about
during that time?
*G1 INTRO 3. (RB, PG 18-19)
Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you anxious or worried about during that time?

PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?
CIRCLE ALL MENTIONS.
DIFFUSE WORRIES
EVERYTHING.................................................................................................................................. 1
NOTHING IN PARTICULAR............................................................................................................ 2
PERSONAL PROBLEMS
FINANCES ......................................................................................................................................... 3
SUCCESS AT SCHOOL OR WORK...................................................................................................... 4
SOCIAL LIFE................................................................................................................................... 5
LOVE LIFE........................................................................................................................................ 6
RELATIONSHIPS AT SCHOOL OR WORK ..................................................................................... 7
RELATIONSHIPS WITH FAMILY ..................................................................................................... 8
PHYSICAL APPEARANCE................................................................................................................. 9
PHYSICAL HEALTH .......................................................................................................................... 10
MENTAL HEALTH............................................................................................................................ 11
SUBSTANCE USE............................................................................................................................. 12
OTHER PERSONAL PROBLEMS (SPECIFY) ................................................................................... 13
PHOBIC AND 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).......................... 16
OBSESSIONS (E.G., WORRY ABOUT GERMS) .............................................................................. 17
COMPULSIONS (E.G., REPETITIVE HANDWASHING)...................................................... 18
NETWORK PROBLEMS
BEING AWAY FROM HOME OR APART FROM LOVED ONES.................................................... 19
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ............................................. 20
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ........................................ 21
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION............................................ 22
OTHER NETWORK PROBLEMS (SPECIFY).................................................................................... 23
SOCIETAL PROBLEMS
CRIME / VIOLENCE.......................................................................................................................... 24
THE ECONOMY................................................................................................................................ 25
THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION)................................................. 26
MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY).......... 27
WAR / REVOLUTION ....................................................................................................................... 28
OTHER SOCIETAL PROBLEMS (SPECIFY) .................................................................................... 29
OTHER PROBLEMS (SPECIFY)
FIRST (SPECIFY) ............................................................................................................................. 30

SECOND (SPECIFY)................................................................................................................................. 31

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THIRD (SPECIFY). 32
*G3. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?
YES $\qquad$
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) most days?

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

NUMBER
*G5.TUnit.
CIRCLE UNIT OF TIME:
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 KNOW ................. 8
REFUSED ....................... 9 GO TO *G6
*G5.2. Did you ever have a time lasting 1 month or longer?
YES.......................... 1
NO.......................... 5
DON’T KNOW ...... 8
REFUSED. .............. 9
*G6. INTERVIEWER CHECKPOINT: (SEE *G5, *G5.1, *G5.2)

```
(G5 EQUALS 1-5 MONTHS) OR (G5.2 EQUALS '1`) ....................................... 2 GO TO *G7
(G5 EQUALS 6 MONTHS OR LONGER OR `995') OR (G5.1 EQUALS '1')..... }3\mathrm{ GO TO *G8
ALL OTHERS .................................................................................................. GO TO *IED1, NEXT SECTION
```

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

| *G9. | Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems: | YES <br> (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | DK <br> (8) | $\begin{aligned} & \text { RF } \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | *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. |  | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { RF } \\ (9) \\ \hline \end{gathered}$ |
|  | *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. 3 GO TO *G15
ALL OTHERS.
. 4 GO TO *G13
*G12. INTERVIEWER CHECKPOINT: (SEE *G9a-g)
TWO OR MORE RESPONSES CODED ' 1 ' IN * $\mathbf{G} 9$ SERIES. $\qquad$ GO TO *G15 ALL OTHERS

2 GO TO *IED1, NEXT SECTION

| *G13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES CODED ' 1 ' IN *G9 SERIES IS CODED ‘ 1 ' IN * $\mathbf{G 1 0}$ SERIES IS GO TO *G15 AS SOON AS FIVE RESPONSES CODED ‘ 1 ’ IN *G9, G10, G13 SERIES | YES (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \text { DK } \\ (\mathbf{8}) \end{gathered}$ | RF (9) |
| :---: | :---: | :---: | :---: | :---: |
| *G13a. Did you often feel dizzy or lightheaded? | 1 | 5 | 8 | 9 |
| *G13b. Were you often short of breath? | 1 | 5 | 8 | 9 |
| *G13c. Did you often feel like you were choking? | 1 | 5 | 8 | 9 |
| *G13d. Did you often have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *G13e. Did you often have pain or discomfort in your stomach? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{G 1 3 g} \end{gathered}$ | 5 | 8 | 9 |
| *G13f. Did you often have nausea? | 1 | 5 | 8 | 9 |
| *G13g. Did you often feel that you were unreal? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{G 1 3 i} . \end{gathered}$ | 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? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{G 1 3 k} \end{gathered}$ | 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 SERIES................................ 1
THREE OR MORE RESPONSES CODED ' 1 ' $\operatorname{IN}$ * $\mathbf{G 9}$, 10, 13 SERIES................. 2
ALL OTHERS ................................................................................................ 3
GO TO *IED1, NEXT SECTION
*G15. How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) - no distress, mild distress, moderate distress, severe distress, or very severe distress?

NO................................... 1
MILD ................................ 2
MODERATE..................... 3
SEVERE.......................... 4
VERY SEVERE ................ 5
DON'T KNOW .................. 8
REFUSED ........................ 9
*G17. How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships - not at all, a little, some, a lot, or extremely?

NOT AT ALL................... 1 GO TO *G17.1
A LITTLE......................... 2 GO TO *G17.1
SOME.................................... 3
A LOT.............................. 4
EXTREMELY.................... 5
DON'T KNOW ................. 8
REFUSED ........................ 9
GO TO *G17.1
*G17a. How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

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

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

*G15 EQUALS ‘ 3 ', ‘ 4 ', OR ‘ 5 ’ $\underline{\text { OR * }}$ * G17 EQUALS ' 3 ’, ‘ 4 ’, OR ‘ 5 '.................. 1
ALL OTHERS...................................................................................................... 2
GO TO *IED1, NEXT SECTION
*G18a. (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?
$\qquad$
NO .......................................................... 5
DON'T KNOW ...................................... 8
*G26
REFUSED .............................................. 9
9 GO TO *G26
*G18b. Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

YES. 1
NO ........................................................ 5
DON'T KNOW...................................... 8
REFUSED ............................................. 9
*G18c. Briefly, what do you think the physical cause was?

[^1]*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
DON’T KNOW .................. 8
GO TO *G27e
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?
$\qquad$ NUMBER
DON'T KNOW
998
REFUSED........................................ 999
*G27a.2. INTERVEIWER CHECKPOINT: (SEE *G27a.1)
*G27a. 1 EQUALS '1' ........................................................................... 1
GO TO *G27a. 3
ALL OTHERS 2 GO TO *G27a. 7
*G27a.3. In which month did that episode start?


DON'T KNOW 998
REFUSED 999
*G27a.4. How long did that episode last (IF *G27a EQUALS ' 1 ': so far)?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: DAYS ......... 1 WEEKS....... 2 MONTHS ..... 3 YEARS ......... 4
DON'T KNOW .............................. 998
REFUSED ...................................... 999

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

*G27a EQUALS '1' .............................................................................. 1
ALL OTHERS ...................................................................................... 2 GO TO *G28
*G27a.6. Has this episode ended or is it still going on?
ENDED .................................................................................................. 1
STILL GOING ON ................................................................................. 2
DON'T KNOW ....................................................................................... 8
REFUSED .............................................................................................. 9
GO TO *G28
*G27a.7. How long did the first of these (NUMBER FROM *G27a.1) episodes last?
$\qquad$
CIRCLE UNIT OF TIME: DAYS...... 1 WEEKS....... 2 MONTHS ..... 3 YEARS ......... 4
DON'T KNOW .............................. 998
REFUSED ...................................... 999
*G27a.8. INTERVIEWER CHECKPOINT (SEE *G27a):
*G27a EQUALS ‘ 1 ’............................................................................... 1
ALL OTHERS ....................................................................................... 2 GO TO *G27b
*G27a.9. Has the most recent episode ended or is it still going on?
ENDED .................................................................................................. 1
STILL GOING ON ................................................................................. 2
DON'T KNOW ..................................................................................... 8
REFUSED................................................................................................ 9
*G27b. How many months in the past 12 months were you in an episode of this sort?
$\qquad$
DON'T KNOW ......................... 98
REFUSED ......................................... 99
GO TO *G28
*G27c. How old were you the last time you had one of these episodes?
$\qquad$
DON'T KNOW998
REFUSED .999

[^2]*G29. INTERVIEWER CHECKPOINT: (SEE *G28)
*G28 EQUALS ' 1 '.............................................. 1
ALL OTHERS................................................. 2 GO TO *G31
*G30. How long did that episode last?
IF STILL GOING ON: How long did it last so far?
$\qquad$ NUMBER GO TO *G35
CIRCLE UNIT OF TIME: DAYS...... 1 WEEKS ....... 2 MONTHS ..... 3 YEARS........ 4

DON'T KNOW
.98
GO TO *G35
REFUSED
.99
GO TO *G35
*G31. How long did the longest of these episodes last?
$\qquad$ NUMBER

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

DON'T KNOW 98
REFUSED ................................... 99
*G31.1. How many of these episodes were brought on by some stressful experience?
$\qquad$ NUMBER

DON'T KNOW .998
REFUSED ..................................... 999
*G32. How many different years in your life did you have at least one episode?
$\qquad$ YEARS

DON'T KNOW .998
REFUSED 999
*G33. INTERVIEWER CHECKPOINT: (SEE *G32)
*G32 EQUALS ‘ 1 ' ......................... 1
GO TO *G35
ALL OTHERS.
... 2
*G34. What is the longest continuous number of years in a row in which you had at least one episode per year?
$\qquad$
DON’T KNOW ................................. 998
REFUSED ....................................... 999
*G35. INTERVIEWER CHECKPOINT: (SEE *G27)
*G27 EQUALS ' 1 ' .. 1
ALL OTHERS.................... 2 GO TO *G44
*G36. For the next questions, think of the period lasting a month or longer in the past 12 months when your (worry or anxiety/nervousness or anxiety/anxiety or worry) was most severe and frequent. During that period, how often did you have each of the following feelings?

|  | (IF NEC: often, sometimes, occasionally, or never?) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | OFTEN <br> (1) | SOME <br> (2) | OCCASION <br> (3) | NEVER <br> (4) | $\begin{gathered} \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \mathbf{R F} \\ & (9) \end{aligned}$ |
| *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 | $\begin{gathered} 4 \\ \text { GO TO } \\ * \text { G38 } \\ \hline \end{gathered}$ | GO TO <br> *G38 | GO TO <br> *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 no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?
(IF NEC: How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with (ACTIVITY) during that time?)
(IF NEC: You can use any number between 0 and 10 to answer.)
NUMBER (0-10)
*G38a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY .............. 97
DON'T KNOW ...................... 98
REFUSED ............................. 99
*G38b. Your ability to work?
DOES NOT APPLY .............. 97
DON'T KNOW ...................... 98
REFUSED ............................. 99
*G38c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY .............. 97
DON'T KNOW ...................... 98
REFUSED .............................. 99
*G38d. Your social life?
DOES NOT APPLY .............. 97
DON'T KNOW ..................... 98
REFUSED .............................. 99
*G39. INTERVIEWER CHECKPOINT: (SEE *G38a - *G38d)
ALL RESPONSES EQUAL ‘0’ OR ‘97’ ............ 1
GO TO *G44
ALL OTHERS .2
*G40. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ NUMBER OF DAYS
DON'T KNOW .998
REFUSED. 999
*G44. Did you ever in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES .. 1
NO.................................................... 5
GO TO *G59.1
DON'T KNOW ................................. 8 GO TO *G59.1
REFUSED ........................................ 9 GO TO *G59.1
*G44a. How old were you the first time [you talked to a professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?
$\qquad$ YEARS OLD
DON'T KNOW. 998
REFUSED. 999

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

```
YES.
        ... }
    NO .................................. }
    DON'T KNOW - - - - 
    REFUSED....................... }9\mathrm{ GO TO *G56c
```

*G56a. How old were you the first time [you got helpful treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?
$\qquad$ YEARS OLD
DON’T KNOW ................. 998
REFUSED 999
*G56b. How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry), up to and including the first time you got helpful treatment?
$\qquad$ NUMBER OF PROFESSIONALS
GO TO *G58
$\begin{array}{ll}\text { DON'T KNOW.............. } 98 & \text { GO TO *G58 } \\ \text { REFUSED.................. } 99 & \text { GO TO *G58 }\end{array}$
*G56c. How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
$\qquad$ NUMBER OF PROFESSIONALS
DON'T KNOW. 98
REFUSED. 99
*G58. Did you receive professional treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) at any time in the past 12 months?

YES .. 1
NO.................................. 5
DON'T KNOW................. 8
REFUSED. .. 9
*G59. Were you ever hospitalized overnight for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
YES ................................................ 1
NO ................................................. 5
GO TO *G59.1
DON’T KNOW.................................. 8
GO TO *G59.1
REFUSED .......................................... 9 GO TO *G59.1
*G59a. How old were you the first time [you were hospitalized overnight because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?
$\qquad$ YEARS OLD

DON'T KNOW .998
REFUSED .999
*G59.1. How many of your close relatives - including your biological parents, brothers and sisters, and children - were very nervous or anxious people?
$\qquad$ NUMBER
DON’T KNOW..................................... 999
REFUSED.......

| *SC20 EQUALS ' 1 ' | GO TO *PD1 INTRO 1 |
| :---: | :---: |
| *SC20a EQUALS ' 1 '. | GO TO *PD1 INTRO 2 |
| *SC29.4 EQUALS ' 1 ' | GO TO *SO1 |
| *SC30.4 EQUALS ' ${ }^{\prime}$ ’ | .... GO TO *AG1 |

[IF NONE OF THE ABOVE, GO TO *N1]

## PANIC DISORDER (PD)

| *PD1. INTRO 1 <br> Earlier you mentioned having attacks of fear or panic <br> when all of a sudden you felt very frightened, anxious, <br> or uneasy. Think of a bad attack like that. During that <br> attack, which of the following problems did you have?$\quad$EPD1. INTRO 2 <br> Earlier you mentioned <br> you had several prob <br> heart pounding or fe <br> die or go crazy. Think <br> attack, which of the | d having a lems like b ling dizzy, k of a bad following p | tacks w eing sh and be attack lik roblem |  |  |
| :---: | :---: | :---: | :---: | :---: |
| SKIP TO *PD2 AFTER SIX "YES" RESPONSES | $\begin{aligned} & \text { YES } \\ & (1) \end{aligned}$ | $\begin{aligned} & \mathrm{NO} \\ & (5) \end{aligned}$ | $\begin{array}{\|l} \hline \text { DK } \\ (8) \end{array}$ | $\begin{aligned} & \mathbf{R F} \\ & (9) \end{aligned}$ |
| *PD1a. Did your heart pound or race? (KEY PHRASE: heart racing) | 1 | 5 | 8 | 9 |
| *PD1b. Were you short of breath? (KEY PHRASE: being short of breath) | 1 | 5 | 8 | 9 |
| *PD1c. 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: feeling dizzy) | 1 | 5 | 8 | 9 |
| *PD1e. Did you sweat? (KEY PHRASE: sweating) | 1 | 5 | 8 | 9 |
| *PD1f. Did you tremble or shake? (KEY PHRASE: trembling) | 1 | 5 | 8 | 9 |
| *PD1g. Did you have a dry mouth? (KEY PHRASE: having a dry mouth) | 1 | 5 | 8 | 9 |
| *PD1h. Did you feel like you were choking? (KEY PHRASE: choking) | 1 | 5 | 8 | 9 |
| *PD1i. Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest) | 1 | 5 | 8 | 9 |
| *PD1j. Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself) | 1 | 5 | 8 | 9 |
| *PD1k. Did you feel that you were "not really there", like you were watching a movie of yourself? <br> (KEY PHRASE: feeling unreal) | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *PD1m } \end{gathered}$ | 5 | 8 | 9 |
| *PD11. Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling that things around you were unreal) | 1 | 5 | 8 | 9 |
| *PD1m. Were you afraid that you might pass out? <br> (KEY PHRASE: fearing that you might pass out) | 1 | 5 | 8 | 9 |
| *PD1n. Were you afraid that you might die? (KEY PHRASE: fearing that you might die) | 1 | 5 | 8 | 9 |
| *PD1o. Did you have hot flushes or chills? (KEY PHRASE: having hot flushes) | 1 | 5 | 8 | 9 |
| *PD1p. Did you have numbness or tingling sensations? | 1 | 5 | 8 | 9 |

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

*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?
(IF NEC: Did they begin within ten minutes after the start of the attack?) YES 1
(IF VOL) SOMETIMES.................................... 3

| NO .................................................................................................... 9 | GO TO *PD66 |
| :--- | :--- |
| DON’T KNOW ......................... | GO TO *PD66 |
| REFUSED ....... |  |

*PD4. About how many of these sudden attacks have you had in your entire lifetime?
$\qquad$ NUMBER OF ATTACKS

```
IF R REPORTS MORE THAN }90900
```

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 OTHERS .....  2
*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 .............................. 2 GO TO *PD8 SEVEN TO TWELVE MONTHS ................ 3 GO TO *PD8 MORE THAN TWELVE MONTHS.............................. 4
DON'T KNOW ............................................................... 8
REFUSED ....................................................................... 9
*PD7. Can you remember your exact age when the attack occurred?

| YES ................................................ 1 |  |
| :--- | :--- |
| NO..................................... 5 | GO TO *PD7b |
| DON'T KNOW .............. 8 | GO TO *PD7b |
| REFUSED ................... 9 | GO TO *PD7b |

*PD7a. (IF NEC: How old were you?)
YEARS OLD
DON'T KNOW ................................................... 998
REFUSED ................................................. 999
*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 | WW ........................................... 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 |  |
| :---: | :---: |
| NO ................................... 5 | GO TO *PD9b |
| DON'T KNOW.................. 8 | GO TO *PD9b |
| REFUSED......................... 9 | GO TO *PD |

*PD9a. (IF NEC: How old were you?)
$\ldots$ YEARS OLD GO TO *PD10

DON'T KNOW .............................................................. 998
REFUSED ...................................................................... 999
*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?
$\qquad$
BEFORE STARTED SCHOOL ...................................................................... 4
BEFORE TEENAGER .................................................................................... 12
NOT BEFORE TEENAGER ........................................................................... 13
WHOLE LIFE OR DON'T KNOW ............................................................... 998
REFUSED .................................................................................................. 999
*PD10. Did you have one of these attacks at any time in the past 12 months?

| NO............................... 5 | 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?
$\qquad$ NUMBER

DON'T KNOW ................................................... 98
REFUSED ........................................................... 99
*PD10c. And how many attacks in all did you have in the past 12 months?
$\qquad$ NUMBER GO TO *PD11
DON’T KNOW .............. 98
REFUSED .................. 99
*PD10d. How old YEARS OLD

DON'T KNOW .998
REFUSED .999
*PD11. What is the largest number of attacks you ever had in any single year of your life?
$\qquad$ NUMBER OF ATTACKS

DON'T KNOW 998
REFUSED $\qquad$ 999
*PD12. About how many separate years in your life did you have at least one attack?
$\qquad$ YEARS

DON'T KNOW .
REFUSED .999

| *PD13. After having one of these attacks, did you ever have any of the following experiences: | YES <br> (1) | NO <br> (5) | $\begin{aligned} & \mathrm{DK} \\ & \mathbf{( 8 )} \end{aligned}$ | $\begin{aligned} & \mathbf{R F} \\ & \mathbf{R F} \\ & \mathbf{( 9 )} \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PD13a. A month or more when you often worried that you might have another attack? | 1 GO TO <br> *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? | 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? | GO TO <br> *PD14 | 5 | 8 | 9 |

*PD14. INTERVIEWER CHECKPOINT: (SEE *PD13a-d)
AT LEAST ONE RESPONSE CODED ‘ 1 ' ................................................. 1
ALL OTHERS........................................................................... 2 GO TO *PD17
*PD15. How old were you the first time you had a month when you either often worried, changed your everyday activities, or avoided certain situations because of the attacks?
YEARS OLD
DON'T KNOW 998
REFUSED ...................................... 999
*PD16. Did you have a month of worry or change in activ
YES .................................................... 1
NO ....................... 5 GO TO *PD16e DON'T
KNOW ......... 8 GO TO *PD16e REFUSED ................
9 GO TO *PD16e
*PD16a. 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.................. 2
MORE THAN SIX MONTHS ................................. 3
DON'T KNOW ........................................................ 8
REFUSED ............................................................... 9
*PD16b. How many months of worry or change in activity did you have in the past 12 months?
NUMBER OF MONTHS
DON'T KNOW ..... 98
REFUSED ..... 99
*PD16c. During the time in the past 12 months when your worry about having another attack was most frequentand 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 ..... 3
SOMETIMES .....  4
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.................................................................................................... 2
SEVERE ................................................................................................................ 3
SO SEVERE..................................................................................................... 4
DON'T KNOW ............................................................................................... 8
REFUSED ................................................................................................ 9

GO TO *PD17
*PD16e. About how old were you the last time you had a month like this when you worried about having another attack?
YEARS OLD
DON'T KNOW ................................................... 998
REFUSED ....................................................... 999
*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 |  |
| :---: | :---: |
| 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?"
$\qquad$
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?
$\qquad$ 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 OTHERS............................................................................................... 2 |  |
| *PD21. How old were you (when you had the attack/the first time you had an attack) "out of the blue" for no obvious reason? |  |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? |  |
| IF NOT YES, PROBE: Was it before you were a teenager? |  |
| YEARS OLD |  |
| BEFORE STARTED SCHOOL ................................................. 4 |  |
| BEFORE TEENAGER ............................................................. 12 |  |
| NOT BEFORE TEENAGER ..................................................... 13 |  |
| WHOLE LIFE OR DON'T KNOW .......................................... 998 |  |
| REFUSED ......................................................................... 999 |  |

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

| NOT AT ALL......................................................................................................... | GO TO *PD23 |
| :--- | :--- |
| A LITTLE |  |

A LITTLE ..................................................... 2
SOME............................................................................. 3
A LOT ............................................................................ 4
EXTREMELY .................................................................. 5
DON'T KNOW ............................................................. 8
REFUSED ...................................................... 9345
REFUSED


GO TO *PD23

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 ................................................................................ 2
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 ever occurred as the result of such physical causes?

| YES |  |  |  | DON'T |
| :---: | :---: | :---: | :---: | :---: |
| NO................................ 5 | GO | TO | *PD33 |  |
| KNOW............. 8 GO TO | *PD33 | REF | SED .. | ........ 9 |
| GO TO *PD33 |  |  |  |  |

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

| YES | 1 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| NO................................ 5 | GO | TO | *PD33 | DON'T |
| KNOW............. 8 GO TO | *PD33 | REF | SED ... | ....... 9 |
| GO TO *PD33 |  |  |  |  |

*PD25c. Briefly, what were the physical causes?

*PD36. How many unexpected "out of the blue" attacks did you have in the past 12 months?

|  | NUMBER OF ATTACKS |
| :--- | :---: |
| DON'T KNOW | 998 |
| REFUSED ................................................ 999 |  |

*PD37. INTERVIEWER CHECKPOINT: (SEE *PD36)
*PD36 EQUALS "0" $\qquad$
$\qquad$ GO TO *PD38

ALL OTHERS
... 3
GO TO *PD37b
*PD37a. How old were you the last time you had an unexpected "out of the blue" attack?

|  | YEARS OLD | GO TO *PD39 |
| :---: | :---: | :---: |
| DON'T KNOW............. 98 |  | GO TO *PD39 |
| REFUSED..................... 99 |  | GO TO *PD39 |

*PD37b. About how many weeks in the past 12 months did you have at least one of these attacks?
$\qquad$ 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 OTHERS ..... 2

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 .................................................................. 1
MILD ................................................................... 2
MODERATE...................................................... 3
SEVERE............................................................. 4
SO SEVERE........................................................ 5
DON'T KNOW ................................................... 8
REFUSED ........................................................... 9
*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........................................... 8 | GO TO *PD44 |
| :--- | :--- |
| DON’T KNOW ..................... 9 | GO TO *PD44 |
| REFUSED ................. | 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
DON’T KNOW .......................................................................................................
REFUSED .......
*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 |  |
| SOMETIMES |  |
| 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...................................................... 1
A LITTLE............................................................ 2
SOME ..................................................................... 3
A LOT.................................................................. 4
EXTREMELY ..................................................... 5
DON’T KNOW ................................................... 8
REFUSED ......................................................... 9

*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 no interference and 10 means very severe 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 taking care of the (house/ apartment)?
DOES NOT APPLY ...................................................................................................................... 97
DON’T KNOW ............................................................................................................................. 98
REFUSED ...................................................................................................................................... 99
*PD44b. Your ability to work?
DOES NOT APPLY ....................................................................................................................... 97
DON’T KNOW ............................................................................................................................. 98
REFUSED ....................................................................................................................................... 99
*PD44c. Your ability to form and maintain close
relationships with other people? DOES NOT APPLY ..... 97
DON'T KNOW ..... 98
REFUSED ..... 99
*PD44d. Your social life?
DOES NOT APPLY ..... 97
DON'T KNOW ..... 98
REFUSED ..... 99
*PD45. INTERVIEWER CHECKPOINT: (SEE *PD44a - *PD44d)ALL RESPONSES EQUAL ‘0’ OR ‘97’. 1GO TO *PD50ALL OTHERS
$\qquad$2*PD46. About how many days out of 365 in the past 12 months were you totally unable to work or carry out yournormal activities because of your attacks or because of worry about the attacks?
(IF NEC: You can use any number between 0 and 365 to answer)
$\qquad$ NUMBER OF DAYS
DON'T KNOW ..... 998
REFUSED ..... 999
*PD50. Did you ever 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.)

| NO...................................................................................................... 9 | GO TO *PD65.1 |
| :--- | :--- |
| DON'T KNOW ...................... | GO TO *PD65.1 |
| REFUSED ....... |  |

*PD50a. How old were you the first time (you talked to a professional about your attacks)?
YEARS OLD
DON'T KNOW ......................................................... 998
REFUSED .................................................................. 999
*PD62. Did you ever get treatment for your attacks that you considered helpful or effective?

| YES ............................ |  |
| :---: | :---: |
| NO................................. 5 | GO TO *PD62c |
| DON'T KNOW ............... 8 | GO TO *PD62c |
| REFUSED ...................... 9 | GO TO *PD62c |

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

|  | YEARS OLD |
| :--- | :--- |
| DON'T KNOW | 998 |

REFUSED .999
*PD62b. How many professionals did you ever talk to about your attacks, up to and including the first time you got helpful treatment?
NUMBER OF PROFESSIONALS
GO TO *PD64
DON'T KNOW ............. 98
REFUSED .................. 99
GO TO *PD64 *PD64
*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)?
YEARS OLD
DON'T KNOW ................................................. 998
REFUSED......................................................... 999
*PD65.1. How many of your close relatives - including your biological parents, brothers and sisters, and children - ever had attacks of this sort?
DON'T KNOW ..... 998
REFUSED ..... 999
*PD66. INTERVIEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4): FOLLOW SKIPFOR 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 <br> (1) | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | N/A (7) | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | RF <br> (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? <br> (KEY PHRASE: speaking up at a meeting) | 1 | 5 | 7 | 8 | 9 |
| *SO1d. Going to parties or other social gatherings? <br> (KEY PHRASE: going to parties) | 1 | 5 | 7 | 8 | 9 |
| *SO1e. Acting, performing, or giving a talk 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? <br> (KEY PHRASE: taking an important exam) | 1 | 5 | 7 | 8 | 9 |
| *SO1g. Working while someone watches? | 1 | 5 | 7 | 8 | 9 |
| *SO1h. Entering a room when others are already present? | 1 | 5 | 7 | 8 | 9 |
| *SO1i. Talking with people you don't know very well? | 1 | 5 | 7 | 8 | 9 |
| *SO1j. Expressing disagreement to people you didn't know very well? <br> (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? <br> (KEY PHRASE: using a public bathroom) | 1 | 5 | 7 | 8 | 9 |
| *SO1m. Being in a dating situation? <br> (KEY PHRASE: dating) | 1 | 5 | 7 | 8 | 9 |
| *SO1n. Any other social or performance situation where you could be the center of attention or where something embarrassing might happen? | 1 | 5 | 7 | 8 | 9 |

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

```
ZERO RESPONSES CODED '1'.
ONE - THREE RESPONSES CODED ' 1' ....................................... }
GO TO *SO40
GO TO *SO3 INTRO1
FOUR OR MORE RESPONSES CODED ` }1\mathrm{ ',
. GO TO *SO3 INTRO2
```

| *SO3. INTRO1 | *SO3. INTRO2 |
| :---: | :---: |
| You had a fear of (KEY PHRASE OF ALL "YES" RESPONSES IN *SO1 SERIES). Can you remember your exact age the very first time you had a fear of (this/ any of these) situation(s)? | You had a fear of a number of social or performance situations on the list. Can you remember your exact age the very first time you had a fear of any of these situations? |
| YES .............................. 1 | YES .............................. 1 |
| NO .............................. 5 GO TO *SO3b | NO .............................. 5 GO TO *SO3b |
| DON'T KNOW .............. 8 GO TO *SO3b | DON'T KNOW ............... 8 GO TO *SO3b |
| REFUSED ...................... 9 GO TO *SO3b | REFUSED ..................... 9 GO TO *SO3b |

*SO3a. (IF NEC: How old were you?)
$\ldots$ YEARS OLD GO TO *SO6
DON'T KNOW 998
REFUSED .999
*SO3b. 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?
$\qquad$ 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)
*SC29.2 EQUALS ' 1 '
1
ALL OTHERS 2 GO TO *SO8
*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?
$\qquad$ 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 <br> $(\mathbf{1})$ | NO <br> $(\mathbf{5})$ | DK <br> $(\mathbf{8})$ | RF <br> $(\mathbf{9 )}$ |
| :--- | :---: | :---: | :---: | :---: |
| *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? |  |  |  |  |


| *SO9. (RB, PG 14) When you were faced with (IF *SO2 EQUALS ' 2 ' situations), did you ever have two or more of the reactions on P <br> READ LIST BELOW STARTING WITH SO9a ONLY IF R P <br> GO TO *SO10 | KEY PHR <br> 14 ? <br> FERS TO | $\mathrm{E} / \mathrm{AL}$ <br> AVE | HERS <br> TION | AD |
| :---: | :---: | :---: | :---: | :---: |
| GO TO *SO10 AFTER TWO "YES" RESPONSES | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \end{gathered}$ | 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. $\begin{aligned} & \text { Did you ever fear that you might lose control, go crazy, or } \\ & \text { pass out? }\end{aligned}$ | 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? | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *SO10 } \end{gathered}$ | 5 | 8 | 9 |
| *SO9o. $\begin{aligned} & \text { Did you feel that things around you were unreal or like a } \\ & \text { dream? }\end{aligned}$ | 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
5 GO TO *SO11
DON'T KNOW 8 GO TO *SO11
REFUSED 9 GO TO *SO11
*SO10a. Did you ever have a panic attack in (this situation / one of these situations)?

```
YES ...................................... }
NO .................................... }
DON'T KNOW................... }
REFUSED ....................... }
```

*SO11. Were you afraid that you might be trapped or unable to escape?
YES.
.1
NO. .5
DON'T KNOW.................. 8
REFUSED ........................ 9
*SO12. When you were in (IF *SO2 EQUALS ' 2 ': this situation/ ALL OTHERS: these situations) were you afraid you might do something embarrassing or humiliating?

YES 1 GO TO *SO15
NO .5

DON'T KNOW.................. 8
REFUSED .9
*SO12a. Were you afraid that you might embarrass other people?

| YES ............................ 1 | GO TO *SO15 |
| :---: | :---: |
| NO .............................. 5 |  |
| DON'T KNOW ............. 8 |  |
| REFUSED .................. 9 |  |

*SO13. Were you afraid that people might look at you, talk about you, or think negative things about you?
YES .............................................................................................. 9
NO TO *SO15
DON'T KNOW........................
REFUSED ........
*SO14. Were you afraid that you might be the focus of attention?
YES
1 GO TO *SO15
NO. .5

DON’T KNOW.................. 8
REFUSED ...................... 9
*SO14a. What was it you feared most 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
$\qquad$
$\qquad$
*SO15. Was your fear related to embarrassment about having a physical or mental health problem or disability?
YES.................................... 1
NO .................................. 5
5 GO TO *SO16
DON'T KNOW ............... 8 GO TO *SO16
REFUSED ........................ 9 GO TO *SO16
*SO15a. Briefly, what was the health problem?
INTERVIEWER: CIRCLE ALL THAT APPLY
MENTAL HEALTH PROBLEM............................................. 1
ALCOHOL OR DRUG PROBLEM ........................................ 2
SPEECH, VISION, OR HEARING PROBLEM ......................... 3
MOVEMENT OR COORDINATION PROBLEM .................... 4
FACIAL / BODY DISFIGUREMENT OR
WEIGHT / BODY IMAGE PROBLEM.................................... 5
BAD ODOR OR SWEATING................................................. 6
PREGNANCY ....................................................................... 7
OTHER PHYSICAL HEALTH PROBLEM. ............................ 8
DON'T KNOW..................................................................... 9
REFUSED ............................................................................. 10
*SO16. How much did your fear (or avoidance) 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 $\quad 9$

GO TO *SO17
GO TO *SO17

 5

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?

```
OFTEN1
```

SOMETIMES ..... 2
NOT VERY OFTEN. ..... 3
NEVER ..... 4
DON'T KNOW ..... 8
REFUSED ..... 9
*SO17. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself becauseof 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
*SO1 than twelve months ago?
WITHIN PAST MONTH. GO TO *SO19
2 AND 6 MONTHS ..... GO TO *SO19
MORE THAN 12 MONTHS ..... 4
REFUSED ..... 9When was the last time you either strongly feared or avoided (IF *SO2 EQUALS ' 2 ': this situation/ any of thesesituations) - within the past month, between two and six months ago, between seven and twelve months ago, or more
*SO18a. How old were you the last time [you either strongly feared or avoided (IF *SO2 EQUALS '2' : this situation/ ALL OTHERS : any of these situations)]?
$\qquad$
DON’T KNOW ..... 998
REFUSED ..... 999
*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 most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)

```
NOT AT ALL
GO TO *SO25
MILD
GO TO *SO25
MODERATE,
```

```SEVERE4
```

VERY SEVERE ..... 5
DON'T KNOW. ..... 8
REFUSED .....  9
*SO20. During the past 12 months, how often did you avoid (IF *SO2 EQUALS '2’ : KEY PHRASE/ ALL OTHERS : any of these situations) -- all the time, most of the time, sometimes, rarely, or never?
(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided most: 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

*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 no interference and 10 means very severe 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?
[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)
*SO21a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99
*SO21b. Your ability to work?
DOES NOT APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99
*SO21c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99
*SO21d. Your social life? $\qquad$

DOES NOT APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99

## *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 totally unable 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.)
$\qquad$ NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999
*SO25. Did you ever 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.)

YES.
.1
NO...................................... 5
5 GO TO *SO39.1
DON'T KNOW ................. 8 GO TO *SO39.1
REFUSED.......................... 9 GO TO *SO39.1
*SO25a. How old were you the first time (you talked to a professional about your fear)?
$\qquad$

DON'T KNOW 998
REFUSED 999
*SO36. Did you ever get treatment for your fear that you considered helpful or effective?

| YES ..................................................................................... 9 | GO TO *SO36c |
| :--- | :--- |
| GO TO *SO36c |  |
| NO TO *SO36c |  |

*SO36a. How old were you the first time (you got helpful treatment for your fear)?
$\qquad$ YEARS OLD

DON'T KNOW 998
REFUSED 999
*SO36b. How many professionals did you ever talk to about your fear, up to and including the first time you got helpful treatment?
$\qquad$ NUMBER OF PROFESSIONALS GO TO *SO38
DON'T KNOW
*SO36c. How many professionals did you ever talk to about your fear?
$\qquad$ 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...................................... 5
DON'T KNOW ................. 8
REFUSED ....................... 9
*SO39. Were you ever hospitalized overnight for your fear?
YES .1
NO ..................................... 5
5 GO TO *SO39.1
DON'T KNOW ................. 8 GO TO *SO39.1
REFUSED.
9 GO TO *SO39.1
*SO39a. How old were you the first time (you were hospitalized overnight because of your fear)?

$$
\ldots \text { YEARS OLD }
$$

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?
$\qquad$ NUMBER
DON'T KNOW 998
REFUSED .999
*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. <br> *AG1. (RB, PG 16) Earlier you mentioned having a strong fear of things like crowds, public places, and traveling away from home. The next questions are about which of these things you feared. Looking at page 16 in your booklet, did you ever strongly fear any of the following situations: |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | YES <br> (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \hline \text { N/A } \\ \text { (7) } \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \mathbf{R F} \\ & (9) \end{aligned}$ |
| *AG1a. Being home alone? <br> (KEY PHRASE: being home alone) | 1 | 5 | 7 | 8 | 9 |
| *AG1b. Being in crowds? <br> (KEY PHRASE: being in crowds) | 1 | 5 | 7 | 8 | 9 |
| *AG1c. Traveling away from home? <br> (KEY PHRASE: traveling away from home) | 1 | 5 | 7 | 8 | 9 |
| *AG1d. Traveling alone or being alone away from home? <br> (KEY PHRASE: traveling alone) | 1 | 5 | 7 | 8 | 9 |
| *AG1e. Using public transportation? <br> (KEY PHRASE: using public transportation) | 1 | 5 | 7 | 8 | 9 |
| *AG1f. Driving a car? <br> (KEY PHRASE: driving a car) | 1 | 5 | 7 | 8 | 9 |
| *AG1g. Standing in a line in a public place? <br> (KEY PHRASE: standing in a line) | 1 | 5 | 7 | 8 | 9 |
| *AG1h. Being in a department store, shopping mall, or supermarket? <br> (KEY PHRASE: being in stores or malls) | 1 | 5 | 7 | 8 | 9 |
| *AG1i. Being in a movie theater, auditorium, lecture hall, or church? <br> (KEY PHRASE: being in large auditoriums) | 1 | 5 | 7 | 8 | 9 |
| *AG1j. Being in a restaurant or any other public place? <br> (KEY PHRASE: being in restaurants) | 1 | 5 | 7 | 8 | 9 |
| *AG1k. Being in a wide, open field or street? <br> (KEY PHRASE: being in open places) | 1 | 5 | 7 | 8 | 9 |

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

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

GO TO *AG39
GO TO *AG3 INTRO 1

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

*AG3a. (IF NEC: How old were you?)
$\qquad$
DON’T KNOW
$\qquad$
*AG3b. 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?
$\qquad$ YEARS OLD

BEFORE STARTED SCHOOL......................................................... 4
BEFORE TEENAGER....................................................................... 12
NOT BEFORE TEENAGER ............................................................ 13
DON'T KNOW ................................................................................. 998
REFUSED ..................................................................................... 999
*AG4. People with fears like this differ in what it is they fear about the situations. Which of the following fears did you experience:

|  | YES <br> $(\mathbf{1})$ | NO <br> $(5)$ | DK <br> $(\mathbf{8})$ | RF <br> $(9)$ |
| :--- | :---: | :---: | :---: | :---: |
| *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 <br> 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 ' $\qquad$ .1 ALL OTHERS $\qquad$ .2 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?
$\qquad$ YEARS OLD
BEFORE STARTED SCHOOL ..... 4
BEFORE TEENAGER ..... 12
NOT BEFORE TEENAGER ..... 13
DON'T KNOW ..... 998
REFUSED ..... 999
*AG8. Was there a particular incident or event that caused your fear of these situations to start the very first time?
YES. $\qquad$ .. 1
NO ..................................... 5 GO TO *AG9
DON'T KNOW ................... 8 GO TO *AG9
REFUSED .................... 9 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

|  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| *AG9. Think of the time in your life when your fear (and avoidance) was most severe and |
| frequent. When you were faced with these situations, or thought you would have to be, did |
| you ever have any of the following experiences? |

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

ZERO RESPONSES CODED ‘ 1 '......................................................... 1
ONE RESPONSE CODED ' 1 ' $\qquad$
ALL OTHERS . $\qquad$

GO TO *AG12a
GO TO *AG11
GO TO *AG12a

*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 $\qquad$
NO
5 GO TO *AG13
DON'T KNOW
8 GO TO *AG13
REFUSED 9 GO TO *AG13
*AG12b. Do you think all of your fearful reactions (or avoidance of fearful situations) were the result of physical causes?

YES $\qquad$ 1

NO
5 GO TO *AG13
DON'T KNOW
8 GO TO *AG13
REFUSED
9 GO TO *AG13
*AG12c. Briefly, what were the physical 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: | DAYS .... 1 | WEEKS .... 2 | MONTHS.... 3 | YEARS ... 4 |

*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?
$\qquad$
NO ......................................................... 5
DON'T KNOW.................................... 8
REFUSED .......................................... 9
*AG15. How much did your fear (or avoidance) of these situations ever interfere with either your work, your social life, or your personal relationships - not at all, a little, some, a lot, or extremely?

| NOT AT ALL.. | 1 | GO TO *AG16 |
| :---: | :---: | :---: |
| A LITTLE. | 2 | GO TO *AG16 |
| SOME |  |  |
| A LOT |  |  |
| EXTREMELY |  |  |
| DON'T KNOW |  |  |
| REFUSED.. |  | 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 ......................................................... 3
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 $\qquad$ .. 1
NO ........................................................... 5
DON'T KNOW .......................................... 8
GO TO *AG17b
REFUSED. .9 GO TO *AG17b 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)?

|  | YEARS OLD |
| :--- | :---: |
| DON'T KNOW | 998 |
| REFUSED............................................................. 999 |  |

*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 most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)

NOT AT ALL ......................................................................................................................... 3 $\quad$| GO TO *AG24 |
| :--- |
| GO TO *AG24 |

*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 most: 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 |  |
| NEVER | 5 |
| DON'T KNOW. | 8 |
| REFUSED. |  |

No Interference

0

| Mild |  |  |
| :---: | :---: | :---: |
|  |  |  |
| 1 | 2 |  |


*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 no interference and 10 means very severe 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)?

DOES NOT APPLY .................... 97
DON'T KNOW............................ 98
REFUSED.................................... 99
*AG20b. Your ability to work?
DOES NOT APPLY ............................................................................................................................................. 97
DON'T KNOW. ..... 98
REFUSED ..... 99
*AG20c. Your ability to form and maintain closerelationships 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 *AG20a - *AG20d)
*AG22. About how many days in the past 12 months were you totally unable 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.)
$\qquad$ NUMBER OF DAYS

DON'T KNOW ........................................... 998
REFUSE ...................................................... 999
*AG24. Did you ever 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.)
$\qquad$

NO ........................................................................ 8
5
8
REFUSED. .9

GO TO *AG38. 1
GO TO *AG38. 1
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.................................................................... 999
*AG35. Did you ever get treatment for your fear that you considered helpful or effective?

YES $\qquad$ .1

| NO .................................... 5 | GO TO *AG35c |
| :--- | :--- |
| DON'T KNOW ................. 8 | GO TO *AG35c |
| REFUSED .................... 9 | GO TO *AG35c |

*AG35a. How old were you the first time (you got helpful treatment for your fear)?
YEARS OLD
DON'T KNOW ............................................... 998
REFUSED ......................................................... 999
*AG35b.How many professionals did you ever talk to about your fear, up to and including the first time you got helpful treatment?

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?

## NUMBER OF PROFESSIONALS

DON’T KNOW ............................................... 98
REFUSED ........................................................ 99

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*AG37. Did you receive professional treatment for your fear at any time in the past 12 months?
YES...............................................................
NO .................................................. 5
DON'T KNOW................................. 8
REFUSED ...................................... 9
*AG38. Were you ever hospitalized overnight for your fear?
YES. ............................................................ 1
NO ............................................. 5
DON’T KNOW........................... 8
GO TO *AG38.1
REFUSED ..................................... 9
GO TO *AG38.1
GO TO *AG38.1
*AG38a. How old were you the first time (you were hospitalized overnight because of your fear)?
$\qquad$
DON'T KNOW ............................................ 998
REFUSED 999
*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
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 physical tasks like working, shopping, housekeeping, and walking, or while performing everyday mental tasks like reading, writing, and doing paperwork?

YES .. 1
NO ...................................... 5
DON'T KNOW ................. 8
GO TO *FD1, NEXT SECTION
REFUSED ......................... 9 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?

FULLY REGAIN
GO TO *FD1, NEXT SECTION
STILL FEEL TIRED/WEAK ........... 2
DON'T KNOW................................. 8
REFUSED........................................ 9
*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 DAY .................. 1
MOST DAYS.................................... 2
ABOUT HALF THE DAYS ............ 3 GO TO *FD1, NEXT SECTION
LESS THAN HALF THE DAYS .... 4 GO TO *FD1, NEXT SECTION
DON'T KNOW ................................ 8 GO TO *FD1, NEXT SECTION
REFUSED......................................... 9 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 LITTLE ......................................... 2
SOME................................................... 3
A LOT ............................................... 4
EXTREMELY .................................. 5
DON'T KNOW................................. 8
REFUSED......................................... 9

9 GO TO *FD1, NEXT SECTION

GO TO *FD1, NEXT SECTION
GO TO *FD1, NEXT SECTION5
*N4a. How often were you too tired to carry out your daily activities - often, sometimes, rarely, or never?

```
OFTEN.................................................. }
SOMETIMES........................................ }
RARELY ............................................... }
NEVER ................................................ }
DON'T KNOW..................................... }
REFUSED ......................................... }
```

| *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 <br> (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | DK <br> (8) | $\begin{gathered} \text { RF } \\ (9) \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| *N5a. Did you have frequent headaches? <br> (KEY PHRASE: headaches) | 1 | 5 | 8 | 9 |
| *N5b. Did you often oversleep or wake feeling unrefreshed? <br> (KEY PHRASE: sleep problems) | 1 | 5 | 8 | 9 |
| *N5c. Did you have frequent muscle aches or pains? <br> (KEY PHRASE: aches and pains) | 1 | 5 | 8 | 9 |
| *N5d. Did you often feel dizzy? <br> (KEY PHRASE: dizziness) | 1 | 5 | 8 | 9 |
| *N5e. Were you often unable to relax? <br> (KEY PHRASE: inability to relax) | 1 | 5 | 8 | 9 |
| *N5f. Were you often impatient or irritable? <br> (KEY PHRASE: irritability) | 1 | 5 | 8 | 9 |
| *N5g. Were you often sad or depressed? <br> (KEY PHRASE: sad or depressed) | 1 | 5 | 8 | 9 |
| *N5h. Were you often nervous or worried? <br> (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 $\qquad$ .1
ALL OTHERS ......................................................................................... 2
GO TO *FD1, NEXT SECTION
*N7. Did you ever talk to a medical doctor about your frequent tiredness and other related problems?

| YES ................................ 1 | GO TO *N8 |
| :---: | :---: |
| NO .................................. 5 |  |
| DON'T KNOW................ 8 |  |
| REFUSED....................... 9 |  |

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

YES ............................................. 1
NO .............................................. 5 GO TO *N15
DON'T KNOW ......................... 8 GO TO *N15
REFUSED................................. 9 GO TO *N15
*N7b. Do you think your frequent tiredness was always the result of physical causes?
YES ............................................. 1
NO ............................................. 5 GO TO *N15
DON'T KNOW.......................... 8 GO TO *N15
REFUSED.................................. 9 GO TO *N15
*N7c. What do you think the cause was?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
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 <br> PANIC <br> 1

ANXIETY .................................................................................................................................. 2
DEPRESSION....................................................................................... 3
NERVES/EMOTIONS/MENTAL HEALTH. ........................................... 4
OTHER PSYCHOLOGICAL (SPECIFY BELOW)................................. 5
STRESS
OVERWORK ............................................................................................ 10
TENSION.................................................................................................. 11
OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW) .................... 12
PHYSICAL ILLNESS/INJURY/CONDITION
CHRONIC FATIGUE SYNDROME ........................................................ 20
EXHAUSTION ....................................................................................... 21
HYPERVENTILATION ......................................................................... 22
HYPOCHONDRIASIS............................................................................. 23
MENSTRUAL CYCLE........................................................................... 24
PREGNANCY/POSTPARTUM................................................................ 25
HEART DISEASE................................................................................... 26
HIGH BLOOD PRESSURE..................................................................... 27
OVERWEIGHT...................................................................................... 28
OTHER PHYSICAL ILLNESS (SPECIFY BELOW) ............................. 29
MEDICATION/DRUGS/ALCOHOL
MEDICATION (SPECIFY BELOW)....................................................... 30
DRUGS (SPECIFY BELOW) ................................................................. 31
ALCOHOL ................................................................................................ 32
OTHER
NO DEFINITIVE DIAGNOSIS ............................................................... 81
OTHER (SPECIFY BELOW) ................................................................... 82
DON'T KNOW .......................................................................................... 88
REFUSED ................................................................................................ 99

SPECIFY:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
*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) $\qquad$
$\qquad$ 2 GO TO *N10
ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES (PHYSICAL ILLNESS).
3 GO TO *N14
ALL OTHERS.................................................................................................................. 4 GO TO *N13
*N10. Was your frequent tiredness always the result of taking medication, drugs, or alcohol?
YES .................................. 1
GO TO *N15
NO .................................... 5
DON'T KNOW ................. 8
REFUSED ........................ 9
*N11. INTERVIEWER CHECKPOINT: (SEE *N8)
ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES
(PHYSICAL ILLNESS) ......................................................................................... 1
ALL OTHERS........................................................................................................ 2 GO TO *N15
*N12. When the tiredness was not due to taking medication, drugs, or alcohol, was it always the result of a physical illness, or injury [such as (MENTIONS IN *N8)]?

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

## GO TO *N15

*N13. Did they find anything abnormal when they examined you or took tests or x-rays?
YES .1
NO ..................................................................... 5 GO TO *N15 NO
EXAMINATION PERFORMED ................ 6 GO TO *N15 DON'T
KNOW .................................................. 8 GO TO *N15
REFUSED .......................................................... 9 GO TO *N15
*N14. Was your frequent tiredness always 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?

PSYCHOLOGICAL FACTORS IMPORTANT ........................ 1
PSYCHOLOGICAL FACTORS NOT IMPORTANT................. 2
DON'T KNOW ..................................................................... 8
REFUSED .......................................................................... 9
*N16. Can you remember your exact age the very first time in your life you had a period lasting several months or longer when you were easily tired and had any of the other related problems that we just reviewed?

YES $\qquad$ .1
NO .................................. 5
5 GO TO *N16b
DON'T KNOW ................ 8 GO TO *N16b
REFUSED......................... 9 GO TO *N16b
*N16a. (IF NEC: How old were you?)

$$
\ldots \text { YEARS OLD } \quad \text { GO TO *N17 }
$$

DON'T KNOW 998
REFUSED 999
*N16b. $\quad$ About how old were you (the first time you had a period of this sort)?
$\qquad$ YEARS OLD
DON'T KNOW ....... 998
REFUSED ...................... 999
*N17. Did you have a period of a month or longer when you had these problems in the past 12 months?
YES
.1
NO .................................... 5
DON'T KNOW ................ 8
8
REFUSED 9 GO TO *N17c
*N17a. 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
*N17b. How many months in the past 12 months did you have frequent tiredness and any of the other problems we reviewed?
$\ldots$ MONTHS GO TO *N18
$\begin{array}{ll}\text { DON'T KNOW ........................... } 98 & \text { GO TO *N18 } \\ \text { REFUSED ....................... } 99 & \text { GO TO *N18 }\end{array}$
*N17c. How old were you the last time you had frequent tiredness and any of the other problems we reviewed?
$\qquad$
DON'T KNOW ....................... 998
REFUSED ................................ 999
*N18. How many episodes of frequent tiredness lasting several months or longer have you had in your life?
$\qquad$ EPISODES
DON'T KNOW 998
REFUSED 999
*N19. INTERVIEWER CHECKPOINT: (SEE *N18)
ONE EPISODE 1
ALL OTHERS ........................................................................................... 2
2 GO TO *N21
*N20. How many months or years did that episode last?

|  | GO TO *N25 |  |
| :--- | :--- | :--- |
| NUMBER |  |  |
| CIRCLE UNIT OF TIME: | MONTHS............... 1 | YEARS ................ 2 |
|  |  |  |
| DON'T KNOW .................... 998 | GO TO *N25 |  |
| REFUSED........................... 999 | GO TO *N25 |  |

*N21. How many months or years did the longest of these episodes last?
$\qquad$ NUMBER

CIRCLE UNIT OF TIME: MONTHS $\qquad$ .. 1

YEARS $\qquad$
DON'T KNOW 998
REFUSED 999
*N22. How many different years in your life did you have at least one episode?
$\qquad$ YEARS

DON'T KNOW .................... 998
REFUSED 999
*N25. INTERVIEWER QUERY: (SEE *N17)
R HAD AN EPISODE IN THE PAST 12 MONTHS .1
ALL OTHERS 2 GO TO *N30

*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 no interference and 10 means very severe 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 APPLY............... 97
DON'T KNOW ....................... 98
REFUSED.............................. 99
*N26b. Your ability to work?
DOES NOT APPLY............... 97
DON'T KNOW ....................... 98
REFUSED.............................. 99
*N26c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY................ 97
DON'T KNOW ....................... 98
REFUSED............................... 99
*N26d. Your social life?
DOES NOT APPLY................ 97
DON'T KNOW ....................... 98
REFUSED ............................... 99
*N27. INTERVIEWER CHECKPOINT: (SEE *N26a - *N26d)

ALL FOUR RESPONSES TO *N26a - *N26d SERIES EQUAL ‘0’ OR ‘97’.................... 1
GO TO *N30
ALL OTHERS .2
*N28. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your tiredness?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999
*N30. INTERVIEWER CHECKPOINT: (SEE *N7)
"YES" RESPONSE IN *N7 .......................... 1
GO TO *N31
ALL OTHERS............................................... 2 GO TO *N32
*N31. How old were you the first time you ever talked to a medical doctor or other professional about your tiredness? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)
$\ldots$ YEARS OLD GOTO * N33-(GO TO *N44) **

| DON'T KNOW .............. 998 | GO TO *N33-(GO TO *N44) |
| :--- | :--- |
| ** |  |
| REFUSED ................... 999 | GO TO *N33-(GO TO *N44) |

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

YES $\qquad$ .1
NO .................................................... 5
5 GO TO *FD1, NEXT SECTION
DON'T KNOW ................................ 8
GO TO *FD1, NEXT SECTION
REFUSED. .9 GO TO *FD1, NEXT SECTION
*N32a. How old were you the first time (you talked to a professional about your tiredness)?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED 999
*N44. Did you ever get treatment for your tiredness that you considered helpful or effective?

| YES............................... 1 |  |
| :---: | :---: |
| NO.............................. 5 | GO TO *N44c |
| DON'T KNOW ............... 8 | GO TO *N4c |
| REFUSED ...................... 9 | GO TO *N4c |

*N44. How old were you the first time (you got helpful treatment for your tiredness)?
$\qquad$ YEARS OLD
DON'T KNOW .998
REFUSED 999
*N44b. How many professionals did you ever talk to about your tiredness, up to and including the first time you got helpful treatment?
$\qquad$ 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?
$\qquad$ NUMBER OF PROFESSIONALS
DON'T KNOW.
98
REFUSED .99
*N46. Did you receive professional treatment for your tiredness at any time in the past 12 months?
YES

```
.. 1
```

NO.
NO..................................... 5
DON'T KNOW ................. 8
REFUSED.......................... 9
*N47. Were you ever hospitalized overnight for your tiredness?
YES. . .1
NO ................................................... 5
5 GO TO *FD1, NEXT SECTION
DON'T KNOW ............................... 8
8 GO TO *FD1, NEXT SECTION
REFUSED. 9 GO TO *FD1, NEXT SECTION
*N47a. How old were you the first time (you were hospitalized overnight because of your tiredness)?
$\qquad$ YEARS OLD
DON’T KNOW................. 998
REFUSED ........................ 999
GO TO *OCD, NEXT SECTION

## END OF SECTION

## OBSESSIVE-COMPULSIVE DISORDER SECTION

| O1. | Some people have repeated unpleasant thoughts, images, or impulses that they can't get out of their heads. For example, some people have the idea that their hands are dirty no matter how much they wash them. Did you ever have a time in your life when you were bothered by any of the following: |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | DK <br> (8) | $\begin{gathered} \hline \text { RF } \\ (9) \\ \hline \end{gathered}$ |
| 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? <br> (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? <br> (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? <br> (KEY PHRASE: concerns about saving things) | 1 | 5 | 8 | 9 |
| O1e. | 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? <br> (KEY PHRASE: [and some other] recurrent, disturbing thoughts) | 1 | 5 | 8 | 9 |

O2. INTERVIEWER CHECKPOINT: (SEE O1a-O1e)
ONE OR MORE RESPONSES CODED ' 1 '........... 1
ALL OTHERS........................................................ 2 GO TO 021

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

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

```
ALL ................................... 1
MOST................................. }
SOME.................................. }
RARELY .......................... }
NEVER.
5
```

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DON’T KNOW ................. 8
REFUSED ...................... 9

O3a. How often did your unpleasant thoughts focus on things other 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 not focus on day-to-day problems):
(PROBE FOR UP TO 3 EXAMPLES: Any other examples of unpleasant thoughts?)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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 08
SOME ................................ 3
GO TO 08
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?

| YES................................ 1 | GO TO 08 |
| :---: | :---: |
| NO.................................. 5 |  |
| DON'T KNOW ................ 8 |  |
| REFUSED.......................... 9 |  |

O7. INTERVIEWER CHECKPOINT: (SEE O5):

```
O5 CODED ' 1', `2' OR ' }3\mathrm{ '................................................... 1
```



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

O9. INTERVIEWER CHECKPOINT: (SEE O8a-O8c)
ONE OR MORE RESPONSES CODED ‘ 1 ’, ' 2 ’ OR ‘ 3 ’............. 1
ALL OTHERS......................................................................... 2
GO TO 021

O10. How often were these thoughts so strong that you could not get them out of your mind no matter how hard you tried - often, sometimes, rarely, or never?

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

O11. How much did these thoughts ever interfere with either your work, your social life, or your personal relationships - not at all, a little, some, a lot, or extremely?

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

O12. Did you have any of these unpleasant thoughts in the past 12 months?
YES .1
NO...................................... 5 GO TO O12c
GO TO O12c
GO TO O12c
DON’T KNOW ................. 8

O12a. 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
O12b. About how many weeks altogether in the past 12 months did you have any of these unpleasant thoughts?
$\qquad$ WEEKS

GO TO 013
DON'T KNOW $\qquad$ GO TO 013
REFUSED
GO TO 013
O12c. How old were you the last time you had any of these unpleasant thoughts?

|  | YEARS OLD |
| :--- | :---: |
|  | GO TO O14 |
| DON'T KNOW .................. 998 | GO TO O14 |
| REFUSED .................... 999 | GO TO 014 |

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

| YES................................................................................................. | GO TO 014 |
| :--- | :--- |
| GO TO 014 |  |
| 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 O15 |  |
| DON'T KNOW .................... 998 | GO TO O15 |
| REFUSED .................. 999 | GO TO O15 |

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

| YES........................................................................................... | GO TO 015 |
| :--- | :--- |
| GO TO 015 |  |
| DON TO 015 |  |

O14a. 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 KNOW .................. 998
REFUSED .......................... 999

O15. INTERVIEWER CHECKPOINT (SEE O12):
O12 CODED ' 1 '.................................................. 1
ALL OTHERS.................................................... 2
GO TO 021

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 <br> 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. | 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: |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \text { RF } \\ & (9) \\ & \hline \end{aligned}$ |
| 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? <br> (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? <br> (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? <br> (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 024
ALL OTHERS 2

O23. INTERVIEWER CHECKPOINT (SEE O9):
09 CODED ' 1 ' $\qquad$ .1 GO TO O43
ALL OTHERS .2 GO TO O74

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

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

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

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

| YES................................ 1 | GO TO 026 |
| :---: | :---: |
| NO.................................. 5 |  |
| DON'T KNOW ................ 8 |  |
| REFUSED ...................... 9 |  |

O25. INTERVIEWER CHECKPOINT (SEE O9):

| O9 CODED ' 1 ' .................................... 1 | GO TO O43 |
| :--- | :--- |
| ALL OTHERS.......................... 2 | GO TO 074 |


| O26. | OFTEN <br> (1) | SOMETIMES <br> (2) | RARELY <br> (3) | NEVER <br> (4) | $\begin{gathered} \hline \text { DK } \\ (8) \end{gathered}$ | $\begin{gathered} \text { RF } \\ (9) \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O26a. How often did doing these <br> repeated behaviors make <br> you feel less anxious or <br> upset? | $\begin{gathered} 1 \\ \text { GO TO } \\ \mathbf{O 2 7} \end{gathered}$ | $\begin{gathered} 2 \\ \text { GO TO } 027 \end{gathered}$ | 3 | 4 | 8 | 9 |
| O26b. How often did doing these <br> repeated behaviors keep you <br> from becoming anxious or <br>  upset? | $\begin{gathered} 1 \\ \text { GO TO } \\ \mathbf{O 2 7} \end{gathered}$ | $\begin{gathered} 2 \\ \text { GO TO } 027 \end{gathered}$ | 3 | 4 | 8 | 9 |
| O26c. How often did you ever feel <br> that something bad might <br>  happen if you did not do <br> these repeated behaviors? | 1 | 2 | 3 | 4 | 8 | 9 |

O27. INTERVIEWER CHECKPOINT: (SEE O26a - O26c)

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'
    GO TO O31
    O28a CODED ' 1', '2` OR ' }3\mathrm{ '.................................... 2 GO TO O31
    ALL OTHERS............................................................ }
```

O30. INTERVIEWER CHECKPOINT (SEE O9):
O9 CODED ‘ 1 '.................................................. 1 GO TO 043
ALL OTHERS................................................... 2 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...................................
NO...................................... 5
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 MONTH1
```

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?
$\qquad$ WEEKS
GO TO 034

DON'T KNOW .................. 998
GO TO 034
REFUSED .999

GO TO O34

O33c. How old were you the last time you carried out any of these repeated behaviors?
$\qquad$ YEARS OLD

DON'T KNOW
998
GO TO 035
REFUSED .999 GO TO 035

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?

| YES................................................................................................. 9 | GO TO 035 |
| :--- | :--- |
| GO TO O35 |  |
| GON'T KNOW 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 KNOW .................. 998 | GO TO O36 |
| REFUSED ........................ 999 | GO TO 036 |

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

| YES.......................................................................................... | GO TO 036 |
| :--- | :--- |
| GO TO O36 |  |
| 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 KNOW .................. 998
REFUSED ..................... 999

O36. INTERVIEWER CHECKPOINT (SEE O33):
O33 CODED ‘1’.................................................. 1
ALL OTHERS..................................................... 2

## 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?

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

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'.............................................................. 2
ALL OTHERS................................................................... 3 GO TO 053

O44. INTERVIEWER CHECKPOINT (SEE O9):
O9 CODED ‘1’....................................................................... 1
ALL OTHERS........................................................................ 2
GO TO 046

O45. INTERVIEWER CHECKPOINT: (SEE O29)
O29 CODED ' 1 ' OR ' 2 '
GO TO 047
ALL OTHERS
. 2 GO TO O48

O46. INTERVIEWER INSTRUCTIONS: REFER TO "REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS.

GO TO 049 INTRO1

O47. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS OR REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION.

GO TO 049 INTRO2

O48. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO 049 INTRO3

## O49 INTRO1

Think about the month or longer in the past 12 months when your repeated behaviors were most severe.

## O49 INTRO2

The next questions ask about these repeated behaviors and the unpleasant thoughts you mentioned earlier. Think about the month or longer in the past 12 months when these thoughts or behaviors were most severe.

## O49 INTRO3

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.


O49. (RB, PG 9) Using a 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much 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

O49b. Your ability to work?
DOES NOT APPLY .............. 97
DON'T KNOW ...................... 98
REFUSED............................... 99

O49c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY............... 97
DON’T KNOW ...................... 98
REFUSED.............................. 99
O49d. Your social life?
DOES NOT APPLY .............. 97
DON'T KNOW...................... 98
REFUSED............................... 99

O50. INTERVIEWER CHECKPOINT: (SEE O49a-O49d)

ALL FOUR RESPONSES TO 049a-O49d CODED ‘0’ OR ‘97’
1
GO TO 052
ALL OTHERS............................................................................................................. 2

O51. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these (unpleasant thoughts / unpleasant thoughts or repeated behaviors/ repeated behaviors)?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ 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?

| YES................................... 1 | GO TO O58a |
| :--- | :--- |
| NO................................................ 8 | GO TO O59 |
| GO TO O59 |  |
| DON’T KNOW .................... 9 | GO TO O59 |

## O53. INTERVIEWER CHECKPOINT (SEE O9):

$\qquad$
$\qquad$

O54. INTERVIEWER CHECKPOINT: (SEE O29)
O29 CODED ' 1 ' OR ' 2 ' ................................................... 1 GO TO 056
ALL OTHERS............................................................... 2 GO TO 057

O55. INTERVIEWER INSTRUCTIONS: REFER TO "REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS.

GO TO 058 INTRO1

O56. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS OR REPEATED BEHAVIORS" FOR THE REMAINDER OF THE SECTION.

GO TO 058 INTRO2

## O57. INTERVIEWER INSTRUCTIONS: REFER TO "UNPLEASANT THOUGHTS" FOR THE

 REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.
## GO TO 058 INTRO3

| O58 INTRO1 | O58 INTRO2 |  |
| :--- | :--- | :--- |
| The next questions ask about your |  |  |
| experiences with these repeated |  |  |
| behaviors since they first began. | The next questions ask about your <br> experiences with these repeated <br> behaviors, and the unpleasant <br> thoughts you mentioned earlier, <br> since they first began. | The next questions ask about your <br> experiences with the unpleasant <br> thoughts you mentioned earlier, <br> since these thoughts 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/ repeated behaviors) ever occurred as a result of such physical causes?

| YES.................................................................................................... 9 | GO TO 059 |
| :--- | :--- |
| GO TO 059 |  |
| GO...................... | GO TO |

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

```
YES
        ... }
NO................................... }
DON'T KNOW - - - 
REFUSED ........................ }9\mathrm{ GO TO O59
```

O58b. What were these physical causes?
CHECK ALL MENTIONS
PHYSICAL ILLNESS/INJURY

EXHAUSTION .....  1
MENSTRUAL CYCLE .....  2
PREGNANCY/POSTPARTUM .....  .3
HEART DISEASE ..... 4
THYROID DISEASE .....  5
CANCER .....
OVERWEIGHT .....  7
INFECTION [FOR EXAMPLE: THROAT INFECTION] .....  8
OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY) .....  9MEDICATION/DRUGS/ALCOHOL
MEDICATION (SPECIFY BELOW) ..... 10
DRUGS (SPECIFY BELOW) ..... 11
ALCOHOL ..... 12
OTHER
NO DEFINITIVE DIAGNOSIS ..... 81
OTHER (SPECIFY BELOW) ..... 82
DON'T KNOW ..... 98
REFUSED ..... 99

SPECIFY
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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 060 |
| DON'T KNOW .............. 8 | GO TO 060 |
| REFUSED ...................... 9 | GO TO 060 |

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

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

O60. Think of the very first 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 O61 |
| :--- | :--- |
| DON'T KNOW .................... 998 | GO TO O61 |
| REFUSED................... 999 | 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?
$\qquad$

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?
$\qquad$ YEARS
DON'T KNOW ................ 998
REFUSED ........................ 999

O62. INTERVIEWER CHECKPOINT: (SEE O13, O14)
013 CODED ' 1 '
1 GO TO 064
O14 CODED ‘ 1 ’.................................................................... 2
ALL OTHERS....................................................................... 3

O63. INTERVIEWER CHECKPOINT: (SEE O34, O35)
O34 CODED ' 1 '..................................................................... 1
O35 CODED ‘ 1 '...................................................................... 2
ALL OTHERS.
3 GO TO O66

O64. Now think of the very first time in your life you had two weeks or longer when most days 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?)
$\qquad$ YEARS OLD
GO TO 065

| DON'T KNOW ...................... 998 | GO TO 065 |
| :--- | :--- |
| REFUSED .................. 999 | 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?

$\qquad$
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 two weeks or longer when you had these experiences most days?
$\qquad$ YEARS

DON'T KNOW998
REFUSED .999

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?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: MINUTES.... 1 HOURS.... 2

DON'T KNOW
98
REFUSED99

## O67. INTERVIEWER CHECKPOINT: (SEE O45, O54)

O45 CODED ‘ 1 '..................................................................... 1
O54 CODED ‘ 1 '...................................................................... 2
ALL OTHERS........................................................................ 3
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 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).
YES. .. 1
NO.................................... 5

## GO TO 074

DON'T KNOW ................ 8
GO TO 074
REFUSED .9 GO TO O74

O70. How old were you the first time (you talked to a medical doctor or other professional about these [unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors])?
$\qquad$ 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 helpful or effective?

YES $\qquad$
NO.................................... 5
DON'T KNOW ................ 8 GO TO O71c
REFUSED........................ 9 GO TO 071c
O71a. How old were you the first time (you got helpful treatment for these [unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors])?
$\qquad$ YEARS OLD
DON'T KNOW .998
REFUSED 999

O71b. How many professionals did you ever talk to about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors), up to and including the first time you got helpful treatment?
$\qquad$ NUMBER OF PROFESSIONALS GO TO O72
DON'T KNOW. $\qquad$ GO TO 072

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REFUSED......................... 99 GO TO 072

O71c. How many professionals did you ever talk to about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)?
$\qquad$ 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 ..................................................... 5
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
NO.................................................. 5
DON'T KNOW ................................ 8 GO TO 074
REFUSED ......................................... 9 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])?
$\qquad$ 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 |
| :--- | :--- |
| KNOW | $\ldots \ldots . . . . . . . . . . . ~$ |

O74. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER) RANDOM 30\% OF
RESPONDENTS
.1
GO TO PS1
ALL OTHERS
.2

## END OF SECTION

## PSYCHOSIS SCREEN (PS)

| The next questions are about unusual things, like seeing visions or hearing voices. We believe that these things may be quite common, but we don't know for sure because previous research has not done a good job asking about them. So |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | YES <br> (1) | $\begin{gathered} \mathrm{NO} \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \text { RF } \\ & (9) \\ & \hline \end{aligned}$ |
| *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? <br> (KEY PHRASE: saw a vision) | 1 | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ |
| *PS1a.1. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs? | 1 | $\begin{gathered} \hline 5 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ | $\begin{gathered} \hline 8 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ | $\begin{gathered} \hline 9 \\ \text { GO } \\ \text { TO } \\ \text { *PS1b } \end{gathered}$ |

*PS1a.2. About how many times in your life did this ever happen (when you saw a vision when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?
$\qquad$ TIMES
DON'T KNOW........................... 998
REFUSED ................................... 999
*PS1a.3. Could you give me a brief example of a time when this happened?




|  | RES <br> $(\mathbf{1})$ | NO <br> $(\mathbf{5})$ | DK <br> $(\mathbf{8})$ | RF <br> (9) |
| :--- | :---: | :---: | :---: | :---: | :---: |
| *PS1d.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 .1

ALLOTHERS........................................................................................................................... 2
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?
$\qquad$ YEARS OLD

DON'T KNOW .998
REFUSED .999
*PS4. (Has/Have) (this/either of these things/any of these things) happened to you at any time in the past 12 months?

| YE |  |
| :---: | :---: |
| NO.................................. 5 | GO TO *PS6 |
| DON'T KNOW................. 8 | GO TO *PS6 |
|  | GO TO *PS |

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

DON'T KNOW .998
REFUSED .999
*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?
$\qquad$ NUMBER OF TIMES

DON'T KNOW .998
REFUSED ............................. 999
*PS7. Did you ever talk to a doctor or mental health professional for help in dealing with (this/these) experience(s)?
$\qquad$
NO...................................... 5 GO TO *GM1, NEXT SECTION
DON'T KNOW................... 8 GO TO *GM1, NEXT SECTION
REFUSED .......................... 9 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
$\qquad$
$\qquad$
DON’T KNOW .............................................................................. 8
REFUSED ...................................................................................... 9
*PS9. Were you ever hospitalized because of (this/these) experience(s)?
YES .1

NO. .. 5
DONT 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?

YES . .1

NO...................................... 5 5 GO TO *GM1, NEXT SECTION
DON'T KNOW................... 8 .8 GO TO *GM1, NEXT SECTION REFUSED .......................... 9 GO TO *GM1, NEXT SECTION
*PS10a. Did you take any of these medications in the past 12 months?

$$
\text { YES ...................................... } 1
$$

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

*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?
YES. 1
GO TO *M3
NO. .. 5
DON'T KNOW ................................ 8
REFUSED. . 9
*M1a. INTERVIEWER CHECKPOINT: (SEE *SC25a)
*SC25a IS CHECKED
1 GO TO *M5
ALL OTHERS .................................................................... 2 GO TO *M54
*M3. Please think of the one episode when you were very excited and full of energy and you had the $\underline{\text { largest number of changes like these at the same time. Is there one episode of this sort that stands }}$ out in your mind?

| YES |  |
| :---: | :---: |
| NO ............................................. 5 | GO TO *M3c |
| DON'T KNOW........................... 8 | GO TO *M3c |
| REFUSED................................... 9 | GO TO *M3c |

*M3a. How old were you when that episode occurred?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED.......................... 999
*M3b. How long did that episode last?
$\qquad$ NUMBER
GO TO *M4

CIRCLE UNIT OF TIME: HOURS ... 1 DAYS..... 2 WEEKS ... 3 MONTHS ..... 4
YEARS... 5 DON'T KNOW $\qquad$ 998

GO TO *M4 REFUSED $\qquad$ 999 GO TO *M4
*M3c. Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?
$\qquad$ YEARS OLD

DON'T KNOW 998
REFUSED 999
*M3d. How long did that episode last?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: HOURS ... 1 DAYS..... 2 WEEKS ... 3 MONTHS ..... 4 YEARS... 5
DON'T KNOW 998
REFUSED 999
*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 ................. 8
REFUSED .. 9

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 irritable or grouchy 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?

YES................................... 1
NO ................................... 5 GO TO *M54
DON'T KNOW................. 8 GO TO *M54
REFUSED......................... 9 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 largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

YES $\qquad$
NO ..................................... 5 GO TO *M6c
DON'T KNOW................. 8 GO TO *M6c
REFUSED......................... 9 GO TO *M6c
*M6a. How old were you when that episode occurred?
$\qquad$ YEARS OLD

DON’T KNOW .998
REFUSED 999
*M6b. How long did that episode last?
$\qquad$ 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 most recent time you had an episode like this. How old were you when that most recent episode occurred?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED 999
*M6d. How long did that episode last?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: HOURS ... 1 DAYS..... 2 WEEKS ... 3 MONTHS ..... 4 YEARS... 5

DON'T KNOW
REFUSED 999

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

| *M7. During that episode, which of the following changes did you experience: | YES <br> (1) | NO <br> (5) | $\begin{gathered} \text { DK } \\ (\mathbf{8}) \end{gathered}$ | $\begin{aligned} & \text { RF } \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *M7a. Did you become so restless or fidgety that you paced up and down or couldn't stand still? <br> (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? <br> (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? <br> (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? <br> (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? <br> (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? <br> (KEY PHRASE: talking a lot more than usual) | 1 | 5 | 8 | 9 |
| *M7g. Did you constantly keep changing your plans or activities? <br> (KEY PHRASE: constantly changing plans) | 1 | 5 | 8 | 9 |
| *M7h. Did you find it hard to keep your mind on what you were doing? <br> (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? <br> (KEY PHRASE: thoughts racing) | 1 | 5 | 8 | 9 |
| *M7j. Did you sleep far less than usual and still not get tired or sleepy? <br> (KEY PHRASE: sleeping far less than usual) | 1 | 5 | 8 | 9 |
| *M7k. Did you get involved in foolish investments or schemes for making money? <br> (KEY PHRASE: getting involved in foolish schemes) | 1 | 5 | 8 | 9 |


|  | YES <br> (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \text { DK } \\ (8) \end{gathered}$ | $\begin{aligned} & \text { RF } \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *M71. Did you spend so much more money than usual that it caused you to have financial trouble? <br> (KEY PHRASE: getting into financial trouble) | 1 | 5 | 8 | 9 |
| *M7m. Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex? <br> (KEY PHRASE: doing risky things) | 1 | 5 | 8 | 9 |
| *M7n. Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do? <br> (KEY PHRASE: having too much self-confidence) | 1 | 5 | 8 | 9 |
| *M7o. Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have? <br> (KEY PHRASE: believing you were someone else or somehow connected to a famous person) | 1 | 5 | 8 | 9 |

*M8. INTERVIEWER CHECK POINT: (SEE *M7a-o)
THREE OR MORE RESPONSES CODED ‘ 1 ’ .. 1
ALL OTHERS $\qquad$ 2 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 | GO TO M10a |
| :---: | :---: |
| A LITTLE | GO TO M10a |
| SOME |  |
| A LOT |  |
| EXTREMELY.. |  |
| DON'T KNOW |  |
| REFUSED.. | 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 ever occurred as the result of such physical causes?

YES.................................. 1
NO .................................. 5 GO TO *M18
DON'T KNOW .............. 8 GO TO *M18
REFUSED....................... 9 GO TO *M18
*M10b. Do you think all of your episodes were the result of physical causes?

| YES.............................. 1 |  |
| :---: | :---: |
| NO | GO TO *M18 |
| DON'T KNOW | 8 GO TO *M18 |
| REFUSED. | GO TO *M18 |

*M10c. Briefly, what were the physical causes?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
*M18. Think of the very first time in your life you had an episode lasting four days 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 youremember your exact age?
YES ..... 1
NO5 GO TO *M18b
DON'T KNOW 8 GO TO *M18b
REFUSED ..... 9 GO TO *M18b
*M18a. (IF NEC: How old were you?)

$\qquad$
YEARS OLD GO TO *M18c
DON’T KNOW ..... 998
REFUSED ..... 999
*M18b. About how old were you the first time you had an episode of this sort?
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"PROBE: Was it before you first started school?IF NOT YES, PROBE: Was it before you were a teenager?
$\qquad$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 ..... 998
REFUSED ..... 999
*M18d. About how long did that episode go on?
$\qquad$ NUMBER
CIRCLE UNIT OF TIME: HOURS ... 1 DAYS..... 2 WEEKS ... 3 MONTHS ..... 4 YEARS... 5
DON'T KNOW ..... 98
REFUSED ..... 99
*M19. Did you have one of these episodes at any time in the past 12 months?

| YES ................................................... 1 |  |
| :--- | :--- |
| NO ............................................ | GO TO *M19d |
| DON'T KNOW.............. 9 | 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 MONTH1
2-6 MONTHS AGO ..... 2
MORE THAN 6 MONTHS AGO .....  3
DON'T KNOW ..... 8
REFUSED ..... 9
*M19b. How many episodes did you have in the past 12 months?
$\qquad$ NUMBER

DON'T KNOW 998
REFUSED 999
*M19c. How many weeks in the past 12 months were you in (this episode/one of these episodes)

|  | NUMBER |
| :--- | :--- |$\quad$ GO TO *M20

*M19d. How old were you the last time you had one of these episodes?
YON'T KNOW ................................................ 998
DEFUSED ....................................................... 999
*M20. How many episodes lasting a full week or longer have you ever had in your life?

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

*M21. How many episodes lasting less than one week have you ever had in your life?

|  |  |
| :--- | :--- |
| NON'T KNOW | 998 |
| REFUSED ......................................... 999 |  |

*M21a. Interviewer Checkpoint: (SEE *M20, *M21)
SUM OF EPISODES IN *M20 AND *M21 EQUALS ONE $\qquad$ .1
ALL OTHERS $\qquad$
*M21.1. How many of your episodes were brought on by some stressful experience?
NUMBER

DON'T KNOW 998
REFUSED ........................................... 999
*M22. How long was the longest episode you ever had?
NUMBER
CIRCLE UNIT OF TIME: HOURS ....... 1 DAYS ........ 2 WEEKS........ 3 MONTHS........ 4 YEARS... 5
DON'T KNOW .998
REFUSED. 999
*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 ....................................................................... 5 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 no interference and 10 means very severe interference, what number describes how much your episode(s) of being very (excited and full of energy/ irritable or grouchy) interfered with each of the following activities during that time?
(IF NEC: How much did your episode(s) of being very (excited and full of energy/ irritable or grouchy) interfere with (ACTIVITY) during that time?)
(IF NEC: You can use any number between 0 and 10 to answer.)
NUMBER (0-10)
*M27a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY............................................................................................................................................ 97
DON'T KNOW ................................................................................................................................................. 98
REFUSED ........................................................................................................................................................ 99
*M27b. Your ability to work?
DOES NOT APPLY.............. 97
DON’T KNOW....................................... 98
REFUSED................................................. 99
*M27c. Your ability to form and maintain close relationships with other people?
*M27d. Your social life?
$\ldots$ DOES NOT
APPLY. 97
DON'T KNOW........................................ 98
REFUSED................................................ 99
*M28. INTERVIEWER CHECKPOINT: (SEE *M27a - *M27d)
ALL RESPONSES EQUAL ‘0’ OR ‘97’........................................................................ 1 GO TO *M29.1
ALL OTHERS ................................................................................................................................... 2
*M29. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your 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.)
$\qquad$ NUMBER OF DAYS

DON'T KNOW 998
REFUSED .999

## *M29.1. INTERVIEWER CHECKPOINT

$\qquad$
ALI OTHERS .2 GO TO *M30
*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 past 12 months when you were in the most severe 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 past 12 months when you were in the most severe episode of being very (excited and full of energy/ irritable or grouchy). I'm going to read eleven series of statements. Please pick the one statement in each series that comes closest to your experience during that worst four days.
*M30a. Here's the first series, which deals with your mood during those four days:
One: Your mood was no more high than usual in terms of things like being happy, self-confident, or optimistic Two: Your mood was a little more high than usual.
Three: Your mood was quite a bit more high than usual, but never over the edge or inappropriate.
Four: Your mood was over the edge in terms of things like being unrealistically self-confident or optimistic or very happy even when bad things were happening.
Five: You were uncontrollably high in terms of things like laughing out loud without cause or singing loudly in public places.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

NUMBER

## DON'T KNOW

 998REFUSED 999
*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: $\quad$ 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: $\quad$ You inappropriately propositioned people or touched people sexually or engaged in other sexual behaviors you wouldn't normally do.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

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

*M30d. Here's the next series, which deals with how much sleep you got:
One: $\quad$ You experienced no decrease in sleep.
Two: $\quad$ 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 <br> 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: $\quad$ 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 |
| REFUSED ........................................................ 999 |  |

*M30f. Here's the next series, which deals with how talkative you were:
One: $\quad$ 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: $\quad$ 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?)

| $l$ | NUMBER |
| :--- | :--- |
| DON'T KNOW | 998 |
| REFUSED .................................................. 999 |  |

*M30g. Here's the next series, which deals with racing thoughts or disorganized thinking:
One: $\quad$ 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 ................................................ 999 |  |

*M30h. Here's the next series, which deals with thinking about impractical or unrealistic things:
One: $\quad$ 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 or conspiracies 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: $\quad$ 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: $\quad$ 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: $\quad$ 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?)
NUMBER
DON'T KNOW $\quad 998$
REFUSED ..................................................... 999
*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. $\quad$ You were completely un-groomed or disorganized in clothing or wore bizarre clothes.
Five:
(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: $\quad$ 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?)

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

*M33. Did you 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.)

YES .................................................................... 1

| NO |  | GO TO *M48.1 |
| :---: | :---: | :---: |
| DON'T KNOW.. |  | GO TO *M48.1 |
| REFUSED. |  | GO TO *M48.1 |

*M33a. How old were you the first time [you talked to a professional about your episode(s) of being very (excited and full of energy/ irritable or grouchy)]?

## YEARS OLD

DON'T KNOW ................................................................................................ 999
REFUSED .......
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?

*M45. Did you ever get treatment for your episode(s) of being very (excited and full of energy/ irritable or grouchy) that you considered helpful or effective?
$\qquad$

| NO ................................................................................................. 9 | GO TO *M45c |
| :--- | :--- |
| DON'T KNOW........................... | GO TO *M45c |
| REFUSED..... | GO TO *M45c |

*M45a. How old were you the first time [you got helpful treatment for your episode(s) of being very (excited and full of energy/ irritable or grouchy)]?

## YEARS OLD

DON’T KNOW ................................................. 998
REFUSED......................................................... 999
*M45b. How many professionals did you ever 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 KNOW ................ }9
REFUSED ....................... }9
GO TO *M47
GO TO *M47
```

*M45c. How many professionals did you ever talk to about your episode(s) of being very (excited and full of energy/ irritable or grouchy)?

```
                NUMBER OF PROFESSIONALS
```

DON'T KNOW ..... 98
REFUSED ..... 99
*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?
$\qquad$
NO ....................................................................................................... 5
DON'T KNOW ................................................. 8
REFUSED ......................................................... 9

```
grouchy)?
YES
```

$\qquad$

```
        . }
\begin{tabular}{ll} 
NO .................................................................................................... 9 & GO TO *M48.1 \\
DON'T KNOW................... & GO TO *M48.1 \\
REFUSED..... & GO TO *M48.1
\end{tabular}
```

*M48. Were you ever hospitalized overnight for your episode(s) of being very (excited and full of energy/irritable or
*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)]?
DON'T KNOW ..... 998
REFUSED ..... 999

[^3]|  | NUMBER DON'T |
| :--- | :--- |
| KNOW | 998 |
| REFUSED ..................................... 999 |  |

## EATING DISORDERS (EA)

*EA1. This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?

YES $\qquad$
NO .......................................................... 5
DON'T KNOW ....................................... 8
GO TO *EA16

REFUSED
GO TO *EA16
(................ 9 - TO *EA16
*EA1a. Did you ever have this strong worry or fear at a time when you really weighed less than most other people?

| YES ..................................................................................................................... 9 | GO TO TO *EA16 |
| :--- | :--- | :--- |
| GO TO *EA16 |  |
| DON'T KNOW ............................. |  |

*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)
DON'T KNOW ...................................... 998
REFUSED ............................................... 999
*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?

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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
ALL OTHERS.................................................................................................................... 2
GO TO *EA16

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


| MINIMUM WEIGHTS FOR MEN |  |
| :---: | :---: |
| Height (feet) Weight (lbs) | Height (meters) Weight (kg) |
| 5'2" or less ............. 128 | 1.57 or less ................. 58 |
| 5'3"...................... 130 | 1.60 ........................... 59 |
| 5'4"...................... 133 | 1.62 .......................... 60 |
| 5, ${ }^{\prime}$ "..................... 136 | 1.65 .......................... 62 |
| 5'6'...................... 139 | 1.68 .......................... 63 |
| 5'7'...................... 143 | 1.70 .......................... 65 |
| 5'8"....................... 146 | 1.73 ........................... 66 |
| 5'9"...................... 150 | 1.75 .......................... 68 |
| 5'10".................... 153 | 1.78 .......................... 69 |
| 5'11"..................... 156 | 1.80 .......................... 71 |
| 6'0"...................... 160 | 1.83 .......................... 73 |
| 6' ${ }^{\prime}$ " ...................... 163 | 1.85 .......................... 74 |
| 6'2" ...................... 167 | 1.88 .......................... 76 |
| 6'3" ...................... 172 | 1.90 .......................... 78 |
| $6^{\prime} 4^{\prime \prime}$ 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 |  |
| :---: | :---: |
| NO | GO TO *EA16 |
| DON'T KNOW | GO TO *EA16 |
| REFUSED | GO TO *EA16 |

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

| YES |  |
| :---: | :---: |
| NO. | (GO TO *EA16) ** |
| DON'T KNOW | (GO TO *EA16) ** |
| REFUSED | (GO TO *EA16) ** |

*EA8. INTERVIEWER CHECKPOINT: (R'S GENDER)
R IS MALE .1
GO TO *EA10
R IS FEMALE 2
*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............................... 3
NO.......................................................... 5

$$
\begin{aligned}
& (\mathbf{G O} \text { TO } * \mathbf{E A 1 6}) ~ \\
& (\mathbf{G O} \text { TO *EA16) } \\
& (\mathbf{G O} \text { TO } * \mathbf{E A 1 6}) * *
\end{aligned}
$$

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

|  |  | YES <br> (1) | NO <br> (5) | DK <br> (8) | RF <br> (9) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| *EA10. | Did you feel like you were heavier than you should have been or heavier than you wanted to be? <br> (KEY PHRASE: feeling you were too heavy) | 1 | 5 | 8 | 9 |
| *EA10b. | Did you think that some parts of your body were too fat? <br> (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? <br> (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? <br> (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) **) |  |  |  |  |  |
| AT LEAST ONE "YES" RESPONSE IN *EA 10 SERIES - *EA10, *EA10b, OR *EA10c, OR *EA10d) |  |  |  |  |  |

*EA12. Think of the very first time in your life you weighed around (WEIGHT REPORTED IN *EA2) and you had problems like (KEY PHRASES FROM "YES" RESPONSES IN *EA10 SERIES). Can you remember your exact age?

YES ................................... 1
NO ..................................... 5
DON'T KNOW $\quad .8$
REFUSED ........................ 9 GO TO *EA12b
*EA12a. (IF NEC: How old were you?)
$\qquad$ YEARS OLD GO TO *EA13

DON'T KNOW 998
REFUSED ........................ 999
*EA12b. About how old were you the first time?
IF DK, PROBE: Was it before your twenties?
Y_ 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?
$\qquad$ YEARS
DON'T KNOW.................. 998
REFUSED .......................... 999
*EA14. INTERVIEWER CHECKPOINT: (SEE *EA13)
*EA13 IS CODED 1 YEAR OR LESS
1 GO TO *EA16
ALL OTHERS
.. 2
*EA15. How recently did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH.
1
2-6 MONTHS AGO
7-12 MONTHS AGO
MORE THAN 12 MONTHS AGO .................. 4
DON'T KNOW................................................ 8
REFUSED ........................................................ 9
*EA15a. How old were you the last time?
YEARS OLD

DON’T KNOW .............. 998
REFUSED ...................... 999
*EA16. The next question is about "eating binges" where a person eats a large amount of food during a short period like two hours. By "a large amount" I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges (READ SLOWLY) at least twice a week for several months or longer?
$\qquad$
NO. $\qquad$ 1

DON'T KNOW ................ 8
GOTO *EA 23-(GO TO *EA30) *
REFUSED 8 GOTO *EA 23-(GO TO *EA30) *
REFUSED ......................... 9
GOTO *EA 23-(GO TO *EA30) *

|  | YES <br> (1) | NO $(5)$ | DK <br> (8) | RF <br> (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 both 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......................................................................................... 2 GO TO *EA23
*EA19. Can you remember your exact age the very first time in your life you began binging at least two times a week for three months or longer?

YES .................................. 1
NO ..................................... 5
DON'T KNOW 8
REFUSED ........................ 9 GO TO *EA19b
*EA19a. (IF NEC: How old were you?)
$\qquad$ YEARS OLD GO TO *EA20
DON’T KNOW ................ 998
REFUSED ........................ 999
*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?
$\qquad$ YEARS
DON'T KNOW.................. 998
REFUSED.......................... 999
*EA21. INTERVIEWER CHECKPOINT: (SEE *EA20)
*EA20 IS CODED 1 YEAR OR LESS ........................ 1
GO TO *EA23a
ALL OTHERS
.2
*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
7-12 MONTHS AGO ...................................... 3
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) | $\begin{gathered} \text { NO } \\ \text { (5) } \end{gathered}$ | DK (8) | $\begin{aligned} & \text { RF } \\ & \text { (9) } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *EA23. Did you ever do any of the following things regularly in order to control your weight: <br> Did you fast by not eating at all or only taking liquids for 8 hours or longer? <br> (KEY PHRASE: fasted or took only a liquid diet) | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *EA23b } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *EA23b } \end{gathered}$ | $\begin{gathered} 8 \\ \text { GO TO } \\ \text { *EA23b } \end{gathered}$ | $\begin{gathered} 9 \\ \text { GO TO } \\ \text { *EA23b } \end{gathered}$ |
| *EA23a. Did you ever do any of the following things regularly after binging in order to control your weight: <br> Did you fast by not eating at all or only taking liquids for 8 hours or longer? <br> (KEY PHRASE: fasted or took only a liquid diet) | 1 | 5 | 8 | 9 |
| *EA23b. Did you take water pills, diuretics, or weight control medicines? <br> (KEY PHRASE: took weight loss medicine or pills) | 1 | 5 | 8 | 9 |
| *EA23c. Did you make yourself vomit? <br> (KEY PHRASE: vomited) | 1 | 5 | 8 | 9 |
| *EA23d. Did you take laxatives or enemas? <br> (KEY PHRASE: took laxatives or enemas) | 1 | 5 | 8 | 9 |
| *EA23e. Did you exercise excessively? <br> (KEY PHRASE: exercised excessively) | 1 | 5 | 8 | 9 |
| *EA23f. Did you chew and then spit out your food? <br> (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 ...................................................................................................... 2
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
NO.................................... 5
DON'T KNOW .................. 8
REFUSED.
GO TO *EA30
REUSED......................... 9
GO TO *EA30
GO TO *EA30
*EA26. Can you remember your exact age the very first time you used (this/ any of these) weight control (strategy/ strategies) at least two times a week for three months?

YES ................................... 1
NO.................................... 5
DON'T KNOW ................. 8
GO TO *EA26b
REFUSED
*EA26a. (IF NEC: How old were you?)
$\qquad$ YEARS OLD GO TO *EA27
DON'T KNOW............... 998
REFUSED 999
*EA26b. About how old were you the first time?
IF DK, PROBE: Was it before your twenties?
$\qquad$ 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?
$\qquad$ YEARS
DON'T KNOW.
.998
REFUSED. . .999
*EA28. INTERVIEWER CHECKPOINT: (SEE *EA27)
*EA27 IS CODED 1 YEAR OR LESS
1 GO TO *EA30
ALL OTHERS
.. 2
*EA29. How recently did you use (this strategy/these strategies) this often - in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH................................................ 1 GO TO *EA30
2-6 MONTHS AGO ........................................ 2
7-12 MONTHS AGO ...................................... 3
GO TO *EA30

MORE THAN 12 MONTHS AGO ................. 4
DON’T KNOW................................................ 8
REFUSED........................................................ 9
*EA29a. How old were you the last time?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED 999

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

*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 no interference and 10 means very severe 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 APPLY............... 97
DON'T KNOW ....................... 98
REFUSED.............................. 99
*EA32b. Your ability to work?
DOES NOT APPLY............... 97
DON'T KNOW ....................... 98
REFUSED............................... 99
*EA32c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY................ 97
DON'T KNOW ...................... 98
REFUSED............................... 99
*EA32d. Your social life?
DOES NOT APPLY................ 97
DON'T KNOW ....................... 98
REFUSED.............................. 99
*EA33. INTERVIEWER CHECKPOINT: (SEE *EA32 SERIES)

ALL FOUR RESPONSES TO *EA32 SERIES EQUAL ‘0’ OR ‘97’
GO TO *EA35
ALL OTHERS .2
*EA34. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of problems with your eating or weight?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ NUMBER OF DAYS
DON'T KNOW 998
REFUSED 999
*EA35. Did you ever 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.)
$\qquad$
NO................................................ 5
DON'T KNOW .............................. 8
REFUSED....................................... 9

## GO TO *PR1, NEXT SECTION <br> GO TO *PR1, NEXT SECTION 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 KNOW ............... 998
REFUSED
*EA37. Did you ever get treatment for problems with your eating or weight that you considered helpful or effective?

| YES .......................................... 1 |  |
| :---: | :---: |
| NO........................................... 5 | GO TO *EA37c |
| DON'T KNOW ............................. 8 | GO TO *EA37c |
| REFUSED................................. 9 | GO TO *EA37c |

*EA37a. How old were you the first time (you got helpful treatment for problems with your eating or weight)?
$\qquad$ YEARS OLD
DON'T KNOW .998
REFUSED 999
*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?
$\qquad$ 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?
$\qquad$ NUMBER OF PROFESSIONALS
DON'T KNOW
998
REFUSED ........................ 999
*EA38. Did you receive professional treatment for problems with your eating or weight at any time in the past 12 months?
$\qquad$
NO................................... 5
DON'T KNOW ................ 8
REFUSED ....................... 9

## END OF SECTION

## INTERMITTENT EXPLOSIVE DISORDER (IED)

*IED1. INTERVIEWER CHECKPOINT: (SEE *SC20.1, *SC20.2, *SC20.3)

```
*SC20.1 IS CHECKED
GO TO *IED2
*SC20.2 IS CHECKED
. GO TO *IED3 INTRO 4
*SC20.3 IS CHECKED ........................................... }
3 GO TO *IED3 INTRO 5
ALLOTHERS
. GO TO NEXT SECTION
```

*IED2. INTERVIEWER CHECKPOINT: (SEE *SC20.2, *SC20.3)
*SC20.2 IS CHECKED
1 GO TO *IED3 INTRO 1
*SC20.3 IS CHECKED 2 GO TO *IED3 INTRO 2

ALLOTHERS 3 GO TO *IED3 INTRO 3

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


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


| *IED3 INTRO 3. | *IED3 INTRO 4. |
| :--- | :--- |
| Earlier in the interview | Earlier in the interview <br> you mentioned having <br> attacks of anger when |
| you mentioned having <br> attacks of anger when |  |
| control and broke or |  |
| smashed something of | all of a sudden you |
| lost control and hit or |  |
| hurt someone. The |  |
| value. The next few | next few questions are |
| questions are about | about those attacks. <br> Approximately how |
| those attacks. | many times in your <br> Approximately how <br> many times in your <br> life have you had an <br> attack of this sort, <br> life have you had an <br> attack of this sort, <br> (READ SLOWLY) <br> when you lost control <br> and either broke or |
| smashed something? | when you lost control <br> and either hurt <br> someone or threatened <br> to hurt someone? |

CODE RESPONSES GREATER THAN 9997 AS 9997
ATTACKS
DON'T KNOW ............................... 9998
REFUSED ............................ 9999

REFUSED .9999
*IED3 INTRO 5.
Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and threatened to hurt someone?

## *IED3.

*IED4. INTERVIEWER CHECKPOINT: (SEE *IED3)

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*IED3 CODED ‘ 0 ’- ' 2 ’........................................................................ 1 GO TO NEXT SECTION
ALL OTHERS ................................. 2 .
*IED5. As you look back on it now, did these anger attacks sometimes occur without a good reason?

YES $\qquad$

## 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 ............................................................................................................................................. | GO TO TO NEXT SECTION |
| :--- | :--- | :--- |
| GO TO NEXT SECTION |  |
| DON'T KNOW |  |

*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 out of control during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ................................... 1
MOST OF THE TIME................................ 2
SOMETIMES ................................................. 3
RARELY........................................................ 4
NEVER ........................................................... 5
DON'T KNOW .......................................... 8
REFUSED...................................................... 9
*IED8. INTERVIEWER CHECKPOINT: (SEE *IED6, *IED7)
*IED6 CODED ‘ 1 ' ........................................................... 1
*IED7 CODED ‘ 1 ’-‘4’............................................... 2
ALLOTHERS............................................................ 3 GO TO NEXT SECTION
*IED8.1. INTERVIEWER CHECKPOINT: (SEE *IED3)
*IED3 EQUALS ‘3’ - ‘9997’ ...................................... 1
ALLOTHERS .......................................................... 2 GO TO *IED9
*IED8.2. INTERVIEWER INSTRUCTION: CIRCLE LETTER 'I' IN LONG/SHORT GROUP OF REFERENCE CARD (SIDE TWO). THEN GO TO *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
DON'T KNOW ............... 8 GO TO *IED10
REFUSED ....................... 9 GO TO *IED10
*IED9a. Did you ever have anger attacks when you had not been drinking or using drugs?

```
YES ........................................... }
NO............................................ 5
DON'T KNOW .......................... }
GO TO NEXT SECTION
GO TO NEXT SECTION
REFUSED .................................. }
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
NO ......................................... 5
DON'T KNOW .................... 8
GO TO *IED11

REFUSED ............................. 9 GO TO *IED11
*IED10a. What was the cause? $\qquad$
$\qquad$
$\qquad$
*IED10b. Did you ever have anger attacks that were not caused by physical causes such as (CAUSE DESCRIBED IN *IED10a) or by the use of alcohol or drugs?

YES .............................................. 1
NO
DON'T KNOW ............................ 8
REFUSED .................................... 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 KNOW ............... 8 GO TO *IED12
REFUSED ........................ 9 GO TO *IED12
*IED11a. Did you ever have anger attacks at times you were not sad or depressed?
YES .1
NO .................................................... 5
DON'T KNOW
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......................................... 3 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
\$
``` \(\qquad\)
```

DON'T KNOW 9998
REFUSED 9999

```
*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
\(\qquad\) TIMES

DON'T KNOW 998
REFUSED 999
*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......................................... 1
GO TO *IED17
ALITTLE.............................................. 2
GO TO *IED17
SOME....................................................... 3
A LOT ................................................... 4
EXTREMELY................................................. 5
DON'T KNOW ....................................... 8
REFUSED.............................................. 9
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
of the time, sometimes, rarely, or never?
ALL OF THE TIME ..... 1
MOST OF THE TIME ..... 2
SOMETIMES ..... 3
RARELY ..... 4
NEVER ..... 5
DON'T KNOW ..... 8
REFUSED ..... 9
*IED17. How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most
*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?
\(\qquad\)
YES 1
\(\qquad\)DON'T KNOW ............... 8 GO TO *IED18bGO TO *IED18bREFUSED ....................... 9 GO TO *IED18b
*IED18a. (IF NEC: How old were you)?

\(\qquad\)
 YEARS OLD GO TO *IED19
DON'T KNOW ..... 998
REFUSED ..... 999
*IED18b. About how old were you?
YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE:
*IED18b1. Was it before you first started school?
IF NO, PROBE: Was it before you were a teenager?
BEFORE STARTED SCHOOL ..... 4
BEFORETEENAGER ..... 12
NOT BEFORE TEENAGER ..... 13
WHOLE LIFE OR DON'T KNOW ..... 998
REFUSED. ..... 999
*IED19.During about how many different years in your life did you have at least one attack?
\(\qquad\) YEARS

DON'T KNOW 998
REFUSED 999
*IED20. What is the largest number of anger attacks you ever had during a single month?
CODE RESPONSES GREATER THAN 997 AS 997
\(\qquad\)
DON'T KNOW 998
REFUSED 999
*IED21. What is the largest number of anger attacks you ever had during a single year?
CODE RESPONSES GREATER THAN 997 AS 997
\(\qquad\) ATTACKS
DON’T KNOW 998
REFUSED 999

\section*{*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? \\ PASTMONTH. \\ 1 GO TO *IED23 \\ 2-6 MONTHS AGO ................................................... 2 GO TO *IED23 \\ 7-12 MONTHS AGO .................................................. 3 GO TO *IED23 \\ MORE THAN 12 MONTHS AGO............................... 4 \\ DON'T KNOW ........................................................... 8 \\ REFUSED........................................................................... 9 \\ *IED22a. How old were you the last time (you had an attack)? \\ YEARS OLD \(\quad\) 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?
\(\qquad\) WEEKS

DON'T KNOW 998
REFUSED 999
*IED24. And how many attacks in total did you have during the past twelve months?
CODE RESPONSES GREATER THAN 997 AS 997
\(\qquad\)

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:
\begin{tabular}{|c|c|c|c|}
\hline & NUMBER OF TIMES & \[
\begin{gathered}
\hline \text { DON'T KNOW } \\
(998)
\end{gathered}
\] & \[
\begin{gathered}
\text { REFUSED } \\
(999)
\end{gathered}
\] \\
\hline *IED25a. slam a door, kick a chair, or throw clothes in anger? & _ TIMES & 998 & 999 \\
\hline *IED25b. break something in anger? & ___TIMES & 998 & 999 \\
\hline *IED25c. break several things in anger? & ___TIMES & 998 & 999 \\
\hline *IED25d. purposefully set a fire or destroy someone else's property? & __TIMES & 998 & 999 \\
\hline *IED25e. purposefully injure or torture an animal? & TIMES & 998 & 999 \\
\hline *IED25f. threaten someone? & _ TIMES & 998 & 999 \\
\hline *IED25g. hurt someone so badly that they needed medical attention? & _ TIMES & 998 & 999 \\
\hline *IED25h. hurt someone badly, but not enough to need medical attention? & _TIMES & 998 & 999 \\
\hline
\end{tabular}

*IED26. (RB, PG 9) Using the 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your 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 APPLY................ 97
DON'T KNOW....................... 98
REFUSED.............................. 99
*IED26b. Your ability to work?
DOES NOT APPLY............... 97
DON'T KNOW ...................... 98
REFUSED............................... 99
*IED26c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY .............. 97
DON'T KNOW ...................... 98
REFUSED............................... 99
*IED26d. Your social life?
*IED27. INTERVIEWER CHECKPOINT: (SEE *IED26a - *IED26d)
ALL RESPONSES CODED ‘ 0 ' OR ‘ 97 ’. . 1

GO TO *IED29
ALL OTHERS .. 2
*IED28. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your anger attacks?
(IF NEC: You can use any number between 0 and 365 to answer.)
\(\qquad\) NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999
*IED29. Did you ever in your life talk to a medical doctor or other professional about your anger attacks? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES. .. 1
NO..................................................... 5
DON'T KNOW ................................ 8
GO TO *IED33.1

REFUSED........................................ 9
*IED29a. How old were you the first time [you talked to a professional about your anger attacks]?
\(\qquad\) YEARS OLD

DON'T KNOW .998
REFUSED
*IED30. Did you ever get treatment for your anger attacks that you considered helpful or effective?

YES ........................................... 1
NO .......................................... 5
DON'T KNOW ...................... 8
REFUSED \(\qquad\)
*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 ever talk to about your anger attacks, up to and including the first time you got helpful treatment?

\section*{__ 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?
\(\qquad\) NUMBER OFPROFESSIONALS

DON'T KNOW. 998
REFUSED 999
*IED32. Did you receive professional treatment for your anger attacks at any time in the past 12 months?
\(\qquad\)
NO .............................................. 5 .

DON'T KNOW ........................ 8
REFUSED .................................. 9
*IED33. Were you ever hospitalized overnight for your anger attacks?
\begin{tabular}{lll} 
YES ............................................................................................................................................... 9 & GO TO *IED33.1 & GO TO *IED33.1 \\
NO TO *IED33.1
\end{tabular}
*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?
\(\qquad\) NUMBE
R DON'T KNOW ......... 998
REFUSED ...................... 999

\section*{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.
\begin{tabular}{|ll|c|c|c|c|}
\hline & (IF NEC: Would you say this is true or false for you?) & \begin{tabular}{c} 
TRUE \\
\((\mathbf{1})\)
\end{tabular} & \begin{tabular}{c} 
FALSE \\
\((\mathbf{5})\)
\end{tabular} & \begin{tabular}{c} 
DK \\
\((8)\)
\end{tabular} & \begin{tabular}{c} 
RF \\
\((\mathbf{9})\)
\end{tabular} \\
\hline *P1. \(\quad\)\begin{tabular}{l} 
I show my feelings for everyone to see. \\
Would you say this is true or false for you?
\end{tabular} & 1 & 5 & 8 & 9 \\
\hline *P2. & I get into very intense relationships that don't last. & 1 & 5 & 8 & 9 \\
\hline *P3. \(\quad\) I often feel "empty" inside. & 1 & 5 & 8 & 9 \\
\hline *P4. \(\quad\) I'm very moody. & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline *P5. & Giving in to some of my urges gets me into trouble. & 1 & 5 & 8 & 9 \\
\hline *P6. & I have tantrums or angry outbursts. & 1 & 5 & 8 & 9 \\
\hline *P7. & When I'm under stress, things around me don't seem real. & 1 & 5 & 8 & 9 \\
\hline *P8. & I go to extremes to try to keep people from leaving me. & 1 & 5 & 8 & 9 \\
\hline *P9. & I can't decide what kind of person I want to be. & 1 & 5 & 8 & 9 \\
\hline *P10. & I've never been arrested. & 1 & 5 & 8 & 9 \\
\hline *P11. & At times I've done things that could get a person arrested. & 1 & 5 & 8 & 9 \\
\hline *P12. & I usually feel bad when I hurt or upset someone. & 1 & 5 & 8 & 9 \\
\hline *P13. & At times I've refused to hold a job, even when I was expected to. & 1 & 5 & 8 & 9 \\
\hline *P14. & I will lie or con someone if it serves my purpose. & 1 & 5 & 8 & 9 \\
\hline *P15. & I lose my temper and get into physical fights. & 1 & 5 & 8 & 9 \\
\hline *P16. & I take chances and do reckless things. & 1 & 5 & 8 & 9 \\
\hline *P17. & It's hard for me to stay out of trouble. & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}
\begin{tabular}{|l|c|c|c|c|c|}
\hline & \begin{tabular}{c} 
(IF NEC: Would you say this statement is true or false for \\
you?)
\end{tabular} & \begin{tabular}{c} 
TRUE \\
\((\mathbf{1})\)
\end{tabular} & \begin{tabular}{c} 
FALSE \\
\((\mathbf{5})\)
\end{tabular} & \begin{tabular}{c} 
DK \\
\((\mathbf{8})\)
\end{tabular} & \begin{tabular}{c} 
RF \\
\((\mathbf{9})\)
\end{tabular} \\
\hline *P18. \(\quad\) At times I fail to meet my financial obligations. & 1 & 5 & 8 & 9 \\
\hline *P19. \(\quad\) At times I've intentionally damaged things that weren't mine. & 1 & 5 & 8 & 9 \\
\hline *P20. \begin{tabular}{l} 
I will give false information about myself if it will help me get \\
a job or impress someone.
\end{tabular} & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline *P21. & I argue or fight when people try to stop me from doing what I want. & 1 & 5 & 8 & 9 \\
\hline *P22. & My feelings are like the weather, they're always changing. & 1 & 5 & 8 & 9 \\
\hline *P23. & Sometimes I get so angry I break or smash things. & 1 & 5 & 8 & 9 \\
\hline *P24. & I let others make my big decisions for me. & 1 & 5 & 8 & 9 \\
\hline *P25. & I usually feel uncomfortable or helpless when I'm alone. & 1 & 5 & 8 & 9 \\
\hline *P26. & I often seek advice or reassurance about everyday decisions. & 1 & 5 & 8 & 9 \\
\hline *P27. & I keep to myself even when there are other people around. & 1 & 5 & 8 & 9 \\
\hline *P28. & People think I'm too strict about rules and regulations. & 1 & 5 & 8 & 9 \\
\hline *P29. & People think I'm too stiff or formal. & 1 & 5 & 8 & 9 \\
\hline *P30. & I feel awkward or out of place in social situations. & 1 & 5 & 8 & 9 \\
\hline *P31. & People often make fun of me behind my back. & 1 & 5 & 8 & 9 \\
\hline *P32. & I prefer activities that I can do by myself. & 1 & 5 & 8 & 9 \\
\hline *P33. & I've held grudges against people for years. & 1 & 5 & 8 & 9 \\
\hline *P34. & I'm convinced there's a conspiracy behind many things in the world. & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}

\section*{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.
\begin{tabular}{|c|c|c|c|c|}
\hline (IF NEC: Would you say this is true or false for you?) & \[
\begin{gathered}
\text { TRU } \\
\text { E } \\
(\mathbf{1}) \\
\hline
\end{gathered}
\] & \begin{tabular}{l}
FALSE \\
(5)
\end{tabular} & \[
\begin{gathered}
\text { DK } \\
(\mathbf{8})
\end{gathered}
\] & \[
\begin{aligned}
& \text { RF } \\
& (9)
\end{aligned}
\] \\
\hline *PEA40. I never met a person that I didn't like. & 1 & 5 & 8 & 9 \\
\hline *PEA41. I have always told the truth. & 1 & 5 & 8 & 9 \\
\hline *PEA42. I always win at games. & 1 & 5 & 8 & 9 \\
\hline *PEA43. I have never been bored. & 1 & 5 & 8 & 9 \\
\hline *PEA44. I never get lost, even in unfamiliar places. & 1 & 5 & 8 & 9 \\
\hline *PEA45. I never get annoyed when people cut ahead of me in line. & 1 & 5 & 8 & 9 \\
\hline *PEA46. My table manners at home are as good as when I eat out in a restaurant. & 1 & 5 & 8 & 9 \\
\hline *PEA47. I have never lost anything. & 1 & 5 & 8 & 9 \\
\hline *PEA48. No matter how hot or cold it gets, I am always quite comfortable. & 1 & 5 & 8 & 9 \\
\hline *PEA49. It doesn't bother me if someone takes advantage of me. & 1 & 5 & 8 & 9 \\
\hline *PEA50. I show my feelings for everyone to see. & 1 & 5 & 8 & 9 \\
\hline *PEA51. I get into very intense relationships that don't last. & 1 & 5 & 8 & 9 \\
\hline *PEA52. I often feel "empty" inside. & 1 & 5 & 8 & 9 \\
\hline *PEA53. I'm very moody. & 1 & 5 & 8 & 9 \\
\hline *PEA54. Giving in to some of my urges gets me into trouble. & 1 & 5 & 8 & 9 \\
\hline *PEA55. I have tantrums or angry outbursts. & 1 & 5 & 8 & 9 \\
\hline *PEA56. When I'm under stress, things around me don't seem real. & 1 & 5 & 8 & 9 \\
\hline *PEA57. I go to extremes to try to keep people from leaving me. & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline (IF NEC: Would you say this statement is true or false for you?) & \begin{tabular}{l}
TRUE \\
(1)
\end{tabular} & \begin{tabular}{l}
FALSE \\
(5)
\end{tabular} & \[
\begin{gathered}
\hline \text { DK } \\
(8) \\
\hline
\end{gathered}
\] & \[
\begin{aligned}
& \text { RF } \\
& (9) \\
& \hline
\end{aligned}
\] \\
\hline *PEA58. I can't decide what kind of person I want to be. & 1 & 5 & 8 & 9 \\
\hline *PEA59. I've never been arrested. & 1 & \[
\begin{gathered}
5 \\
\text { GO TO } \\
\text { *PEA } 61
\end{gathered}
\] & 8 & 9 \\
\hline *PEA60. At times I've done things that could get a person arrested. & 1 & 5 & 8 & 9 \\
\hline *PEA61. I usually feel bad when I hurt or upset someone. & 1 & 5 & 8 & 9 \\
\hline *PEA62. At times I've refused to hold a job, even when I was expected to. & 1 & 5 & 8 & 9 \\
\hline *PEA63. I will lie or con someone if it serves my purpose. & 1 & 5 & 8 & 9 \\
\hline *PEA64. I lose my temper and get into physical fights. & 1 & 5 & 8 & 9 \\
\hline *PEA65. I take chances and do reckless things. & 1 & 5 & 8 & 9 \\
\hline *PEA66. It's hard for me to stay out of trouble. & 1 & 5 & 8 & 9 \\
\hline *PEA67. At times I fail to meet my financial obligations. & 1 & 5 & 8 & 9 \\
\hline *PEA68. At times I've intentionally damaged things that weren't mine. & 1 & 5 & 8 & 9 \\
\hline *PEA69. I will give false information about myself if it will help me get a job or impress someone. & 1 & 5 & 8 & 9 \\
\hline *PEA70. I argue or fight when people try to stop me from doing what I want. & 1 & 5 & 8 & 9 \\
\hline *PEA71. My feelings are like the weather, they're always changing. & 1 & 5 & 8 & 9 \\
\hline *PEA72. Sometimes I get so angry I break or smash things. & 1 & 5 & 8 & 9 \\
\hline *PEA73. I let others make my big decisions for me. & 1 & 5 & 8 & 9 \\
\hline *PEA74. I usually feel uncomfortable or helpless when I'm alone. & 1 & 5 & 8 & 9 \\
\hline *PEA75. I often seek advice or reassurance about everyday decisions. & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}

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

SPECIFIC PHOBIA (SP)
\begin{tabular}{|l|c|}
\begin{tabular}{|l|}
\hline *SP1. INTERVIEWER: (SEE *SC27a-f) \\
CIRCLE \# IF GROUP WAS ENDORSED
\end{tabular} \\
\hline Group 1: ANIMALS & 1 \\
\hline Group 2: STILL WATER OR WEATHER EVENTS & 2 \\
\hline Group 3: BLOOD, INJURIES, OR MEDICAL \\
EXPERIENCES
\end{tabular}\(|\)\begin{tabular}{l} 
\\
\hline Group 4: CLOSED SPACES \\
\hline Group 5: HIGH PLACES \\
\hline Group 6: FLYING \\
\hline
\end{tabular}

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*SP1a. INTERVIEWER CHECKPOINT: (SEE *SC27a-*SC27f)
EXACTLY ONE CATEGORY CODED ‘1’ IN *SC27a-*SC27f......................................... 1
MORE THAN ONE CATEGORY CODED ‘ 1 ’ IN *SC27a-*SC27f ..................................... 2
*SP2. INTERVIEWER CHECKPOINT: (SEE *SP1)
GO TO FIRST CIRCLED GROUP ON GRID *SP1 AND FOLLOW SKIP GROUP 1


GO TO *SP3
GO TO *SP5
GO TO *SP7
GO TO *SP9
GO TO *SP11
GO TO *SP13

\section*{GROUP 1 \\ [KEY PHRASE = ANIMALS]}
*SP3. Earlier you mentioned being a lot more afraid than most people of bugs, snakes or other animals. How old were you the very first time you had a fear of some type of animal?
\begin{tabular}{l|l} 
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," \\
PROBE: Was it before you first started school? & BEFORE TEENAGER ....................... 12 \\
NOT BEFORE
\end{tabular}
IF NOT YES, PROBE: Was it before you were a teenager? DON'T KNOW .......................................................... 998
*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 ’.................................................. 3 GO TO *SP3c
ALL OTHERS.............................................................. 4 GO TO *SP4
*SP3a. Was there ever a time when you almost always became very upset or
anxious whenever you were faced with (ANIMAL/the type of animal that scared
you most)?

REFUSED 999
*SP3.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)
YES .................................. 1
NO..................................... 5
DON'T KNOW ................ 8
REFUSED........................ 9
*SP3a. 1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)
*SC27.3 EQUALS ‘1' .................................................................... 1
ALL OTHERS.......................................................... 2 GO TO *SP4
*SP3b. Did you ever avoid situations where you might have even a small
chance of seeing (ANIMAL/this type of animal) whenever you could because
of your fear?
YES ................................... 1
NO.................................. 5 GO TO *SP4
DON'T KNOW .............. 8 GO TO *SP4
REFUSED...................... 9 GO TO *SP4
*SP3c. How old were you when you first avoided situations where you might
see (ANIMAL/animals)?
YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?
BEFORE STARTED
SCHOOL
.. 4
BEFORE TEENAGER ..................... 12
IF NOT YES, PROBE: Was it before you were a teenager?
NOT BEFORE
TEENAGER..................................... 13
DON'T KNOW ................................ 998
REFUSED.......................................... 999
*SP4. INTERVIEWER CHECKPOINT: (SEE *SP1)

\section*{GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 2}
\begin{tabular}{|c|}
\hline \multirow[t]{6}{*}{....................... 2
GROUP 3 .......
GROUP \(4 . . . . . . .\).
GROUP \(5 . . . . . . . .\).
GROUP \(6 . . . . . . .\).} \\
\hline \\
\hline \\
\hline \\
\hline \\
\hline \\
\hline
\end{tabular}
```

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

```

\section*{GROUP 2}
[KEY PHRASE = STORMS OR STILL WATER]
\begin{tabular}{|c|c|}
\hline *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? & YEARS OLD \\
\hline \begin{tabular}{l}
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?
\end{tabular} & BEFORE STARTED SCHOOL ... 4
BEFORE TEENAGER ............... 12
NOT BEFORE
TEENAGER ................................. 13
DON'T KNOW .......................... 998
REFUSED............................... 999 \\
\hline \begin{tabular}{l}
*SP5.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) \\
*SP1a EQUALS '2' AND *SC27.2 EQUALS ' 1 ' \(\qquad\) \(\ldots\) \\
*SP1a EQUALS ' 2 ' AND *SC27.3 EQUALS ' 1 '.... 2 GO TO *SP5b *SC27.3 EQUALS ' 1 '. \(\qquad\) 3 GO TO *SP5c \\
ALL OTHERS \(\qquad\) .4 GO TO *SP6
\end{tabular} & \\
\hline *SP5a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with the situation like this that scared you most? & YES....................................................................................... 9 \\
\hline \begin{tabular}{l}
*SP5a. 1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) \\
*SC27.3 EQUALS ' 1 ’ \(\qquad\) .1 \\
ALL OTHERS \(\qquad\) 2 GO TO *SP6
\end{tabular} & \\
\hline *SP5b. Did you ever avoid situations where you could be in a storm or still water whenever you could because of your fear? & YES......................... 1
NO .................. 5 GO TO *SP6
DONT KNOW ..... 8 GO TO *SP6
REFUSED............ 9 GO TO *SP6 \\
\hline \begin{tabular}{l}
*SP5c. How old were you when you first started avoiding 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?
\end{tabular} & YEARS OLD
BEFORE STARTED
SCHOOL ..................... 4
BEFORE TEENAGER.. 12
NOT BEFORE TEENAGER
...................................... 13
DONT KNOW ............ 998
REFUSED................... 999 \\
\hline
\end{tabular}

\section*{*SP6. INTERVIEWER CHECKPOINT: (SEE *SP1) GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP}
\(\left.\begin{array}{ll}\text { GROUP } 3 \ldots \ldots . . . . . . . . . . . . . . . . . . . ~ & 3\end{array}\right]\) GO TO *SP7
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{GROUP 3
[KEY PHRASE = BLOOD, INJURIES, OR MEDICAL EXPERIENCES]} \\
\hline \begin{tabular}{l}
*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," \\
PROBE: Was it before you first started school? \\
IF NOT YES, PROBE: Was it before you were a teenager?
\end{tabular} & \begin{tabular}{l}
\multicolumn{1}{c}{ YEARS OLD } \\
\hline BEFORE STARTED \\
SCHOOL....................... 4 \\
BEFORE TEENAGER... 12 \\
NOT BEFORE TEENAGER \\
I.............................. 13 \\
DONT KNOW .............. 99 \\
REFUSED .............. 999
\end{tabular} \\
\hline \begin{tabular}{l}
*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 '........................................... 3 GO TO *SP7c \\
ALL OTHERS . \(\qquad\) 4 GO TO *SP7f
\end{tabular} & \\
\hline *SP7a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with the thing in this group that scared you most? & YES ......................................... 1
NO ......................... 8
DONT KNOW............... 8
REFUSED .................. 9 \\
\hline \begin{tabular}{l}
*SP7a. 1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) \\
*SC27.3 EQUALS ' 1 ’ \(\qquad\) \\
ALL OTHERS. \(\qquad\) 2 GO TO *SP7f
\end{tabular} & \\
\hline *SP7b. Did you ever avoid any of these things whenever you could because of your fear? & YES ........................ 1
NO ................... 5 GO TO *SP7f
DONT KNOW..... 8 GO TO *SP7f
REFUSED ........... 9 GO TO *SP7f \\
\hline \begin{tabular}{l}
*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?
\end{tabular} & \begin{tabular}{l} 
YEARS OLD \\
BEFORE STARTED \\
SCHOOL ....................... 4 \\
BEFORE TEENAGER... 12 \\
NOT BEFORE TEENAGER \\
\(\ldots . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ~\) \\
\hline DON'T KNOW \\
REFUSED ......................... 999 \\
\hline
\end{tabular} \\
\hline
\end{tabular}
*SP7f. How often did you faint when you saw blood - all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ....................... 1
MOST OF THE TIME ..................... 2
SOMETIMES.................................. 3
RARELY......................................... 4
NEVER ............................................ 5
DON'T KNOW................................ 8
REFUSED ........................................ 9
*SP8. INTERVIEWER CHECKPOINT: (SEE *SP1)
GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 4
\begin{tabular}{|c|c|}
\hline 4 & GO TO *SP9 \\
\hline GROUP 5 ....................... 5 & GO TO *SP11 \\
\hline GROUP 6 ....................... 6 & GO TO *SP13 \\
\hline ALL OTHERS ................ 7 & GO TO *SP14 \\
\hline
\end{tabular}

\section*{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 very first time you had this fear?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
BEFORE STARTED SCHOOL .. 4
BEFORE TEENAGER... 12
PROBE: Was it before you first started school?
NOT BEFORE TEENAGER
…........ 13
IF NOT YES, PROBE: Was it before you were a teenager?
DON'T KNOW ................ 998
REFUSED ....................... 999
*SP9.1. 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 *SP9b
*SC27.3 EQUALS ‘ 1 ' ................................................ 3 GO TO *SP9c
ALL OTHERS............................................................. 4 GO TO *SP9d
*SP9a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with closed spaces?
\(\qquad\)
NO ..................................... 5
(IF VOL: "IT DEPENDS WHICH CLOSED SPACE," PROBE:
DON'T KNOW .................. 8
What if you were faced with the closed space that you feared most - in that case, did you almost always become very upset or anxious?)

REFUSED .9
case, did you almost always become very upset or anxious?)
*SP9a. 1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)
*SC27.3 EQUALS ' 1 '
1 ALL OTHERS
ALL OTHERS
2 GO TO *SP9d
*SP9b. Did you ever avoid any of these closed spaces whenever you could
because of your fear?

YES ........................ 1 NO ...................... 5 GO TO *SP9d DON'T KNOW.... 8 GO TO *SP9d REFUSED ........... 9 GO TO *SP9d
*SP9c. How old were you when you first avoided closed spaces?
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?
*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’
2
\begin{tabular}{|c|c|c|c|c|}
\hline \begin{tabular}{l}
Which of the following things did you strongly fear about closed spaces: \\
(IF NEC: Were you afraid...)
\end{tabular} & YES & \[
\begin{aligned}
& \text { NO } \\
& (5)
\end{aligned}
\] & \[
\begin{array}{|l}
\hline \text { DK } \\
\hline(8)
\end{array}
\] & \[
\begin{aligned}
& \mathbf{R F} \\
& (\mathbf{9})
\end{aligned}
\] \\
\hline *SP9f. That you might be trapped and unable to escape? & 1 & 5 & 8 & 9 \\
\hline *SP9g. That you might have a panic attack and be unable to get help? & 1 & 5 & 8 & 9 \\
\hline *SP9h. That you might become physically ill and be unable to get help? & 1 & 5 & 8 & 9 \\
\hline *SP9i. That you might not be able to breathe? & 1 & 5 & 8 & 9 \\
\hline \begin{tabular}{lll} 
*SP9j. [INTERVIEWER CHECKPOINT: (SEE *SP9f-*SP9i SERIES)] \\
AT LEAST ONE RESPONSE CODED ‘ 1 '.... 1 & GO TO *SP10 \\
ALL OTHERS ........................................................ 5 &
\end{tabular} & & & & \\
\hline *SP9k. What was it, then, that you feared most about closed spaces? & & & & \\
\hline DON'T KNOW.......................................... 8 & & & & \\
\hline
\end{tabular}

\section*{SP10. INTERVIEWER CHECKPOINT: (SEE *SP1)}

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

GO TO *SP11
GO TO *SP13
GO TO *SP14
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{GROUP 5
[KEY PHRASE \(=\) HIGH PLACES]} \\
\hline \begin{tabular}{l}
*SP11. (Earlier you/ You also) mentioned being a lot more afraid than most people of high places. How old were you the very first time you had this fear? \\
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," \\
PROBE: Was it before you first started school? \\
IF NOT YES, PROBE: Was it before you were a teenager?
\end{tabular} & \begin{tabular}{l}
\multicolumn{1}{c}{ YEARS OLD } \\
\hline BEFORE STARTED \\
SCHOOL....................... 4 \\
BEFORETEENAGER .. 12 \\
NOT BEFORE TEENAGER \\
(............................. 13 \\
DONT KNOW............. 998 \\
REFUSED............... 999
\end{tabular} \\
\hline  & \\
\hline \begin{tabular}{l}
*SP11a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with being in a high place? \\
(IF VOL: "IT DEPENDS WHICH HIGH PLACE," PROBE: What if you were faced with the high place that you feared most - in that case, did you almost always become very upset or anxious?)
\end{tabular} & YES .......................................... 1
NO........................ 5
DON'T KNOW............. 8
REFUSED................ 9 \\
\hline *SP11a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)
*SC27.3 EQUALS ‘ 1 ' ........................................................................................................................ TO *SP1d & \\
\hline *SP11b. Did you ever avoid high places whenever you could because of your fear? & YES .................................. 5 GO TO *SP11d
NO.................... 5 GO
DONT KNOW ..... 998 GO TO *SP11d
REFUSED........... 999 GO TO *SP11d \\
\hline \begin{tabular}{l}
*SP11c. How old were you when you first avoided high places? \\
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," \\
PROBE: Was it before you first started school? \\
IF NOT YES, PROBE: Was it before you were a teenager?
\end{tabular} & YEARS OLD
BEFORE STARTED
SCHOOL..................... 4
BEFORE TEENAGER ..12
NOT BEFORE TEENAGER
(............................................. 998
DON'T KNOW............. 999
REFUSED................ \\
\hline  & \\
\hline
\end{tabular}
\begin{tabular}{|l|c|l|l|l|}
\hline \begin{tabular}{l} 
Which of the following things did you strongly fear about high places: \\
(IF NEC: Were you afraid...)
\end{tabular} & \begin{tabular}{l} 
YES \\
\((\mathbf{1})\)
\end{tabular} & \begin{tabular}{l} 
NO \\
\((5)\)
\end{tabular} & \begin{tabular}{l} 
DK \\
\((\mathbf{8})\)
\end{tabular} & \begin{tabular}{l} 
RF \\
\((9)\)
\end{tabular} \\
\hline *SP11f. That you might get dizzy and fall? & 1 & 5 & 8 & 9 \\
\hline *SP11g. That you might jump? & 1 & 5 & 8 & 9 \\
\hline *SP11h. That you might have a panic attack and be unable to get help? & 1 & 5 & 8 & 9 \\
\hline *SP11i. That you might become physically ill and be unable to get help? & 1 & 5 & 8 & 9 \\
\hline
\end{tabular}
*SP11j. INTERVIEWER CHECKPOINT: (SEE*SP11f -*SP11i SERIES)
AT LEAST ONE RESPONSE CODED ' 1 '.... 1 ALL OTHERS
GO TO *SP12 5
*SP11k. What was it, then, that you feared most about high places?

DON'T KNOW .8
REFUSED .9

\section*{SP12. INTERVIEWER CHECKPOINT: (SEE *SP1)} GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 6
\(\qquad\)
6
ALL OTHERS \(\qquad\) .7

GO TO *SP13
GO TO *SP14

\section*{GROUP 6 \\ [KEY PHRASE = FLYING]}
\begin{tabular}{|c|c|}
\hline *SP13. (Earlier you/ You also) mentioned being a lot more afraid than most people of flying or airplanes. How old were you the very first time you had this & YEARS OLD \\
\hline fear? & BEFORE STARTED \\
\hline IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," & SCHOOL....................... 4 \\
\hline PROBE: Was it before you first started school? & BEFORE TEENAGER .. 12 \\
\hline & NOT BEFORE TEENAGER \\
\hline \multirow[t]{3}{*}{IF NOT YES, PROBE: Was it before you were a teenager?} & ..................................... 13 \\
\hline & DON'T KNOW.............. 998 \\
\hline & REFUSED ..................... 999 \\
\hline \multicolumn{2}{|l|}{*SP13.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)} \\
\hline \multicolumn{2}{|l|}{*SP1a EQUALS '2' AND *SC27.2 EQUALS '1'................... 1} \\
\hline \multicolumn{2}{|l|}{*SP1a EQUALS '2' AND *SC27.3 EQUALS ' 1 '.... 2 GO TO *SP13b} \\
\hline \multicolumn{2}{|l|}{*SC27.3 EQUALS '1'.......................................... 3 GO TO *SP13c} \\
\hline \multicolumn{2}{|l|}{ALL OTHERS..................................................... 4 GO TO *SP13d} \\
\hline \multirow[t]{4}{*}{*SP13a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with flying?} & YES .............................. 1 \\
\hline & NO................................ 5 \\
\hline & DON'T KNOW............... 8 \\
\hline & REFUSED ...................... 9 \\
\hline \multicolumn{2}{|l|}{*SP13a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)} \\
\hline \multicolumn{2}{|l|}{*SC27.3 EQUALS '1' ......................................................... 1} \\
\hline \multicolumn{2}{|l|}{ALL OTHERS .................................................. 2 GO TO *SP13d} \\
\hline \multirow[t]{4}{*}{*SP13b. Did you ever avoid flying whenever you could because of your fear?} & YES .......................... 1 \\
\hline & NO......................... 5 GO TO *SP13d \\
\hline & DON'T KNOW ........ 8 GO TO *SP13d \\
\hline & REFUSED.............. 9 GO TO *SP13d \\
\hline *SP13c. How old were you when you first avoided flying? & YEARS OLD \\
\hline \multirow[t]{2}{*}{IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?} & BEFORE STARTED \\
\hline & \[
\text { SCHOOL.......................... } 4
\] \\
\hline \multirow[t]{5}{*}{IF NOT YES, PROBE: Was it before you were a teenager?} & BEFORE TEENAGER .. 12 \\
\hline & NOT BEFORE TEENAGER \\
\hline & .................................... 13 \\
\hline & DON'T KNOW.............. 998 \\
\hline & REFUSED ..................... 999 \\
\hline \multicolumn{2}{|l|}{*SP13d. INTERVIEWER CHECKPOINT: (SEE *SP13.1, *SP13a, *SP13b)} \\
\hline \multicolumn{2}{|l|}{*SP13.1 EQUALS '2' OR *SP13.1 EQUALS ' 3 ' ..................... 1} \\
\hline \multicolumn{2}{|l|}{*SP13a EQUALS '1' OR *SP13b EQUALS '1'...................... 2} \\
\hline ALL OTHERS................................................... 3 GO TO *SP14 & \\
\hline
\end{tabular}

*SP14. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SP3a, *SP3b, *SP5a, *SP5b, *SP7a, *SP7b, *SP9a, *SP9b, *SP11a, *SP11b, *SP13a, *SP13b)
*SP1a EQUALS ‘1’ OR *SP3a EQUALS ‘1’ OR *SP3b EQUALS ‘1’ OR *SP5a EQUALS ‘1’ OR *SP5b EQUALS ‘1’ OR *SP7a EQUALS ‘1’ OR *SP7b EQUALS ‘1’ OR *SP9a EQUALS ‘1’ OR *SP9b EQUALS ‘ 1 ' OR *SP11a EQUALS ‘ 1 ' OR *SP11b EQUALS ' 1 ' OR *SP13a EQUALS ‘ 1 ' *SP13b EQUALS ' 1 ', \(\qquad\)
ALL OTHERS
*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 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................................ }
A LITTLE ..................................... }
SOME................................................................ }
A LOT............................................................ }
EXTREMELY................................................ }
DON'T KNOW ............................................ }
REFUSED.................................... }
SOME..................................................................... 3
A LOT................................................................. 4
EXTREMELY................................................... 5
DON'T KNOW ................................................. 8
REFUSED........................................ 9

```

GO TO *SP17
GO TO *SP17

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

*SP19. When was the last time you either strongly feared or avoided 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 ............................ }
2 AND }6\mathrm{ MONTHS AGO........................... }
7 AND }12\mathrm{ MONTHS AGO......................... }
MORE THAN 12 MONTHS AGO
DON'T KNOW.............................................................
REFUSED...................................................................}
4

```
    GO TO *SP21
    GO TO *SP21
    GO TO *SP21
*SP20. How old were you the last time (you either strongly feared or avoided any of these things)?
\begin{tabular}{ll} 
& YEARS OLD \\
DON'T KNOW & 998 \\
REFUSED .................................... 999
\end{tabular}
*SP21. What if you were faced with one of these things today: How strong would your fear be - not at all, mild, moderate, severe, or very severe?
(IF VOL "IT DEPENDS ON WHICH THING," PROBE: What if you were faced with the thing that scares you most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)
```

NOT AT ALL .............................. }1\mathrm{ GO TO *SP27
MILD .......................................... }
G GO TO *SP27
MODERATE................................................. }
SEVERE....................................................... }
VERY SEVERE........................................... }
DON'T KNOW ............................................. }
REFUSED .................................................... }
GO TO *SP273

```
SEVERE
```5
```

```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 most: 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

*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 no interference and 10 means very severe 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 APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99
*SP23b. Your ability to work?

$$
\begin{aligned}
& \text { DOES NOT APPLY ........ } 97 \\
& \text { DON'T KNOW .............. } 98 \\
& \text { REFUSED................. } 99
\end{aligned}
$$

*SP23c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY ......................................... 97
DON’T KNOW ............................................... 98
REFUSED........................................................ 99
*SP23d. Your social life

DOES NOT APPLY ....... 97
DON'T KNOW .............. 98
REFUSED....................... 99

## *SP24. INTERVIEWER CHECKPOINT: (SEE *SP23a - *SP23d)

ALL RESPONSES EQUAL ‘0' OR ‘97’. $\qquad$ .. 1

GO TO *SP27
ALL OTHERS .. 2
*SP25. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance)?
(IF NEC: You can use any number between 0 and 365 to answer)
$\qquad$ NUMBER OF DAYS
*SP27. Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

| YES......................................................................................... 1 |  |
| :--- | :--- |
| NO.................................................................................................................................................................................. | GO TO *SP41.1 |
| DON'T KNOW TO *SP41.1 |  |
| REFUSED....... | 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 helpful or effective?
YES ................................................................. 1
NO................................................. 5 GO TO *SP38c
DON'T KNOW ............................... 8
GO TO *SP38c
REFUSED 9 GO TO *SP38c
*SP38a. How old were you the first time (you got helpful treatment for your fear)?

|  | YEARS OLD |
| :--- | :---: |
| DON'T KNOW | 998 |
| REFUSED ...................................................................... 999 |  |

*SP38b. How many professionals did you ever 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 .......................... 98 | GO TO *SP40 |  |
| REFUSED .............................. 99 | GO TO *SP40 |  |

*SP38c. How many professionals did you ever talk to about your fear?
$\qquad$
DON'T KNOW 98
REFUSED ...................................................................... 99

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*SP40. Did you receive professional treatment for your fear at any time in the past 12 months?
YES ......................................................................... 1
NO....................................................................... 5
DON'T KNOW .................................................. 8
REFUSED ........................................................ 9
*SP41. Were you ever hospitalized overnight for your fear?
YES . .1

```
NO ........................................................... 5 GO TO *SP41.1
DON'T KNOW......................................... }8\mathrm{ GO TO *SP41.1
REFUSED................................................. }
GO TO *SP41.1
```

*SP41a. How old were you the first time (you were hospitalized overnight because of your fear)?
$\qquad$
DON'T KNOW .............................................................. 998
REFUSED........................................................................ 999
*SP41.1. How many of your close relatives - including your biological parents, brothers and sisters, and children - ever had a strong fear of something like animals or closed spaces or heights or blood?
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
*SC30.4 EQUALS'1'............................................................. 2
*SC26 EQUALS' 1 '................................................................. 3
*SC26a EQUALS'1'.............................................................. 4
*SC26b EQUALS'1' .............................................................. 5
ALL OTHERS....................................................................... 6

GO TO *SO1, NEXT SECTION
GO TO *AG1
GO TO *G1 INTRO 1
GO TO *G1 INTRO 2
GO TO *G1 INTRO 3
GO TO *IED1

POST-TRAUMATIC STRESS DISORDER (PT)

|  | $\begin{gathered} \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \mathbf{R F} \\ (9) \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| *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 combat, either as a member of a military, or as a member of an organized non-military group? | $\begin{gathered} 1 \\ \text { GO TO *PT29 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT2. Did you ever serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts? | $\begin{gathered} 1 \\ \text { GO TO } * \mathbf{P T 3 0} \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT3. Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion? | $\begin{gathered} 1 \\ \text { GO TO } * \mathbf{P T 3 1} \\ \text { AND CODE "1" } \end{gathered}$ | 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? | $\begin{gathered} 1 \\ \text { GO TO *PT32 } \\ \text { AND CODE "1" } \end{gathered}$ | 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? | $\begin{gathered} 1 \\ \text { GO TO *PT33 } \\ \text { AND CODE " } 1 \text { " } \\ \hline \end{gathered}$ | 5 | 8 | 9 |
| *PT6. Were you ever kidnapped or held captive? | $\begin{gathered} 1 \\ \text { GO TO *PT34 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT7. Were you ever exposed to a toxic chemical or substance that could cause you serious harm? | $\begin{gathered} 1 \\ \text { GO TO } * \mathbf{P T 3 5} \\ \text { AND CODE" } 1 " \\ \hline \end{gathered}$ | 5 | 8 | 9 |
| *PT8. Were you ever involved in a life-threatening automobile accident? | $\begin{gathered} 1 \\ \text { GO TO } * \mathbf{P T 3 6} \\ \text { AND CODE " } 1 " \end{gathered}$ | 5 | 8 | 9 |
| *PT9. Did you ever have any other life- threatening accident, including on your job? | $\begin{gathered} 1 \\ \text { GO TO *PT37 } \\ \text { AND CODE "1" } \\ \hline \end{gathered}$ | 5 | 8 | 9 |


|  | $\begin{gathered} \hline \text { YES } \\ \text { (1) } \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \text { NO } \\ & \text { (5) } \\ & \hline \end{aligned}$ | $\begin{gathered} \hline \text { DK } \\ (\mathbf{8}) \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (9) \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake? | $\begin{gathered} 1 \\ \text { GO TO *PT38 } \\ \text { AND CODE""" } \end{gathered}$ | 5 | 8 | 9 |
| *PT11. Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion? | $\begin{gathered} 1 \\ \text { GO TO *PT39 } \\ \text { AND CODE""" } \\ \hline \end{gathered}$ | 5 | 8 | 9 |
| *PT12. Did you ever have a life-threatening illness? | $\begin{gathered} 1 \\ \text { GO TO *PT40 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT13. As a child, were you ever badly beaten up by your parents or the people who raised you? | $\begin{gathered} 1 \\ \text { GO TO *PT41 } \\ \text { AND CODE" " } \end{gathered}$ | 5 | 8 | 9 |
| *PT14. Were you ever badly beaten up by a spouse or romantic partner? | $\begin{gathered} 1 \\ \text { GO TO *PT42 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT15. Were you ever badly beaten up by anyone else? | $\begin{gathered} 1 \\ \text { GO TO *PT43 } \\ \text { AND CODE"1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT16. Were you ever mugged, held up, or threatened with a weapon? | $\begin{gathered} 1 \\ \text { GO TO *PT44 } \\ \text { AND CODE""" } \end{gathered}$ | 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. <br> Did you ever experience an event like the one I just described? | $\begin{gathered} 1 \\ \text { GO TO *PT45 } \\ \text { AND CODE""" } \end{gathered}$ | 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. <br> Other than rape, did you ever experience an event like the one I just described? | $\begin{gathered} 1 \\ \text { GO TO *PT46 } \\ \text { AND CODE " } "> \end{gathered}$ | 5 | 8 | 9 |
| *PT19. Has someone ever stalked you - that is, followed you or kept track of your activities in a way that made you feel you were in serious danger? | $\begin{gathered} 1 \\ \text { GO TO *PT47 } \\ \text { AND CODE" " } \end{gathered}$ | 5 | 8 | 9 |


|  | $\begin{gathered} \hline \text { YES } \\ \text { (1) } \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \text { NO } \\ & \text { (5) } \\ & \hline \end{aligned}$ | $\begin{gathered} \hline \text { DK } \\ (\mathbf{8}) \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (\mathbf{9}) \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *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? | $\begin{gathered} 1 \\ \text { GO TO *PT48 } \\ \text { AND CODE" "" } \end{gathered}$ | 5 | 8 | 9 |
| *PT21. Did you ever have a son or daughter who had a life-threatening illness or injury? | $\begin{gathered} 1 \\ \text { GO TO *PT49 } \\ \text { AND CODE""" } \end{gathered}$ | 5 | 8 | 9 |
| *PT22. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? | $\begin{gathered} 1 \\ \text { GO TO *PT50 } \\ \text { AND CODE" } " \end{gathered}$ | 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? | $\begin{gathered} 1 \\ \text { GO TO *PT50.1 } \\ \text { AND CODE""" } \end{gathered}$ | 5 | 8 | 9 |
| *PT23. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? | $\begin{gathered} 1 \\ \text { GO TO *PT51 } \\ \text { AND CODE"1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT24. Did you ever do something that accidentally led to the serious injury or death of another person? | $\begin{gathered} 1 \\ \text { GO TO *PT52 } \\ \text { AND CODE"1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT25. Did you ever on purpose either seriously injure, torture, or kill another person? | $\begin{gathered} 1 \\ \text { GO TO *PT53 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT26. Did you ever see atrocities or carnage such as mutilated bodies or mass killings? | $\begin{gathered} 1 \\ \text { GO TO *PT54 } \\ \text { AND CODE "1" } \end{gathered}$ | 5 | 8 | 9 |
| *PT27. Did you ever experience any other extremely traumatic or lifethreatening event that I haven't asked about yet? | $\begin{gathered} 1 \\ \text { GO TO *PT55 } \\ \text { AND CODE""" } \end{gathered}$ | 5 | 8 | 9 |
| *PT28. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn't tell me about because you didn't want to talk about it? | $\begin{gathered} 1 \\ \text { GO TO *PT57 } \\ \text { AND } \\ \text { CODE "YES" } \\ \hline \end{gathered}$ | 5 | 8 | 9 |
|  |  | $\begin{aligned} & \text { GO TO } * \mathbf{C C 1}, \\ & \text { NEXT SECTION } \end{aligned}$ |  |  |

\begin{tabular}{|c|c|c|}
\hline \& AGE \& DURATION \\
\hline \begin{tabular}{l|l} 
INTERVIEWER: IF EVENT IS ENDORSED, ASK \& \\
THE FOLLOW-UP QUESTIONS AT RIGHT. \& vec \\
\& (1) \\
\end{tabular} \& How old were you when you had your first combat experience? \& How long did you serve? \\
\hline *PT29. (KEY PHRASE: combat experience) \& \begin{tabular}{l}
*PT29a. \\
YEARS
\[
\begin{aligned}
\& \text { DK ............ } 998 \\
\& \text { RF ........... } 999
\end{aligned}
\]
\end{tabular} \& \begin{tabular}{l} 
*PT29b. \\
\\
\hline \\
DAYS........... 1 \\
WEEKS ...... 2 \\
MONTHS .. 3 \\
YEARS........ 4 \\
DK............ 98 \\
RF................ 99
\end{tabular} \\
\hline INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE. \& \begin{tabular}{l} 
*PT29c. \\
\hline YEARS \\
DK ........... 998 \\
RF ............ 999
\end{tabular} \& *PT29d.

DAYS............ 1
WEEKS...... 2
MONTHS .. 3
YEARS........ 4
DK .............. 98
RF ............ 99 <br>
\hline
\end{tabular}

\begin{tabular}{|c|c|c|c|}
\hline \& \& AGE \& DURATION \\
\hline INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. \& \begin{tabular}{cc} 
YES \& NO \\
(1) \& \((5)\)
\end{tabular} \& Hcw old were yo the first time yo did this? \& How long did you serve in that capacity? \\
\hline \begin{tabular}{l}
*PT30. (KEY PHRASE: relief worker in war zone) \\
[Other than the time (s) you participated in combat,] Did you ever serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts? \\
\(\begin{array}{ll}\text { DK................. } 8 \& \text { GO TO *PT31 } \\ \text { RF............. } 9 \& \text { GO TO *PT31 }\end{array}\) \\
(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.)
\end{tabular} \& \begin{tabular}{cc}
1 \& 5 \\
\& \\
CHECK \& GO \\
OFF \& TO \\
EVENT \& *PT31 \\
ON \& \\
REF. \& \\
CARD \&
\end{tabular} \& \begin{tabular}{l}
*PT30a. \\
YEARS
\[
\begin{aligned}
\& \text { DK ............ } 998 \\
\& \text { RF .......... } 999
\end{aligned}
\]
\end{tabular} \& \begin{tabular}{l} 
*PT30b. \\
\hline \\
DAYS.......... 1 \\
WEEKS...... 2 \\
MONTHS .. 3 \\
YEARS...... 4 \\
DK............ 98 \\
RF............ 99
\end{tabular} \\
\hline \multicolumn{2}{|l|}{INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.} \& \begin{tabular}{l} 
*PT30c. \\
\hline YEARS \\
DK ............ 998 \\
RF .......... 999
\end{tabular} \& *PT30d.

DAYS........... 11
WEEKS..... 2
MONTHS . 3
YEARS....... 4
DK............ 98
RF............ 99 <br>
\hline
\end{tabular}

\begin{tabular}{|c|c|c|c|}
\hline \& \& AGE \& DURATION \\
\hline INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. \& \begin{tabular}{cc} 
YES \& NO \\
\((1)\) \& \((5)\)
\end{tabular} \& How old were you when you were first in this situation? \& How long were you in this situation? \\
\hline \begin{tabular}{l}
*PT31. (KEY PHRASE: civilian in war zone) \\
(Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion? \\
DK................ 8 GO TO *PT32 \\
RF. \(\qquad\) 9 GO TO *PT32 \\
(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)
\end{tabular} \& \begin{tabular}{cc}
1 \& 5 \\
\& \\
CHECK \& GO \\
OFF \& TO \\
EVENT \& *PT32 \\
ON \& \\
REF. \& \\
CARD \&
\end{tabular} \& \begin{tabular}{l}
*PT31a. \\
YEARS
\end{tabular} \& *PT31b. \\
\hline \multicolumn{2}{|l|}{INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.} \& \begin{tabular}{l} 
*PT31c. \\
\hline YEARS \\
DK ........... 998 \\
RF ........... 999
\end{tabular} \& *PT31d.

DAYS........... 1
WEEKS...... 2
MONTHS .. 3
YEARS........ 4
DK ............ 98
RF .............. 99 <br>
\hline
\end{tabular}



\begin{tabular}{|c|c|c|c|}
\hline \& \& AGE \& DURATION \\
\hline INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. \& \begin{tabular}{cc} 
YES \& NO \\
\((1)\) \& \((5)\)
\end{tabular} \& How old were you when you were first in this situation? \& How long were you a refugee? \\
\hline \begin{tabular}{l}
*PT33. (KEY PHRASE: refugee) \\
Were you ever a refugee - that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution? \\
DK. \(\qquad\) 8 GO TO *PT34 \\
RF. \(\qquad\) 9 GO TO *PT34
\end{tabular} \& \begin{tabular}{cc}
1 \& 5 \\
CHECK \& G0 \\
OFF \& T0 \\
EVENT \& PT34 \\
ON \& \\
REF. \& \\
CARD \&
\end{tabular} \& \begin{tabular}{l}
*PT33a. \\
YEARS \\
RK \(\qquad\) .998
. .999
\end{tabular} \& \[
\begin{aligned}
\& \text { *PT33b. } \\
\& \\
\& \hline \\
\& \text { DAYS.......... } 1 \\
\& \text { WEEKS ..... } 2 \\
\& \text { MONTHS... } 3 \\
\& \text { YEARS ....... } 4 \\
\& \text { DK............. } 98 \\
\& \text { RF............. } 99
\end{aligned}
\] \\
\hline INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, DURATION FOR THE SECOND OCCURRENCE. \& ORMATION ON TER AGE AND \& \begin{tabular}{l}
*PT33c
\(\qquad\) \\
YEARS
\[
\begin{aligned}
\& \text { DK ............ } 998 \\
\& \text { RF ......... } 999
\end{aligned}
\]
\end{tabular} \& *PT33d.

DAYS........... 1
WEEKS..... 2
MONTHS... 3
YEARS...... 4
DK............ 98
RF.............. 99 <br>
\hline
\end{tabular}

|  |  | AGE | DURATION |
| :---: | :---: | :---: | :---: |
| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. | YES NO <br> (1) $(5)$ | How old were you when you were first in this situation? | How long were you in captivity? |
| *PT34. (KEY PHRASE: kidnapped) <br> Were you ever kidnapped or held captive? <br> DK. $\qquad$ 8 GO TO *PT35 <br> RF. $\qquad$ GO TO *PT35 | 1 5 <br> CHECK  <br> OFF GO <br> EVENT TO <br> ON *PT35 <br> REF.  <br> CARD  | *PT34a. <br> YEARS <br> DK $\qquad$ .998 <br> RF $\qquad$ 999 | *PT34b. $\qquad$ <br> DAYS........... 1 <br> WEEKS ....... 2 <br> MONTHS... 3 <br> YEARS ........ 4 <br> DK................ 98 <br> RF. $\qquad$ 99 |
| INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE. |  | *PT34c. <br> YEARS <br> DK ............ 998 <br> RF .......... 999 | *PT34d. <br> DAYS $\qquad$ ... 1 <br> WEEKS ....... 2 <br> MONTHS... 3 <br> YEARS........ 4 <br> DK. $\qquad$ <br> RF $\qquad$ .98 |


| INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. |  |  | AGE | \#TIMES |
| :---: | :---: | :---: | :---: | :---: |
|  | YES <br> (1) | NO (5) | How old were you when you first found out about (this exposure/ one of these exposures)? | How many times (did that happen in your life)? |
| *PT35. (KEY PHRASE: toxic chemical exposure) <br> Were you ever exposed to a toxic chemical or substance that could cause you serious harm? $\qquad$ 8 GO TO *PT36 <br> RF. $\qquad$ 9 GO TO *PT36 <br> IF VOL "MAYBE, NOT SURE," CODE DK. |  |  | *P35a. | *PT35b. |
|  | 1 | 5 | YEARS | TIMES |
|  | CHECK | GO | DK ........... 998 | DK ........... 998 |
|  | OFF | TO | RF ............ 999 | RF ............ 999 |
|  | $\begin{gathered} \text { EVENT } \\ \text { ON } \end{gathered}$ | *PT36 |  |  |
|  | $\begin{aligned} & \text { REF. } \\ & \text { CARD } \end{aligned}$ |  |  |  |


| INTERVIEWER: FOR EACH ENDORSEDEVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. |  |  | AGE | \# TIMES |
| :---: | :---: | :---: | :---: | :---: |
|  | YES <br> (1) | NO <br> (5) | How old were you the first time? | How many times (did that happen in your life)? |
| *PT36. (KEY PHRASE: automobile accident) <br> Were you ever involved in a life-threatening automobile accident? <br> DK. $\qquad$ 8 GO TO *PT37 <br> RF $\qquad$ 9 GO TO *PT37 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT37 } \end{gathered}$ | *PT36a. <br> YEARS <br> DK ............ 998 <br> RF .......... 999 | *PT36b. TIMES DK............ 998 RF ........... 999 |
| *PT37. (KEY PHRASE: life-threatening accident) <br> Were you in any other life- threatening accident, including on your job? <br> DK. $\qquad$ 8 GO TO *PT38 <br> RF $\qquad$ 9 GO TO *PT38 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT38 } \end{gathered}$ | *PT37a. <br> YEARS $\begin{aligned} & \text { DK ............. } 998 \\ & \text { RF ......... } 999 \end{aligned}$ | *PT37b. <br> TIMES $\begin{aligned} & \text { DK ............. } 998 \\ & \text { RF .......... } 999 \end{aligned}$ |
| *PT38. (KEY PHRASE: natural disaster) <br> Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake? <br> DK. $\qquad$ .8 GO TO *PT39 <br> RF $\qquad$ 9 GO TO *PT39 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT39 } \end{gathered}$ | *PT38a. <br> YEARS <br> DK ............ 998 <br> RF .......... 999 | *PT38b. TIMES DK ............. 998 RF ........... 999 |
| *PT39. (KEY PHRASE: man-made disaster) <br> [Other than the time(s) you've already told me about,] Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion? <br> INTERVIEWER: DO NOT RECORD TOXIC CHEMICALEXPOSURE. | 1 <br> CHECK <br> OFF <br> EVENT <br> ON <br> REF. <br> CARD | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT40 } \end{gathered}$ | *PT39a. <br> YEARS $\begin{aligned} & \text { DK............ } 998 \\ & \text { RF......... } 999 \end{aligned}$ | *PT39b. <br> TIMES $\begin{aligned} & \text { DK .............. } 998 \\ & \text { RF .......... } 999 \end{aligned}$ |
| *PT40. (KEY PHRASE: life-threatening illness) <br> Did you ever have a life-threatening illness? <br> $\begin{array}{ll}\text { DK................. } 8 & \text { GO TO *PT41 } \\ \text { RF............. } 9 & \text { GO TO *PT41 }\end{array}$ | 1 <br> CHECK <br> OFF <br> EVENT <br> ON <br> REF. <br> CARD | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT41 } \end{gathered}$ | *PT40a. <br> YEARS $\begin{aligned} & \text { DK............ } 998 \\ & \text { RF......... } 999 \end{aligned}$ | $\begin{gathered} \text { *PT40b. } \\ \hline \text { TIMES } \\ \text { DK............. } 998 \\ \text { RF ........... } 999 \end{gathered}$ |


| INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. |  |  | AGE you the first time? | \# TIMES <br> How many <br> times (did that <br> happen in your <br> life)? <br> IF "ONGOING" <br> FOR A PERIOD <br> IN R'S LIFE, <br> CODE 995. |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | YES <br> (1) | $\begin{gathered} \text { NO } \\ \text { (5) } \end{gathered}$ |  |  |
| *PT41. (KEY PHRASE: beaten up as a child by caregiver) <br> As a child, were you ever badly beaten up by your parents or the people who raised you? <br> DK. $\qquad$ 8 GO TO *PT42 RF. $\qquad$ 9 GO TO *PT42 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \\ \text { GO } \\ \text { TO } \\ \text { *PT42 } \end{gathered}$ | $\qquad$ <br> YEARS $\begin{aligned} & \text { DK .......... } 998 \\ & \text { RF.......... } 999 \end{aligned}$ | *PT41b. <br>  <br> TIMES <br> DK............ 998 <br> RF.......... 999 |
| *PT42. (KEY PHRASE: beaten up by a spouse or romantic partner) <br> Were you ever badly beaten up by a spouse or romantic partner? <br> DK. $\qquad$ 8 GO TO *PT43 <br> RF.. $\qquad$ 9 GO TO *PT43 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT43 } \end{gathered}$ | *PT42a. <br> YEARS $\begin{aligned} & \text { DK ............ } 998 \\ & \text { RF ......... } 999 \end{aligned}$ | *PT42b. <br> TIMES $\begin{aligned} & \text { DK ............. } 998 \\ & \text { RF .......... } 999 \end{aligned}$ |
| *PT43. (KEY PHRASE: beaten by somebody else) <br> Were you ever badly beaten up by anyone else? <br> DK. $\qquad$ 8 GO TO *PT44 <br> RF.. $\qquad$ 9 GO TO *PT44 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT44 } \end{gathered}$ | $\qquad$ <br> YEARS $\begin{aligned} & \text { DK.......... } 998 \\ & \text { RF.......... } 999 \end{aligned}$ | *PT43b. <br>  <br> TIMES <br> DK............ 998 <br> RF.......... 999 |
| *PT44. (KEY PHRASE: mugged or threatened with a weapon) <br> Were you ever mugged, held up, or threatened with a weapon? <br> DK. $\qquad$ 8 GO TO *PT45 <br> RF. $\qquad$ 9 GO TO *PT45 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT45 } \end{gathered}$ | *PT44a. <br> YEARS $\begin{aligned} & \text { DK.......... } 998 \\ & \text { RF.......... } 999 \end{aligned}$ | *PT44b. <br> TIMES $\begin{gathered} \text { DK.............. } 998 \\ \text { RF.............. } 999 \end{gathered}$ |


| *PT45. (KEY PHRASE: rape) <br> 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. <br> Did you ever experience an event like the one I just described? <br> DK. $\qquad$ .8 GO TO *PT46 <br> RF. $\qquad$ 9 GO TO *PT46 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO } \\ \text { TO } \\ \text { *PT46 } \end{gathered}$ | $\qquad$ <br> YEARS $\begin{aligned} & \text { DK............ } 998 \\ & \text { RF......... } 999 \end{aligned}$ | *PT45b. TIMES DK............ 998 RF ........... 999 |
| :---: | :---: | :---: | :---: | :---: |

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

| INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT. |  |  | AGE you the first time? | \# TIMES <br> How many <br> times (has that <br> happened in <br> your life)? <br> IF "ONGOING" <br> FOR A PERIOD <br> IN R'S LIFE, <br> CODE 995. |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | YES <br> (1) | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ |  |  |
| *PT48. (KEY PHRASE: unexpected death of a loved one) <br> 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? <br> DK.. $\qquad$ 8 GO TO *PT49 <br> RF.. $\qquad$ 9 GO TO *PT49 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *PT49 } \end{gathered}$ | *PT48a. <br> YEARS <br> DK........... 998 <br> RF........ 999 | *PT48b. $\qquad$ <br> TIMES $\begin{aligned} & \text { DK ............. } 998 \\ & \text { RF .......... } 999 \end{aligned}$ |
| *PT49. (KEY PHRASE: child's serious illness) <br> (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? <br> DK.. $\qquad$ 8 GO TO *PT50 <br> RF.. $\qquad$ 9 GO TO *PT50 | 1 CHECK OFF EEENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *PT50 } \end{gathered}$ | *PT49a. <br> YEARS $\begin{aligned} & \text { DK.......... } 998 \\ & \text { RF.......... } 999 \end{aligned}$ | *PT49b. <br> TIMES $\begin{aligned} & \text { DK ............ } 998 \\ & \text { RF ........... } 999 \end{aligned}$ |
| *PT50. (KEY PHRASE: traumatic event to love one) <br> Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? <br> DK. $\qquad$ 8 GO TO *PT50.1 <br> RF. $\qquad$ 9 GO TO *PT50. 1 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO TO } \\ * \text { PT50.1 } \end{gathered}$ | *PT50a. <br> YEARS $\begin{aligned} & \text { DK............ } 998 \\ & \text { RF......... } 999 \end{aligned}$ | *PT50b. $\qquad$ <br> TIMES $\begin{aligned} & \text { DK............... } 998 \\ & \text { RF............... } 999 \end{aligned}$ |
| *PT50. 1. (KEY PHRASE: witnessed physical fights at home) <br> When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother? <br> DK............ 8 GO TO *PT51 <br> RF............ 9 GO TO *PT51 | 1 CHECK OFF EVENT ON REF. CARD | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *PT51 } \end{gathered}$ | *PT50.1a. <br> YEARS <br> DK.......... 998 <br> RF......... 999 | *PT50.1b. <br> TIMES <br> DK $\qquad$ .998 <br> RF $\qquad$ .999 |


| *PT51. (KEY PHRASE: witnessed death or dead body or saw someone seriously hurt) <br> Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? <br> DK................ 8 GO TO *PT52 <br> RF. $\qquad$ 9 GO TO *PT52 | $\begin{gathered} 1 \\ \text { CHECK } \\ \text { OFF } \\ \text { EVENT } \\ \text { ON } \\ \text { REF. } \\ \text { CARD } \end{gathered}$ | $\begin{gathered} 5 \\ \text { GO TO } \\ \text { *PT52 } \end{gathered}$ | *PT51a. <br> YEARS $\begin{aligned} & \text { DK........... } 998 \\ & \text { RF......... } 999 \end{aligned}$ | *PT51b. <br> TIMES |
| :---: | :---: | :---: | :---: | :---: |



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

ONE-TIME EVENT ....... 1 GO TO *PT55c
ONGOING EVENT ........ 2 GO TO *PT55d
DON'T KNOW ............... 8
REFUSED .......................... 9
*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?)
$\qquad$ YEARS OLD GO TO *PT56

| DON'T KNOW.............. 998 | GO TO *PT56 |
| :--- | :--- | :--- |
| REFUSED |  |

*PT55d. (IF NEC: For how long were you in this situation / For how long did this continue)?
DURATION NUMBER
CIRCLE UNIT
OF TIME: DAYS ................ 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4

DON'T KNOW ................ 98
REFUSED ................... 99
*PT56. INTERVIEWER QUERY: (SEE *PT55a) DID EVENT IN *PT55a INVOLVE THREAT OF DEATH OR SERIOUS INJURY TO R OR TO A CLOSE LOVED ONE?
(IF NEC, PROBE: Did this event involve threat of death or serious injury to you or to a close loved one?)
YES
. 1
NO .................................................................................. 5
DON'T KNOW ......................................................... 8
REFUSED...................................................................... 9
*PT57. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn't tell me about because you didn't want to talk about it?

| YES.............................................. 1 | CHECK OFF "PRIVATE EVENT" ON REFERENCE |
| :---: | :--- | :--- |
|  | CARD, THEN GO TO *PT57a |
| NO ............................................................... 8 | GO TO *PT58 |
| GO TO *PT58 |  |
| REFUSED ..................................... 9 | GO TO *PT58 |

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

If I ask you any further questions about this event, I will refer to it as your "private event."
$\qquad$ YEARS OLD
__ DURATION NUMBER FOR ONGOING EVENTS
CIRCLE UNIT OF TIME:

DAYS ........ 1 WEEKS ....... 2 MONTHS ...... 3 YEARS ........ 4
DON'T KNOW .......... 98
REFUSED .................... 99
*PT58.0. You reported the following events: (LIST ALL ENDORSED EVENTS). Is that correct?
YES $\qquad$ 1 GO TO *PT58
ALLOTHERS............................ MANUALLY CORRECT INCORRECT EVENT(S)
*PT58. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD)

STEP 1. ON REFERENCE CARD, WRITE A NUMBER ON THE LINE TO THE RIGHT OF EACH ENDORSED EVENT TYPE. START WITH THE NUMBER ONE
$(1,2,3,4, \ldots)$.

STEP 2. IN LEFT-HAND COLUMN BELOW, CIRCLE TOTAL NUMBER OF EVENT TYPES REPORTED. THE RIGHT-HAND COLUMN GIVES THE NUMBER THAT CORRESPONDS TO THE NUMBER LABEL YOU'VE WRITTEN BY R'S RANDOMLY ASSIGNED EVENT TYPE.

| TOTAL EVENT TYPES REPORTED | $\begin{aligned} & \text { RANDOMLY- } \\ & \text { ASSIGNED } \\ & \text { EVENT TYPE } \end{aligned}$ |
| :---: | :---: |
| 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, |
| CIVILIAN IN A REGION OF TERROR | ASK ABOUT FIRST OCCURRENCE |
| REFUGEE | GO TO *PT59, |
| KIDNAPPED | GSO TO *PT59, |
| ASKOUT FIRST OCCURRENCE |  |
| ALL OTHERS | GO TO *PT59, |
| ASK ABOUT FIRST OCCURRENCE |  |

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

| TOTAL TIMES | OCCURRENCE TO BE PROBED |
| :---: | :---: |
| 1 OR "ONGOING" | ONLY OCCURRENCE OR |
| "ONGOING" OCCURRENCE |  |

*PT59. INTERVIEWER: RECORD RANDOM EVENT

PT59a. NOTE OCCURRENCE TO BE PROBED: (SEE *PT58, STEP 4)
(E.G., "FIRST TIME," "ONLY TIME," "ONGOING," ETC.)

OCCURRENCE: $\qquad$

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)?
$\qquad$ YEARS OLD
DON'T KNOW 998
REFUSED ........................... 999
INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT."
*PT60. INTERVIEWER CHECKPOINT: (SEE *PT58)
R REPORTED ONLY ONE EVENT TYPE,
*PT1 THROUGH *PT6 OR *PT29 THROUGH *PT34 ............................. 1 GO TO *PT118
R REPORTED ONLY ONE EVENT TYPE, AND THAT EVENT OCCURRED ONLY ONCE........................................... 2 GO TO *PT118
ALL OTHERS ..................................................................................................... 3
*PT61. INTERVIEWER CHECKPOINT: (SEE *PT58)
R REPORTED ONLY ONE EVENT TYPE, AND THAT EVENT OCCURRED MORE THAN ONCE. $\qquad$ . 1 GO TO *PT62 INTRO 2 R REPORTED TWO OR THREE DIFFERENT EVENT TYPES ........ 2 GO TO *PT62 INTRO 3 ALL OTHERS........................................................................................ 3 GO TO *PT62 INTRO 4
$\left.\begin{array}{|l|l|l|}\hline \text { *PT62 INTRO 2. } \\ \text { Let me review. You experienced } \\ \text { (NUMBER) (KEY PHRASE OF EVENT } \\ \text { TYPE). After an experience like this, } \\ \text { people sometimes have problems like } \\ \text { upsetting memories or dreams, feeling } \\ \text { emotionally distant or depressed, trouble } \\ \text { sleeping or concentrating, and feeling } \\ \text { jumpy or easily startled. Did you have any } \\ \text { of these reactions after [(either/any) } \\ \text { [EVENT TYPE]/ of these experiences]? }\end{array} \quad \begin{array}{l}\text { *PT62 INTRO 3. } \\ \text { Let me review. You had (two/ three) } \\ \text { different types of traumatic events: [KEY } \\ \text { PHRASES OF ALL EVENT TYPES] (and } \\ \text { a private event). After experiences like } \\ \text { these, people sometimes have problems like } \\ \text { upsetting memories or dreams, feeling } \\ \text { emotionally distant or depressed, trouble } \\ \text { sleeping or concentrating, and feeling } \\ \text { jumpy or easily startled. Did you have any } \\ \text { of these reactions after any of the traumatic } \\ \text { experiences you have gone through? }\end{array} \quad \begin{array}{l}\text { *PT62 INTRO 4. }\end{array} \begin{array}{l}\text { Let me review. You had quite a few } \\ \text { different traumatic experiences, like: [KEY } \\ \text { PHRASES OF 3 EVENT TYPES] (and a } \\ \text { private event). After experiences like these, } \\ \text { people sometimes have problems like } \\ \text { upsetting memories or dreams, feeling } \\ \text { emotionally distant from or depressed, } \\ \text { trouble sleeping or concentrating, and } \\ \text { feeling jumpy or easily startled. Did you } \\ \text { have any of these reactions after any of the } \\ \text { traumatic experiences you have gone } \\ \text { through? }\end{array}\right]$
*PT62.2 Did you ever in your life talk to a medical doctor or other professional about (this problem/any of these problems)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)
$\qquad$
NO..................................................... 5 5 GO TO *PT64
DON'T KNOW .................................. 8
GO TO *PT64
REFUSED ........................................ 9 GO TO *PT64
*PT62.2a. How old were you the first time [you talked to a professional about (this problem/any of these problems)?

YEARS OLD
DON'T KNOW.......... 998
REFUSED .............. 999
$100 \%$ 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 20
.1 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
3
*PT64. Of the [experiences you mentioned to me/ (NUMBER) times (EVENT TYPE)s happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?

IF NEC: REVIEW ENDORSED EVENTS.
(IF "DON'T KNOW," PROBE: Which of these very upsetting events happened most recently?)
DON'T KNOW ................................. 998
REFUSED ......................................... 999

RECORD WORST EVENT: $\qquad$ NUMBER OF EVENT
$\qquad$
$\qquad$
$\qquad$
$\qquad$

PT64a. NOTE AGE AT TIME OF WORST EVENT:
[IF NEC: How old were you when that (happened/ started)?]
$\qquad$ YEARS OLD
DON'T KNOW .998
REFUSED 999

PT64b. [IF NEC: Which occurrence was this (-- the first time, the second time...)?]
NOTE OCCURRENCE (E.G., "FIRST TIME," "ONLY TIME," "ONGOING," ETC.):

OCCURRENCE: $\qquad$

INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "WORST EVENT."
*PT65. INTERVIEWER CHECKPOINT: (SEE *PT59 AND *PT64)
RANDOM EVENT AND WORST EVENT ARE THE SAME TYPE OF EVENT.

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

RANDOM EVENT AND WORST EVENT ARE THE SAME OCCURRENCE OF THE SAME EVENT .................................................................. 1 ..... GO TO *PT122
THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT." ALL OTHERS ..... 5
*PT66.1. (RB, PG 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 PLAUSIBLE COMBINATIONS. IF THERE ARE NO PLAUSIBLE COMBINATIONS OR NO LINKED EVENTS, CODE 29.
SUGGESTED PROBE: You reported [RANDOM EVENT RECORDED IN *PT59] when you were [AGE]. The next question is about that experience. I need to ask whether this was linked in any way to any of the other events you reported. When I say, "linked" I mean whether (RANDOM EVENT) and other events were either part of the same experience or one caused the other. Look at page 20 in your booklet. Considering (all) the events you reported, were any of these linked to (RANDOM EVENT)?
[IF NEC: If you believe that (EVENT) happened in part because (OTHER EVENT) made it much more likely to happen, we will consider those events to be linked.]
INTERVIEWER: CIRCLE ALL THAT APPLY.
COMBAT EXPERIENCE .....  1
RELIEF WORKER IN WAR ZONE .....  2
CIVILIAN IN WAR ZONE .....  3
CIVILIAN IN REGION OF TERROR .....  4
REFUGEE ..... 5
KIDNAPPED .....  6
TOXIC CHEMICAL EXPOSURE .....  7
AUTOMOBILE ACCIDENT .....  8
OTHER LIFE THREATENING ACCIDENT. .....  9
NATURAL DISASTER ..... 10
MAN-MADE DISASTER. ..... 11
LIFE-THREATENING ILLNESS ..... 12
BEATEN UP BY CAREGIVER ..... 13
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER. ..... 14
BEATEN UP BY SOMEONE ELSE ..... 15
MUGGED OR THREATENED WITH A WEAPON ..... 16
RAPE ..... 17
SEXUAL ASSAULT ..... 18
STALKED ..... 19
UNEXPECTED DEATH OF LOVED ONE ..... 20
CHILD WITH SERIOUS ILLNESS ..... 21
TRAUMATIC EVENT TO LOVED ONE ..... 22
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT ..... 23
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH ..... 24
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE ..... 25
SAW ATROCITIES ..... 26
SOME OTHER EVENT ..... 27
PRIVATE EVENT ..... 28
NO LINKED EVENTS / NO PLAUSIBLE COMBINATIONS ..... 30
*PT66.2 INTERVIEWER QUERY: IS RANDOM EVENT LINKED TO THE "WORST EVENT"?
$\qquad$
YES
GO TO *PT122
NO .5
$\qquad$

| INTERVIEWER: SEE *PT64, THEN PROBE: | $\begin{gathered} \hline \text { YES } \\ \text { (1) } \end{gathered}$ | $\begin{gathered} \mathrm{NO} \\ (5) \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \mathbf{R F} \\ & (\mathbf{9}) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PT67. [FOR "ONGOING" EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?] <br> [ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?] | 1 GO TO *PT68 | 5 5 | 8 | 9 |
| *PT67a. Did you feel helpless? | $\begin{gathered} 1 \\ \text { GO TO } \\ \text { *PT68 } \end{gathered}$ | 5 | 8 | 9 |
| *PT67b. Did you feel shocked or horrified? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{P T 6 8} \end{gathered}$ | 5 | 8 | 9 |
| *PT67c. Did you feel numb? | $\begin{gathered} 1 \\ (\text { GO TO } \\ * \mathbf{P T 6 8 )} * * \\ \hline \end{gathered}$ | 5 | 8 | 9 |


|  | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \text { RF } \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PT68. (RB, PG 43): (Look at Group 1 on Page 43 in your booklet.) In the weeks, months, or years after (the event/ this experience ended/ WORST EVENT), did you try not to think about (it/ what happened)? <br> (IF YES: Please make a checkmark by reaction 1.) <br> (KEY PHRASE: tried not to think about it) | 1 | 5 | 8 | 9 |
| *PT69. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? <br> (IF YES: Please make a checkmark by reaction 2.) <br> (KEY PHRASE: stayed away from reminders of it) | 1 | 5 | 8 | 9 |
| *PT70. Were you ever unable to remember some important parts of what happened? <br> IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO. <br> (IF YES: Please make a checkmark by reaction 3.) <br> [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? <br> (IF YES: Please make a checkmark by reaction 4.) <br> (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? <br> (IF YES: Please make a checkmark by reaction 5.) <br> (KEY PHRASE: felt distant from other people) | 1 | 5 | 8 | 9 |
| *PT73. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? <br> (IF YES: Please make a checkmark by reaction 6.) <br> (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? <br> (IF YES: Please make a checkmark by reaction 7.) <br> (KEY PHRASE: felt you had no reason to plan for the future) | 1 | 5 | 8 | 9 |

*PT75. INTERVIEWER CHECKPOINT: (SEE *PT68 - *PT74)
ZERO "YES" RESPONSES IN *PT68 - *PT74
1 GO TO *PT116.1
ALLOTHERS.
. 2 GO TO *PT86

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

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

```
ZERO"YES" RESPONSES IN *PT86 - *PT90. . .1
```

$\qquad$


|  | $\begin{gathered} \hline \text { YES } \\ \text { (1) } \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { NO } \\ (5) \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { DK } \\ (8) \\ \hline \end{gathered}$ | $\begin{aligned} & \mathbf{R F} \\ & (9) \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PT102. (RB, PG 43) (Look at Group 3 on Page 43 in your booklet.) <br> During the time (this event/ this experience/ WORST EVENT) affected you most, did you have trouble falling or staying asleep? <br> (IF YES: Please make a checkmark by reaction 13.) <br> (KEY PHRASE: had sleep problems) | 1 | 5 | 8 8 | 9 |
| *PT103. Were you more irritable or short-tempered than you usually are? <br> (IF YES: Please make a checkmark by reaction 14.) <br> (KEY PHRASE: were irritable) | 1 | 5 | 8 | 9 |
| *PT104. Did you have more trouble concentrating or keeping your mind on what you were doing? <br> (IF YES: Please make a checkmark by reaction 15.) <br> (KEY PHRASE: had trouble concentrating) | 1 | 5 | 8 | 9 |
| *PT105. Were you much more alert or watchful, even when there was no real need to be? <br> (IF YES: Please make a checkmark by reaction 16.) <br> (KEY PHRASE: were more alert or watchful) | 1 | 5 | 8 | 9 |
| *PT106. Were you more jumpy or easily startled by ordinary noises? <br> (IF YES: Please make a checkmark by reaction 17.) <br> (KEY PHRASE: were jumpy or easily startled) | 1 | 5 | 8 | 9 |

*PT107. INTERVIEWER CHECKPOINT: (SEE *PT102 - *PT106)
$\qquad$ . 1 GO TO *PT116. 1
$\qquad$ . 2 GO TO *PT109
*PT109. You (KEY PHRASES FOR PROBLEMS REPORTED IN *PT68-*PT74, *PT86-*PT90, *PT102 -
*PT106). How soon after (the event/ this experience/ WORST EVENT) did you start having [this problem/ (either/any) of these problems]?
CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"
$\qquad$ ONSET NUMBER
CIRCLE UNIT OF TIME: DAYS .... 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4

DON'T KNOW ............................ 98
REFUSED .................................... 99
*PT110. You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN *PT68 - * *PT74, *PT86 - *PT90, *PT102 - *PT106). For about how many days, weeks, months, or years did you continue to have any of these reactions?
(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)
(IF DK, PROBE, "Was it at least a month?" IF YES, CODE 97 BELOW.)
$\qquad$ DURATION NUMBER
CIRCLE UNIT OF TIME: DAYS.... 1 WEEKS.... 2 MONTHS.... 3 YEARS...... 4
"AT LEAST A MONTH"................ 97
DON'T KNOW .............................. 98
REFUSED......................................... 99

## *PT111. INTERVIEWER CHECKPOINT: (SEE *PT110)

LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN *PT110 . .1
GO TO *PT120a
ALLOTHERS
2 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 MONTH

## GO TO *PT116.1

ONE TO TWO TIMES A MONTH............... 2
THREE TO FIVE TIMES A MONTH.......... 3
SIX TO TEN TIMES A MONTH ................. 4
MORE THAN TEN TIMES A MONTH ...... 5
DON'T KNOW ............................................. 8
REFUSED ..................................................... 9
*PT114. How much distress did 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
*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 OR *PT115 . 1 GO TO *PT120a
ALL OTHERS .....  .2
*PT116.1. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)
RANDOM 20\% OF RESPONDENTS 1 GO TO *PT120a
ALL OTHERS .....  2 GO TO *PT116. 2
*PT116.2. INTERVIEWER CHECKPOINT: (SEE *PT107)
*PT107= 2 . 1 GO TO *PT261
ALL OTHERS . 2 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)

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IF *PT59b IS NOT "DON'T KNOW" AND *PT59b IS NOT "REFUSED" AND
*PT59b IS NOT EMPTY
    . GO TO *PT119a
ALL OTHERS
ALL OTHERS ................................. }
```

*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?
$\qquad$ YEARS OLD GO TO *PT122
DON'T KNOW
998
GO TO *PT122

REFUSED........................ 999 GO TO *PT122
*PT119a. The next questions are about an event which we select at random - for you it is the (IF NEC:
first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). You were (AGE RECORDED IN *PT59b) when that happened. Is that correct?

YES.......................... 1 GO TO *PT120a
NO................................ 5
DON'T KNOW............... 8
REFUSED.................... 9 GO TO *PT120a
*PT119a.1. Would you give me your correct age?
YEARS OLD

DON'T KNOW
998
REFUSED...................... 999
GO TO *PT122

## *PT120.0 INTERVIEWER CHECKPOINT (SEE *PT59)

IF *PT59b IS NOT "DON'T KNOW" AND *PT59b IS NOT "REFUSED" AND
*PT59b IS NOT EMPTY.................... 1 GO TO *PT120a
ALL OTHERS .................................... 2
*PT120. The next questions are about a second event, which we select at random - for you it is the (IF NEC:
first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59) How old were you at that time?
$\qquad$ YEARS OLD
GO TO *PT122

DON’T KNOW998

REFUSED......................... 999
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

DON'T KNOW .8
REFUSED $\qquad$ .9 GO TO *PT122
*PT120a.1. Would you give me your correct age?
$\qquad$ YEARS OLD

DON'T KNOW 998 REFUSED .999
*PT122. INTERVIEWER INSTRUCTION: CIRCLE THE NUMBER TO THE RIGHT OF R'S RANDOM EVENT TYPE. THEN FOLLOW SKIP INSTRUCTION.

COMBAT EXPERIENCE
1 GO TO *PT123
RELIEF WORKER IN WAR ZONE .............................................................. 2
CIVILIAN IN WAR ZONE.............................................................................. 3
3 GO TO *PT123
CIVILIAN IN REGION OF TERROR........................................................... 4 GO TO *PT123
REFUGEE ....................................................................................................... 5 GO TO *PT124
KIDNAPPED .................................................................................................. 6 GO TO *PT207
TOXIC CHEMICAL EXPOSURE ................................................................. 7 GO TO *PT207
AUTOMOBILE ACCIDENT ........................................................................ 8 GO TO *PT146
OTHER LIFE THREATENING ACCIDENT ................................................ 9 GO TO *PT207
NATURAL DISASTER................................................................................. 10 GO TO *PT155
MAN-MADE DISASTER ............................................................................... 11 GO TO *PT155
LIFE-THREATENING ILLNESS................................................................... 12 GO TO *PT207
BEATEN UP BY CAREGIVER .................................................................... 13 GO TO *PT207
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER ............................ 14 GO TO *PT207
BEATEN UP BY SOMEONE ELSE............................................................. 15 GO TO *PT207
MUGGED OR THREATENED WITH A WEAPON.................................... 16 GO TO *PT207
RAPE................................................................................................................ 17 GO TO *PT170
SEXUAL ASSAULT ....................................................................................... 18 GO TO *PT170
STALKED........................................................................................................ 19 GO TO *PT207
UNEXPECTED DEATH OF LOVED ONE ................................................. 20 GO TO *PT173
CHILD WITH SERIOUS ILLNESS .............................................................. 21 GO TO *PT207
TRAUMATIC EVENT TO LOVED ONE ..................................................... 22 GO TO *PT207
WITNESSED PHYSICAL FIGHT AT HOME.............................................. 29 GO TO *PT207
WITNESSED DEATH/DEAD BODY,
OR SAW SOMEONE SERIOUSLY HURT.................................................. 23 GO TO *PT207
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH................... 24 GO TO *PT207
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE ............. 25 GO TO *PT207
SAW ATROCITIES....................................................................................... 26 GO TO *PT207
*PT123. RANDOM EVENTS: COMBAT EXPERIENCE
RELIEF WORK OR PEACEKEEKER
CIVILIAN IN WAR
CIVILIAN IN REGION OF TERROR
INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:
(Briefly, where were you and what was the situation?)
DON'T KNOW
.8
REFUSED ...................................................... 9
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
GO TO *PT125
*PT124. RANDOM EVENT: REFUGEE
INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:
(Briefly, where were you and what was the situation when you became a refugee?)

DON'T KNOW
.. 8
REFUSED
.. 9
*PT125. (IF NEC: Did you ever see anyone being killed during that time?)
YES $\qquad$1

NO ............................................................................... 5

## GO TO *PT126

R VOLUNTEERED "SAW A DEAD BODY"........... 6
DON'T KNOW............................................................ 8
REFUSED
GO TO *PT126
$\left.\begin{array}{|l|l|}\hline \text { *PT125a. [IF NEC: Who (did you see die)?] } \\ \text { INTERVIEWER: CIRCLE ALL THAT APPLY. }\end{array} \begin{array}{c}\text { IF VOL, } \\ \text { RECORD } \\ \text { \# PEOPLE }\end{array}\right\}$
*PT126. [IF NEC: During that time, did anyone (else) close to you suddenly die unexpectedly?]

| YES .................................... 1 |  |
| :--- | :--- |
| NO...................................... 5 | GO TO *PT127 |
| DON'T KNOW ............ 8 | GO TO *PT127 |
| REFUSED ..................... 9 | GO TO *PT127 |

$\left.\begin{array}{|l|l|}\hline \text { *PT126a. (IF NEC: Who?) } \\ \text { INTERVIEWER: CIRCLE ALL THAT APPLY. }\end{array} \begin{array}{c}\text { IF VOL, } \\ \text { RECORD } \\ \text { \# PEOPLE }\end{array}\right]$
*PT127. [IF NEC: Were you or was anyone (else) close to you ever seriously harmed or imprisoned during that period?]
$\qquad$
NO 1 5 GO TO *PT128
DON'T KNOW ............ 8 GO TO *PT128
REFUSED. 9 GO TO *PT128
$\left.\begin{array}{|l|l|}\hline \text { *PT127a. (IF NEC: Who?) } \\ \text { INTERVIEWER: CIRCLE ALL THAT APPLY. }\end{array} \begin{array}{c}\text { IF VOL, } \\ \text { RECORD } \\ \text { \# PEOPLE }\end{array}\right]$
*PT128. (IF NEC: During that time did you ever suffer greatly from lack of food, water, shelter or medical care?)
YES 1
NO ....................................... 5
DON'T KNOW .............. 8
REFUSED.......................... 9
*PT129. [IF NEC: In what country did (RANDOM EVENT) occur?]
INTERVIEWER: CIRCLE COUNTRY OR COUNTRIES IN WHICH RANDOM EVENT OCCURRED.
North and Central America

1. BAHAMAS
2. CANADA
3. COSTA RICA
4. CUBA
5. DOMINICAN REPUBLIC
6. ELSALVADOR
7. GUADELOUPE
8. GUATEMALA
9. HAITI
10. HONDURAS
11. JAMAICA
12. MARTINIQUE
13. MEXICO
14. NICARAGUA
15. PANAMA
16. PUERTO RICO
17. ST. LUCIA
18. ST. VINCENT
19. TRINIDAD
20. UNITED STATES
21. CENTRAL AMERICA/CARIBBEAN - NO SPECIFICCOUNTRY
22. NORTH/CENTRAL AMERICA, OTHER (SPECIFY:) $\qquad$

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

## Europe

34. CZECH OR SLOVAK REPUBLIC
35. ENGLAND
36. FRANCE
37. GERMANY
38. GREECE
39. HUNGARY
40. IRELAND
41. ITALY
42. NETHERLANDS
43. NORWAY
44. POLAND
45. PORTUGAL
46. RUSSIA OR FORMER SOVIET UNION
47. SCOTLAND
48. SPAIN
49. FORMER YUGOSLAVIA (CROATIA, SLOVENIA, ETC.)
50. EASTERN EUROPE -NO SPECIFIC COUNTRY
51. WESTERN EUROPE - NO SPECIFIC COUNTRY
52. EUROPE, OTHER (SPECIFY:) $\qquad$
Asia
53. CHINA
54. INDIA
55. JAPAN
56. KOREA
57. PHILIPPINES
58. SINGAPORE
59. TAIWAN
60. THAILAND
61. ASIA - NO SPECIFIC COUNTRY
62. ASIA, OTHER
(SPECIFY:)
Africa
63. ALGERIA
64. EGYPT
65. KENYA
66. MOROCCO
67. NIGERIA
68. SOUTH AFRICA
69. SWEDEN

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70. ZAIRE
71. ZIMBABWE
72. AFRICA - NO SPECIFIC COUNTRY
73. AFRICA, OTHER
(SPECIFY:) $\qquad$
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
ALLOTHERS....................................................... 5 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.............. 2
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?
$\qquad$
DON'T KNOW
.998
REFUSED........................................ 999
*PT133. On how many different occasions did you fire rounds at the enemy?
$\qquad$ OCCASIONS
DON'T KNOW 998
REFUSED....................................... 999
*PT134. On how many different occasions did you see someone get hit either by incoming or outgoing rounds?
$\qquad$ OCCASIONS
DON’T KNOW .............................. 998
REFUSED......................................... 999

[^4]*PT136. How many times were you surrounded by the enemy?
$\qquad$ TIMES
DON'T KNOW .998 REFUSED 999
*PT137. What percentage of the (men/ people/ personnel) in your unit were killed, wounded or missing in action?
PERCENT

```
DON'T KNOW998
```

REFUSED ..... 999
*PT138. How many days, weeks, months, or years altogether were you under enemy fire?
$\ldots$ DURATION NUMBER GO TO *PT207

| CIRCLE UNIT OF TIME: | DAYS......... 1 | WEEKS........ 2 | MONTHS........ 3 | YEARS......... 4 |
| :--- | :---: | :--- | :--- | :--- | :--- |
| DON'T KNOW .............................. 998 | GO TO *PT207 |  |  |  |
| REFUSED ....................................... 999 | GO TO *PT207 |  |  |  |

## *PT146. RANDOM EVENT: AUTO ACCIDENT

Were you driving, a passenger, or a pedestrian?
DRIVER......................................... 1
PASSENGER ................................ 2
IF VOL: PEDESTRIAN ............... 3
IF VOL: BYSTANDER ............... 4
IF VOL: CYCLIST ....................... 5
DON'T KNOW ............................ 8
REFUSED.................................... 9
*PT147. Whose fault was the accident?

INTERVIEWER: CIRCLE ALL THAT APPLY.

R'S FAULT ..................................................................................................... 1
DRIVER OF R'S VEHICLE ......................................................................... 2
OTHER VEHICLE ...................................................................................... 3
BICYCLIST, PEDESTRIAN, OR BYSTANDER...................................... 4
'NO ONE'S FAULT" / WEATHER, ROAD CONDITIONS, ETC.......... 5
DON'T KNOW ........................................................................................ 8
REFUSED....................................................................................................... 9
*PT148. Was anyone killed?
YES .................................. 1
NO..................................... 5
5 GO TO *PT149
DON'T KNOW ................ 8 GO TO *PT149
REFUSED ......................... 9 GO TO *PT149

$\left.$| *PT148a. (IF NEC: Who?) |
| :--- | :--- |
| INTERVIEWER: CIRCLE ALL THAT APPLY. | | IF VOL, |
| :---: |
| RECORD |
| \# PEOPLE | \right\rvert\,

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

| YES ................................. 1 |  |
| :--- | :--- | :--- |
| NO............................ 5 | GO TO *PT207 |
| DONT KNOW.............. 8 | GO TO *PT207 |
| REFUSED.................. 9 | GO TO *PT207 |


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

GO TO *PT207

## *PT155. RANDOM EVENTS: MA,JOR NATURAL DISASTER MAN-MADEDISASTER

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:
(Briefly, what happened?)
DON'T KNOW....................................... 8
REFUSED............................................. 9
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
*PT156. [IF NEC: Did you see anyone die during (RANDOM EVENT)?]

| YES ..................................................... 1 |  |
| :---: | :---: |
| NO..................................................... 5 | GO TO *PT157 |
| (IF VOL:) "SAW A DEAD BODY" .............. 6 |  |
| DON'TKNOW...................................... 8 | GO TO *PT157 |
| REFUSED ............................................ 9 | GO TO *PT157 |


| *PT156a. (IF NEC: Who?) |
| :--- | :--- |
| INTERVIEWER: CIRCLE ALL THAT APPLY. |\(\left|\begin{array}{c}IF VOL, <br>

RECORD <br>
\#PEOPLE\end{array}\right|\)
*PT157. [IF NEC: During the (RANDOM EVENT), did anyone (else) close to you die?]
YES ................................ 1
NO..................................... 5 GO TO *PT158
DON'T KNOW ............ 8 GO TO *PT158
REFUSED ..................... 9
GO TO *PT158
$\left.\begin{array}{|l|l|}\hline \text { *PT157a. (IF NEC: Who?) } \\ \text { INTERVIEWER: CIRCLE ALL THAT APPLY. }\end{array} \begin{array}{c}\text { IF VOL, } \\ \text { RECORD } \\ \text { \# PEOPLE }\end{array}\right]$
*PT158. [IF NEC: Were you or was anyone (else) close to you seriously injured?]

YES .................................. 1
NO 5 GO TO *PT159
DON'T KNOW 8 GO TO *PT159
REFUSED 9 GO TO *PT159
$\left.\begin{array}{|l|l|}\hline \text { *PT158a. (IF NEC: Who?) } \\ \text { INTERVIEWER: CIRCLE ALL THAT APPLY. }\end{array} \begin{array}{c}\text { IF VOL, } \\ \text { RECORD } \\ \text { \# PEOPLE }\end{array}\right]$

```
*PT159. [IF NEC: As a result of the (RANDOM EVENT), were you forced to leave your home?]
    YES ............................... }
    NO ........................... }
    DON'T KNOW ........... }8\mathrm{ GO TO *PT160
    REFUSED..................... }9\mathrm{ GO TO *PT160
    *PT159a. (IF NEC: Did you have to leave it permanently or only temporarily?)
    PERMANENTLY LEFT HOME........... }
    TEMPORARILY LEFT HOME ............. }
    DON'T KNOW .................................... }
    REFUSED ...............................................}
```

*PT160. INTERVIEWER CHECKPOINT:
RANDOM EVENT IS NATURAL DISASTER.......... 1
ALLOTHERS............................................................ 2 GO TO *PT207
*PT161. (IF NEC: What kind of natural disaster was it?)
CIRCLE ALL THAT APPLY.
FLOOD................................................................... 1
HURRICANE ........................................................ 2
TORNADO........................................................... 3
EARTHQUAKE..................................................... 4
TIDALWAVE ................................................. 5
MONSOON.......................................................... 6
FIRE....................................................................... 7
MISTRAL OR OTHER WIND ........................ 8
LIGHTNING ........................................................ 9
OTHER (SPECIFY) ......................................... 10
DON'T KNOW ..... 98
REFUSED ..... 99
*PT170. (RB PG 44) RANDOM EVENTS: RAPE SEXUAL ASSAULT
(IF NEC: Who did this to you [when you were (AGE) years old]?)
CIRCLE ALL THAT APPLY.

SPOUSE OR ROMANTIC PARTNER................. 1
PARENT/GUARDIAN.............................................. 2
STEP-RELATIVE..................................................... 3
OTHER RELATIVE.............................................. 4
SOMEONE ELSE R KNEW .................................. 5
STRANGER............................................................... 6
DON'T KNOW...................................................... 8
REFUSED ................................................................. 9
*PT171. Was it a one-time occurrence, or did it happen repeatedly over a period of days, weeks, months, or even years?

ONE-TIME $\qquad$ .1
REPEATEDLY .5
DON'T KNOW........................... 8
REFUSED.................................. 9 GO TO *PT172
*PT171a. (IF NEC: How long did this continue?)
$\qquad$ DURATION NUMBER

## CIRCLE UNIT

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

DON'T KNOW .98
REFUSED 99
*PT172. As you look back on it now, realistically is there anything you could have done to prevent this from happening?

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

## GO TO *PT207

## *PT173. RANDOMEVENT: UNEXPECTED DEATH OF LOVED ONE

(IF NEC: What was your relationship to this person?)
R'S SPOUSE OR ROMANTIC PARTNER........................... 1
R'S PARENT........................................................................... 2
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) ................. 3
R'S SIBLING....................................................................... 4
GRANDPARENT ................................................................ 5
OTHER RELATIVE, BY BLOOD OR MARRIAGE.......... 6
NOT A FAMILY MEMBER ............................................... 7
DON'T KNOW..................................................................... 8
REFUSED............................................................................. 9
*PT174. How did (this person/ PERSON) die?

HOMICIDE/MURDER
GO TO *PT175
SUICIDE
.2
ACCIDENT .............................................. 3
ILLNESS OR HEALTH PROBLEMS..... 4
MEDICAL MISHAP................................. 5
NATURAL DISASTER............................ 6
OTHER 7
DON'T KNOW........................................ 8
REFUSED................................................ 9 9 GO TO *PT175
*PT174a. [IF NEC: Had (he/she) been ill for a period of time before (his/her) death?]
YES........................................................ 1
NO................................................... 5 GO TO *PT175
DON’T KNOW................................. 8 GO TO *PT175
REFUSED......................................... 9 GO TO *PT175
*PT174b. [IF NEC: For about how long had (he/she) been ill?]

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

DON'T KNOW
.98
REFUSED ............................................. 99
*PT175. How old was (this person/PERSON) at the time of (his/her) death?
$\qquad$ YEARS OLD
DON'T KNOW .998
REFUSED 999
*PT176. Looking back on it now, is there any way you could have prevented this death from happening?
YES. .1
NO.
5
DON'T KNOW. .8
REFUSED. 9

|  | $\begin{gathered} \hline \text { YES } \\ (1) \\ \hline \end{gathered}$ | $\begin{gathered} \text { NO } \\ (5) \end{gathered}$ | $\begin{gathered} \text { DK } \\ (\mathbf{8}) \end{gathered}$ | $\begin{aligned} & \hline \text { RF } \\ & (9) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| *PT207. [FOR "ONGOING" EVENTS: During the period of time when (RANDOM EVENT) was happening repeatedly, did you often feel terrified or very frightened?] <br> [ALL OTHERS: Were you terrified or very frightened at the time (RANDOM EVENT)?] | $\begin{gathered} 1 \\ \text { GO TO } \\ * \text { PT208 } \end{gathered}$ | 5 | 8 | 9 |
| *PT207a. Did you feel helpless? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \text { PT208 } \end{gathered}$ | 5 | 8 | 9 |
| *PT207b. Did you feel shocked or horrified? | $\begin{gathered} 1 \\ \text { GO TO } \\ * \mathbf{P T} 208 \end{gathered}$ | 5 | 8 | 9 |
| *PT207c. Did you feel numb? | 1 | 5 | 8 | 9 |


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

*PT215. INTERVIEWER CHECKPOINT: (SEE *PT208 - *PT214)
ZERO ‘YES’ RESPONSES IN *PT208 - *PT214.
1 GO TO *PT222
ALLOTHERS
2 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"
$\qquad$ ONSET NUMBER
CIRCLE UNIT OF TIME: DAYS .... 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4
DON’T KNOW .98
REFUSED .................................. 99
*PT218. For about how many days, weeks, months, or years did you continue to have [this 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.)
$\qquad$ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS .... 1 WEEKS.... 2 MONTHS.... 3 YEARS .... 4
"AT LEAST A MONTH"............. 97
DON'T KNOW ................................. 98
REFUSED .................................... 99
*PT219. Think of the time when [this reaction was/ these (Group 1) reactions were] most frequent and intense. How often did (it/ they) occur - less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH $\qquad$
ONE TO TWO TIMES A MONTH.............. 2
THREE TO FIVE TIMES A MONTH.......... 3
SIX TO TEN TIMES A MONTH .............. 4 MORE THAN TEN TIMES A MONTH..... 5
DON'T KNOW ........................................ 8
REFUSED ................................................. 9

GO TO *PT2222
 4
*PT220. 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
*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

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

*PT227. INTERVIEWER CHECKPOINT: (SEE *PT222 - *PT226)

ZERO "YES" RESPONSES IN *PT222 - *PT226....................... 1
ALL OTHERS .............................................................................. 2
*PT228. You (KEY PHRASES FOR REACTIONS REPORTED IN *PT222 - *PT226). 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"
$\qquad$ ONSET NUMBER

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

DON'T KNOW .98
REFUSED ..................................... 99
*PT229. For about how many days, weeks, months, or years did you continue 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.)
$\qquad$ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS .... 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4
"AT LEAST A MONTH".............. 97
DON'T KNOW ............................. 98
REFUSED ..................................... 99
*PT230. Think of the time when [this reaction was/ these (Group 2) reactions were] most frequent and intense. How often did (it/ they) occur - less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

```
    LESS THAN ONCE A MONTH................ }1\mathrm{ GO TO *PT233
    ONE TO TWO TIMES A MONTH ............. }
    THREE TO FIVE TIMES A MONTH........ }
    SIX TO TEN TIMES A MONTH .............. }
    MORE THAN TEN TIMES A MONTH..... }
    DON'T KNOW ........................................ }
    REFUSED ............................................... }
```

*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

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

*PT238. INTERVIEWER CHECKPOINT: (SEE *PT233 - *PT237)
ZERO "YES" RESPONSES IN *PT233 - *PT237........................................................................................... 1
*PT239. You (KEY PHRASES FOR REACTIONS REPORTED IN *PT233 - *PT237). 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"
$\qquad$ ONSET NUMBER
CIRCLE UNIT OF TIME: DAYS .... 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4

DON'T KNOW .98
REFUSED ..................................... 99
*PT240. For about how many days, weeks, months, or years did you continue to have [this 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.)
$\qquad$ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS...... 1 WEEKS.... 2 MONTHS .... 3 YEARS .... 4
"AT LEAST A MONTH".............. 97
DON'T KNOW ............................. 98
REFUSED ..................................... 99
*PT241. Think of the time when [this reaction was/ these (Group 3) reactions were] most frequent and intense. How often did (it/ they) occur - less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

## LESS THAN ONCE A MONTH................. 1

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

GO TO *PT244
2 4
5
*PT242. 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
*PT243. How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life - not at all, a little, some, a lot, or extremely?

NOT AT ALL .................................................. 1
A LITTLE....................................................... 2
SOME ............................................................. 3
A LOT ............................................................. 4
EXTREMELY ................................................ 5
DON'T KNOW ............................................... 8
REFUSED....................................................... 9
*PT244. INTERVIEWER CHECKPOINT: (SEE *PT215, *PT219, *PT220, *PT221, *PT227, *PT230, *PT231, *PT232, *PT238, *PT241, *PT242, *PT243)

IF *PT215 EQUALS ‘2’ AND *PT219 EQUALS ‘ 2 '- ‘ 5 ’ AND (*PT220 EQUALS ‘ 3 '-‘ ${ }^{\prime}$ '
OR *PT221 EQUALS ‘3'-‘5’) AND *PT227 EQUALS ‘2' AND *PT230 EQUALS ‘2'-‘5'
AND (*PT231 EQUALS ‘ 3 '-‘ 5 ’ OR *PT232 EQUALS ‘ 3 '-‘ 5 ’) AND *PT238 EQUALS ‘ 2 ’
AND *PT241 EQUALS ' 2 '-‘ 5 ' AND (*PT242 EQUALS ‘ 3 '- ${ }^{\prime} 5$ ' OR
*PT243 EQUALS ‘3’-‘5’) ............................................................................................................... 1
ALLOTHERS.............................................................................................................................. 2 GO TO *PT259
*PT246. Did you ever 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.)

| YES ............................................ 1 |  |
| :---: | :---: |
| NO............................................. 5 | GO TO *PT259 |
| DON'T KNOW ............................ 8 | GO TO *PT259 |
| REFUSED.................................. 9 | GO TO *PT259 |

*PT246a. How old were you the first time (you talked to a professional about your reactions)?
$\qquad$
DON'T KNOW........... 998
REFUSED.................. 999
*PT256. Did you ever get treatment for your reactions that you considered helpful or effective?
YES $\qquad$ 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)?
$\qquad$ YEARS OLD

DON’T KNOW 998
REFUSED 999
*PT256b. How many professionals did you ever talk to about your reactions, up to and including the first time you got helpful treatment?
$\qquad$ 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?
$\qquad$ 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)

```
*PT107EQUALS `2`.......................................................................... }
GO TO *PT261
ALL OTHERS .................................................................................... }
```

*PT260.1. INTERVIEWER CHECKPOINT: (SEE *PT215, PT227, PT238)
*PT215 EQUALS '2' and PT227 EQUALS '2' and PT238 EQUALS
‘2’ ............................................................................................................ 1
1 GO TO *PT261
ALL OTHERS ....................................................................................... 2 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 any 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
REFUSED ...................... 9 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.)
$\qquad$ NUMBER OF WEEKS
DON'T KNOW98
REFUSED ..... 99
*PT264. INTERVIEWER CHECKPOINT: (SEE *PT263)
ZERO TO THREE WEEKS IN *PT263 ... 1
GO TO *CC1, NEXT SECTION
ALL OTHERS .2

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

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

INTERVIEWER: CIRCLE ALL THAT APPLY.

COMBATEXPERIENCE............................................................................................................ 1
RELIEF WORKER IN WAR ZONE............................................................................................... 2
CIVILIAN IN WAR ZONE............................................................................................................. 3
CIVILIAN IN REGION OF TERROR ....................................................................................... 4
REFUGEE ........................................................................................................................................... 5
KIDNAPPED ...................................................................................................................................... 6
TOXIC CHEMICAL EXPOSURE............................................................................................. 7
AUTOMOBILE ACCIDENT .......................................................................................................... 8
OTHER LIFE THREATENING ACCIDENT ................................................................................ 9
NATURALDISASTER ............................................................................................................... 10
MAN-MADE DISASTER............................................................................................................ 11
LIFE-THREATENINGILLNESS ............................................................................................... 12
BEATEN UP BY CAREGIVER .................................................................................................. 13
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER......................................................... 14
BEATEN UP BY SOMEONE ELSE.......................................................................................... 15
MUGGED OR THREATENED WITH A WEAPON ................................................................. 16
RAPE ................................................................................................................................................... 17
SEXUAL ASSAULT....................................................................................................................... 18
STALKED ........................................................................................................................................... 19
UNEXPECTED DEATH OF LOVED ONE .............................................................................. 20
CHILD WITH SERIOUS ILLNESS ............................................................................................ 21
WITNESSED PHYSICAL FIGHT AT HOME .......................................................................... 29
TRAUMATIC EVENT TO LOVED ONE .................................................................................. 22
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT......... 23
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH................................................. 24
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE ........................................... 25
SAW ATROCITIES ..................................................................................................................... 26
SOME OTHER EVENT (SPECIFY)........................................................................................... 27

DON’T KNOW .................................................................................................................. 98 GO TO *PT269
REFUSED........................................................................................................................... 99 GO TO *PT269
*PT266. 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 |  |
| :--- | :--- | :--- |
| NO............................ | GO TO *PT269 |
| DONT KNOW .............. 8 | GO TO *PT269 |
| REFUSED................ 9 | GO TO *PT269 |

*PT268. (IF NEC: Which one?)
INTERVIEWER: RECORD NUMBER OF MOST UPSETTING EVENT REPORTED IN *PT265.
_ NUMBER
INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "WORST 12-MONTH EVENT."
DON'T KNOW .............................. 8
REFUSED....................................... 9

|  | YES <br> $(\mathbf{1})$ | NO <br> $(\mathbf{5})$ | DK <br> $(\mathbf{8})$ | RF <br> $(9)$ |
| :--- | :---: | :---: | :---: | :---: |
| *PT269. Please think of the 30-day period in the past 12 months when your <br> reactions to [(WORST 12-MONTH EVENT)/ these events/ these <br> experiences] were most frequent and intense. During that month, did <br> 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 <br> that month? | 1 | 5 | 8 | 9 |
| *PT271.Did you have trouble feeling normal feelings like love, happiness, or <br> warmth toward other people? | 1 | 5 | 8 | 9 |
| *PT272.Did you feel you had no reason to plan for the future because you <br> thought it would be cut short? | 1 | 5 | 8 | 9 |
| *PT273.Did you have any trouble falling or staying asleep during that <br> 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 <br> reminded you of [(WORST 12-MONTH EVENT)]/ these events]? | 1 | 5 | 8 | 9 |

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

ZERO "YES" REPONSES IN *PT269-*PT275 ............................................................. 1
ALL OTHERS ...........

GO TO *CC1, NEXT SECTION

| No <br> Interference |  | Mild |  |  | der |  |  | er | Very Severe Interference |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 1 | 2 | 3 | 4 | 5 |  | 7 | 8 | 10 |

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

NUMBER (0-10)
*PT278a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY ............... 97
DON'T KNOW....................... 98
REFUSED............................... 99
*PT278b. Your ability to work?

DOES NOT APPLY .............. 97
DON'T KNOW ....................... 98
REFUSED............................... 99
*PT278c. Your ability to form and maintain close relationships with other people?
DOES NOT APPLY ..... 97
DON’T KNOW ..... 98
REFUSED ..... 99
*PT278d. Your social life?

DOES NOT APPLY ............... 97
DON'T KNOW ....................... 98
REFUSED............................... 99
*PT279. INTERVIEWER CHECKPOINT: (SEE *PT278a - *PT278d)

ALL FOUR RESPONSES TO *PT278a - *PT278d SERIES EQUAL ‘0’ OR ‘97’ 1

GO TO *PT281 ALL OTHERS 2
*PT280. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your reactions [to (WORST 12-MONTH EVENT/ these events)]?
(IF NEC: You can use any number between 0 and 365 to answer.)
$\qquad$ NUMBER OF DAYS
DON'T KNOW 998
REFUSED 999
*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?

| YES....................................................................................................... 9 | GO TO *CC1, NEXT SECTION |
| :--- | :--- |
| GO TO *CC1, NEXT SECTION |  |
| GO | GO TO *CC1, NEXT SECTION |
| DON’T KNOW |  |
| REFUSED ........................ SEXT SECTION |  |

## END OF SECTION


[^0]:    *D15. Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

[^1]:    *G26. Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

    YES ................................................ 1
    NO.............................................. 5 GO TO *G26b
    DON'T KNOW ................................. 8 GO TO *G26b
    REFUSED ..................................... 9 GO TO *G26b
    *G26a. (IF NEC: How old were you?)

    $$
    \text { AGE } \quad \text { GO TO *G26c }
    $$

    DON'T KNOW .................. 998
    REFUSED .......................... 999
    *G26b. About how old were you?
    IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
    PROBE: Was it before you first started school?
    IF NOT YES, PROBE: Was it before you were a teenager?
    $\qquad$ YEARS OLD
    BEFORE STARTED SCHOOL ...................... 4
    BEFORE TEENAGER.................................... 12
    NOT BEFORE TEENAGER .......................... 13
    WHOLE LIFE OR DON'T KNOW................. 998
    REFUSED ..................................................... 999

[^2]:    *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?
    $\qquad$
    DON'T KNOW
    998
    REFUSED .......................................................... 999

[^3]:    *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)?

[^4]:    *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?
    $\qquad$ TIMES
    DON'T KNOW
    998
    REFUSED.............................................. 999

