

(OPENING SCREEN)

1. Which study is this? (TICK ONE)

 AUSTRALIAN TOBACCO

 AUSTRALIAN ALCOHOL

FINNISH TOBACCO

2. INTERVIEWER NUMBER: ____ / ____ / ____

3. New interview/review interview/edit interview? (TICK ONE)

☐ NEW INTERVIEW: DATE ____ / ____ / ____
 DD MM YY

TIME: . (24 hr.)

☐ REVIEW/CONTINUE EXISTING
INTERVIEW: DATE ____/____/____
DD MM YY

AUDIO TAPED? (TICK) ☐

TIME: . (24 hr.)

REVIEW INTERVIEW: REVIEWER NUMBER: ____ / ____ / ____

AUDIO TAPED? (TICK) ☐

EDIT INTERVIEW: EDITOR NUMBER: ____/____/____

4. FAMILY NUMBER: _____ ID NUMBER: _____

5. Who is being interviewed? (TICK ONE BELOW)

INDEX CASE? (TICK) ☐

☐ 1989 COHORT AUSTRALIAN TWIN, INTERVIEWED PREVIOUSLY IN THE 1989 COHORT TELEPHONE SURVEY

ASK ASPD? (TICK) ☐

☐ AUSTRALIAN TWIN, OR SPOUSE WHO DID NOT PARTICIPATE IN THE 1989 COHORT TELEPHONE SURVEY

ASK CONDUCT? (TICK) ☐

ASK ASPD? (TICK) ☐

□ AUSTRALIAN BIOLOGICAL PARENT OF INDEX CASE

AUSTRALIAN NON-TWIN SIBLING OF INDEX CASE

FINNISH TWIN

FINNISH SIBLING OF INDEX CASE

FINNISH BIOLOGICAL PARENT OF INDEX CASE

6. Respondent s sex (TICK ONE)

☐ FEMALE☐ MALE

7. Co-Twin s sex (TICK ONE)

☐ FEMALE☐ MALE

☐ N/A (RESPONDENT NOT A TWIN)

**TOBACCO AND ALCOHOL PROJECT
TWINS AND SIBLINGS FULL INTERVIEW**

CONTENTS SCREEN

TICK SECTIONS THAT ARE TO BE USED FOR THIS INTERVIEW
(DEFAULT TO ALL SECTIONS)

A.	DEMOGRAPHICS, FAMILY MORTALITY	A-1	MUST DO
F.	TOBACCO USE	F-11	_____
G.	SPECIFIC PHOBIAS AND SOCIAL PHOBIA	G-34	_____
H.	ALCOHOL USE	H-41	_____
I.	STREET DRUGS	I-60	_____
J.	DEPRESSION	J-76	_____
K.	SUICIDE.	K-94	_____
L.	PANIC DISORDER, PANIC ATTACK AND AGORAPHOBIA	L-98	_____
M.	ATTENTION DEFICIT DISORDER-ADHD	M-105	_____
N.	CONDUCT DISORDER AND ANTI-SOCIAL PERSONALITY DISORDER	N-111	_____
S.	FAMILY STRUCTURE	S-122	_____
T.	SUBJECT COMMENTS	T-124	_____
U.	INTERVIEWER OBSERVATIONS	U-125	_____
V.	INTERVIEWER NARRATIVE	V-128	_____

Before we start, do you have your respondent booklet and a pen or pencil? R.B. USED? Y N

I'd like to start by (IF R IS TWIN: updating/ALL OTHERS: obtaining) some (IF R IS TWIN: of our) information about your family life, and about when you were growing up.

#A1 How old are you now? ____/____ YEARS

#A2 What is your date of birth? ____/____/____
DAY MO YR

#A3 Are you presently married, widowed, separated, divorced, or have you never married?

MARRIED	1
WIDOWED	2
SEPARATED	3
DIVORCED	4
NEVER MARRIED ... (GO TO A4) .	5

A. How many times have you been married? ____/____ TIMES

#A4 Have you ever lived with someone as though you were married for a period of six months or longer? (IF A3= 1/2/3/4: Don t count anyone you later married.)

NO ... (GO TO BOX A5)	1
YES	5
YES, GAY (IF VOLUNTEERED) .	6

A. How many times have you lived together with someone as though you were married for a period of six months or longer? (IF A3= 1/2/3/4: Don't count anyone you later married.) ____/____ TIMES

1. If R. is not presently married (A3=2/3/4/5), ask: Are you currently living together with someone as though you were married? IF YES, ASK BEFORE CODING: Have you been living together for at least six months?

NO	1
YES	5
YES, GAY (IF VOLUNTEERED) .	6

BOX A5
IF R IS CURRENTLY MARRIED/LIVING TOGETHER (A3=1 OR A4.A1=5 OR 6), ASK A5.
IF R IS NOT PRESENTLY MARRIED/LIVING TOGETHER
AND HAS HAD BOTH MARRIED & DE FACTO PARTNERS (A3=2/3/4 & A4.A1=1),
GO TO A5.B. OTHERS GO TO A5.C.

R. IS CURRENTLY MARRIED/LIVING TOGETHER:

A5. In what month and year did you (IF A3=1: get married/ IF A4.A1=5 OR 6: start living together)? ____/____ DATE
MO YR

A. For how many years altogether have you and your partner been living together (IF A3=1: including any period before you got married)? CODE ONE TIME FRAME ____/____ YEARS
MONTHS

GO TO A5.C

R. USED TO BE MARRIED/LIVING TOGETHER
(A3=2/3/4 OR A4.A1=1), AND HAS HAD BOTH
MARITAL AND DE FACTO PARTNERS:

- # B. Were you married to your most recent partner (PROMPT: NO, DE FACTO 1
 By a partner we mean either someone you were married to YES, SPOUSE 5
 or someone with whom you have lived for six months or
 longer)?

SILENTLY CODE RESPONDENT S CURRENT RELATIONSHIP STATUS

- # C. Never married and never lived with a partner (A3=5 AND A4=1) . (GO TO BOX A7) .. 0
 Currently married (A3=1) (GO TO A6) 1
 Currently living with an opposite-sex partner (A4.A1=5) (GO TO A6) 2
 Currently living with a same-sex partner (A4.A1=6) (GO TO A6) 3
 Formerly married once, (and never lived with a partner or most recent
 partner was a spouse) (A3=2/3/4 AND A3.A=1 AND [A4=1 OR A5.B=5]) 4
 Formerly lived with someone once, of the opposite sex, and never married
 (A4=5 AND A4.A1=1 AND A4.A=01 AND A3=5) 5
 Formerly lived with someone once, of the same sex, and never married
 (A4=6 AND A4.A1=1 AND A4.A=01 AND A3=5) 6
 Most recent partner was a spouse (A3=2/3/4 AND
 (A3.A IS MORE THAN 1 OR A4=5/6 AND [A4=1 OR A5.B=5]) 7
 Most recent live-in partner was of the opposite-sex
 (A4=5 AND A4.A1=1 AND [A4.A IS MORE THAN 1 OR A3=2/3/4] AND
 [A3=5 OR A5.B=1]) 8
 Most recent live-in partner was of the same-sex
 (A4=6 AND A4.A1=1 AND [A4.A IS MORE THAN 1
 OR A3=2/3/4] AND [A3=5 OR A5.B=1]) 9
 D. At what age did you (IF A5.C=4: marry your former _____/____
 spouse/IF A5.C=7: marry your most recent spouse/IF AGE
 A5.C=5/6: first live with your former partner/IF A5.C=8/9:
 first live with your most recent partner)?
 E. How many years did you live with (him/her)? ____/____ YEARS
CODE ONE TIME FRAME. ____/____ MONTHS

- A6 How old is your (IF A5.C=1: spouse/IF A5.C=4: former spouse/IF
 A5.C=7: most recent spouse/IF A5.C=2/3: partner/IF A5.C=5/6:
 former partner/IF A5.C=8/9: most recent partner). AGE: ____/____ YEARS

IF R SAYS SPOUSE OR PARTNER IS DECEASED: How old was
 your (IF A5.C=4: former spouse/IF A5.C=7: most recent spouse/IF YEAR OF DEATH: ____
 A5.C=5/6: former partner/IF A5.C=8/9: most recent partner) when
 (s/he) died? In what year did (s/he) die? How old were you when R S AGE AT DEATH: ____/____
 (s/he) died? YEARS

- # A. So that we don t get confused later in the interview, what NAME: _____
 is the first name of your (IF A5.C=1: spouse/IFA5.C=4:
 former spouse/IFA5.C=7: most recent spouse/IF
 A5.C=2/3: partner/IF A5.C=5/6: former partner/IF
 A5.C=8/9: most recent partner)? (PROMPT: Again, by a
 partner, we mean someone with whom you have lived for
 6 months or longer.)

BOX A7
IF R IS MOTHER OF INDEX CASE, GO TO A7.B.
IF MALE, GO TO A7.C. OTHERS CONTINUE.

#A7 Have you ever been pregnant? NO ... (GO TO A8) ... 1
 YES 5

IF R IS 60 YEARS OF AGE OR OLDER, GO TO A7.B

#A. Some of the things we will ask about in this interview are affected by pregnancy. Are you currently pregnant? NO (GO TO B) ... 1
 YES 5

A1. How many months pregnant? ____/____ MONTHS

B. Including any pregnancies that may have ended in miscarriage or termination, how many times have you been pregnant? ____/____ PREGNANCIES

ASK IN A CONFIRMATORY WAY IF KNOWN.

#C. How many children have you had - not counting any step, adopted, or foster children, or any who were stillborn? How many sons? How many daughters? **CODE 00 IF NONE.** ____/____ # SONS
 ____/____ # DAUGHTERS

IF R IS AN INDEX CASE, OR THE SIBLING OF AN INDEX, GO TO A8
IF R HAS NO DAUGHTERS, GO TO A7.C.3.

BEGIN TO USE WORKSHEET: PART A

1. (IF # DAUGHTERS IS MORE THAN 1: starting with the oldest) What (are/is) the first name(s) of your daughter(s) (PROMPT: not counting any step, adopted, or foster children, or any who were stillborn)? **CODE FIRST NAME AND SEX ON WORKSHEET: PART A.**

FOR EACH DAUGHTER, ASK:

2. What is <FIRST NAME S> date of birth?
 How old is she now? **IF R SAYS CHILD IS DEAD:** How old was <FIRST NAME> when she died? **CODE ON WORKSHEET: PART A.**

IF R HAS NO SONS, GO TO A8.

3. (IF # SONS IS MORE THAN 1: starting with the oldest) What (are/is) the full first name(s) of your son(s) (PROMPT: not counting any step, adopted, or foster children, or any who were stillborn)? **CODE FIRST NAME AND SEX ON WORKSHEET: PART A.**

FOR EACH SON, ASK:

4. What is <FIRST NAME S> date of birth?
 How old is he now? **IF R SAYS CHILD IS DEAD:** How old was <FIRST NAME> when he died? **CODE ON WORKSHEET: PART A.**

A8 Please turn to page 2 in your Respondent Booklet. What religion were you raised in? Using list A, just give me the letter. **IF NO RELIGION (A8=P), GO TO B.** CODE _____
(A-L, N-P)

A. Did your religion have formal rules against all tobacco use? NO 1
What about all alcohol use? YES, ALCOHOL ONLY ... 5
YES, TOBACCO ONLY ... 6
YES, BOTH 7

B. And what is your religion now? **IF A8.B=P, GO TO A8.B2.** CODE _____
(A-L, N-P)

B1. And does that religion have formal rules NO 1
against all tobacco use? What about all alcohol use? YES, ALCOHOL ONLY 5
YES, TOBACCO ONLY 6
YES, BOTH 7

B2. And using LIST B, how often do you attend church CODE _____
or other religious meetings? (T-U, X-Z)

A9 Please turn to page 3 in your Booklet. What was the highest educational level completed by your mother? Just use LIST A. CODE _____
(A-C, F-J)

A. And your father? CODE _____
(A-C, F-J)

B. What is the highest educational level that you have completed? CODE _____
(A-C, F-J)

A10 **NOT USED**

A11 **NOT USED**

BOX A12
IF R IS AN AUSTRALIAN TWIN INTERVIEWED PREVIOUSLY
IN THE 1989 COHORT TELEPHONE INTERVIEW, GO TO A12.E.
IF R IS THE PARENT OF AN INDEX CASE, GO TO A12.E.

A12. Were you raised by both of your biological parents until age 16? NO 1
YES (GO TO A12.E) 5

A. Can you tell me what happened? (**PROMPT:** Did your parents separate?) (**CODE EVENTS IN A12.B**)

[A12]

B. How old were you when (EVENT(S) LISTED IN A12;
CODE IN COL. R s AGE)?

	<u>NO</u>	<u>YES</u>	<u>R's AGE</u>
1.R's mother died	1	5	___/___
2.R's father died	1	5	___/___
3.R was given up for adoption	1	5	___/___
4.R separated from mother (marital)	1	5	___/___
5.R separated from father (marital)	1	5	___/___
6.R left home early to live on own	1	5	___/___
7.R separated from mother (other reason) - RECORD BELOW	1	5	___/___
8.R separated from father (other reason) - RECORD BELOW	1	5	___/___
9.R away from home for other reasons - RECORD BELOW	1	5	___/___
10.Parents never married, father never lived with R	1	5	___/___
11.R went to live with relatives (not adoption)	1	5	___/___
12.R placed in foster care	1	5	___/___

7. (Reason) _____

8. (Reason) _____

9. (Reason) _____

___/___
SEPARATION FROM
MOTHER CODE

___/___
SEPARATION FROM
FATHER CODE

**[NOTE: SEPARATION CODES WILL BE ENTERED
DURING REVIEW/EDITING PHASE]**

IF (A12.B1=5 AND A12.B2=5 AND A12.B3=5, GO TO A12.D2)

IF (A12.B1=5 AND A12.B2=5 AND A12.B3=1, GO TO A12.D)

IF ((A12.B1=5 OR A12.B2=5) AND A12.B3=9=1) GO TO A12.D

		<u>AGES</u>	
		<u>ONS</u>	<u>REC</u>
IF ANY A12.B3-9=5, ASK:			
C.	Did your biological (IF A12.B3=5 OR A12.B6=5	<i>BIOLOGICAL</i>	
	OR A12.B9=5 AND NOT (A12.B1=1 OR	<i>MOTHER:</i>	NO ... 1 ___/___ TO ___/___
	A12.B2=1: parents/		YES ... 5
	IF A12.B4=5 OR A12.B7=5 OR (A12.B2=5		
	AND (A12.B3=5 OR A12.B6=5 OR A12.B9=5):		<u>ONS</u> <u>REC</u>
	mother/IF A12.B5=5 OR A12.B8=5 OR	<i>BIOLOGICAL</i>	
	(A12.B1=5 AND (A12.B3=5 OR A12.B6=5 OR	<i>FATHER:</i>	NO ... 1 ___/___ TO ___/___
	A12.B9=5)): father) spend time with you, and		YES ... 5
	continue to be involved in decisions concerning		
	your care after (EVENT(S) LISTED IN A12.B3-		
	9) until age 16? (IF YES: CODE REC=16)		

IF NO: Until what age did (s/he/they) remain involved in your care? **CODE UNDER REC**

**INSERT R s YOUNGEST AGE FROM A12.B3/B4/B6/B7/B9 FOR
BIOLOGICAL MOTHER ONS.**

**INSERT R s YOUNGEST AGE FROM A12.B3/B5/B6/B8/B9 FOR
BIOLOGICAL FATHER ONS.**

IF A12.B3=5, GO TO A12.D2.

- D. Were you also raised by a step or adoptive parents for part of your childhood? **IF YES:** NO (GO TO BOX A12.E) 1
YES 5

(**IF SEPARATED FROM BOTH**

PARENTS, I.E., A12.B4=5 AND A12.B5=5:

Who were they, step parents, adoptive parents

or some other relation/**IF SEPARATED**

FROM ONE PARENT, I.E. A12.B4=5 OR

A12.B5=5: Who was that, a step parent, an adoptive parent or some other relation)?

CODE A12.D1 IN APPROPRIATE CODING SPACE FOR RELATIONSHIP (I.E. STEP OR ADOPTIVE)

- D1. How old were you when (SUBSTITUTE CARETAKERS) began to take care of you? **CODE UNDER ONS.** Did (he/she/they) remain involved in your care until age 16? (**IF YES:** CODE REC=16; **IF NO ASK:** Until what age did (he/she/they) remain involved in your care? **CODE UNDER REC**

		<u>AGES</u>	
		<u>ONS</u>	<u>REC</u>
STEPMOTHER	...	___/___	TO ___/___
ADOPTIVE MOTHER	...	___/___	TO ___/___
OTHER:	_____	___/___	TO ___/___
	_____	___/___	TO ___/___
STEPFATHER	...	___/___	TO ___/___
ADOPTIVE FATHER	...	___/___	TO ___/___
OTHER:	_____	___/___	TO ___/___
	_____	___/___	TO ___/___

GO TO A12.E.

- D2. Did your adoptive parents remain involved in your care until age 16? (**IF YES:** CODE REC=16; **IF NO:** Until what age did they remain involved in your care?)
- | | | |
|-------------------------|---|-----------------------|
| ADOPTIVE MOTHER: NO ... | 1 | <u>AGES</u> |
| YES .. | 5 | <u>ONS</u> <u>REC</u> |
| | | ___/___ TO ___/___ |
| ADOPTIVE FATHER: NO ... | 1 | <u>ONS</u> <u>REC</u> |
| YES .. | 5 | ___/___ TO ___/___ |
- INSERT R s AGE UNDER A12.B3 FOR ADOPTIVE MOTHER/FATHER ONS.**

BOX A12.E
IF A12.B6=5, GO TO BOX A12.E1

- E. At what age did you first leave home? **CODE 00 IF RESPONDENT STILL LIVES AT HOME.**

AGE: ___/___

BOX A12.E1
IF RESPONDENT IS NOT A TWIN, GO TO BOX A12.F.

- E1. At what age did you and your twin first start living apart? **CODE 00 IF ALWAYS LIVED TOGETHER.**

AGE: ___/___

BOX A12.F

IF STUDY=AUSTRALIAN ALCOHOL OR IF STUDY=AUSTRALIAN TOBACCO, GO TO A12.I.

[A12]

- F. What is the local community in which you were born?

YOUR COMMUNITY: _____

[COMPUTER INSTRUCTION: INTERVIEW, DUMP ALL FREE-FORM TEXT INTO A SEPARATE TEXT FILE WITH ITEM NUMBER ATTACHED THROUGHOUT]

- G. What community was your biological father born in?

FATHER S COMMUNITY: _____

- H. What community was your biological mother born in?

MOTHER S COMMUNITY: _____

- | | | <u>COUNTRY
OF BIRTH</u> | <u>CODE</u> |
|---|------------------|-----------------------------|-------------|
| I. In what country was your biological father born. Your father s biological father? Your father s biological mother? | R s FATHER: | _____ | ____/____ |
| | FATHER s FATHER: | _____ | ____/____ |
| | FATHER s MOTHER: | _____ | ____/____ |
| J. In what country was your biological mother born. Your mother s biological father? Your mother s biological mother? | R s MOTHER: | _____ | ____/____ |
| | MOTHER s FATHER: | _____ | ____/____ |
| | MOTHER s MOTHER: | _____ | ____/____ |

Please turn to page 4 in your booklet.

ANCESTRY CODE

- K. Please tell me the ancestry of your biological father s biological parents; that is, the place or the group where most of their ancestors came from. For example, your father s father may have been born in Australia, and have English and Scottish ancestry. What is your father s father s ancestry? Just give me the numbers. Any others? What is the ancestry of your father s mother? (**PROMPT:** Just give me the numbers. Any others?) **CODE 97 IF NOT A BIOLOGICAL RELATIONSHIP.**
- | | |
|------------------|-----------|
| FATHER s FATHER: | ____/____ |
| FATHER s MOTHER: | ____/____ |
- ANCESTRY CODE

- L. Now, please tell me the ancestry of your biological mother s biological parents (**PROMPT:** that is, the place or group where most of their ancestors come from). What is your mother s father s ancestry? (**PROMPT:** Just give me the numbers. Any others?) What is the ancestry of your mother s mother? (**PROMPT:** Just give me the numbers. Any others?) **CODE 97 IF NOT A BIOLOGICAL RELATIONSHIP.**
- | | |
|------------------|-----------|
| MOTHER s FATHER: | ____/____ |
| MOTHER s MOTHER: | ____/____ |

IF RESPONDENT IS A PARENT OF INDEX CASE, GO TO A14.

IF R IS NOT A TWIN, GO TO A13.A, OTHERS CONTINUE

(CODE SILENTLY IF KNOWN)

A13 Is your twin still alive?

NO 1

YES (GO TO A13.A) ... 5

1. What was the cause of death? (SPECIFY)

SPECIFY: _____

NOT TO BE CODED

How old was your twin when s/he died?

AGE TWIN DIED: ____/____

(CODE SILENTLY IF A12.B2=5)

A. Is your biological father still alive?

NO 1

YES (GO TO A13.A3) ... 5

DK 9

A1. What was the cause of your biological father s death?
(SPECIFY)

SPECIFY: _____

NOT TO BE CODED

A2. How old was your biological father when he died?

AGE FATHER DIED: ____/____

IF A12.B2=5, THEN GO TO A13.B

ASK IN A CONFIRMATORY WAY IF KNOWN.

A2.A. How old were you when he died?

R s AGE: ____/____

GO TO A13.B.

A3. How old is your biological father now?

FATHER s AGE: ____/____

(CODE SILENTLY IF A12.B1=5)

B. Is your biological mother still alive?

NO 1

YES (GO TO A13.B3) ... 5

DK (GO TO A13.B3) ... 9

B1. What was the cause of your biological mother s
death?(SPECIFY)

SPECIFY: _____

NOT TO BE CODED

B2. How old was your biological mother when (s/he) died?

AGE MOTHER DIED: ____/____

IF A12.B1=5, THEN GO TO A14

ASK IN A CONFIRMATORY WAY IF KNOWN.

B2.A. How old were you when she died?

R s AGE: ____/____

GO TO A14.

B3. How old is your biological mother now?

MOTHER s AGE: ____/____

A14 (IF R HAS A FEMALE TWIN: Not including your twin,) How many full sisters do you have, that is, who have the same biological father and mother as you, including any full sisters who have died?

FULL SISTERS ____/____

CODE 00 IF NONE

A. (IF R HAS A MALE TWIN: Not including your twin,) How many full brothers do you have, (PROMPT: that is, who have the same biological father and mother as you) including any full brothers who have died?

FULL BROTHERS ____/____

CODE 00 IF NONE

IF NO OTHER BROTHERS AND SISTERS, GO TO A17.

- A15 A IF A14=1: Is your full sister still alive? NO 5
YES 1
- B. IF A14 GREATER THAN 1: (IF R HAS A FEMALE TWIN: Not including your twin,) Have any of your full sisters died? NO 1
YES 5
- C. IF A14.A=1: (IF R HAS A MALE TWIN: Not including your twin,) Is your full brother still alive? NO 5
YES 1
- D. IF A14.A GREATER THAN 1: Have any of your full brothers died? NO 1
YES 5

BEGIN TO USE WORKSHEET - PART B

IF A14=00, GO TO BOX A16, OTHERS CONTINUE.

#A16 Later in the interview, I will need to refer to your (brother(s)/sister(s)). (IF A14 MORE THAN 1: starting with the oldest) what (are/is) the first name(s) of your full sister(s) (IF A15.B=5: including any who have died). CODE FIRST NAME AND SEX ON WORKSHEET: PART B

BOX A16

IF A14.A=00, GO TO BOX A16.B. OTHERS CONTINUE.

B. (IF A14=00: Later in the interview, I will need to refer to your brother(s)). (IF A14.A MORE THAN 1: Starting with the oldest) what (are/is) the first name(s) of your full brother(s) (IF A15.D=5: including any who have died). CODE FIRST NAME AND SEX ON WORKSHEET: PART B

BOX A16.B

IF A15.A=5 OR A15.B=5 OR A15.C=5 OR A15.D=5, CONTINUE.
OTHERS GO TO A17.

[A16]

- C. **IF A15.A=5:** How old was <FIRST NAME> when she died?

CODE ON WORKSHEET: PART B

IF A15.B=5: Please give me the first names of any of your sisters who have died.

ASK FOR EACH DEAD SISTER: How old was <FIRST NAME> when she died?

CODE ON WORKSHEET: PART B

IF A15.C=5: How old was <FIRST NAME> when he died?

CODE ON WORKSHEET: PART B

IF A15.D=5: Please give me the first names of any of your brothers who have died.

ASK FOR EACH DEAD BROTHER: How old was <FIRST NAME> when he died?

CODE ON WORKSHEET: PART B

Now I d like to ask you questions about your height and weight and about your health.

A17. How tall are you? _____/_____/____ cm
OR _____/____ ft _____/____ ins

A. How much do you weigh now? (**IF CURRENTLY PREGNANT:** _____/____/____ kg
What did you weigh before you got pregnant?)
OR _____/____ st _____/____ lbs

B. What is the most you have weighed since age 18 (**IF A7=5 OR** _____/____/____ kg
MOTHER OF INDEX CASE: not counting pregnancies)?
OR _____/____ st _____/____ lbs

C. What is the least you have weighed since age 18? _____/____/____ kg
OR _____/____ st _____/____ lbs

A18 How would you describe your general physical health? Would you say EXCELLENT 1
excellent, good, fair or poor? GOOD 2
FAIR 3
POOR 4

A. And how would you describe your emotional well-being? Would EXCELLENT 1
you say excellent, good, fair or poor? GOOD 2
FAIR 3
POOR 4

Section F - Smoking

Now I would like to ask you some questions about your use of tobacco, and experiences you may have had using tobacco.

F1 **NOT USED**

F2 **NOT USED**

#F3 Have you ever tried cigarette smoking, even a puff? You
NO 1
YES 5

IF R IS NOT A TWIN AND F3=5, GO TO BOX F4.

IF R IS NOT A TWIN AND F3=1, GO TO F3.B.

IF R IS A TWIN, CONTINUE.

A. **IF R IS A TWIN:** How about your twin?

Your
Twin
NO 1
YES 5
DK 9

IF F3=5, GO TO BOX F4. OTHERS, CONTINUE.

B. What is the main reason you have never tried to smoke a cigarette?
SPECIFY: _____

BOX F4

IF STUDY=AUSTRALIAN ALCOHOL, CODE ALL ITEMS IN F4 AS MISSING, GO TO BOX F5.

		<u>You</u>	
		<i>No</i>	<i>Yes</i>
#F4	Did you ever try a cigar? A pipe of tobacco? Chewing tobacco? Snuff? Any other form of tobacco?	1)CG: cigars 1	5
		2)PP: pipe 1	5
		3)CH: chewing tobacco 1	5
		4)SN: snuff 1	5
		5)OTH: other (SPECIFY) .. 1	5

IF R IS NOT A TWIN, GO TO BOX F5.

SPECIFY FOR R: _____

ONLY TYPE ONE OR TWO WORDS

		<u>Your Twin</u>	
		<i>No</i>	<i>Yes</i>
A.	Did your twin ever try a cigar? A pipe of tobacco?	1)CG: cigars 1	5
	Chewing tobacco? Snuff? Any other form of tobacco?	2)PP: pipe 1	5
		3)CH: chewing tobacco 1	5
		4)SN: snuff 1	5
		5)OTH: other (SPECIFY) ... 1	5

SPECIFY FOR TWIN: _____

ONLY TYPE ONE OR TWO WORDS

BOX F5

**IF STUDY=AUSTRALIAN ALCOHOL: ASK ABOUT CIGARETTES FOR RESPONDENT ONLY,
AND IF F3=1, GO TO F40.
OTHERS CONTINUE.**

ALL OTHER STUDIES

**IF R IS TWIN: IF R AND COTWIN HAVE NEVER TRIED TOBACCO
(IF F3=1 AND F3.A=1 OR 9, AND F4.1-5=1 AND F4.A 1-5=1 OR 9), GO TO F40.
IF ONLY COTWIN HAS TRIED TOBACCO (IF F3=1 AND F4.1-5=1 FOR R) GO TO BOX F5.A.**

IF R IS NOT A TWIN: IF R HAS NEVER TRIED TOBACCO (F3=1 AND F4.1-5=1), GO TO F40.

ASK FOR ALL ENDORSED IN F3 AND F4:

**F5 IF F3=5, F4(1)=5, OR F4(2)=5: How old were you the very
first time you smoked even a puff of (IF F3=5: a cigarette?/IF
F4(1)=5: a cigar?/IF F4(2)=5: a pipe of tobacco?) [INSERT
ONS/REC SCRIPT]**

	YOU		
	<u>CT</u>	<u>CG</u>	<u>PP</u>
AGE ONS:	___/___	___/___	___/___
ONS:	___	___	___
	0-5	0-5	0-5

**IF F4(3)=5, F4(4)=5, OR F4(5)=5: How old were you the very
first time you tried (IF F4(3)=5: a chew of tobacco?/IF
F4(4)=5: a pinch or dip of snuff?/IF F4(5)=5: <NAME IN
F4._OTH>?) [INSERT ONS/REC SCRIPT]**

	YOU		
	<u>CH</u>	<u>SN</u>	<u>OTH</u>
AGE ONS:	___/___	___/___	___/___
ONS:	___	___	___
	0-5	0-5	0-5

BOX F5.A

**IF R IS NOT A TWIN, OR IF STUDY=AUSTRALIAN
ALCOHOL,
GO TO BOX F7**

**IF COTWIN HAS NEVER TRIED TOBACCO (F3.A=1 OR 9
AND F4.A.1-5=1 OR 9), GO TO BOX F7.**

**A. IF F3.A=5, F4.A(1)=5, OR F4.A(2)=5: How old was
your twin the very first time (s/he) smoked even a puff of
(IF F3.A=5: a cigarette?/IF F4.A(1)=5: a cigar?/IF
F4.A(2)=5: a pipe of tobacco?) [INSERT ONS/REC
SCRIPT]**

	TWIN		
	<u>CT</u>	<u>CG</u>	<u>PP</u>
AGE ONS:	___/___	___/___	___/___
ONS:	___	___	___
	0-5	0-5	0-5

**IF F4.A(3)=5, F4.A(4)=5, OR F4.A(5)=5: How old was
you twin the very first time (s/he) tried (IF F4.A(3)=5: a
chew of tobacco?/IF F4.A(4)=5: a pinch or dip of
snuff?/IF F4.A(5)=5: <NAME IN F4.A._OTH>?)
[INSERT ONS/REC SCRIPT]**

	TWIN		
	<u>CH</u>	<u>SN</u>	<u>OTH</u>
AGE ONS:	___/___	___/___	___/___
ONS:	___	___	___
	0-5	0-5	0-5

ONS/REC SCRIPT, USED THROUGHOUT INTERVIEW

**IF AGE GIVEN IS LESS THAN CURRENT AGE -12 MONTHS, CODE ONS/REC=5,
IF AGE GIVEN IS CURRENT AGE OR CURRENT AGE -12 MONTHS, ASK:**

Was that within the last week (IF YES, CODE ONS/REC=0)?

The last month (IF YES, CODE ONS/REC=1)?

The last three months (IF YES, CODE ONS/REC=2)?

The last six months (IF YES, CODE ONS/REC=3)?

Or more than six months, but not more than a year (IF YES, CODE ONS/REC=4)?

Or more than a year ago (IF YES, CODE ONS/REC=5)?

F6 NOT USED

BOX F7
IF STUDY=AUSTRALIAN ALCOHOL, GO TO F9.C.

ALL OTHER STUDIES: IF R IS PARENT OF INDEX CASE, GO TO F7.B.
IF R HAS NEVER TRIED A CIGARETTE, GO TO BOX F10.
OTHERS CONTINUE.

F7 Now please turn to page 5 and look at list A. Please think back to your first cigarettes.

How much of a cigarette did you smoke the very first time you tried a cigarette? Just give me the letter from list A.

1 puff only	J
2 puffs	K
3-5 puffs	L
6-10 puffs	N
More than 10 puffs	O
A whole cigarette	P
More than a whole cigarette	Q

A. Please look at list B on page 5. How deeply did you inhale the smoke, the first time you tried a cigarette?

In my lungs, and deeply	S
In my lungs, but not deeply	T
Back in my throat	U
Just in my mouth	V

B. Without using a list, after you tried smoking a cigarette for the first time, how soon did you try smoking again?

Never tried again ... (GO TO F7.C)	A
The same day (GO TO BOX F7.D) .	B
The next day (GO TO BOX F7.D) .	C
Within a week ... (GO TO BOX F7.D) .	D
Within a month .. (GO TO BOX F7.D) .	E
Within 3 months .. (GO TO BOX F7.D) .	F
Within 6 months .. (GO TO BOX F7.D) .	G
Within a year (GO TO BOX F7.D) .	H
More than 1 year . (GO TO BOX F7.D) ..	I

C. What is the main reason you never tried cigarettes again after that first time?

SPECIFY: _____

BOX F7.D
IF F7.B=A, GO TO F9.C.
IF F7.B=B-I AND IF R IS PARENT OF INDEX CASE,
GO TO F9.
OTHERS CONTINUE.

D. Using list A, how much did you smoke the second time you tried cigarette smoking?

1 puff only	J
2 puffs	K
3-5 puffs	L
6-10 puffs	N
More than 10 puffs	O
A whole cigarette	P
More than a whole cigarette	Q

IF NOT ((F7=P OR F7=Q) OR (F7.D=P OR F7.D=Q)) ASK:

- F9 Have you ever smoked a whole cigarette; that is, you smoked all of it yourself?

IF (F7=P OR F7=Q) OR (F7.D=P OR F7.D=Q),

ASK F9 IN A CONFIRMATORY MANNER:

So you have smoked a whole cigarette, that is, smoked all of it yourself?

NO (GO TO F9.A) . . 1

YES . . . (GO TO F9.A1) 5

- A. What is the main reason you never smoked a whole cigarette?

SPECIFY: _____

GO TO F9.C.

- A1. How old were you the first time you smoked a whole cigarette? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

- B. Without using a list, after you first smoked a whole cigarette, how long was it before you smoked your second whole cigarette?

Never again . . . (GO TO F9.B1) . A
The same day . . . (GO TO F9.C) . B
The next day . . . (GO TO F9.C) . C
Within a week . . (GO TO F9.C) . D
Within a month . (GO TO F9.C) . E
Within 3 months . (GO TO F9.C) . F
Within 6 months . (GO TO F9.C) . G
Within a year . . (GO TO F9.C) . H
More than 1 year (GO TO F9.C) . I

- B1. What is the main reason you never smoked a second whole cigarette?

SPECIFY: _____

[F9]

CODE DOWN F9.C (COL. I) BEFORE CODING F9.D (COL. II).

- C. While smoking your very first (cigarettes/**IF F7.B=A OR F9.B=A: cigarette**), did you (**READ R ITEMS F9.C.1-4**)? **CODE IN COLUMN I.**

		<u>COL I</u>			<u>COL II</u>			
		<u>NO</u>	<u>YES</u>	<u>DK</u>	<u>A Little Bit</u>	<u>Some</u>	<u>Quite A Bit</u>	<u>A Great Deal</u>
1)	like the taste or smell of the cigarette?	1	5	9	1	2	3	4
2)	cough?	1	5	9	1	2	3	4
3)	feel dizzy or light-headed?	1	5	9	1	2	3	4
4)	feel more relaxed?	1	5	9	1	2	3	4

While smoking your very first (cigarettes/**IF F7.B=A OR F9.B=A: cigarette**), did you (**READ R ITEMS F9.C.5-8**)? **CODE IN COLUMN I.**

5)	get a headache?	1	5	9			1	4
6)	feel a pleasurable rush or buzz?	1	5	9			1	4
7)	feel your heart racing?	1	5	9			1	4
8)	feel nauseated, like vomiting?	1	5	9			1	4

While smoking your very first (cigarettes/**IF F7.B=A OR F9.B=A: cigarette**), did you (**READ R ITEMS F9.C.9-10**)? **CODE IN COLUMN I.**

9)	feel your muscles tremble or become jittery?	1	5	9			1	4
10)	feel burning in your throat?	1	5	9			1	4

Did you experience any other sensation, that we've not talked about? **CODE IN COLUMN I.**

11)	other sensation (SPECIFY)	1	5	9			1	4
	<i>SPECIFY:</i> _____							

IF ALL F9.C. 1-11=1, GO TO F9.E.

FOR EACH 5 IN COL. I, 1-11, ASK:

- D. Using list C on page 5, while smoking your first cigarette(s), how much did you (**READ 5's CODED IN 1-11**)? Would you say a little bit, some, quite a bit, or a great deal? **CODE IN COLUMN II.**

- E. Again using List C, how much do you remember about smoking your first cigarette(s)? Just give me the number. **IF RESPONDENT VOLUNTEERS NOT AT ALL , CODE 0.** CODE: _____
(0-4)

BOX F10
CONTINUE FOR ALL FORMS OF TOBACCO CODED 5 IN
F3 (CT) AND F4.1-5 (CG, PP, CH, SN & OTH).

IF KNOWN, ASK IN A CONFIRMATORY MANNER:

#F10 Now I'm going to ask you some more questions about (IF F3=5, F4(1)=5,
 OR F4(2)=5: your smoking/IF F4(3)=5, F4(4)=5, OR F4(5)=5: (and
 your use of other tobacco). Please look at list F on page 5.

IF F3=5: How many cigarettes have you smoked in your entire life? (PROMPT: Just give me the letter from list F.) CIGARETTES (CT): _____
 (A-C, F-K)

IF STUDY=AUSTRALIAN ALCOHOL: IF F10(CT)=A/B, GO TO BOX
F11
IF F10(CT)=C-K, GO TO F40

ALL OTHER STUDIES: CONTINUE

IF F4(1)=5: How many cigars have you smoked in your entire life? CIGARS (CG): _____
 (PROMPT: Just give me the letter from list F.) (A-C, F-K)

IF F4(2)=5: How many pipes of tobacco have you smoked in your entire life? PIPES (PP): _____
 (PROMPT: Just give me the letter from list F.) (A-C, F-K)

IF F4(3)=5: How many chews of chewing tobacco have you used in your entire life? CHEWING (CH): _____
 (PROMPT: Just give me the letter from list F.) TOBACCO (A-C, F-K)

IF F4(4)=5: How many pinches or dips of snuff have you used in your entire life? SNUFF (SN): _____
 (PROMPT: Just give me the letter from list F.) (A-C, F-K)

IF F4(5)=5: How many <NAME IN F4.A_OTH> have you used in your entire life? OTHER (OTH): _____
 (PROMPT: Just give me the letter from list F.) (A-C, F-K)

- A) 200 or more
- B) 100-199
- C) 26-99
- F) 20-25
- G) 16-19
- H) 11-15
- I) 6-10
- J) 3-5
- K) 1 or 2

**IF NO FORM OF TOBACCO CODED A, B, OR C, GO TO F40.
IF ONLY ONE FORM OF TOBACCO CODED A, B, OR C, GO TO BOX F11,
AND ASK ABOUT THAT TOBACCO FORM ONLY.
IF 2 OR MORE FORMS OF TOBACCO CODED A, B, OR C,
CONTINUE FOR THOSE TOBACCO FORMS.**

IF KNOWN, ASK IN A CONFIRMATORY MANNER:

- [F10] A. So you've used (LIST ALL FORMS OF TOBACCO CODED A, B, OR C IN F10) more than 25 times in your life. Which one of these forms of tobacco have you used the most? (**CIRCLE ANSWER BELOW**) IF R CANNOT DECIDE, CODE FORM OF TOBACCO LISTED FURTHEST LEFT BELOW.

CT CG PP CH SN <NAME IN F4.A_OTH>

- B. Have you ever used more than one form of tobacco over the same period of time – maybe using <FORM OF TOBACCO USED SECOND MOST OR FORM OF TOBACCO LISTED FURTHEST RIGHT IF USED EQUALLY> instead of <FORM OF TOBACCO USED MOST> at certain times of the day or week? Or have you always used different kinds of tobacco pretty much separately, and at different times in your life?

HAVE USED AT LEAST TWO OVER THE SAME PERIOD 1
ALWAYS USED FORMS SEPARATELY (GO TO BOX F11) 2

CODE COMBINATION 1 SILENTLY IF ONLY TWO FORMS AND GO TO D.

- C. Which forms of tobacco have you used during the same period of time (**CIRCLE FORMS OF TOBACCO BELOW**)? IF TWO OR MORE COMBINATIONS OF TOBACCO USED AT DIFFERENT PERIODS OF TIME, TAKE THE TWO COMBINATIONS USED TOGETHER THE LONGEST, LISTING THE COMBINATION USED FOR THE LONGEST PERIOD OF TIME FIRST. (PROMPT: Which combination did you use for the longest period of time? IF 3 OR MORE COMBINATIONS, OR UNCERTAIN, ASK: Which combination did you use for the next longest period of time?)

COMBINATION 1: (USED LONGEST) CT CG PP CH SN <NAME IN F4.A_OTH>

COMBINATION 2: CT CG PP CH SN <NAME IN F4.A_OTH>

- D. For how many weeks, months or years altogether did you use (**READ ALL FORMS OF TOBACCO CIRCLED ABOVE IN F10.C FOR COMBINATION 1**) together? IF COMBINATION 2 CIRCLED: For how many weeks, months or years altogether did you use (**READ ALL FORMS OF TOBACCO CIRCLED ABOVE IN F10.C FOR COMBINATION 2**) together? **CODE ONE TIME FRAME ONLY FOR EACH COMBINATION.**

<u>COMBINATION 1</u>	<u>COMBINATION 2</u>
WEEKS: ____/____/____	WEEKS: ____/____/____
MONTHS: ____/____/____	MONTHS: ____/____/____
YEARS: ____/____/____	YEARS: ____/____/____

TOBACCO TYPES:

CT = Cigarettes
CG = Cigars
PP = Pipe tobacco
CH = Chewing tobacco
SN = Snuff
OTH = <NAME IN F4.A_OTH>

BOX F11
INTERVIEWER INSTRUCTION: IN THE ITEMS THAT FOLLOW,
WHEN YOU SEE THE WORDS TOBACCO FORM ,
READ THE NAME OF THE FORM OF TOBACCO BEING ASKED ABOUT;
I.E. CIGARETTES, CIGARS, A PIPE OF TOBACCO, CHEWING TOBACCO, SNUFF,
OR NAME OF SOME OTHER FORM OF TOBACCO.

IF STUDY=AUSTRALIAN ALCOHOL, ASK ABOUT CIGARETTES ONLY.

		<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
#F11 Do you still (F10(CT/CG/PP)=A/B/C: smoke/F10(CH/SN/OTH)=A/B/C: use) TOBACCO FORM now, or have you stopped (smoking/using) TOBACCO FORM altogether?	STILL USE	5	5	5	5	5	5
	QUIT	1	1	1	1	1	1

CODE DOWN F11.B TO F11.E1.

		<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
# B. Was there ever a time in your life when you (CT/CG/PP: smoked/CH/SN/OTH: used) TOBACCO FORM at least once a week for at least two months in a row?	NO ... (GO TO F11.E)	1	1	1	1	1	1
	YES	5	5	5	5	5	5

		<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
C. How old were you when you first (smoked/used) TOBACCO FORM at least once a week for at least two months in a row? [INSERT ONS/REC SCRIPT]	AGE ONS: _____	____	____	____	____	____	____
	ONS: _____	____	____	____	____	____	____
		0-5	0-5	0-5	0-5	0-5	0-5

RECORD YOUNGEST AGE ONSET ON TALLY F.

C1. How old were you the last time you (smoked/used) TOBACCO FORM that often (IF F11=5: or do you still (smoke/use) TOBACCO FORM at least once a week)? (PROMPT: At least once a week for at least two months in a row)? [INSERT ONS/REC SCRIPT]	AGE REC: _____						
	REC: _____	____	____	____	____	____	____
		0-5	0-5	0-5	0-5	0-5	0-5

		<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
D. Was there ever a time in your life when you (smoked/used) TOBACCO FORM every day or nearly every day for at least two months in a row?	NO . (GO TO F11.E)	1	1	1	1	1	1
	YES	5	5	5	5	5	5

		<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
D1. How old were you when you first (smoked/used) TOBACCO FORM every day or nearly every day for at least two months in a row? [INSERT ONS/REC SCRIPT]	AGE ONS: _____	____	____	____	____	____	____
	ONS: _____	____	____	____	____	____	____
		0-5	0-5	0-5	0-5	0-5	0-5

D2. How old were you the last time you (smoked/used) TOBACCO FORM that often (IF F11=5: or do you still (smoke/use) TOBACCO FORM every day or nearly every day)?(PROMPT: Every day or nearly every day for at least two months in a row)? [INSERT ONS/REC SCRIPT]	AGE REC: _____						
	REC: _____	____	____	____	____	____	____
		0-5	0-5	0-5	0-5	0-5	0-5

[F11]

E. When was the last time you (smoked/used) even a single (puff of a cigarette/puff of a cigar/puff of a pipe of tobacco/chew of tobacco/pinch or dip of snuff/<NAME IN F4.A_OTH>? REC:

<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
<u>A-I</u>	<u>A-I</u>	<u>A-I</u>	<u>A-I</u>	<u>A-I</u>	<u>A-I</u>

CODES:

WITHIN PAST 24 HOURS A
 WITHIN THE PAST 3 DAYS B
 WITHIN THE PAST 5 DAYS C
 WITHIN PAST 7 DAYS D
 MORE THAN 1 WEEK AGO, WITHIN
 PAST MONTH E
 MORE THAN 1 MTH AGO, WITHIN
 LAST 3 MONTHS F
 MORE THAN 3 MTHS AGO, WITHIN
 LAST 6 MONTHS G
 MORE THAN 6 MTHS AGO, WITHIN
 LAST 12 MONTHS H
 MORE THAN A YEAR AGO I

ENTER AGE SILENTLY IF KNOWN,

OTHERS ASK:

E1. How old were you then?

AGE REC:

<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

BOX F11.E1

IF STUDY=AUSTRALIAN ALCOHOL, GO TO F14 AND ASK ABOUT CIGARETTES ONLY.

ALL OTHER STUDIES: GO BACK TO F11.B FOR NEXT FORM OF TOBACCO

CODED A, B, OR C IN F10 (USED 26 OR MORE TIMES).

OTHERS, CONTINUE FOR ALL FORMS OF TOBACCO

CODED F10=A OR F10=B OR (F10=C AND F11.B=5).

IF NONE, GO TO F40.

F12 **NOT USED**

F13 **NOT USED**

CODE ACROSS.

F14 Please turn to page 6. Using list A (**IF F11=1: Just** before you decided to stop altogether), how many days each week (**F11=1:did/F11=5: do**) you (**CT/CG/PP: smoke/CH/SN/OTH: use**) TOBACCO FORM (**IF F11=5: now**)?

	<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
Every day	E	E	E	E	E	E
5-6 days per week .	F	F	F	F	F	F
3-4 days per week .	G	G	G	G	G	G
2 days per week . . .	H	H	H	H	H	H
1 day per week	I	I	I	I	I	I
Less often	J	J	J	J	J	J

F15 **NOT USED**

BOX F16
IF ONLY SMOKELESS OR OTHER TOBACCO USED 100 OR MORE TIMES, OR WEEKLY, (NO A OR B IN F10 CT/CG/PP OR NO 5' IN F11.B CT/CG/PP), GO TO F18.

BEGIN TO USE TALLY SHEET F. ASTERISK INDICATES ENTER AND CIRCLE ON TALLY SHEET.

CODE DOWN F16 TO F16.B.

	<u>CT</u>	<u>CG</u>	<u>PP</u>	
F16 Using list B on page 6, (IF F11=1: <u>Just</u> before you <u>decided</u> to stop altogether) how many (F10-CT=A/B OR F11-CT=5: cigarettes/F10-CG=A/B OR F11.B-CG=5: cigars/F10-PP=A/B OR F11B-PP=5: pipes of tobacco) (F11=5: do/F11=1: did) you usually smoke most days when you smoke(d)? Just give me the letter from list B.	1-2	P	P	P
	3-5	Q	Q	Q
	6-10	S	S	S
	11-15	T	T	T
	16-19	U	U	U
	20-25	W*A1	W	W
	26-39	X*A1	X	X
	40 or more	Y*A1	Y	Y

A. FOR CIGARETTES ONLY (F10-CT=A/B OR F11.B-CT=5): Using list F on page 6, (IF F11=1: <u>Just</u> before you <u>decided</u> to stop altogether) how much of a cigarette (do/did) you usually smoke?	Down to the filter A
	Most of the cigarette B
	½ of the cigarette C
	¼ of the cigarette F
	Less than ¼ of the cigarette H

B. Without using any lists, what is the largest number of (cigarettes/cigars/pipes of tobacco) you have <u>ever</u> smoked in a 24 hour period? CODE 98 IF 100 OR MORE	<u>CT</u>	<u>CG</u>	<u>PP</u>	
	/	_/_	_/_	

GO BACK TO F16 FOR NEXT TYPE OF TOBACCO (CG/PP) SMOKED 100 OR MORE TIMES OR WEEKLY (F10 CODED A OR B OR F11.B CODED 5').
OTHERS, CONTINUE.

F17 **NOT USED**

CODE DOWN F18-F21 FOR EACH TOBACCO FORM USED 100 OR MORE TIMES, OR AT LEAST WEEKLY

	<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
#F18 (F11=5: Has/F11=1: Had) there ever been a period of time when you (CT/CG/PP: smoked/CH/SN/OTH: used) more TOBACCO FORM than you (F11=5: do now/F11=1: did just before you <u>decided</u> to stop altogether) ?	NO	1	1	1	1	1
	YES (GO TO B)	5	5	5	5	5

A. How old were you when you first began to (CT/CG/PP: smoke/CH/SN/OTH: use) as (CT/CG/PP: many/CH/SN/OTH: much) TOBACCO FORM a week as you (F11=5: do now/F11=1: did just before you <u>decided</u> to stop altogether)? [INSERT ONS/REC SCRIPT].	<u>CT</u>	<u>CG</u>	<u>PP</u>	<u>CH</u>	<u>SN</u>	<u>OTH</u>
	AGE ONS: _/_	_/_	_/_	_/_	_/_	_/_
	ONS: 0-5	0-5	0-5	0-5	0-5	0-5

IF F18=1, GO TO F21.

[F18]

- B. Now I would like you to think about the period of time in your life when you were (CT/CG/PP: smoking/CH/SN/OTH: using) the largest number of (cigarettes/cigars/ pipes of tobacco/chews/pinches or dips/<NAME IN F4.A_OTH>) per week. How old were you when this period first began? [INSERT ONS/REC SCRIPT] How old were you the last time you (smoked/used) that much?[INSERT ONS/REC SCRIPT]
- | | AGE ONS: | <u>CT</u> | <u>CG</u> | <u>PP</u> | <u>CH</u> | <u>SN</u> | <u>OTH</u> |
|--|----------|-----------|-----------|-----------|-----------|-----------|------------|
| | | / | / | / | / | / | / |
| | ONS: | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 |
-
- | | AGE REC: | <u>CT</u> | <u>CG</u> | <u>PP</u> | <u>CH</u> | <u>SN</u> | <u>OTH</u> |
|--|----------|-----------|-----------|-----------|-----------|-----------|------------|
| | | / | / | / | / | / | / |
| | REC: | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 |
-
- C. Please look at list A on page 6. During that period of time when you were (CT/CG/PP: smoking/CH/SN/OTH: using) the largest number of (cigarettes/cigars/pipes of tobacco/chews/pinches or dips/<NAME IN F4.A_OTH>) per week, how many days each week did you (smoke/use) TOBACCO FORM?
- | | | <u>CT</u> | <u>CG</u> | <u>PP</u> | <u>CH</u> | <u>SN</u> | <u>OTH</u> |
|-------------------------|---|-----------|-----------|-----------|-----------|-----------|------------|
| Every day | E | E | E | E | E | E | E |
| 5-6 days per week . . . | F | F | F | F | F | F | F |
| 3-4 days per week . . . | G | G | G | G | G | G | G |
| 2 days per week . . . | H | H | H | H | H | H | H |
| 1 day per week | I | I | I | I | I | I | I |
| Less often | J | J | J | J | J | J | J |

IF SMOKELESS TOBACCO (CH,SN), GO TO BOX F21.

F19 **NOT USED**

- F20 Using list B on page 6, during that same period in your life when you were smoking the most, how many (CT: cigarettes/CG: cigars/PP: pipes of tobacco) did you typically use on those days when you smoked?
- | | <u>CT</u> | <u>CG</u> | <u>PP</u> |
|----------------------|-----------|-----------|-----------|
| 1-2 | P | P | P |
| 3-5 | Q | Q | Q |
| 6-10 | S | S | S |
| 11-15 | T | T | T |
| 16-19 | U | U | U |
| 20-25 | W*A1 | W | W |
| 26-39 | X*A1 | X | X |
| 40 or more | Y*A1 | Y | Y |
- *****
IF CG/PP, GO TO F21.

CODE FIRST YES.

- A. **IF CIGARETTES ONLY (IF F10-CT=A/B OR F11B-CT=5):** Using list F on page 6, during this time, how much of a cigarette did you usually smoke? **READ SLOWLY:** Down to the filter? Most of the cigarette? ½ of the cigarette? ¼ of the cigarette? Or less than a ¼ of a cigarette?
- | | |
|------------------------------------|---|
| Down to the filter | A |
| Most of the cigarette | B |
| ½ of the cigarette | C |
| ¼ of the cigarette | F |
| Less than a ¼ of a cigarette . . . | H |

CODE FIRST YES.

- F21 (F18=5 OR F11=1: During the period when you were smoking the most,) how soon after you (F18=5 OR F11=1: woke/F11=5 AND F18=1: wake) up (did/do) you usually smoke your first (CT: cigarette/CG: cigar/PP: pipe)? **READ SLOWLY.** (Did/do) you smoke TOBACCO FORM within five minutes after waking, within 6 to 15 minutes, within 16 to 30 minutes, within 31 to 60 minutes, or more than one hour after waking?
- | | <u>CT</u> | <u>CG</u> | <u>PP</u> |
|--------------------------------|-----------|-----------|-----------|
| Within 5 minutes | 1 | 1 | 1 |
| Within 6-15 minutes | 2 | 2 | 2 |
| Within 16-30 minutes | 3 | 3 | 3 |
| Within 31-60 minutes | 4 | 4 | 4 |
| More than 1 hour | 5 | 5 | 5 |

BOX F21

**GO BACK TO F18 FOR NEXT TOBACCO FORM USED 100 OR MORE TIMES
OR AT LEAST WEEKLY (F10 CODED A OR B , OR F11.B CODED 5').
CONTINUE IF NONE.**

**IF F10=A OR F10=B OR (F10=C AND F11.B=5) FOR CIGARETTES CONTINUE.
OTHERS GO TO F40.**

I m now going to ask you more about your experiences with using cigarettes. **(IF R HAS USED MORE THAN ONE TYPE OF TOBACCO (IF ANY F4(1)-F4(5)=5): Please focus on cigarettes only.) (IF F11-CT CODED 1: Since you don't smoke now, I'd like you to answer for when you used to smoke cigarettes).**

F22 (F18=5 OR F11=1: During the period when you were smoking the most,) (F11=5 AND F18=1: Do/F18=5 OR F11=1: did) you usually smoke more frequently during the first hours after waking than during the rest of the day? NO 1
YES 5

F23 (F18=5 OR F11=1: During the period when you were smoking the most,) (F11=5 AND F18=1: Do/F18=5 OR F11=1: did) you usually find it difficult to not smoke in places where it (F11=5 AND F18=1: is/F18=5 OR F11=1: was) forbidden? NO 1
YES 5

F24 (F18=5 OR F11=1: During the period when you were smoking the most,) which cigarette (F11=5 AND F18=1: do you hate most giving up/ F18=5 OR F11=1: would you have hated most to give up) the first one in the morning, after eating, while watching television, or some other cigarette? FIRST ONE IN MORNING ... 5
ANY OTHERS 1

F25 (F18=5 OR F11=1: During the period when you were smoking the most,) (F11=5 AND F18=1: Are/F18=5 OR F11=1: were) there times you (F11=5 AND F18=1: smoke/ F18=5 OR F11=1: smoked) even when you (F11=5 AND F18=1: are/F18=5 OR F11=1: were) so ill that you (F11=5 AND F18=1: are/F18=5 OR F11=1: had to be) in bed most of the day? NO 1
YES 5

F26 Have you often chain smoked; that is, smoked several cigarettes in a row? NO (GO TO F27) ... 1
YES 5*B1

A. Have you ever spent a lot of time chain smoking? NO 1
YES 5

F27 Have you ever given up or spent much less time doing activities important to you such as sports, going to movies, or spending time with family or friends because you would not have been able to smoke cigarettes? NO 1
YES 5*C1

A. Of the last 10 cigarettes you smoked, how many of them did you smoke when you were alone? **IF NONE, CODE 00.** # ALONE: ____/____

B. How old were you when you first started inhaling smoke into your lungs most times you smoked? AGE ONS: ____/____
ONS: 0 1 2 3 4 5
IF NEVER, CODE 00 FOR AGE ONS. [INSERT ONS/REC SCRIPT]

F28 Have you often smoked cigarettes a lot more than you intended? NO 1
YES 5*E1

A. Have you ever made personal rules about when or how often you smoked cigarettes? For example, never smoking cigarettes in the morning, or only smoking a certain number of cigarettes each day? NO (GO TO F29) ... 1
YES 5

B. Have you often broken your own rules and smoked cigarettes a lot more than you intended? NO 1
YES 5*E1

F29 After you had been smoking cigarettes for a while, did you start to smoke more cigarettes, on those days when you smoked, in order to feel satisfied? NO 1
YES 5*A2

A. After you had been smoking cigarettes for a while, did you switch to a stronger type of tobacco to feel satisfied? NO 1
YES 5*A2

F30 Have you more than once wanted to stop or cut down on smoking cigarettes? **IF YES, ASK BEFORE CODING:** Why did you want to stop or cut down? NO 1
YES, MORE THAN ONCE (SPECIFY) 5*F1

DON'T COUNT WHEN PREGNANT.

SPECIFY: _____

A. Have you often thought a lot about wanting to quit or cut down on your smoking cigarettes? NO 1
YES 5*F2

B. **NOT USED**

C. **NOT USED**

D. Have you more than once tried to stop or cut down on your smoking cigarettes, but found you could not? **IF NO, ASK:** NO 1
Have you tried even once to stop or cut down on your smoking cigarettes, and found you could not? YES, ONLY ONCE 3
YES, MORE THAN ONCE ... 5*F3
IF VOLUNTEERED: NEVER TRIED TO STOP (GO TO I) 9

E. **NOT USED**

READ SLOWLY:

F. Have you ever tried nicotine gum or a nicotine patch, nicotine nasal spray, Nicotrol inhaler, or another medication, such as Zyban, Wellbutrin or Bupropion to quit or reduce your use of cigarettes? **(IF YES:)** What have you tried? Anything else? NO 1
YES (CODE) 5
IF VOLUNTEERED: NEVER TRIED TO QUIT OR REDUCE (GO TO I) 9

IF OTHER, SPECIFY: _____

CODES:

1. Nicotine gum
2. Nicotine patch
3. Nicotine nasal spray/inhaler
4. Zyban/Wellbutrin/Bupropion
5. Other anti-depressant
6. Other (*SPECIFY*)

G. **NOT USED**

CODE UP TO 4 THAT R HAS TRIED:

[F30] H. Have you ever tried any other form of treatment to quit or reduce your use of cigarettes? **IF YES:** NO 1
 YES (SPECIFY) 5
 What treatments did you try? **(IF COUNSELLING:** How many sessions were involved?) Anything else?

SPECIFY: _____

CODES:

1. Individual counselling (multiple session) _____
2. Individual counselling (single session) _____
3. Group counselling (multiple session) _____
4. Group counselling (single session) _____
5. Hypnosis _____
6. QUIT program _____
7. Acupuncture _____
8. Other (SPECIFY) _____

I. Since you began smoking cigarettes (**IF F11.B-CT=5:** at least once a week), how many times have you stopped or cut down on your smoking for any reason, for 2 weeks or more (**IF F11=1:** including the time you quit)? **IF NEVER, CODE 00. IF 99 OR MORE, CODE 98**

J. Since you began to smoke cigarettes (**IF F11.B-CT=5:** at least once a week), what is the longest period you have stopped or cut down on your smoking or gone without cigarettes for any reason (**IF F11=1:** including the time you quit)? **MAKE SURE ANSWER IS CONSISTENT WITH F30.I.**

NEVER AS MUCH AS A DAY
 (GO TO F33) A
 ONE DAY B
 TWO DAYS C
 3-7 DAYS D
 8-13 DAYS E
 14 DAYS TO 12 MONTHS F
 MORE THAN ONE YEAR G

F31 I'm going to ask you about problems that some people have after they've cut down or quit using cigarettes. Please think about the time that you cut down on or quit smoking cigarettes, (**IF F30.I=2 OR MORE:** that you remember most clearly).

At that particular time, did you cut down, or did you completely stop smoking cigarettes? Please tell me more about that time. What do you remember most clearly about that time? CUT DOWN . (SPECIFY) .. 1
 STOPPED ... (SPECIFY) .. 5

DESCRIPTION: _____

IF F30.F=5 AND ANY CODES=1 OR 2 OR 3, READ PARENTHESES IN F31.A/F31.B/F31.C

A. At that particular time, did you use (a nicotine substitute, such as nicotine gum, a nicotine patch, nicotine nasal spray or inhaler, or) some other form of tobacco or medication just before, or at the time you quit or cut down on your use of cigarettes? NO (GO TO D) 1
 YES 5

B. Has there ever been a time when you cut down or quit without using (a nicotine substitute, or) some other form of tobacco or medication? NO (GO TO D) 1
 YES 5

[F31]

- C. Please tell me about another time when you cut down or quit and did not use (a nicotine substitute,) some other form of tobacco, or other medication at the time when you cut down or stopped smoking cigarettes. **(PROMPT: What do you remember most clearly about that time?)**

DESCRIPTION: _____

INITIAL RETRY

AGE: ____/____ AGE: ____/____

READ { } IF R IS RECYCLING FROM F31.F. AND CODE UNDER RETRY COLUMN

- D. How old were you at that time when you quit or reduced your use of cigarettes (IF F31.A=1 OR F31.B=5: and did not use any form of tobacco or medication to help you) {IF RECYCLING FROM F31.F: and had 4 or more of the problems in List A on page 7}?
- E. (Please turn to page 7 of your Booklet and look at List A.) At that time when you were <AGE IN F31.D> years old, during the first 24 hours after you quit or cut down on cigarettes,... **(READ AND CODE EACH ITEM F31.E. 1-4)?**

	<u>INITIAL</u>			<u>RETRY</u>		
	NO	YES	DK	NO	YES	DK
1) were you more irritable or angry than usual?	1	5	?* 9	1	5	?* 9
2) were you more nervous?	1	5	?* 9	1	5	?* 9
3) were you more restless?	1	5	?* 9	1	5	?* 9
4) did you have more trouble concentrating than usual?	1	5	?* 9	1	5	?* 9

During the first 24 hours after you quit or cut down on cigarettes, ...
(READ AND CODE EACH ITEM F31.E. 5-8)?

	<u>INITIAL</u>			<u>RETRY</u>		
	NO	YES	DK	NO	YES	DK
5) did your heart slow down?	1	5	?* 9	1	5	?* 9
6) did your appetite increase?	1	5	?* 9	1	5	?* 9
7) did you feel more down or depressed than usual?	1	5	?* 9	1	5	?* 9
8) did you have more trouble sleeping than usual?	1	5	?* 9	1	5	?* 9

**IF FOUR OR MORE 5s IN F31.E1-8, CIRCLE ON TALLY SHEET F AT G1 AND GO TO F32.
IF RETRY COLUMN HAS BEEN CODED, GO TO F32.
OTHERS CONTINUE.**

[F31]	FEWER THAN 4 PROBLEMS WITHIN 24 HOURS OF CUTTING DOWN OR QUITTING SMOKING: F. During the time we just talked about you had (TOTAL ITEMS CODED 5 IN F31.E.1-8) of the problems in List A on page 7. Has there been a time when you had <u>4 or more</u> of the problems in List A occur during the first 24 hours after you cut down or stopped smoking cigarettes? IF YES, ASK BEFORE CODING: Please tell me about that time? IF UNKNOWN: At that time, did you use (IF F30.F=5 AND ANY CODES=1/2/3: nicotine gum, a nicotine patch, nicotine nasal spray or inhaler, or) some other form of tobacco or medication just before or at the time you quit or cut down your use of cigarettes? (IF R DID NOT USE OTHER TOBACCO OR NICOTINE SUBSTITUTE OR MEDICATION, CODE 5' AND RETURN TO INSTRUCTION BEFORE F31.D AND CODE UNDER RETRY. HOWEVER, IF R USED NICOTINE REPLACEMENT, OTHER FORM OF TOBACCO OR OTHER MEDICATION JUST BEFORE OR AT THE TIME OF CUTTING DOWN OR STOPPING, ASK: Was there another time when you did not use a nicotine substitute, other medication, or another form of tobacco just before, or at the time when you cut down or stopped smoking cigarettes and had four or more of the problems on in List A? IF NO, CODE 6 AND RETURN TO F31.D. IF YES, CODE 5 AND RETURN TO INSTRUCTION BEFORE F31.D AND ASK ABOUT TIME WHEN R DID NOT USE NICOTINE SUBSTITUTE.) <i>DESCRIPTION:</i> _____ _____ _____	INITIAL NO ... (GO TO F32) 1 YES, WITHOUT NICOTINE SUBSTITUTE (RTN TO F31.D) 5 YES, WITH NICOTINE SUBSTITUTE ONLY (RTN TO F31.D) 6
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F32	Did <u>any</u> of the problems you may have ever had when you cut down or quit smoking cigarettes cause you difficulties at home, with your friends or family, or interfere with your ability to work, or with your life in any way? IF VOLUNTEERED:	NO (GO TO F32.B) 1 YES 5 NO PROBLEMS (GO TO F32.B) .. 6
A.	How old were you the first time any of these problems caused you difficulties, or interfered with your life in any way? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT]	AGE ONS: ____/____ ONS: 0 1 2 3 4 5 AGE REC: ____/____ REC: 0 1 2 3 4 5
B.	Please look again at list A on page 7. After stopping or cutting down on cigarettes, did you <u>ever</u> start smoking cigarettes again or use any other kind of tobacco (IF F30.F=5: or use a nicotine substitute or medication) to prevent ANY of these problems or to make them go away?	NO 1 YES 5*G2

F33	Did you <u>ever</u> start smoking again to satisfy your craving for tobacco?	NO 1 YES 5
-----	--	---------------------------

IF F30.J=A, GO TO F34

A	During the first 24 hours after you cut down or quit smoking cigarettes, did you ever have a strong desire or craving for tobacco?	NO 1 YES 5
---	--	---------------------------

BOX F33.B
IF F30.I=00, GO TO F34.

B.	After you stopped or cut down on smoking cigarettes, did you ever gain weight - at least 3 kg or 6 pounds? IF YES, ASK BEFORE CODING: Was that within 12 months of cutting down or quitting? (IF A7=5 OR MOTHER OF INDEX CASE: Don't count times when you were pregnant.)	NO (GO TO F34) 1 YES 5 ONLY WHEN PREGNANT . (GO TO F34) 6
----	--	--

C.	How much weight did you gain (IF F30.J=G: within 12 months of cutting down or quitting)?	<div style="text-align: right;">___/___/___ kg</div> <div style="text-align: right;">OR ___/___ st ___/___ lbs</div>
----	--	--

F34	Has smoking cigarettes ever caused you any health problems - like problems with your heart or blood pressure, lung trouble, a cough that wouldn't go away, any oral health problems like bleeding gums or mouth sores, or any other health problem?	NO (GO TO F35) 1 YES 5 DK (GO TO F35) 9
-----	---	---

A.	Did you continue to smoke cigarettes after you knew that it was causing you a health problem?	NO 1 YES 5*H1
----	---	------------------------------

F35	Have you ever continued to smoke cigarettes when you had any (IF F34=5: other) <u>serious</u> illness like asthma, bronchitis, or anything like that, that your smoking made worse? (IF YES) What illness was that? Anything else?	NO 1 YES (SPECIFY) 5*H2
-----	---	---

SPECIFY: _____	CODE ___/___/___
_____	___/___/___

F36	After you started smoking cigarettes (IF F11.B-CT=5: regularly, that is at least once a week), did smoking cigarettes <u>ever</u> make you nervous or jittery or <u>cause</u> you any other emotional problem?	NO .. (GO TO BOX F37). 1 YES 5 DK .. (GO TO BOX F37). 9
-----	--	---

A.	Did you continue to smoke cigarettes after you knew that it was causing you to feel nervous or jittery or causing you any other emotional problem?	NO 1 YES 5*H3
----	--	------------------------------

BOX F37
IF NO LETTERS CIRCLED ON TALLY F, GO TO F39.
IF ONLY ONE OR TWO DIFFERENT LETTERS CIRCLED, GO TO F37.B.
OTHERS CONTINUE.

F37 Please look at page 8 of your Respondent Booklet. You will see a list of experiences, in boxes A to H, that people sometimes have with tobacco use. I'd like to review the experiences you've told me you've had using cigarettes. Please circle each of your experiences in the booklet as I review them. Please circle... **(READ AS: "A1 in Box A", "B1 in Box B", etc.).** As you can see, you've had experiences from <TOTAL # OF DIFFERENT LETTERS/BOXES CIRCLED ON TALLY SHEET F> separate boxes.

A. Now I'm going to ask you about how old you were the first and the last time you had each of these experiences, and I'd like you to write down, on the left hand side of page 8, your age the first and last time, in the columns FIRST and LAST, next to the letter and number for these experiences.

B. **FOR EACH SYMPTOM CIRCLED ON THE TALLY SHEET F, ASK:**

(IF ONLY ONE OR TWO LETTERS CIRCLED, SAY: Please look at page 8 in your Respondent Booklet.) How old were you the first time you did [LETTER/NUMBER/COMBINATION] in box [A-H] **RECORD ON TALLY UNDER AGE ONS/AGE REC. [INSERT ONS/REC SCRIPT]**
How old were you the last time? **[INSERT ONS/REC SCRIPT]**

IF THREE OR MORE DIFFERENT LETTERS CIRCLED, FOR FIRST LETTER/NUMBER PROMPT: Now, write down those ages next to [LETTER/NUMBER COMBINATION] in box [A-H]. **REPEAT PROMPT AS NECESSARY.**

BOX F38

IF EXPERIENCES FROM AT LEAST THREE DIFFERENT LETTERS CIRCLED ON TALLY SHEET F, CONTINUE; OTHERS GO TO F39.

F38 Now I d like to know whether you ve ever had experiences from (IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS CIRCLED ON TALLY SHEET F: 3 or more) separate boxes in any 12-month period. These experiences might not have occurred together -- one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period.

[COMPUTER INSTRUCTION: DISPLAY GRID FOR TALLY SHEET F. SEE SHEET COMPUTER INSTRUCTION FOR DISPLAYING GRID FOR TALLY SHEETS]

Did you ever have experiences from (IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS CIRCLED: 3 or more) separate boxes on page 8 in any 12-month period?
[PROMPT: Looking at the ages you had these experiences for the first and last time might help you to answer this question.]

NO ... (GO TO F39) 1
YES 5
NO, CORRECTED BY
EDITOR 6
YES, CORRECTED BY
EDITOR 7

A. How old were you the very first time experiences from (IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS CIRCLED: 3 or more) separate boxes occurred within a 12-month period? CODE ONS=5 IF MORE THAN 12 MONTHS AGO, REC=4 OTHERWISE. (PROMPT: Was that within the past 12 months?) How old were you the very last time you had experiences from 3 (or more) separate boxes within a 12-month period? CODE REC=5 IF MORE THAN 12 MONTHS AGO, REC=4 OTHERWISE. (PROMPT: Was that within the past 12 months?)
INTERVIEWER INSTRUCTION: RECONCILE WITH RESPONDENT S AGE ONS AND AGE REC FOR EACH LETTER.

AGE ONS: ____/____
ONS: 4 5

AGE REC: ____/____
REC: 4 5

ASK IN CONFIRMATORY WAY IF ONLY 3 BOXES WITH ONE EXPERIENCE IN EACH BOX.

B. Think about the 12-month period in your life when you had experiences from the greatest number of boxes. Which ones did you have then? You can just give me the box letter and number of each experience on page 8 that occurred in that 12-month period. (TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET, COLUMN I.) Any others?

IF 3 OR MORE DIFFERENT LETTERS TICKED ON TALLY SHEET, COL I, GO TO F39

C. IF FEWER THAN 3 DIFFERENT LETTERS TICKED, ASK: Has there been another period in your life when you had experiences from 3 (or more) separate boxes in any 12-month period? IF YES: Which ones did you have then? You can just give me the box letter and number of each experience that occurred in that 12-month period. (TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET, COLUMN II.) Any others? IF NO: OR IF LESS THAN 3 DIFFERENT LETTERS, RE CODE F38 =1.

NO 1
YES 5

ASK IN CONFIRMATORY MANNER IF F30.J=A (0 DAYS).
 F39 Since you started to use **(IF MORE THAN ONE ITEM CODED 5 FOR R AT F4.1-5: any kind of) tobacco (IF F11.B=5 FOR AT LEAST ONE FORM OF TOBACCO: at least once a week at age <YOUNGEST AGE IN F11.C>, what is the longest period you have gone without using any tobacco at all (IF F11=1 FOR ALL FORMS OF TOBACCO CODED: before you finally quit)?**
CODE ONLY ONE TIME FRAME.

____/____/____
 DAYS
 ____/____/____
 WEEKS
 ____/____/____
 MONTHS
 ____/____/____
 YEARS

IF LESS THAN 3 MONTHS, GO TO F40.

- A. Including that one time, how many separate times have you gone without using **(IF MORE THAN ONE ITEM CODED 5 FOR R AT F4. 1-5: any kind of) tobacco for 3 months or more (IF F11=1 FOR ALL FORMS OF TOBACCO CODED: before you finally quit)?**

____/____/____
 TIMES

F40 Now please turn to page 9 and use list A. I d like to ask you some questions about the cigarette use of members of your family **(IF A5.C=1: and your spouse/IF A5.C=4: and your former spouse/IF A5.C=7: and your most recent spouse/IF A5.C=2/3: and your partner/IF A5.C=5/6: and your former partner/IF A5.C=8/9: and your most recent partner).** Which best describes your **(RELATIVE'S/(IF A5.C=1-9: <NAME AT A6.A>) use of cigarettes in (his/her) entire life?** Just give me the letter from List A. **IF PARTNER OR RELATIVE DECEASED, SAY TO R: Could you please answer for when (s/he) was alive?) CODE SILENTLY IF KNOWN. ASK ABOUT TWIN ONLY IF RESPONDENT IS A TWIN.**

- A) Never smoked
 B) Smoked only once or twice just to try
 C) Used to smoke in the past but quit successfully
 F) Current smoker/continued to smoke
 Z) Don't know **(IF VOLUNTEERED)**

TWIN	BIOLOGICAL MOTHER	BIOLOGICAL FATHER	SPOUSE/ PARTNER
------	----------------------	----------------------	--------------------

_____	_____	_____	_____
-------	-------	-------	-------

FOR ALL CODED C OR F FOR CIGARETTES IN F40:

- A. Has your **(RELATIVE/(IF A5.C=1: spouse <NAME AT A6.A>/ IF A5.C=4: former spouse <NAME AT A6.A>/IF A5.C=7: most recent spouse <NAME AT A6.A>/IF A5.C=2/3: partner <NAME AT A6.A>/IF A5.C=5/6: former partner <NAME AT A6.A>/IF A5.C=8/9: most recent partner <NAME AT A6.A>) smoked 100 or more cigarettes in (his/her) entire life?**

	TWIN	BIOLOGICAL MOTHER	BIOLOGICAL FATHER	SPOUSE/ PARTNER
NO	1	1	1	1
YES	5	5	5	5
DK	9	9	9	9

FOR ALL CODED C OR F FOR CIGARETTES IN F40:

- B. In your opinion, has there ever been a period when your **(RELATIVE/IF A5.C=1-9: <NAME AT A6.A>) smoked at least 20 cigarettes per day?**

	TWIN	BIOLOGICAL MOTHER	BIOLOGICAL FATHER	SPOUSE/ PARTNER
NO	1	1	1	1
YES	5	5	5	5
DK	9	9	9	9

CHECK WORKSHEET: PART B,
IF R HAS ANY BROTHERS OR SISTERS,
(NOT COUNTING TWIN, IF R IS A TWIN), CONTINUE FOR ALL SIBLINGS LIVING UNTIL
THEIR FIRST BIRTHDAY. OTHERS GO TO BOX F40.

- C. **IF A14=1:** What about the cigarette use of your (**IF R HAS A FEMALE TWIN:** other) sister? Which best describes <FIRST NAME S> use of cigarettes in her entire life? Just give me the letter from List A. **IF SIBLING DECEASED, SAY TO R:** Could you please answer for when she was alive? **CODE ON WORKSHEET: PART B. CODE Z IF R DOESN T KNOW.**

IF A14 IS MORE THAN 1: What about the cigarette use of your (**IF R HAS A FEMALE TWIN:** other) sisters? **ASK FOR EACH SISTER:** Which best describes <FIRST NAME S> use of cigarettes in her entire life? (**PROMPT:** Just give me the letter from List A). **IF SIBLING DECEASED, SAY TO R:** Could you please answer for when she was alive? **CODE ON WORKSHEET: PART B. CODE Z IF R DOESN T KNOW.**

IF A14.A=1: What about the cigarette use of your (**IF R HAS A MALE TWIN:** other) brother? Which best describes <FIRST NAME S> use of cigarettes in his entire life? Just give me the letter from List A. **IF SIBLING DECEASED, SAY TO R:** Could you please answer for when he was alive? **CODE ON WORKSHEET : PART B. CODE Z IF R DOESN T KNOW.**

IF A14.A IS MORE THAN 1: What about the cigarette use of your (**IF R HAS A MALE TWIN:** other) brothers? **ASK FOR EACH BROTHER:** Which best describes <FIRST NAME S> use of cigarettes in his entire life? (**PROMPT:** Just give me the letter from the List A). **IF SIBLING DECEASED, SAY TO R:** Could you please answer for when he was alive? **CODE ON WORKSHEET: PART B. CODE Z IF R DOESN T KNOW.**

CONTINUE FOR ALL SIBS CODED C OR F.
OTHERS GO TO BOX F40.

- D. Has <FIRST NAME> smoked 100 or more cigarettes in (his/her) entire life?
CODE ON WORKSHEET: PART B.
- E. In your opinion, has there ever been a period when <FIRST NAME> smoked at least 20 cigarettes per day? **CODE ON WORKSHEET: PART B.**

BOX F40
IF RESPONDENT IS NOT A PARENT OF INDEX CASE, GO TO F41.
IF RESPONDENT IS PARENT OF AN INDEX CASE, CHECK WORKSHEET: PART A AND
CONTINUE.

- [F40] **IF DAUGHTER DECEASED, SAY TO R:** Could you please answer for when she was alive?
 F. **IF A7.C_DAUGHTERS=1:** What about the cigarette use of your daughter? Which best describes
 <FIRST NAME s> use of cigarettes in her entire life? Just give me the letter from list A.
CODE ON WORKSHEET: PART A. CODE Z IF R DOESN T KNOW.

IF A7.C_DAUGHTERS IS MORE THAN 1: What about the cigarette use of your daughters? **ASK FOR EACH DAUGHTER:** Which best describes <FIRST NAME> use of cigarettes in her entire life? (**PROMPT:** Just give me the letter from list A). **IF DAUGHTER DECEASED, SAY TO R:** Could you please answer for when she was alive?
CODE ON WORKSHEET: PART A. CODE Z IF R DOESN T KNOW.

IF A7.C_SONS=1: What about the cigarette use of your son? Which best describes <FIRST NAME s> use of cigarettes in his entire life? (**PROMPT:** Just give me the letter from list A). **IF SON DECEASED, SAY TO R:** Could you please answer for when he was alive?
CODE ON WORKSHEET: PART A. CODE Z IF R DOESN T KNOW.

IF A7.C_SONS IS MORE THAN 1: What about the cigarette use of your sons? **ASK FOR EACH SON:** Which best describes <FIRST NAME s> use of cigarettes in his entire life? (**PROMPT:** Just give me the letter from list A). **IF SON DECEASED, SAY TO R:** Could you please answer for when he was alive?
CODE ON WORKSHEET: PART A. CODE Z IF R DOESN T KNOW.

CONTINUE FOR ALL CHILDREN CODED C OR F.
OTHERS, GO TO F41.

- G. Has <FIRST NAME> smoked 100 or more cigarettes in (his/her) entire life?
CODE ON WORKSHEET: PART A
- H. In your opinion, has there been a period when <FIRST NAME> smoked at least 20 cigarettes per day?
CODE ON WORKSHEET: PART A

F41. Have any of your relatives, including your great grandparents, grandparents, parents, (IF A7.C MORE THAN 0: children), (IF A14=1: sister/ IF A14 MORE THAN 1: sisters/ IF A14.A=1: (and) brother/ IF A14.A MORE THAN 1: (and) brothers), nieces or nephews (IF A3=1/2/3/4: or your spouse) ever suffered from a tobacco-related disease?	NO .. (GO TO F41.B) 1 YES 5 DK 9
A. Have any of your relatives died from a tobacco-related disease?	NO 1 YES 5 DK 9
B. What about your friends or any partners? Have any of your friends or partners ever suffered from a tobacco-related disease?	NO (GO TO NEXT SECTION) . 1 YES 5 DK (GO TO NEXT SECTION) . 9
C. Have any of your friends or any partners died from a tobacco-related disease?	NO 1 YES 5 DK 9

COMPUTER INSTRUCTION FOR DISPLAYING GRID FOR TALLY SHEETS F,G

(AT F38.A USING TALLY SHEET F;
AT H28 USING TALLY SHEET H).

Columns are respondent's age, from earliest symptom on tally sheet, to most recent symptom on tally sheet; rows are letter & number combinations (LNC) circled on the tally sheet. (See EXAMPLE below)

Fill in with upper case letter and number the age ONS and age REC for each symptom. Fill in with lower case letter and number for the intervening years when the Respondent may or may not have had symptoms.

EXAMPLE

	AGE								
	19	20	21	22	23	24	25	26	27
LNC									
A1	A1	a1	a1	a1	a1	a1	a1	a1	A1
A2	A2	A2							
B1		B1	b1	b1	B1				
F2	F2	f2	f2	f2	F2				
H1	H1	h1	H1						
CLUSTER:	Y	?Y	?Y	?	?	?	X	X	X

Fill in the row CLUSTER as follows:

- X - fewer than 3 letters at that age and adjacent age.
- Y - respondent clustered at that age, i.e., 3 or more upper case letters present at that age.
- ? Y - respondent may have clustered at that age; i.e., 2, upper case letters present at that age and one upper case letter either one year earlier or later; or 1 uppercase letter at that age and EITHER 2 upper case letters one year earlier, or 2 upper case letters one year later.
- ? - 3 or more letters at the same age, or 2 at one age and 1 at one year earlier or later, but does not meet criteria for Y or ?Y (one or more letters are lower case).

Section G - Specific Phobias/Social Phobia

IF PARENT OF INDEX CASE, GO TO SECTION S.

IF STUDY=AUSTRALIAN ALCOHOL, GO TO G2.

OTHERS CONTINUE.

(PAUSE AT END OF EACH SENTENCE)

I'd like to ask you some questions about fears.

CODE ACROSS G1 AND G1A FOR EACH G1. 1-12=5

G1 Please turn to page 10 in your Respondent Booklet and look at list A. Some people have such an unreasonably strong fear of things on this list that they try to avoid them. More than most people your age, have you ever had an unreasonably strong fear of number 1, (READ 1)? **CODE IN COL. I**

Have you ever had an unreasonably strong fear of number 2... 6? **CODE IN COL. 1.**

		Col. I		Col. II	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
					<u>S</u>
1.	High places, steep escalators or stairs, cliffs or edges	1	5	1	5
2.	Storms, thunder or lightning	1	5	1	5
3.	Being in water, like a swimming pool or lake	1	5	1	5
4.	Snakes, birds, insects, rats or other animals	1	5	1	5
5.	Seeing blood, getting an injection or going to a dentist	1	5	1	5
6.	Flying	1	5	1	5

Have you ever had an unreasonably strong fear of number 7... 12?

7.	Elevators	1	5	1	5
8.	Closed spaces (other than elevators)	1	5	1	5
9.	Trains or buses	1	5	1	5
10.	Tunnels	1	5	1	5
11.	Bridges	1	5	1	5
12.	Driving	1	5	1	5

A. **IF YES:** Do you still have an unreasonably strong fear of <ITEM CODED 5 IN G1>?
CODE IN COL. II

CODE ACROSS G2 AND G2.A FOR EACH G2.1-14=5

G2 Look at List B on page 11. Some people have an unreasonably strong fear of doing things like these because they think they might embarrass themselves or that others will see how anxious they are. Sometimes these fears are so strong that they avoid these situations altogether. More than most people your age, have you ever had an unreasonably strong fear of number 1, **(READ 1)**? How about number 2... 4? **(CODE IN COL I). BEFORE CODING YES, ASK:** Would you say that was as unreasonably strong fear?

	COL I		COL II	COL III
	NO	YES	AGE ONS	AGE REC
1. Starting or continuing conversations	1	5	___/___	___/___ REC: 0 1 2 3 4 5
2. Going to parties	1	5	___/___	___/___ REC: 0 1 2 3 4 5
3. Dating	1	5	___/___	___/___ REC: 0 1 2 3 4 5
4. Speaking to your teachers, boss or others in authority .	1	5	___/___	___/___ REC: 0 1 2 3 4 5
5. Speaking in public	1	5	___/___	___/___ REC: 0 1 2 3 4 5

Have you ever had an unreasonably strong fear of number 6, **(READ 6)**?
How about number 7...10?

6. Eating or drinking in public	1	5	___/___	___/___ REC: 0 1 2 3 4 5
7. Using public toilets (not counting concerns about dirt or germs)	1	5	___/___	___/___ REC: 0 1 2 3 4 5
8. Talking to a group of strangers - because you might have nothing to say or might sound foolish	1	5	___/___	___/___ REC: 0 1 2 3 4 5
9. Writing while someone watches	1	5	___/___	___/___ REC: 0 1 2 3 4 5
10. Calling someone on the telephone	1	5	___/___	___/___ REC: 0 1 2 3 4 5

Have you ever had an unreasonably strong fear of number 11, **(READ 11)**?
How about numbers 12, 13, anything else like that?

11. Doing a test or exam	1	5	___/___	___/___ REC: 0 1 2 3 4 5
12. Asking for directions	1	5	___/___	___/___ REC: 0 1 2 3 4 5
13. Performing in front of others	1	5	___/___	___/___ REC: 0 1 2 3 4 5
14. Anything else like that? (SPECIFY)	1	5	___/___	___/___ REC: 0 1 2 3 4 5

EXAMPLE: _____

A. **IF YES:** How old were you the first time you had an unreasonably strong fear of number (X) on page 11?. How old were you the last time, or do you still have this fear? **[INSERT ONS/REC SCRIPT]**
(CODE IN COL II FOR FIRST TIME AND COL III FOR THE LAST TIME. IF R STILL HAS THIS FEAR CODE CURRENT AGE AND 0 FOR REC CODE).

IF ANY 5 CODED IN G2.1-14, COL I, CONTINUE. OTHERS GO TO SECTION H.

[G2]

- B. **(IF ONLY ONE G2 1-14 CODED 5:** When you were <READ ITEM CODED 5 FROM G2.1-14>**/IF MORE THAN ONE CODE 5 FROM G2. 1-14:** In any of these situations on page 11), were you afraid that you would do something embarrassing or humiliating or that others would see how anxious you were?

NO (GO TO SECTION H) .. 1
YES 5

- B1. How old were you when you first began to fear that you would do something humiliating or embarrassing or that others would see how anxious you were in **(IF ONLY ONE G2. 1-14 CODED 5:** this situation/**IF MORE THAN ONE CODED 5 FROM G2. 1-14:** any of these situations)?
[INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

- G3 Did you almost always avoid **(IF ONLY ONE G2.1-14 CODED 5:** this situation/**IF MORE THAN ONE FROM G2.1-14 CODED 5:** any of these situations) or stay in (it/them) feeling very uncomfortable because of the fear?

NO 1
YES 5

- A. When you were in **(IF ONLY ONE G2.1-14 CODED 5:** this situation/**IF MORE THAN ONE FROM G2.1-14 CODED 5:** any of these situations), did you usually feel intense anxiety or distress?

NO 1
YES 5

- B. When you were **(IF ONLY ONE G2 1-14 CODED 5:** <READ ITEM CODED 5 FROM G2. 1-14>**/IF MORE THAN ONE CODE 5 FROM G2. 1-14:** in any of these situations on page 11), did it almost always make you feel extremely nervous or panicky right away?

NO 1
YES 5

IF G3 AND G3.A AND G3.B = 1, GO TO BOX C.

- B1. How old were you when you first began **(IF G3=5:** to avoid **(IF ONLY ONE G2.A-14 CODED 5:** this/**IF MORE THAN ONE FROM G2.1-14 CODED 5:** any of these) situation(s) on page 11, or stay in **(IF ONLY ONE G2.A-14 CODED 5:** it/**IF MORE THAN ONE FROM G2.1-14 CODED 5:** them) feeling very uncomfortable/**IF G3.A=5:** (or) feeling intense anxiety or distress in **(IF ONLY ONE G2.1-14 CODED 5:** this situation/**IF MORE THAN ONE CODED 5 FROM G2.1-14:** any of these situations) /**IF G3.B=5:** (or) feeling extremely nervous or panicky right away in **(IF ONLY ONE G2.1-14 CODED 5:** this situation/**IF MORE THAN ONE CODED 5 FROM G2.1-14:** any of these situations) on page 11? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

BOX C
CHECK AGES OF ONSET IN G2.COL II. IF ANY LESS THAN 10, ASK C.
OTHERS GO TO BOX C1.

- C. When you were younger, would you usually cry or get very upset when you had to be in **(IF ONLY ONE G2.1-14 CODED 5: this/IF MORE THAN ONE G2.1-14 CODED 5: any of these) situation(s)?** NO . (GO TO BOX C1) ... 1
 YES 5
- C1. How old were you when you first began to cry or get very upset when you had to be in **(IF ONLY ONE G2.1-14 CODED 5: this/IF MORE THAN ONE G2.1-14 CODED 5: any of these) situation(s)?** AGE ONS: ____/____
 ONS: 0 1 2 3 4 5
[INSERT ONS/REC SCRIPT]

BOX C1
IF ANY '5' IN G3 OR G3.A OR G3.B OR G3.C, CONTINUE.
OTHERS GO TO SECTION H.

G4 Was there ever a period of several weeks or longer when you felt embarrassed, ashamed, or upset with yourself for being afraid of (IF ONLY ONE G2.1-14 CODED 5: <READ ITEM CODED 5 FROM G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations on page 11)?

NO (GO TO A) 1
YES 5

1. How old were you when you first felt that way about (IF ONLY ONE G2.1-14 CODED 5: this situation/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations on page 11)? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

A. Did your fear of (this situation/any of these situations) ever cause problems for you at school or work?

NO (GO TO B) 1
YES 5

A1. How old were you when you first had problems at school or work because of (IF ONLY ONE G2.1-14 CODED 5: this fear/IF MORE THAN ONE G2.1-14 CODED 5: any of these fears on page 11)? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

B. Did your fear of (IF ONLY ONE G2.1-14 CODED 5: <ITEM CODED 5 IN G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations) ever disrupt your usual activities, home life or relationships with your family?

NO (GO TO C) 1
YES 5

B1. How old were you when (IF ONLY ONE G2.1-14 CODED 5: this fear/IF MORE THAN ONE G2.1-14 CODED 5: any of these fears) first disrupted your usual activities, home life or relationships with your family? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

C. Did your fear of (IF ONLY ONE G2.1-14 CODED 5: <ITEM CODED 5 IN G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations) ever disrupt your leisure time activities or relationships with your friends?

NO . (GO TO BOX C1) ... 1
YES 5

C1. How old were you when (IF ONLY ONE G2.1-14 CODED 5: this fear/IF MORE THAN ONE G2.1-14 CODED 5: any of these fears on page 11) first disrupted your leisure time activities or relationships with your friends ? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

<p align="center">BOX C1 IF G4=G4.A=G4.B=G4.C=1, GO TO G5.</p>
--

[G4] D. Did (**IF ONLY ONE G2.1-14 CODED 5**: this fear/**IF MORE THAN ONE G2.1-14 CODED 5**: any of these fears on page 11) ever cause you to seek help from a psychiatrist, other medical doctor, psychologist, counsellor, social worker, clergyman, or other health professional? **IF YES**: From what type of professional did you seek help? Did you seek help from any other type of professional?

NO ... (GO TO G5) 1
YES ... (SPECIFY) 5

- | | | |
|--|-------------------------------|-------------------------|
| 01. Psychiatrist | 07. Nurse | ___/___ ___/___ ___/___ |
| 02. Other medical doctor | 08. School counsellor | |
| 03. A psychologist | 09. Psychiatrist/psychologist | |
| 04. A counsellor NOS | (if R doesn't know which) | |
| 05. A social worker | 10. Any other professional | |
| 06. A minister/priest/
rabbi/other clergy | (not teacher) | |
| | Specify: _____ | |

D1. How old were you when you first sought help from a professional for your fear of (**IF ONLY ONE G2.1-14 CODED 5**: <READ ITEM CODE 5 IN G2. 1-14>/**IF MORE THAN ONE G2.1-14 CODED 5**: any of these situations) on page 11?
[INSERT ONS/REC SCRIPT]

AGE ONS: ___/___
ONS: 0 1 2 3 4 5

G5 Was your fear of (**IF ONLY ONE G2.1-14 CODED 5**: <READ ITEM CODED 5 IN G2. 1-14>/**IF MORE THAN ONE G2.1-14 CODED 5**: all of these situations) always the result of a physical illness, or physical problem or of using alcohol, drugs or medication? **IF YES**: What illness or problem (SPECIFY) was that; or what medication or drugs were you using that you feel caused your fear of (**IF ONLY ONE G2.1-14 CODED 5**: this situation/**IF MORE THAN ONE G2.1-14 CODED 5**: all of these situations)? Anything else?

NO (GO TO G6) 1
YES (SPECIFY) 5

ILLNESS CODE	DRUG CODE	MED CODE
___/___/___	___/___	___/___/___
___/___/___	___/___	___/___/___
___/___/___	___/___	___/___/___

ILLNESS: _____

DRUG LIST:

01. Marijuana or hashish
02. Cocaine or crack
03. Stimulants like amphetamines or speed
04. Sedatives like valium, barbiturates, sleeping pills, tranquillisers
05. Opiates like morphine, codeine
06. Heroin
07. PCP
08. Inhalants like glue or petrol
09. Hallucinogens like LSD, or other psychedelics
10. Other drugs
11. Alcohol

G6 Some people use alcohol, tobacco or other drugs to help them cope with their fears of being in social situations. Because of your fear of (IF ONLY ONE G2.1-14 CODED 5: <READ ITEM CODED 5 FROM G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations on page 11), did you increase the amount of alcohol you were drinking?

NO ... (GO TO BOX G6.A) 1
 YES 5
 DK ... (GO TO BOX G6.A) . 9

A. Did drinking alcohol help you to cope with your fear of (IF ONLY ONE G2.1-14 CODED 5: this situation/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations)?

NO 1
 YES 5
 DK 9

BOX G6.A
IF R NEVER USED TOBACCO (IF F3=1 AND F4.1-5=1),
GO TO G6.D.

B. Because of your fear of (IF ONLY ONE G2.1-14 CODED 5: <READ ITEM CODED 5 FROM G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations on page 11), did you increase your use of cigarettes or some other type of tobacco?

NO (GO TO G6.D) ... 1
 YES 5
 DK (GO TO G6.D) ... 9

C. Did increasing your use of cigarettes or of some other type of tobacco help you to cope with your fear of (IF ONLY ONE G2.1-14 CODED 5: this situation/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations)?

NO 1
 YES 5
 DK 9

D. Because of your fear of (IF ONLY ONE G2.1-14 CODED 5: <READ ITEM CODED 5 FROM G2. 1-14>/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations on page 11), did you increase your use of any illegal drugs or increase your use of drugs not prescribed for you, or take more of any prescribed medication than you should have?

NO .. (GO TO SECTION H) 1
 YES 5
 DK .. (GO TO SECTION H) 9

E. Did using illegal drugs or drugs not prescribed for you, or taking more of any prescribed medication than you should have, help you to cope with your fear of (IF ONLY ONE G2.1-14 CODED 5: this situation/IF MORE THAN ONE G2.1-14 CODED 5: any of these situations)?

NO 1
 YES 5

SCORE SECTION AND TALLY SHEETS H.

IF STUDY = FINNISH TOBACCO, SKIP QUESTIONS OR QUESTION SUBPARTS CODED XF IN MARGIN.

H1 Now I would like to ask you some questions about your use of alcoholic beverages, like beer, wine, or spirits like vodka, gin, or whisky, and about your experiences when using alcohol. Have you ever had a drink of alcohol? By a drink I mean a standard can or stubbie of beer, a glass of wine, a nip of spirits, or any other kind of drink with alcohol in it.

NO 1
YES . (GO TO B) 5

A. So you have never had even one drink of alcohol? NO . (GO TO H31) 1
YES, HAD A DRINK 5

B. How old were you the first time you had a full drink of beer, wine or spirits? AGE ONS: ____/____

IF RESPONDENT IS AN AUSTRALIAN TWIN INTERVIEWED PREVIOUSLY IN THE 1989 COHORT TELEPHONE INTERVIEW, GO TO H5

H2 NOT USED

BEGIN TO USE TALLY SHEET H. T INDICATES ENTER ON TALLY SHEET

H3 At what age did you start to drink regularly--that is, drinking at least once a month for 6 months or more? AGE ONS: ____/____T

IF NEVER, RECORD 00, AND GO TO H3.E.

ASK ALL REGULAR DRINKERS:

A. When you first started to drink regularly, how many drinks could you have before you would get drunk -- that is, before your speech would be slurred or you would be unsteady on your feet or you found it hard to keep your balance? ____/____T
(PROMPT: By a drink, I mean a can or stubbie of beer, a glass of wine, or a nip of spirits.) # DRINKS

IF R HAS NEVER BEEN DRUNK, CODE 00.

B. When you first started to drink regularly, how many drinks could you have before you would feel any effect of the alcohol? ____/____T
DRINKS

C. Do you still drink regularly; that is, drinking at least once a month? NO 1
YES (GO TO BOX H4) 5

IF NO:

XF D. How old were you when you stopped drinking regularly? AGE REC: ____/____
REC: 4 5
(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5)?

GO TO BOX H4.

**R HAS NEVER USED ALCOHOL
REGULARLY:**

- # E. When you first started to drink, how many drinks could you have before you would get drunk - that is, before your speech would be slurred or you would be unsteady on your feet or you found it hard to keep your balance? (**PROMPT:** By a drink, I mean a can or stubbie of beer, a glass of wine, or a nip of spirits.)

___/___ T
DRINKS

**IF R HAS NEVER BEEN DRUNK,
CODE 00 IN H3.E AND GO TO H3I.**

- # F. When you first started to drink, how many drinks could you have before you would feel any effect of the alcohol?

___/___ T
DRINKS

BOX H4

CHECK H3.A AND H3.E. IF R HAS NEVER BEEN DRUNK (H3.A=00 OR H3.E=00), THEN CODE 00 FOR AGE ONS IN H4 AND GO TO H4.C. OTHERS CONTINUE.

- H4 How old were you the first time you got drunk (**PROMPT:** that is, your speech was slurred or you were unsteady on your feet or you found it was hard to keep your balance)? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**) or more than a year ago (**CODE REC=5**)?)

AGE ONS: ___/___

AGE REC: ___/___
REC: 4 5

- A. How many drinks can you have now before you would get drunk - that is, before your speech would be slurred or you would be unsteady on your feet or you would find it hard to keep your balance?

___/___?T
DRINKS

- B. Now think about the periods in your life when you were drinking the most. Has there ever been a period in your life when you could drink even more drinks of alcohol before getting drunk? (**PROMPT:** more than <#OF DRINKS IN THE LARGER OF H4.A OR H3.A/H3.E>)

NO . (GO TO BOX B1) 1
YES 5

- B1. **IF YES:** How many drinks?

___/___?T
DRINKS

BOX B1

**IF H3.A OR H3.E IS EQUAL TO OR GREATER THAN H4.A /H4.B1, GO TO H4.C.
OTHERS: ENTER LARGER OF H4.A, H4.B1 ON TALLY SHEET.**

COMPARE LARGER OF H4.A/H4.B1 WITH H3.A/H3.E.

**IF INCREASE IS AT LEAST 50% AND H4.A OR H4.B1 IS AT LEAST 5 DRINKS,
CIRCLE A1.A ON TALLY SHEET H, AND CONTINUE.**

IF LESS THAN 5 DRINKS, OR LESS THAN 50% INCREASE, GO TO H4.C.

[H4] B2. How old were you the first time you found you could have <NUMBER OF DRINKS IN THE LARGER OF H4.A OR H4.B1> drinks before getting drunk? AGE ONS: ____/____T

**IF H4.B=1, CODE AGE REC = R'S CURRENT AGE, AND REC=0 IN H4.B3
(AND ON TALLY H), THEN GO TO H5. OTHERS CONTINUE.**

B3. How old were you the last time you found you could have <NUMBER OF DRINKS IN THE LARGER OF H4.A OR H4.B1> drinks before getting drunk? AGE REC: ____/____T
REC: 0 4 5
(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5))?

GO TO H5.

C. How many drinks (IF H3.C=5 OR H3=00:: can you have now/IF H3.C=1: could you have when you were still drinking regularly, at least once a month,), before you would feel any effect of the alcohol? ____/____?T
DRINKS

D. Has there ever been a period in your life when you could drink even more drinks before you would feel any effect of the alcohol <MORE THAN NUMBER DRINKS IN H4.C>? NO . (GO TO BOX D1) 1
YES 5

D1. IF YES: How many? ____/____?T
DRINKS

BOX D1

IF H3.B OR F IS EQUAL TO OR GREATER THAN THE LARGER OF H4.C/H4.D1, GO TO H5.

OTHERS: ENTER LARGER OF H4.C, H4.D1 ON TALLY SHEET.

COMPARE LARGER OF H4.C/H4.D1 WITH H3.B/F

IF INCREASE IS AT LEAST 50% AND H4.C OR H4.D1 IS AT LEAST 5 DRINKS,

CIRCLE A1.B ON TALLY SHEET H, AND CONTINUE.

IF LESS THAN 5 DRINKS, OR LESS THAN 50% INCREASE, GO TO H5.

D2. How old were you the first time you found you could have <NUMBER OF DRINKS IN LARGER OF H4.C OR H4.D1> drinks before you would feel any effect of the alcohol? AGE ONS: ____/____T

**IF H4.D=1, CODE AGE REC = R'S
CURRENT AGE AND REC=0 IN H4.D3,
THEN GO TO H5. OTHERS CONTINUE.**

D3. How old were you the last time you found you could have <NUMBER OF DRINKS IN LARGER OF H4.C OR H4.D1> drinks before you would feel any effect of the alcohol? AGE REC: ____/____T
REC: 0 4 5
(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5))?

H5 Please turn to page 12 of your Booklet and use list A.

Think about the period in your life lasting at least 12 months when you were drinking the most. During that period of at least 12 months when you were drinking the most, how often would you have 5 or more drinks in a single day? Just give me the letter from list A.

CODE _____
(A-C, F-L)

Every day A
5-6 days per week B
3-4 days per week C
2 days per week F
1 day per week G
2-3 days per month H
1 day per month I
3-11 days per year J
Less often K
Never L

IF R HAS NEVER BEEN DRUNK (H3.A=00 OR H3.E=00), GO TO B.

A. During that period, how often did you get drunk, that is, your speech would be slurred or you would be unsteady on your feet or you found it was hard to keep your balance? Again, just give me the letter from list A.

CODE _____
(A-C, F-L)

Every day A
5-6 days per week B
3-4 days per week C
2 days per week F
1 day per week G
2-3 days per month H
1 day per month I
3-11 days per year J
Less often K
Never L

B. During that period of at least 12 months when you were drinking the most, how often did you have any alcoholic drinks. (Just give me the letter from LIST A.)

CODE _____
(A-C, F-L)

Every day A
5-6 days per week B
3-4 days per week C
2 days per week F
1 day per week G
2-3 days per month H
1 day per month I
3-11 days per year J
Less often K
Never L

C. Using list B, during that period, how many alcoholic drinks would you have on a typical day when you had any alcoholic drinks?

CODE _____
(N-Q, S-U,
W-X, Z)

1-2 drinks N
3-4 drinks O
5-6 drinks P
7-8 drinks Q
9-11 drinks S
12-15 drinks T
16-18 drinks U
19-24 drinks W
25-30 drinks X
31 or more drinks Z

[H5] D. **NOT USED**

- E. How old were you when you first began the period when you were drinking the most? How old were you when that period ended?
(**IF UNCLEAR, PROBE:** Was that within the last 12 months
(**CODE REC=4**) or more than a year ago (**CODE REC=5**) or is this
period of heaviest drinking still continuing (**CODE REC=0**)?

AGE ONS: ____/____

AGE REC: ____/____
REC: 0 4 5

IF REC=0, GO TO H8

OTHERS, CONTINUE

XF

- H6 Using list A, during the past 12 months, how often have you had alcoholic drinks? (**PROMPT:** By a drink I mean a stubbie of beer, a glass of wine, or a nip of spirits.)

Every day A
5-6 days per week B
3-4 days per week C
2 days per week F
1 day per week G
2-3 days per month H
1 day per month I
3-11 days per year J
Less often K
Never (GO TO H8) L

- A. (**PROMPT:** Using list A), during the past 12 months, how often did you have 5 or more drinks in a single day?

CODE _____
(A-C, F-L)

IF H3.A=00 OR H3.E=00, GO TO H7.

- B. (**PROMPT:** Using list A), during the past 12 months, how often did you get drunk?

CODE _____
(A-C, F-L)

XF

- H7 Using LIST B -- in the past 12 months, how many alcoholic drinks would you have on a typical day when you had any alcoholic drinks? Just tell me the letter.

1-2 drinks N
3-4 drinks O
5-6 drinks P
7-8 drinks Q
9-11 drinks S
12-15 drinks T
16-18 drinks U
19-24 drinks W
25-30 drinks X
31 or more drinks Z

H8 Without using any lists, what is the largest number of drinks you have ever had in a 24-hour period? By a drink I mean a can or a stubbie of beer, a glass of wine, or a nip of spirits. What were you drinking then? Anything else? **CONVERT TO STANDARD DRINKS USING CONVERSION CHART**
[COMPUTER: DISPLAY CONVERSION CHART]

____/____
DRINKS

TYPE & QUANTITY: _____

____/____, ____/____, ____/____, ____/____
BEVERAGE COMBINATION
Beer Wine Spirits Other

XF A. How old were you the first time you had <TOTAL# OF DRINKS IN H8> drinks in a 24-hour period?
How old were you the last time?
(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5)?

AGE ONS: ____/____
AGE REC: ____/____
REC: 4 5

IF H6=L, GO TO BOX H8.B.

IF REC=4, GO TO BOX H8.B.

XF B. And what is the largest number of drinks you have had in a 24-hour period in the past 12 months?

____/____
DRINKS

BOX H8.B

**IF RESPONDENT IS AN AUSTRALIAN TWIN INTERVIEWED PREVIOUSLY IN THE 1989 COHORT TELEPHONE INTERVIEW, GO TO H31.
IF 4 DRINKS OR FEWER IN H8 (LIFETIME), GO TO H31.
IF 5 OR MORE DRINKS IN H8 (LIFETIME), CONTINUE.**

READ PARENTHESES IN H9, H9.C OR H9.D UNLESS H3=00.

H9 **(IF H3 IS NOT 00:** Since you started drinking regularly at age <AGE IN H3>), did you ever become tolerant to alcohol, that is, you could drink a lot more before **(ONLY IF H3.A>00:** you would get drunk or before) feeling any effect of the alcohol?

NO (GO TO D) ... 1
YES 5*A2

A. NOT USED

B. How old were you the first time you could drink a lot more before getting drunk or feeling any effect?

AGE ONS: ____/____T

C. (IF H3 IS NOT 00: Compared to when you first started drinking regularly,) does it still take a lot more than it used to (before you would get drunk or) before you would feel any effect?

NO ... (GO TO H9.C1) 1
YES 5

**IF YES, CODE CURRENT AGE FOR AGE REC,
0 FOR REC, AND GO TO H10.**

C1. How old were you the last time you could drink a lot more (before getting drunk or) before feeling any effect?

AGE REC: ____/____T
REC: 0 4 5

(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5)?

GO TO H10

[H9] D. (IF H3 IS NOT 00: Since you started drinking regularly), NO (GO TO H10) 1
 did you ever find you could no longer get the same effect on YES 5
 the amount you used to drink?

D1. What was the number of drinks you could no longer _____/____?A3
 get the same effect on? DRINKS

**IF NUMBER OF DRINKS IN H9.D1 LESS THAN 5, GO TO BOX H10.
 IF 5 OR MORE DRINKS, CODE ON TALLY SHEET H, AND CONTINUE.**

D2. How old were you the first time you could no longer get the AGE ONS: ____/____T
 same effect on <NUMBER OF DRINKS IN H9.D1>?

D3. How old were you the last time you could no longer get the AGE REC: ____/____T
 same effect on <NUMBER OF DRINKS IN H9.D1>?
 (IF UNCLEAR, PROBE: Was that within the last 12 REC: 0 4 5
 months (CODE REC=4) or more than a year ago (CODE
 REC=5)) or do you still find you can no longer get the
 same effect on <NUMBER OF DRINKS IN H9.D1>?
 (CODE REC=0).

BOX H10

IF R HAS NEVER BEEN DRUNK, (H3.A=00 OR H3.E=00) GO TO H10.A

H10 Has there been a time when you often started drinking and NO 1
 became drunk when you didn't want to? YES ... (GO TO H11) ... 5*B1

A. Has there been a time when you often drank much more NO 1
 than you intended to (IF NEITHER H3.A NOR H3.E YES ... (GO TO H11) ... 5*B1
 ARE 00: even though you didn't get drunk)?

B. Have you ever continued drinking for more days in a row NO (GO TO H11) ... 1
 than you intended to? YES 5

C. Did this happen 3 or more times? NO 1
 YES 5*B1

H11 READ SLOWLY

Have you often been under the effects of alcohol or feeling its NO (GO TO H12) 1
 after-effects in a situation which increased your chances of YES (GO TO B) 5
 getting hurt - like when driving a car or riding a bike in traffic,
 swimming or diving, or putting yourself in any other situation
 where drinking increased your chances of getting hurt?

A. **NOT USED**

A1. **NOT USED**

XF B. How old were you the first time you were under the effects AGE ONS: ____/____
 of alcohol or feeling its after-effects in a situation which ONS: 0 1 2 3 4 5
 increased your chances of getting hurt? [INSERT
 ONS/REC SCRIPT] How old were you the last time?
 [INSERT ONS/REC SCRIPT]

AGE REC: ____/____
 REC: 0 1 2 3 4 5

H12 Have you ever passed out from drinking, where you fell asleep from drinking too much?

NO (GO TO C) 1
YES 5

XF A. How old were you the first time? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT]

AGE ONS: ____/____
ONS: 0 1 2 3 4 5

AGE REC: ____/____
REC: 0 1 2 3 4 5

XF B. In your entire life, how many times have you passed out from drinking? **CODE 998 IF 999 OR MORE**

____/____/____

READ SLOWLY

C. Now I m going to ask you about blackouts. A blackout, which should not be confused with passing out, is when you drank enough so that you could not remember things you had said or done. Have you ever had blackouts, not just passing out from drinking?

NO (GO TO H13.A) 1
YES 5

D. In your entire life, how many blackouts have you had?

____/____/____?

IF ONLY ONE OR TWO BLACKOUTS, GO TO H12.E.

D1. Have you ever had 3 or more blackouts in a 12-month period?

NO 1
YES 5*F4

READ PARENTHESES UNLESS ONLY ONE BLACKOUT.

E. How old were you the first time you had a blackout? [INSERT ONS/REC SCRIPT]. (How old were you the last time?) [INSERT ONS/REC SCRIPT].
CODE AGE ONS ALSO ON TALLY SHEET H, IF 3 OR MORE BLACKOUTS (I.E. H12.D1=5).

AGE ONS: ____/____ T
ONS: 0 1 2 3 4 5

AGE REC: ____/____ T
REC: 0 1 2 3 4 5

H13 A. Did your drinking ever cause serious or repeated problems in any (IF A3=1/2/3/4: marriage or) romantic relationship?

NO 1
YES 5

B. On 3 or more separate occasions, did your drinking cause you to have problems with other family or friends?

NO 1
YES 2

IF H13.A=1 AND H13.B=1

GO TO C

B1. Was this only because your (IF H13.A=5: partner/IF H13.B=5: (and) family or friends) (was/were) against all drinking in general?

NO 5
YES 1

C. On 3 or more separate occasions, did you get into physical fights while drinking?

NO (GO TO BOX D) 1
YES 5

BOX D
IF NO 5s IN H13.A-C, GO TO H14.

- D. Did you continue to drink knowing (**IF H13.A=5**: it caused these problems in your (**IF A3=1/2/3/4**: marriage or) romantic relationship/**IF H13.B1=5**: it caused you problems with family or friends/**IF H13.C=5**: it caused you to get into physical fights while drinking)?
- NO (GO TO H14) 1
 YES 5
- D1. And did these problems continue?
- NO 1
 YES 5
- XF** D2. How old were you the first time you continued to drink knowing it caused these problems? [**INSERT ONS/REC SCRIPT**] How old were you the last time? [**INSERT ONS/REC SCRIPT**]
- AGE ONS: ____/____
 ONS: 0 1 2 3 4 5
 AGE REC: ____/____
 REC: 0 1 2 3 4 5

- H14 Have you ever felt that you were an excessive drinker?
- NO (GO TO H15) 1
 YES 5
- A. How old were you the first time that you felt you were an excessive drinker? [**INSERT ONS/REC SCRIPT**] How old were you the last time? [**INSERT ONS/REC SCRIPT**]
- AGE ONS: ____/____
 ONS: 0 1 2 3 4 5
 AGE REC: ____/____
 REC: 0 1 2 3 4 5

H15 Have there been 3 or more times in your life when you wanted to stop or cut down on drinking? **IF YES, ASK BEFORE CODING:** Why did you want to cut down? (**PROMPT:** Were there any other reasons why you ve wanted to stop or cut down)?

NO 1
YES (ASK REASON) 5*C1

**IF YES, ASK R. FOR REASON BEFORE CODING:
(RECORD)**

**DON'T COUNT WHEN TO LOSE WEIGHT,
OR FOR PHYSICAL FITNESS,
OR WHEN PREGNANT.**

A. Did you ever spend a lot of time thinking about wanting to stop or cut down on how much you usually drank? NO .. (GO TO C) 1
YES 5*C2

B. Did you spend a lot of time thinking about wanting to stop or cut down because you felt that you were drinking too much? NO 1
YES 5

C. Were you always able to stop or cut down when you wanted to? NO 1
YES (GO TO H16) . 5
IF VOLUNTEERED: NEVER TRIED . (GO TO H16) . 6

D. Have you more than once tried to stop or cut down on drinking and found you were unable to? NO, ONLY ONCE 1
YES, MORE THAN ONCE 5*C3

E. How old were you, (**IF D=1:** that time/**IF D=5:** the first time and the last time) when you tried to stop or cut down and found that you were unable to? AGE ONS: ____/____ T
0 1 2 3 4 5
[INSERT ONS/REC SCRIPT] CODE AGE ONS/REC AGE REC: ____/____ T
ON TALLY SHEET H, IF H15.D=5. REC: 0 1 2 3 4 5

H16 Has there ever been a period of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else? NO (GO TO H17) 1
YES 5*D1

A. Did you have 3 or more periods like this? NO 1
YES 5

B. Did any period last for a month or more? NO 1
YES, A MONTH OR MORE 5

H17 Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or spending time with friends, family or relatives? NO (GO TO H18) 1
YES 5

A. Did this happen 3 or more times or last for as long as a month or more? NO 1
YES 5*E1

H18	Has your drinking or being drunk or hung over often made it <u>difficult for you to work or study or take care of household responsibilities?</u>	NO 1 YES (GO TO C) 5
A.	Did your drinking <u>ever</u> cause you to have <u>problems at work or school?</u>	NO (GO TO H19) 1 YES 5
B.	Did you have problems like this 3 or more times?	NO 1 YES 5
XF	C. How old were you the first time (IF H18=5 : drinking or being drunk or hung over often made it difficult for you to work or study or take care of household responsibilities? /IF H18.A=5 : (or) drinking caused you to have problems at work or school)? How old were you the last time? [INSERT ONS/REC SCRIPT]	AGE ONS: ____/____ AGE REC: ____/____ REC: 0 1 2 3 4 5

H19	Has <u>drinking</u> ever <u>caused</u> you to have emotional or psychological problems like:		<u>NO</u>	<u>YES</u>
1.	<u>Feeling depressed or uninterested in things?</u> IF YES, ASK BEFORE CODING: Was that for more than 24 hours to the point that it interfered with your functioning? ..	1		5
2.	<u>Feeling jumpy or easily startled or nervous?</u> IF YES, ASK BEFORE CODING: Was that for more than 24 hours to the point that it interfered with your functioning? ..	1		5
3.	<u>Having trouble thinking clearly?</u> IF YES, ASK BEFORE CODING: Was that for more than 24 hours to the point that it interfered with your functioning? ..	1		5
Has <u>drinking</u> ever caused you to have emotional or psychological problems like:				
4.	<u>Feeling paranoid or suspicious of people?</u> ..	1		5
5.	<u>Hearing, seeing, or smelling things that weren't really there?</u> ..	1		5

IF ANY 5's IN H19.1-5, CONTINUE.
OTHERS, GO TO H21.

A.	Did you continue to drink after you <u>knew</u> it <u>caused</u> you problems like <READ THE UNDERLINED PART OF ITEMS CODED 5 H19. 1-5>?	NO (GO TO H21) 1 YES 5*F1
----	---	--

H20 **NOT USED**

XF

- H21 Have you ever accidentally injured yourself when you were drinking, that is, had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that? NO (GO TO H22) 1
YES 5
- A. How many times have you accidentally injured yourself when drinking? ____/____ TIMES
- B. How old were you (IF H21.A=1: when/IF H21.A IS 2 OR MORE: the first time) you accidentally injured yourself when drinking? (IF H21.A IS 2 OR MORE: How old were you the last time?) [INSERT ONS/REC SCRIPT] AGE ONS: ____/____
AGE REC: ____/____
REC: 0 1 2 3 4 5

- H22 Have you ever been arrested for drunk driving? NO (GO TO B) 1
YES 5
- A. How many times have you been arrested for drunk driving? ____/____ TIMES?
- B. (IF H22=5: Other than drunk driving), have you ever been arrested or detained by the police even for a few hours, because of drunken behaviour? NO (GO TO BOX H22.C) 1
YES 5
- C. How many times have you been arrested or detained for drunken behaviour? ____/____ TIMES?

BOX H22.C
IF TOTAL ARRESTS (H22.A + H22.C) 3 OR MORE, CONTINUE.
OTHERS GO TO H23.

- XF C.1 How old were you the first time you were (IF H22.A IS MORE THAN 0: arrested for drunk driving/IF H22.C IS MORE THAN 0:(or) arrested or detained for drunken behavior)? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT] AGE ONS: ____/____
ONS: 0 1 2 3 4 5
AGE REC: ____/____
REC: 0 1 2 3 4 5

XF

- H23 Have you ever gone on binges when you kept drinking for 2 days or more without sobering up, except for sleeping? NO (GO TO BOX H24) 1
YES 5
- A. Did you neglect some of your usual responsibilities then? NO (GO TO BOX H24) 1
YES 5
- B. Did you go on binges like that once, twice or three or more times? ONCE ... (GO TO BOX H24) 1
TWICE .. (GO TO BOX H24) 2
3 OR MORE TIMES 5
- C. How old were you the first time you went on a binge and neglected some of your usual responsibilities? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT] AGE ONS: ____/____
ONS: 0 1 2 3 4 5
AGE REC: ____/____
REC: 0 1 2 3 4 5

BOX H24
CHECK TALLY SHEET H. IF NO LETTERS CIRCLED, GO TO H26.

READ SLOWLY.

- H24 Please turn to page 13 in your Respondent Booklet. Sometimes when people cut down or go without drinking after drinking steadily for some time, they may experience physical or emotional problems. These are called withdrawal symptoms. These feelings are more intense than the usual hangover. **(PAUSE)** When you cut down or went without drinking, did you ever experience any of A to E? **(PAUSE)** How about F to J? **IF ANY 5' IN A TO J: How about K to N? BEFORE CODING 5' FOR A TO J, ASK: And that was when you cut down or went without drinking? CODE A TO N IN COLUMN I.**

		COL I		COL II	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
A.	Did you have the shakes (PROMPT: your hands trembled)?	1	5	1	5
B.	Did you have headaches?	1	5	1	5
C.	Did you have trouble sleeping?	1	5	1	5
D.	Did you feel anxious or scared for no reason?	1	5	1	5
E.	Did you feel depressed or irritable?	1	5	1	5
F.	Did you sweat?	1	5	1	5
G.	Did your heart pound in your chest?	1	5	1	5
H.	Did you feel sick to your stomach or throw up?	1	5	1	5
I.	Did you feel weak all over?	1	5	1	5
J.	Did you feel jittery and couldn't sit still?	1	5	1	5

IF H24.A - H24.J CODED 1 IN COL I GO TO H25

K.	Did you see or hear things that weren't really there?	1	5	1	5
L.	Did you feel things crawling on your skin?	1	5	1	5
M.	Did you have a fit or seizure where you lost consciousness, fell to the floor, and had difficulty remembering what happened? . .	1	5	1	5
N.	Did you have the DTs - you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there?	1	5	1	5

IF NO 5s CODED IN H24.A-N IN COL. I, GO TO H25.

IF ONLY ONE 5 CODED IN H24.A-N IN COL. I, GO TO H24.D. OTHERS CONTINUE.

- A. **NOT USED**
- B. Was there ever a time when two or more of these problems occurred in the same day, even if only for a few hours? **IF YES:** Which ones?
CODE ABOVE UNDER COL. II
- NO (GO TO H24.E) 1
YES, 2+ PROBLEMS, NOT SHAKES
. (GO TO H24.C) 5*G1
YES, SHAKES+ANY OTHERS 6*G1
- B1. How old were you the first time you had the shakes? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT]
- AGE ONS: /_____
ONS: 0 1 2 3 4 5
- AGE REC: /_____
REC: 0 1 2 3 4 5
- C. Did at least two problems occur 3 or more different times?
- NO 1
YES 5
- C1. Did these problems after you cut down or went without drinking cause you difficulties at home, with your friends or family, or interfere with your ability to work, or with your life in any way?
- NO 1
YES 5

[H24]

- D. Have you ever had a drink to avoid having (IF **ONLY ONE CODED 5 IN H24. A-N, COL I:** this problem/**IF MORE THAN ONE CODED 5 IN H24. A-N, COL I:** any of these problems) or to make (it/them) go away?
- NO (GO TO E) 1
YES 5

IF YES:

- D1. Did this occur once, twice or on three or more re occasions?
- 1 OR 2 TIMES 4*G2
3+ TIMES 5*G2

- E. Did you ever take any medication or drug to avoid (IF **ONLY ONE H24.A-N, COL I, CODED 5:** this/**IF MORE THAN ONE H24.A-N CODED 5:** any of these) problem (IF **MORE THAN ONE H24.A-N, COL I, CODED 5:** s) or to make (IF **ONLY ONE H24.A-N, COL I, CODED 5:** it /**IF MORE THAN ONE H24.A-N, COL I, CODED 5:** them) go away?
- NO ... (GO TO H25) 1
YES 5

- E1. Was this an over-the-counter medication or a medication prescribed in an alcohol treatment program?
- NO 5*G3
YES 1

H25 Please turn to page 14 in your Respondent Booklet.
There are several health problems that can result from long stretches of drinking. Did drinking ever cause you problems such as A-D? How about E-G?:

- | | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| A. cause you to have liver disease or yellow jaundice? | 1 | 5 |
| B. give you stomach disease or make you vomit blood? | 1 | 5 |
| C. give you pancreatitis? | 1 | 5 |
| D. damage your heart (cardiomyopathy)? | 1 | 5 |
| E. cause your feet to tingle or feel numb for many hours? | 1 | 5 |
| F. cause memory problems or forgetfulness <u>even when you weren't drinking</u> , not counting blackouts? | 1 | 5 |
| G. cause any other serious health problem? (SPECIFY) | 1 | 5 |

SPECIFY _____

IF ALL H25.A-G CODED 1, GO TO H26.

- H. Did you continue to drink knowing that drinking caused you to have health problems?
- NO ... (GO TO H26) 1
YES 5*F2
- H1. And did you continue to have health problems?
- NO 1
YES 5

H26 Have you ever continued to drink when you knew you had any (**IF ANY H25.A-G=5:other**) serious physical illness or condition that was made worse by drinking?

NO (GO TO BOX H27) . . . 1
YES (SPECIFY) 5*F3

A. What illness?

CODE ____ _

B. Did you have a lot to drink three or more times when you had a serious physical illness or condition that was made worse by drinking.

NO 1
YES 5

BOX H27
CHECK ALCOHOL TALLY SHEET H.
IF NO LETTERS CIRCLED, GO TO H31.
IF (ONLY BOX A CIRCLED AND/OR F4 CIRCLED AND/OR C3 CIRCLED) AND NO MORE THAN TWO LETTERS CIRCLED ON TALLY SHEET, GO TO H29.
OTHERS CONTINUE.

H27 Please turn to page 15 in your Respondent Booklet. You will see a list of experiences, in boxes A to G, that people sometimes have with alcohol. I d like to review the experience(s) you've told me you ve had with alcohol.

**IF ONLY 1 OR 2 DIFFERENT LETTERS CIRCLED ON TALLY,
GO TO H27.B.**

I would like you to circle each experience you said you had in your respondent booklet as I review them one at a time. Please circle (**READ AS: A1 in Box A... , C2 in Box C... , etc.**). As you can see, you ve had experiences from <TOTAL # OF DIFFERENT LETTERS CIRCLED ON TALLY SHEET H> separate boxes.

A. Now I m going to ask you about how old you were the first and the last time you had each of these experiences, and I d like you to write down your age the first and the last time, on the left hand side of page 15, under the columns FIRST and LAST , next to the letter and number for these experiences.

IF ANY A CIRCLED SAY: You ve already told me the first time you did A [**READ NUMBER**] was [**AGE ONS FROM TALLY SHEET**] and the last time was [**AGE REC FROM TALLY SHEET**].

IF F4 CIRCLED SAY: You told me the first time you did F4 was [**AGE ONS FROM TALLY SHEET**] and the last time was [**AGE REC FROM TALLY SHEET**].

IF C3 CIRCLED SAY: You told me the first time you did C3 was [**AGE ONS FROM TALLY SHEET**] and the last time was [**AGE REC FROM TALLY SHEET**].

B. **FOR EACH SYMPTOM EXCLUDING BOX A, F4, AND C3, CIRCLED ON TALLY SHEET H, ASK:** How old were you the first/last time you did [**LETTER AND NUMBER COMBINATION**] IN BOX [A-G]? **RECORD ON TALLY UNDER AGE ONS/AGE REC.**

IF THREE OR MORE DIFFERENT LETTERS CIRCLED, FOR FIRST LETTER PROMPT: Now, did you write down those ages next to (**LETTER/NUMBER COMBINATION**)? **REPEAT AS NECESSARY.**

BOX H28
IF 3 OR MORE DIFFERENT LETTERS CIRCLED ON TALLY SHEET, CONTINUE.
OTHERS GO TO H29.

H28

**[COMPUTER INSTRUCTION: DISPLAY GRID FOR TALLY SHEET H. SEE SHEET
 COMPUTER INSTRUCTION FOR DISPLAYING GRID FOR TALLY SHEETS]**

Now I d like to know whether you ve ever had experiences from **(IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS CIRCLED ON TALLY SHEET: 3 or more)** separate boxes in any 12-month period. **[PROMPT IF NECESSARY: These experiences might not have occurred together – one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period].**

Did you ever have experiences from **(IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS: 3 or more)** separate boxes on page 15, in any 12-month period?
[PROMPT IF NECESSARY: Looking at the ages you had these experiences for the first and last time might help you to answer this question.]

NO (GO TO H29)	1
YES	5
NO, CORRECTED BY EDITOR .	6
YES, CORRECTED BY EDITOR	7

CODE SILENTLY IF KNOWN.

- A. How old were you the very first time you had experiences from **(IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS: 3 or more)** separate boxes within a 12-month period? **[INSERT ONS/REC SCRIPT]** How old were you the very last time you had experiences from 3 **(IF 4 OR MORE LETTERS: 3 or more)** separate boxes within a 12-month period? **[INSERT ONS/REC SCRIPT]**
RECONCILE WITH RESPONDENTS AGE ONS AND AGE REC FOR EACH LETTER

AGE ONS: ____/____
 ONS: 0 1 2 3 4 5

AGE REC: ____/____
 REC: 0 1 2 3 4 5

- B. **IF 4 OR MORE LETTERS CIRCLED ON TALLY:**
 Think about the 12-month period in your life when you had experiences from the greatest number of boxes. Which ones did you have then? You can just give me the box letter and number of each experience on page 15, that occurred in that 12-month period. **(TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET)** Any others? **IF THREE LETTERS:** Which experiences did you have in the same 12 month period? You can just give me the box letter and number of each experience on page 15. **(TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET).** Any others?

**IF 3 OR MORE LETTERS TICKED
 ON TALLY SHEET, GO TO H29.**

- C. **IF FEWER THAN 3 DIFFERENT LETTERS, ASK:**
 Has there been another period in your life when you had experiences from 3 or more separate boxes in any 12-month period? **IF YES:** Which ones did you have then? You can just give me the box letter and number of each experience that occurred in that 12-month period. **(TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET, COLUMN II).** Any others? **IF NO: OR IF LESS THAN 3 SEPARATE LETTERS, RECODE H28=1.**

NO	1
YES	5

H29 Have you ever discussed any problem you may have had with drinking with any professional? NO (GO TO H29.B) 1
YES 5

- A. Please turn to page 16 in your respondent booklet, and look at list A. Which professionals have you spoken with concerning a problem you had with drinking? Just give me the number.

	<u>NO</u>	<u>YES</u>
1. A psychiatrist?	1	5
2. G.P. or other medical doctor?	1	5
3. A psychologist?	1	5
4. Another mental health professional?	1	5
5. A clergyman?	1	5
6. Anyone else? Specify	1	5

- B. Was there (ever a time/any other time) when you wanted to discuss a problem you may have had with drinking with a professional but didn't? NO 1
YES 5

- C. Have you ever felt you had an alcohol problem? NO 1
YES 5

H30 Have you ever been treated for a drinking problem or joined a self-help group such as AA for alcohol problems? NO (GO TO H31) 1
YES 5

- A. Looking at list B on page 16, can you tell me where you have been treated? Just give me the number.

	<u>COL I</u>		<u>COL II</u> <i>Did it help?</i>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
7. AA or other self help group	1	5	1	5
8. Outpatient alcohol (or drug) program	1	5	1	5
9. Outpatient, other	1	5	1	5
10. Inpatient alcohol (or drug) program	1	5	1	5
11. Inpatient for medical complications	1	5	1	5
12. Other (SPECIFY)	1	5	1	5

- B. Did treatment at <NAME EACH PROGRAM CODED 5 IN H30.A. 7-12, COL I> help? **CODE ABOVE UNDER COL II**

- C. How old were you the first time you were treated for a drinking problem? How old were you the last time? [INSERT ONS/REC SCRIPT] AGE ONS: ____/____
AGE REC: ____/____
REC: 0 1 2 3 4 5

			NO	YES	DK/ NA
H31	Now I'd like to ask you some questions about the alcohol use of other members of your family. (IF A13.B=5: Has /IF A13.B=1: Did) your biological mother ever (IF A13.B=5: had/IF A13.B=1: have) a drink of alcohol?	MOTHER	1	5	9
A.	(IF A13.B=5: Has/IF A13.A=1: did) your biological father ever (IF A13.B=5: had/IF A13.A: have) a drink of alcohol?	FATHER	1	5	9

IF R HAS NEVER BEEN MARRIED (A3=5) NOR LIVED WITH SOMEONE AS THOUGH MARRIED (A4=1) GO TO BOX H31.C. OTHERS CONTINUE.

B.	How about your (IF A5.C=1: spouse/IF A5.C=4: former spouse/IF A5.C=7: most recent spouse/IF A5.C=3: current partner/IF A5.C=5/6: former partner/IF A5.C=8/9: most recent partner)? (PROMPT: [has/IF A6-YEAR OF DEATH CODED: did] <NAME IN A6.A> ever (had/IF A6-YEAR OF DEATH CODED: have) a drink of alcohol?)	SPOUSE/ PARTNER	1	5	9
----	---	------------------------------	---	---	---

BOX H31.C
IF R IS NOT A TWIN, GO TO BOX H33.

C.	(Has/IF A13=1: Did) your twin ever (had/IF A13=1: have) a drink of alcohol?	TWIN	1	5	9
----	---	----------------	---	---	---

BOX H32
IF H31.C=1, GO TO BOX H33

H32	Did (his/her) drinking ever cause your twin to have problems with health, family, job or police or other problems?	NO	1
		YES	5
A.	Did you ever feel your twin was an excessive drinker?	NO	1
		YES	5

BOX H33
IF R HAS NO SISTER (OTHER THAN COTWIN) (I.E., A14=00), GO TO BOX H34. OTHERS CONTINUE.

H33	IF A14=1, ASK: Did her drinking ever cause your sister to have problems with health, family, job or police, or other problems?	NO	1
		YES	5

IF A14 IS MORE

THAN 1, ASK:	Did any of your full sisters ever have problems with health, family, job or police, or other problems because of drinking? IF YES: How many of your <NUMBER IN A14> full sisters had these problems?	NO	1
		YES	5
		# FULL SISTERS: ____/____	

BOX H34
IF R HAS NO BROTHERS (OTHER THAN A COTWIN) (A14.A=00), GO TO BOX H35.
OTHERS CONTINUE.

H34 IF A14.A=1, ASK: Did his drinking ever cause your brother to have problems with health, family, job or police, or other problems? NO 1
YES 5

IF A14.A IS MORE

THAN 1, ASK: Did any of your full brothers ever have problems with health, family, job or police, or other problems because of drinking? IF NO 1
YES 5
YES: How many of your <NUMBER IN A14.A> full brothers had these problems? # FULL BROTHERS: ____/____

BOX H35
IF NEITHER R S BIOLOGICAL MOTHER NOR BIOLOGICAL FATHER HAVE USED ALCOHOL [(H31=1 OR 9) AND (H31.A=1 OR 9)], GO TO BOX H37.
IF R S BIOLOGICAL MOTHER HAS NOT USED ALCOHOL (H31=1 OR 9), GO TO BOX H36. OTHERS CONTINUE.

H35 Did your biological mother s drinking ever cause her to have problems with health, family, job or police, or other problems? NO 1
YES 5
A. Did you ever feel that your biological mother was an excessive drinker? NO 1
YES 5

BOX H36
IF R S BIOLOGICAL FATHER HAS NOT USED ALCOHOL (H31.A=1 OR 9) GO TO BOX H37. OTHERS CONTINUE.

H36 Did your biological father s drinking ever cause him to have problems with health, family, job or police, or other problems? NO 1
YES 5
A. Did you ever feel that your biological father was an excessive drinker? NO 1
YES 5

BOX H37
IF R HAS NEVER BEEN MARRIED (A3=5) NOR LIVED WITH SOMEONE AS THOUGH MARRIED (A4=1), GO TO SECTION I.
IF R S SPOUSE OR PARTNER HAS NOT USED ALCOHOL (H31.B=1 OR 9), GO TO SECTION I. OTHERS CONTINUE.

H37 Did (his/her) drinking ever cause your (IF A5.C=1: spouse/IFA5.C=4: former spouse/IF A5.C=7: most recent spouse/IF A5.C=2/3: partner/IF A5./6: former partner/IF A5.C=8/9: most recent partner) <NAME IN A6.A> to have problems with health, family, job or police, or other problems? NO 1
YES 5
A. Did you feel that <NAME IN A6.A> was an excessive drinker? NO 1
YES 5

Section I - Street Drugs

Now please turn to page 17 in your respondent booklet. I m going to ask you some questions about drug use, and experiences you may have had when using drugs.

CODE I1. TO I1.B IN THE TABLE UNDER I1.B

FOR DRUG LISTS N AND O.

I1. Did you ever use the item in list N, marijuana? Did you ever use either item in List O? **IF YES:** Which one?

FOR DRUG LISTS P-R:

I1.A Did you ever use any of the drugs in list (P, Q, R) when it was not prescribed for you, or more than the prescribed dose? **IF YES:** Which ones? Just give me the numbers from list (P, Q, R) on page 17 of all the drugs used when not prescribed for you, or more than prescribed.

FOR DRUG LISTS S-W:

I1.B Did you ever use (any of) the item(s) in list (S, T, V, W)? **IF YES:** Which ones? Just give me the numbers of all the drugs you have used.

	<u>NO</u>	<u>YES</u>	<u>WHICH ONES?</u>
N. MARIJUANA (01)	1	5	
O. COCAINE (02, 03)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
P. STIMULANTS (04-11) (SPECIFY IF CODE 11)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
Q. OPIATES (12-21) (SPECIFY IF CODE 21)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
R. SEDATIVES (23-32) (SPECIFY IF CODE 32)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
S. HALLUCINOGENS (33-37) (SPECIFY IF CODE 37)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
T. PCP (38)	1	5	
V. SOLVENT (39-44) (SPECIFY IF CODE 44)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____
W. INHALANTS (46-49) (SPECIFY IF CODE 49)	1	5	<div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> <div> <div>___/___</div> <div>___/___</div> </div> </div> OTHER: _____

ASK FOR ALL CLASSES OF DRUGS.

I1.C. How old were you when you were first offered or had the opportunity to use (**FOR LIST O, P, Q, R, S, V & W:** any of) the item (**FOR LIST O, P, Q, R, S, V & W:** s) from List (N-W) even if you never tried it at the time? **FOR DRUG CLASSES P, Q, AND R:** When not prescribed for ~~you~~ **prescribed than CODE 00" IF** [INSERT ONS/REC SCRIPT]

	<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T</i> <i>PCP</i>	<i>V</i> <i>SOL</i>	<i>W</i> <i>INH</i>
AGE ONS:	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___

ONS:

0-5 0-5 0-5 0-5 0-5 0-5 0-5 0-5 0-5

**IF ALL DRUG CLASSES IN I1-I1.B CODED 1,
GO TO SECTION J.**

ASK FOR ALL CLASSES OF DRUGS ENDORSED BY R IN I1 TO I1.B.

- I1.D How old were you the very first time you tried (any of) the item(s) from List (N-W)? **FOR DRUG CLASSES P, Q, OR R:** Not counting the times you took it as prescribed. [INSERT ONS/REC SCRIPT]

	<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T</i> <i>PCP</i>	<i>V</i> <i>SOL</i>	<i>W</i> <i>INH</i>
AGE REC:	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___
REC:	_____	_____	_____	_____	_____	_____	_____	_____	_____
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5

ASK FOR ALL CLASSES OF DRUGS ENDORSED BY R IN I1 TO I1.B.

- I1.E How old were you the last time you used (FOR LISTS P, Q, R, V & W: any of) the item (FOR LISTS O, P, Q, R, S, V& W: s) from List (N-W)? **FOR DRUG CLASSES P, Q, OR R:** Not counting the times you took it as prescribed. [INSERT ONS/REC SCRIPT]

	<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T</i> <i>PCP</i>	<i>V</i> <i>SOL</i>	<i>W</i> <i>INH</i>
AGE REC:	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___
REC:	_____	_____	_____	_____	_____	_____	_____	_____	_____
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5

BOX I2

ASK I2 FOR EACH DRUG CLASS CODED 5 IN I1-I1.B

- I2 How many times in your life have you used (FOR LISTS N & T: the item/FOR LISTS O, P, Q, R, V & W: anything) from list (N-W)? **FOR LISTS P, Q, AND R SAY BEFORE CODING:** Don t count times when you used a drug prescribed for you, and took the prescribed dose.
ENTER TOTAL NUMBER OF TIMES FOR EACH CLASS. CODE 999 FOR DON T KNOW. CODE 998 IF MORE THAN 998 TIMES.

NUMBER OF TIMES

N. MARIJUANA ___/___/___

O. COCAINE ___/___/___

P. STIMULANTS ___/___/___

Q. OPIATES ___/___/___

R. SEDATIVES ___/___/___

S. HALLUCINOGENS ___/___/___

T. PCP ___/___/___

V. SOLVENTS ___/___/___

W. INHALANTS ___/___/___

IF R DK AND REFUSES TO GIVE BEST GUESS, ASK I2.A.

OTHERS GO TO I2.B.

I2.A Have you used (IF LIST N OR T: the item/IF LIST O, P, Q, R, S, V OR W: anything) from List (N-W): **FOR LISTS P, Q, AND R SAY BEFORE CODING:** when not prescribed for you or taken more than the prescribed dose:

	N	O	P	Q	R	S	T	V	W
CODE FIRST YES.	<i>MJ</i>	<i>COC</i>	<i>STI</i>	<i>OP</i>	<i>SED</i>	<i>HAL</i>	<i>PCP</i>	<i>SOL</i>	<i>INH</i>
40 or more times?	4	4	4	4	4	4	4	4	4
21-39 times	3	3	3	3	3	3	3	3	3
11-20 times	2	2	2	2	2	2	2	2	2
7-10 times	1	1	1	1	1	1	1	1	1
1-6 times	0	0	0	0	0	0	0	0	0

I2.B Of all the drugs you have used (, including (IF F3=5 OR ANY F4.1-5=5: tobacco/IF H1.B IS MORE THAN 00: alcohol/IF F3=5 OR ANY F4.1-5=5 AND H1.B IS MORE THAN 00: tobacco and alcohol)) which one do you prefer? If not (tobacco/alcohol/tobacco or alcohol), you can just give me the number of the drug from page 17.
(CODE: ALCOHOL=95, TOBACCO=96)

SPECIFY: _____ **CODE:** ____/____

CHECK I2 (AND I2.A). CONTINUE FOR EVERY DRUG CLASS USED 11 OR MORE TIMES.

OTHERS GO TO SECTION J.

- I3 Please turn back to page 16 and look at List C. Think about the period of time when you were using the most from List (N-W). During that period of time, how often were you using (**FOR LISTS N & T:** the item/**FOR LISTS O, P, Q, R, S, V & W:** anything) from List (N-W)? (**FOR LISTS P, Q, AND R SAY BEFORE CODING:** when not prescribed for you or more than prescribed for you). Just give me the letter.

	N	O	P	Q	R	S	T	V	W
	<i>MJ</i>	<i>COC</i>	<i>STI</i>	<i>OP</i>	<i>SED</i>	<i>HAL</i>	<i>PCP</i>	<i>SOL</i>	<i>INH</i>
Every day?	A	A	A	A	A	A	A	A	A
5-6 days per week?	B	B	B	B	B	B	B	B	B
4 days per week?	C	C	C	C	C	C	C	C	C
3 days per week?	F	F	F	F	F	F	F	F	F
2 days per week?	G	G	G	G	G	G	G	G	G
1 day per week?	H	H	H	H	H	H	H	H	H
3 days per month?	I	I	I	I	I	I	I	I	I
2 days per month?	J	J	J	J	J	J	J	J	J
1 day per month?	K	K	K	K	K	K	K	K	K
6-11 days per year?	L	L	L	L	L	L	L	L	L
3-5 days per year?	N	N	N	N	N	N	N	N	N
2 days per year?	O	O	O	O	O	O	O	O	O
1 day per year, or less?	P	P	P	P	P	P	P	P	P

BOX I3
CONTINUE FOR EVERY DRUG CLASS CODED A-K.
IF NO DRUG CLASS CODED A-K, GO TO BOX I14.

		N	O	P	Q	R	S	T	V	W
		<i>MJ</i>	<i>COC</i>	<i>STI</i>	<i>OP</i>	<i>SED</i>	<i>HAL</i>	<i>PCP</i>	<i>SOL</i>	<i>IN</i>
I3.A	Have you ever stayed	NO 1	1	1	1	1	1	1	1	1
	under the influence of	YES . . . 5	5	5	5	5	5	5	5	5
	(FOR LISTS N & T:									
	the item/ FOR LISTS									
	O, P, Q, R, S, V & W:									
	anything) in List (N-W)									
	for a whole day or									
	more?									
I3.B	IF YES , did this	NO 1	1	1	1	1	1	1	1	1
	happen 3 or more	YES . . . 5	5	5	5	5	5	5	5	5
	times?									

RETURN TO I3.A FOR NEXT DRUG CLASS.
CONTINUE IF NO OTHER DRUG CLASS.

IF STUDY =AUSTRALIAN ALCOHOL AND MJ NOT CODED A-K, GO TO BOX I14.
IF STUDY=FINNISH TOBACCO: GO TO SECTION J.
IF STUDY=AUSTRALIAN TOBACCO: CONTINUE.

BEGIN TO USE TALLY SHEET I.

BOX I4

IF STUDY=AUSTRALIAN ALCOHOL: CONTINUE FOR MJ ONLY IF CODED A-K IN I3.

IF STUDY=AUSTRALIAN TOBACCO: CONTINUE FOR ANY DRUG LIST (N-S) CODED A-K IN I3.

IF PCP, SOL, OR INHALANTS CODED A-K IN I3, CONTINUE WITH ONE USED MOST FREQUENTLY AND CODE IN (OTH) COLUMN THROUGHOUT SECTION.

IF MORE THAN ONE OF PCP, SOL, AND INH USED MOST FREQUENTLY, CODE THE DRUG CLASS FARTHEST LEFT IN THE LIST. WRITE THE LETTER FROM THE DRUG LIST IN THE BOX BELOW.

WHICH IS BEING CODED? PCP=T, SOL=V, INH=W

		<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T,V,W</i> <i>OTH</i>
I4.	Now please turn back to page 17. Have you <u>often</u> used (the item/anything) from List (N-W) for more days in a row, or in larger amounts, than you intended to?	NO 1	1	1	1	1	1	1
		YES ... 5*	5*	5*	5*	5*	5*	5*A1

		<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T,V,W</i> <i>OTH</i>
I5.	Compared to the first few times you used (the item/anything) from List (N-W), was there ever a period of time when you found you needed larger amounts of (the item/anything) from List (N-W) to get an effect, or found that you could no longer get the same effect on the amount you used to use?	NO 1	1	1	1	1	1	1
		YES ... 5*	5*	5*	5*	5*	5*	5*B1

		<i>N</i> <i>MJ</i>	<i>O</i> <i>COC</i>	<i>P</i> <i>ST</i>	<i>Q</i> <i>OP</i>	<i>R</i> <i>SED</i>	<i>S</i> <i>HAL</i>	<i>T,V,W</i> <i>OTH</i>
CODE DOWN I6 & I6.A								
I6	Have there been 3 or more times in your life when you wanted to stop or cut down on using (the item/anything) from List (N-W), not counting times when you wanted to cut down for physical fitness, or to lose weight (IF A7=5: or because you were pregnant)?	NO 1	1	1	1	1	1	1
		YES 5*	5*	5*	5*	5*	5*	5*C1
I6.A	Have you ever tried to stop or cut down on your use of (the item/anything) from List (N-W) and found you were unable to? IF YES, ASK: Did this happen once, or more than once?	NO 1	1	1	1	1	1	1
		YES, ONCE ... 4	4	4	4	4	4	4
		YES, 2+ TIMES 5*	5*	5*	5*	5*	5*	5*C2

RETURN TO I6 FOR NEXT DRUG CLASS. CONTINUE IF NONE.

			N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I7	Has there ever been a period of several days or more when you spent so much time getting (the item/anything) from List (N-W), using it, or recovering from its effects that you had little time for anything else?	NO	1	1	1	1	1	1	1
		YES	5*	5*	5*	5*	5*	5*	5*E1

CODE DOWN I8 & I8.A

			N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I8	Have you ever given up or greatly reduced important activities while using (the item/ anything) from List (N-W) like sports, work, or spending time with friends, family or relatives?	NO (GO TO BOX I8)	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
I8.A	Did this happen 3 or more times or last for a month or more?	NO	1	1	1	1	1	1	1
		YES	5*	5*	5*	5*	5*	5*	5*F1

BOX I8
RETURN TO I8 FOR NEXT DRUG CLASS.
CONTINUE IF NONE.

			N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I9	Has using (the item/anything) from List (N-W) ever caused you to have a serious physical health problem, or made worse any health problem that you already had?	NO (GO TO BOX I9)	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
I9A	Did you continue to use (the item/anything) from List (N-W) knowing it caused or made a health problem worse?	NO	1	1	1	1	1	1	1
		YES	5*	5*	5*	5*	5*	5*	5*G1

BOX I9
RETURN TO I9 FOR NEXT DRUG CLASS.
CONTINUE IF NONE.

**CODE DOWN I9.B & I9.C
(READ SLOWLY)**

I9B Has using (the item/anything)
from List (N-W) ever caused
you to have emotional or
psychological problems like:

			N MJ	O COC	P ST	Q OP	R SD	S HAL	T,V,W OTH
1.	<u>Feeling depressed or</u>	NO	1	1	1	1	1	1	1
	<u>uninterested in things? IF</u>	YES	5	5	5	5	5	5	5
	YES, ASK BEFORE CODING: Was that for more than 24 hours, to the point that it interfered with your functioning?								
2.	<u>Feeling paranoid or</u>	NO	1	1	1	1	1	1	1
	<u>suspicious of people? IF</u>	YES	5	5	5	5	5	5	5
	YES, ASK BEFORE CODING: Was that for more than 24 hours, to the point that it interfered with your relationships?								
3.	<u>Having trouble concentrating</u>	NO	1	1	1	1	1	1	1
	<u>or thinking clearly? IF YES,</u>	YES	5	5	5	5	5	5	5
	ASK BEFORE CODING: Was that for more than 24 hours, to the point that it interfered with your functioning?								

Has using (the item/anything)
from List (N-W) ever caused
you to have emotional or
psychological problems like:

			N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
4.	<u>Hearing, seeing or smelling</u>	NO	1	1	1	1	1	1	1
	<u>things that weren't really</u>	YES	5	5	5	5	5	5	5
	<u>there?</u>								
5.	<u>Feeling jumpy or easily</u>	NO	1	1	1	1	1	1	1
	<u>startled, or nervous IF YES,</u>	YES	5	5	5	5	5	5	5
	ASK BEFORE CODING: Was that for more than 24 hours, to the point that it interfered with your functioning?								

**IF ALL ITEMS 19.B.1-5 ARE CODED 1 FOR DRUG CLASS, GO TO BOX I9.C.
OTHERS CONTINUE.**

			N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I9C	Did you continue to use (the item/anything) from List (N-W) knowing it caused (this/any of these) emotional or psychological problems? (PROMPT: REVIEW ITEMS I9.B 1-5 CODED 5, BY READING UNDERLINED PHRASES)	NO	1	1	1	1	1	1	1
		YES	5*	5*	5*	5*	5*	5*	5*G2

BOX I9.C
RETURN TO I9.B FOR NEXT DRUG CLASS.
CONTINUE IF NONE.

I10	Has there ever been a time when <u>you</u> felt you had a drug problem because of your experiences using (the item/anything) from List (N-W)?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5

FOR COC, ST, OP, SD, (O, P, Q, R): IF TWO OR MORE DIFFERENT LETTERS CIRCLED ON TALLY SHEET I FOR ANY DRUG CLASS, CONTINUE TO I11, USING QUESTIONS SPECIFIC TO DRUG CLASS. OTHERS GO TO BOX I12.

READ SLOWLY

- I11 Sometimes when people cut down or go without drugs after using drugs steadily for some time they may not feel well.

CODE I11.A. 1-6 FOR LIST O (COCAINE)

I11.A After you cut down or went without any of the items from **List O** did you ever: **CODE IN COLUMN I**

	COLUMN I		COLUMN II	
	NO	YES	NO	YES
1. feel depressed. (IF NO: GO TO BOX I11)	1	5	1	5
2. feel weak or tired	1	5	1	5
3. have nightmares or unpleasant dreams	1	5	1	5
After you cut down or went without any of the items from List O did you ever:				
4. have trouble sleeping OR with sleeping too much	1	5	1	5
5. have an increased appetite	1	5	1	5
6. move much more slowly than usual OR move much more than usual	1	5	1	5

IF THREE OR MORE 5's IN I11.A, COL. I, GO TO I11.E.

IF ONE OR TWO 5's, GO TO I11.G.

OTHERS GO TO BOX I11.

CODE I11.B. 1-6 FOR LIST P (STIMULANTS)

I11.B After you cut down or went without any of the items from **List P** did you ever:

CODE IN COLUMN I

	<u>COLUMN I</u>		<u>COLUMN II</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. feel depressed. (IF NO: GO TO BOX I11)	1	5	1	5
2. feel weak or tired	1	5	1	5
3. have nightmares or unpleasant dreams	1	5	1	5

After you cut down or went without any of the items from **List P** did you ever:

4. have trouble sleeping OR with sleeping too much	1	5	1	5
5. have an increased appetite	1	5	1	5
6. move much more slowly than usual OR move much more than usual	1	5	1	5

IF THREE OR MORE 5's IN I11.B, COL. I, GO TO I11.E.

IF ONE OR TWO 5's, GO TO I11.G.

OTHERS GO TO BOX I11.

CODE I11.C. 1-9 FOR LIST Q (OPIATES, MAJOR PAIN KILLERS)

I11.C After you cut down or went without any of the items from **List Q** did you ever: **CODE IN**

COLUMN I

	<u>COLUMN I</u>		<u>COLUMN II</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. feel depressed	1	5	1	5
2. experience nausea or vomiting	1	5	1	5
3. experience muscle aches	1	5	1	5

After you cut down or went without any of the items from **List Q** did you ever:

4. have runny eyes or a runny nose or sneezing	1	5	1	5
5. have eyes sensitive to light, or sweating or goosebumps .	1	5	1	5
6. have diarrhea	1	5	1	5

After you cut down or went without any of the items from **List Q** did you ever:

7. yawn	1	5	1	5
8. have a fever	1	5	1	5
9. have trouble sleeping OR with sleeping too much	1	5	1	5

IF THREE OR MORE 5's IN I11.C, COL. I, GO TO I11.E.

IF ONE OR TWO 5's, GO TO I11.G.

OTHERS GO TO BOX I11.

CODE I11.D. 1-8 FOR LIST R (SEDATIVES)

I11.D After you cut down or went without any of the items from **List R** did you ever: **CODE IN COLUMN I**

	<u>COLUMN I</u>		<u>COLUMN II</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. sweat or feel your heart racing	1	5	1	5
2. have trembling hands	1	5	1	5
3. have trouble sleeping	1	5	1	5

After you cut down or went without any of the items from **List R** did you ever:

4. have nausea or vomiting	1	5	1	5
5. move much more than usual	1	5	1	5
6. feel anxious	1	5	1	5

IF NO 5s IN COLUMN I, GO TO BOX I11

	<u>COLUMN I</u>		<u>COLUMN II</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
7. see, hear or feel things that weren't there	1	5	1	5
8. have seizures	1	5	1	5

IF 2 OR MORE 5s IN I11.D, COL. 1, GO TO I11.E.

OF ONE 5, GO TO I11.G.

OTHERS GO TO BOX I11.

**[COMPUTER INSTRUCTION FOR I11:
BRING UP ON SCREEN ITEMS CODED 5 IN
COL I FOR CURRENT DRUG CLASS]**

		O	P	Q	R
		COC	ST	OP	SED
I11.E	READ SLOWLY Was there ever a time when you experienced (COC , ST : feeling depressed, and at least two other/ OP : three or more/ SD : two or more) of these problems together after you stopped, cut down or went without anything from list (O- R)? IF YES : Which ones? I ll read you the list. Anything else? (READ CIRCLED SX IN COL. I FOR THAT DRUG CLASS, AND CODE IN COL. II ANY THAT R. REPORTS OCCURRING TOGETHER)	NO. (GO TO I11.G) . 1 YES 5*	1 5*	1 5*	1 5*H1

		O	P	Q	R
		COC	ST	OP	SED
I11.F	Did any of these problems after you stopped or cut down ever cause you difficulty at work or school, at home, with your friends or family, or interfere with your life in any way?	NO 1 YES 5	1 5	1 5	1 5

		O	P	Q	R
		COC	ST	OP	SED
I11.G	Did you ever use any of the items from List (O-R), or any other medication or drug to keep from having any of these problems or make any of them go away? IF YES : What did you use? SPECIFY : Was this an over-the-counter medication or medication used for a drug treatment program? (IF YES, NOTE IN COMMENT BOX). Anything else? DON T COUNT OVER-THE-COUNTER DRUGS, OR DRUGS PROVIDED THROUGH A DRUG TREATMENT PROGRAM.	NO 1 YES 5*	1 5*	1 5*	1 5*H2

		Over-the-counter/Drug treatment medication	
		NO	YES
List O	_____ / _____	1	5
List O	_____ / _____	1	5
List P	_____ / _____	1	5
List P	_____ / _____	1	5
List Q	_____ / _____	1	5
List Q	_____ / _____	1	5
List R	_____ / _____	1	5
List R	_____ / _____	1	5

BOX I11
RETURN TO I11.B (STIMULANTS) OR I11.C (OPIATES) OR I11.D (SEDATIVES) FOR
NEXT DRUG CLASS (LIST P OR Q OR R), IF NONE, GO TO BOX I12.

BOX I12
IF NO LETTERS CIRCLED ON TALLY SHEET I FOR ANY (REMAINING) DRUG CLASS,
GO TO BOX I14.
OTHERS CONTINUE.

CODE DOWN I12 TO I13.C

I12 (Please look at pages 17 and 18 of your Respondent Booklet. On page 18 you will see a list of experiences, in Boxes A to H, that people sometimes have with drug use.) Now, I d like to review the experience(s) you ve told me you ve had using (the item/something) from List (N-W).

FOR EACH CLASS WITH ONLY ONE OR TWO
DIFFERENT LETTERS CIRCLED, GO TO I12.B.

Starting with column (1/2/3/4) could you please circle ... (**READ AS:** A1 in Box A , B1 in Box B , etc). So, as you can see, you ve had experiences from <NUMBER OF DIFFERENT LETTERS CIRCLED ON TALLY SHEET I> separate boxes.

- A. **IF THREE OR MORE LETTERS CIRCLED, SAY:** Now I m going to ask you how old you were the first and the last time you had each of these experiences, and I d like you to write down your age the first and the last time, in column (1/2/3/4) next to the words **FIRST** and **LAST** , under the letter and number for these experiences.
- B. **FOR EACH SYMPTOM CIRCLED ON THE TALLY SHEET I, ASK:** How old were you the first time you experienced [**LETTER/NUMBER/COMBINATION**] in box [A-H] using (the item/something) from list (N-W)? How old were you the last time? **RECORD ON TALLY UNDER AGE ONS/AGE REC.**

IF THREE OR MORE LETTERS CIRCLED: FOR FIRST LETTER/NUMBER COMBINATION, SAY: Now, write down those ages under (**LETTER/NUMBER COMBINATION**). **REPEAT PROMPT AS NECESSARY.**

BOX I13

**IF EXPERIENCES FROM AT LEAST THREE DIFFERENT LETTERS CIRCLED
ON TALLY SHEET I FOR ANY DRUG CLASS, CONTINUE.
OTHERS GO TO BOX I12 FOR NEXT DRUG CLASS**

I13 Now, I d like to know whether you ve ever had experiences from **(IF ONLY 3 LETTERS CIRCLED: those 3/IF 4 OR MORE LETTERS: 3 or more)** separate boxes while using (the item/anything) from List (N-W) in any 12-month period. **(PROMPT IF NECESSARY:** These experiences might not have occurred together one could have happened in March, another in November, and another the following January. But they must have happened in the same 12-month period).

		N	O	P	Q	R	S	T,V,W
		MJ	COC	ST	OP	SED	HAL	OTH
Did you ever have experiences from (IF ONLY 3 LETTERS CIRCLED: those 3/4 OR MORE LETTERS: 3 or more) separate boxes on page 18 within a 12-month period while using (the item/anything) from List (N-W)? [PROMPT: Looking at the ages you had these experiences for the first and last time might help you to answer this question].	NO. (GO TO BOX I14)	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5
	NO, CORRECTED BY EDITOR	6	6	6	6	6	6	6
	YES, CORRECTED BY EDITOR	7	7	7	7	7	7	7

	N MJ	O COC	P ST	Q OP	R SED	S HAL
I13.A How old were you the very first time experiences from 3 (IF 4 OR MORE LETTERS: 3 or more) separate boxes occurred within a 12-month period while using (the item/something) from list (N-W)? How old were you the very last time? (IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) or more than a year ago (CODE REC=5)?)	AGE ONS: _/_	_/_	_/_	_/_	_/_	_/_
	AGE REC: _/_	_/_	_/_	_/_	_/_	_/_
	REC: 4 5	4 5	4 5	4 5	4 5	4 5

INTERVIEWER

INSTRUCTIONS:

RECONCILE WITH

RESPONDENTS AGE ONS AND AGE REC FOR EACH LETTER.

ASK IN CONFIRMATORY WAY IF 3 BOXES WITH ONE EXPERIENCE IN EACH BOX.

	N MJ	O COC	P ST	Q OP	R SED	S HAL
I13.B Now think about the 12-month period in your life when you had experiences from the <u>greatest number</u> of boxes while using (the item/something) from List (N-W). Which ones did you have then? You can just give me the box letter and number of each experience that occurred in that 12-month period. (TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET) Any others?	NO 1	1	1	1	1	1
	YES 5	5	5	5	5	5

**IF 3 OR MORE LETTERS TICKED
ON TALLY SHEET, GO TO BOX I14**

- C. **IF FEWER THAN 3 DIFFERENT LETTERS TICKED, ASK:** Has there been another period in your life when you had experiences from 3 (**IF 4 OR MORE LETTERS:** or more) separate boxes while using (the item/something) from List (N-W) in any 12 month period? **IF YES:** Which ones did you have then? You can just give me the box letter and number of each experience that occurred in that 12-month period. **SCRATCH OUT ITEMS PREVIOUSLY TICKED. THEN TICK SYMPTOMS WHICH CLUSTER ON TALLY SHEET.** Any others? **IF NO, OR IF LESS THAN 3 DIFFERENT LETTERS, RECODE I13=1 FOR THIS DRUG CLASS.**

BOX I14
IF STUDY=FINNISH TOBACCO: GO TO SECTION J.

IF STUDY=AUSTRALIAN ALCOHOL: CONTINUE FOR MJ ONLY.

IF STUDY=AUSTRALIAN TOBACCO: IF I13 HAS BEEN ANSWERED FOR FOUR DRUG CLASSES, GO TO I14 AND CONTINUE FOR ALL DRUG CLASSES USED 11 OR MORE TIMES (IF I12=11 OR MORE OR I2.A=2/3/4) GO BACK TO BOX I12 FOR NEXT DRUG CLASS WITH AT LEAST ONE LETTER CIRCLED ON TALLY I. IF NO OTHER DRUG CLASS WITH LETTER(S) CIRCLED ON TALLY, CONTINUE FOR ALL DRUG CLASSES USED 11 OR MORE TIMES (IF I2 IS 11 OR MORE OR I2.A=2/3/4).

		N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I14	Has there ever been a period of time when you were <u>often</u> under the influence of (the item/anything) from List (N-W) in a situation where it increased your chances of getting hurt - like, when driving a car or riding a bike in traffic, swimming or diving, or putting yourself in any other situation where being under the influence of (the item/anything) from list (N-W) increased your chances of getting hurt?	NO 1	1	1	1	1	1	1
		YES 5	5	5	5	5	5	5

		N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I15	Have you ever been arrested two or more times within a 12-month period because of your use of (the item/anything) from List (N-W)	NO 1	1	1	1	1	1	1
		YES 5	5	5	5	5	5	5

		N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I16	Has there ever been a period of time when being under the influence of (the item/anything) from List (N-W) or feeling its after-effects <u>often</u> made it difficult for you to work, study or take care of household responsibilities?	NO 1	1	1	1	1	1	1
		YES 5	5	5	5	5	5	5

		N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I17	On 3 or more separate occasions within a 12 month period, did your use of (the item/anything) from List (N-W) cause you to have problems with family or friends?	NO 1	1	1	1	1	1	1
		YES 5	5	5	5	5	5	5

		N MJ	O COC	P ST	Q OP	R SED	S HAL	T,V,W OTH
I17.A	On 3 or more separate occasions within a 12 month period, did you get into a physical fight while under the influence of (the item/anything) from List (N-W)?	NO 1	1	1	1	1	1	1
		YES 5	5	5	5	5	5	5

BOX I18
IF AT LEAST ONE LETTER CIRCLED ON TALLY
SHEET I FOR ANY DRUG CLASS,
OR ANY 5" CODED IN I14-I17.A, CONTINUE.
OTHERS GO TO NEXT SECTION.

I18 Have you ever discussed any drug problem you may have had with any professional? NO. . . . (GO TO I19) 1
YES 5

A. Please turn back to page 16 and look at list A. Looking at List A, please tell me which professionals you have spoken with concerning a problem you had with drugs.
Did you speak with ... (**READ AS:** Number 1? Number 2? Etc.). (**PROMPT:** Anyone else?)

	<u>NO</u>	<u>YES</u>
1. A psychiatrist?	1	5
2. A General Practitioner or other medical doctor?	1	5
3. A psychologist?	1	5
4. Another mental health professional?	1	5
5. A clergyman?	1	5
6. Anyone else?	1	5

SPECIFY: _____

I19 Have you ever been treated for any drug problem or joined a self-help group for your drug use? NO. (GO TO SECTION J) 1
YES 5

A. Now please look at List B, on page 16.
Please tell me where you have been treated? Just give me the numbers?
(**PROMPT:** Anything else?)

	<u>NO</u>	<u>YES</u>
7. NA or other self help group	1	5
8. An outpatient drug program	1	5
9. Any other outpatient program	1	5
10. An inpatient drug program	1	5
11. As an inpatient for medical complications	1	5
12. Any other program, IF YES: SPECIFY	1	5

SPECIFY: _____

Section J - Respondent Depression

**IF RESPONDENT IS AN AUSTRALIAN TWIN
INTERVIEWED PREVIOUSLY IN THE 1989 COHORT TELEPHONE INTERVIEW,
GO TO SECTION L.**

Now I'm going to ask you some questions about your mood throughout your life.

J1 Has there ever been a time when you felt *depressed or down*, NO 1
most of the day and nearly every day for two weeks or more? YES ... (GO TO B) 5

A. How about a time when you were feeling *sad, blue, low, or discouraged* most of the day and nearly every day for two NO (GO TO J2) 1
weeks or more? YES 5

#B. How old were you the first time you felt that way most of the AGE ONS: ____/____
day and nearly every day, for at least two weeks? **CODE ON**
TALLY SHEET J

J2 Has there ever been a time when you were *a lot less interested in* NO (GO TO J3) 1
most things or unable to enjoy the things you usually enjoy, most YES 5
of the day and nearly every day for two weeks or more?

#A. How old were you the first time you felt that way, most of the AGE ONS: ____/____
day and nearly every day, for at least two weeks? **CODE ON**
TALLY SHEET J

J3 Before you were 18, was there ever a time when you were a lot NO ... (GO TO BOX J3) 1
more irritable than usual, or you found that people or things seemed YES ... (GO TO B) 5
to get on your nerves a lot more than usual, most of the day and
nearly every day, for two weeks or more?

A. **NOT USED**

#B. How old were you the first time you were a lot more irritable AGE ONS: ____/____
than usual or you found that people or things seemed to get
on your nerves a lot more than usual, most of the day and **IF 18 OR OLDER RECODE J3=1**
nearly every day for at least two weeks? **CODE ON TALLY**
SHEET J

BOX J3
IF J1=1 & J1.A=1 & J2=1 & (J3=1 OR J3.B 18 OR OLDER), GO TO J29.
OTHERS, CONTINUE AND CODE UNDER INITIAL .

DESCRIPTION:		CODE SILENTLY: BEREAVEMENT?			
INITIAL: _____				Initial	Retry
		NO		1	1
		YES		5	5
RETRY: _____					
A. How old were you then?				/	/
				AGE	AGE
Please tell me the month and year this period of (IF				/	/
J1.B CODED: depression/IF J2=5: (or) loss of				MO	YR
interest/IF J3.B CODED AND LESS THAN 18: (or)				/	/
irritability) (PROMPT: OWN EQUIVALENT) began?				MO	YR
<p>*****</p> <p>CHECK THAT AGE AND DATE ARE CONSISTENT.</p> <p>IF NOT, CLARIFY WITH RESPONDENT.</p> <p>*****</p>					
				Initial	Retry
5	During this time that began when you were <AGE IN	NO (GO TO J8)		1	1
	J4.A> years old, did you seek or receive help from a	YES		5	5
	doctor, or other professional for (IF J1.B CODED:				
	depression/IF J2=5: (or) loss of interest/IF J3.B			/	/
	CODED AND LESS THAN 18: (or) irritability)				
	(PROMPT: OWN EQUIVALENT)?			/	/
A.	From what type of professional did you seek or			/	/
	receive help? Anyone else?				
				/	/
1. Psychiatrist	07. Nurse				
2. Other medical doctor	08. School counsellor				
3. A psychologist	09. Psychiatrist/psychologist				
4. A counsellor NOS	(if R doesn't know which)				
5. A social worker	10. Any other professional				
6. A minister/priest/	(not teacher)				
rabbi/other clergy					

J6 During this time, were you prescribed medication for your (IF J1.B CODED: depression/IF J2=5: (or) loss of interest/IF J3.B CODED AND LESS THAN 18: (or) irritability) (PROMPT: OWN EQUIVALENT)? IF YES: Please tell me which medication? Were you prescribed anything else?	NO 1 YES(SPECIFY) 5	<u>Initial</u> 1 5 ____/____/____ ____/____/____ ____/____/____ CODE	<u>Retry</u> 1 5 ____/____/____ ____/____/____ ____/____/____ CODE
<div style="display: flex; justify-content: space-around; border-bottom: 1px solid black; margin-bottom: 5px;"> INITIAL RETRY </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. _____ 2. _____ 3. _____ </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 10px;"> _____ _____ _____ </div> </div>			

J7 During this time, were you hospitalised for depression?	NO .. (GO TO J8) 1 YES 5	<u>Initial</u> 1 5 ____/____/____ DAYS	<u>Retry</u> 1 5 ____/____/____ DAYS
A. For how long? CODE 98 IF 98 OR MORE DAYS.			

ASK AND CODE FOR EACH OPTION. J8 What were your responsibilities at the time this (IF J1.B CODED: depression/IF J2=5: (or) loss of interest/IF J3.B CODED AND LESS THAN 18: (or) irritability) (PROMPT: OWN EQUIVALENT) began: Were you going to school or studying? Were you working? Did you have household responsibilities? Were you responsible for taking care of children? Anything else?	SCHOOL/STUDY 1 JOB 1 HOME 1 CHILDREN 1 OTHER .. (SPECIFY) .. 1	<u>No</u> 1 1 1 1 1	<u>Yes</u> 5 5 5 5 5	<u>No</u> 1 1 1 1 1	<u>Yes</u> 5 5 5 5 5
SPECIFY INITIAL: _____					
SPECIFY RETRY: _____					

 IF ALL J8=1, GO TO J9.

[J8]		<u>Initial</u>	<u>Retry</u>
A.	Was your functioning in (IF ONLY ONE ROLE CODED 5 " IN J8: this/IF MORE THAN ONE ROLE CODED 5" IN J8: any of these) role(IF MORE THAN ONE ROLE CODED 5" IN J8: s) affected?	NO ... (GO TO J9) 1	1
		YES 5	5
B.	Did anyone notice this?	NO 1	1
		YES 5	5
		NO ONE AROUND 6	6
C.	Did something happen as a result of your poor functioning (IF J8-SCHOOL =5: at school or in your studies/IF J8- JOB =5: (or) at your job/IF J8-HOME=5: (or) at home responsibilities/ IF J8-CHILDREN=5: (or) in taking care of children)/IF J8-OTHER=5: (or) <CODED UNDER SPECIFY AT J8>? IF YES: Can you tell me what happened?	NO 1	1
		YES (SPECIFY) .. 5	5
SPECIFY INITIAL: _____			
SPECIFY RETRY: _____			
DO NOT CODE			

		<u>Initial</u>	<u>Retry</u>
J9	Were other areas of your life affected by your (IF J1.B CODED: depression/IF J2=5: (or) loss of interest/ IF J3.B CODED AND LESS THAN 18: (or) irritability) (PROMPT: OWN EQUIVALENT), such as your relationships with others or leisure time activities? IF YES: How were these areas affected?	NO .. (GO TO BOX J9) 1	1
		YES (SPECIFY) 5	5
SPECIFY:			
INITIAL_____			
RETRY_____			

BOX J9
IF ANY (J5=5 OR J8.A=5 OR J9=5), CONTINUE.
OTHERS GO TO J10.F.

BEGIN TO USE DEPRESSION TALLY SHEET J

		<u>Initial</u>	<u>Retry</u>
J10	During this period of (IF J1.B CODED: depression/IF J2=5: (or) loss of interest/IF J3.B CODED AND LESS THAN 18: (or) irritability) (PROMPT: OWN EQUIVALENT), that began when you were <AGE IN J4.A> years old, were you feeling depressed, down, empty, low, sad or discouraged <u>most of the day and nearly every day</u> for at least two weeks?	NO .. (GO TO B) 1 YES 5	1 5
A. NOT USED			
		<u>Initial</u>	<u>Retry</u>
A.1	For how long were you feeling depressed, down, sad, blue, low or discouraged most of the day and nearly every day? CODE ONE TIME FRAME ONLY. MUST BE AT LEAST 2 WEEKS TO CIRCLE ON TALLY.	WEEKS ___/___ ?* A1 MONTHS ___/___ * A1 YEARS ___/___ * A1	___/___ ?*A1 ___/___ *A1 ___/___ *A1
		<u>Initial</u>	<u>Retry</u>
B.	Were you a lot less interested in most things or unable to enjoy the things you used to enjoy, <u>most of the day and nearly every day</u> for at least two weeks?	NO ... (GO TO BOX J10.C1) 1 YES 5	1 5
C. NOT USED			
		<u>Initial</u>	<u>Retry</u>
C.1	For how long were you feeling that way most of the day and nearly every day? CODE ONE TIME FRAME ONLY. MUST BE AT LEAST 2 WEEKS TO CIRCLE ON TALLY.	WEEKS ___/___ ?* B1 MONTHS ___/___ * B1 YEARS ___/___ * B1	___/___ ?*B1 ___/___ *B1 ___/___ *B1
<div style="border: 1px dotted black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>BOX J10.C1 IF J4.A AGE GREATER THAN 17, GO TO BOX J10.E.</p> </div>			
		<u>Initial</u>	<u>Retry</u>
D.	Were you feeling a lot more irritable than usual, or finding that people or things seemed to get on your nerves much more than usual, <u>most of the day and nearly every day</u> for at least two weeks?	NO (GO TO BOX J10.E) .. 1 YES 5	1 5
		<u>Initial</u>	<u>Retry</u>
E.	For how long were you feeling that way most of the day and nearly every day? CODE ONE TIME FRAME ONLY. MUST BE AT LEAST 2 WEEKS TO CIRCLE ON TALLY.	WEEKS ___/___ ?* A2 MONTHS ___/___ * A2 YEARS ___/___ * A2	___/___ ?*A2 ___/___ *A2 ___/___ *A2

BOX J10.E
IF LONGEST PERIOD IN J10.A.1 OR J10.C.1 OR J10.E AT LEAST 2 WEEKS, GO TO J11.
IF LONGEST PERIOD IN J10.A.1 OR J10.C.1 OR J10.E IS LESS THAN 2 WEEKS, AND THIS IS A RETRY, GO TO J29,
OTHERS CONTINUE.

[J10]

READ SLOWLY.

- | | | | |
|----|---|--|----------------|
| F. | Thinking back over your life, has there been some other time when you felt depressed, down, sad, blue, low, discouraged; or felt a lot less interested in things, unable to enjoy things, or unable to care about things or other people (PROMPT: OWN EQUIVALENT) that lasted <u>at least 2 weeks</u> ? REMEMBER TO CHECK ANY BEREAVEMENT EPISODE. ALSO CHECK FOR EPISODES AT AGES IN J1.B/J2.A/J3.B IF DIFFERENT FROM J4.A. | NO (GO TO J29) 1
YES, NOT BEREAVEMENT 5
YES, BEREAVEMENT ONLY .. 6 | <u>Initial</u> |
|----|---|--|----------------|
- Could you tell me briefly what was going on during that period. **IF R DESCRIBES BEREAVEMENT:** Was there another period that didn't start within two months of learning about the death of someone close to you? **IF R. DESCRIBES BEREAVEMENT ONLY, CONTINUE WITH BEREAVEMENT EPISODE.**

DESCRIPTION:

- | | | | |
|----|--|--|----------------|
| G. | CODE FIRST YES: Did you seek or receive help from a doctor or other professional during this period? Would you say that your functioning in <u>any</u> area of your life was affected during this period? OTHERWISE CODE NO. | NO . (GO TO J29) 1
YES (RESTART J4.A AND
CODE IN RETRY COLUMN) . 5 | <u>Initial</u> |
|----|--|--|----------------|

J11 During that period of time that began when you were <AGE IN J4.A> years old...

		<u>Initial</u>	<u>Retry</u>
A.	Did you gain or lose as much as 1 kg a week or 5kg (PROMPT: or 2 lbs a week or 10 lbs) altogether, when you were not trying to? IF UNCLEAR, ASK: Did you gain or lose the weight?	NO (GO TO B) 1 YES .. (LOST WGT) .. 5* C1 YES . (GAINED WGT) . 6* C1	1 5*C1 6*C1
***** GO TO J12 *****			
B.	Did you have a substantial change in appetite? (Did your appetite increase or decrease?)	NO .. (GO TO J12) 1 SUBSTANTIAL INCREASE (GO TO C) ... 2 SUBSTANTIAL DECREASE 3 BOTH (GO TO C) ... 4	1 2 3 4
***** J11.B=1 UNLESS SUBSTANTIAL CHANGE. *****			
IF DECREASE, ASK:			
B1.	Did you have to force yourself to eat?	NO .. (GO TO J12) 1 YES 5	1 5
C.	Was your appetite <u>substantially</u> different from your usual appetite nearly every day for at least two weeks, during that period of time when you were (IF J10=5: depressed/ IF J10.B=5: (or) a lot less interested in things) (PROMPT: (or) OWN EQUIVALENT)?	NO 1 YES 5* C1	1 5*C1

J12 During that period of time (**PROMPT**: that began when you were <AGE IN J4.A> years old)...

	<u>Initial</u>	<u>Retry</u>
Did you have more trouble sleeping than usual?	NO 1 YES 5#	1 5#
A. Were you sleeping much more than usual?	NO .. (GO TO BOX J12) 1 YES 5#	1 5#
1. How many hours more than usual were you sleeping per day?	ADDITIONAL HRS. PER DAY ___/___	___/___

BOX J12
IF ANY 5#, ASK J12.B OTHERS GO TO J13.

B. Did you have trouble (IF J12=5 : with your sleep/ IF J12.A=5 : with sleeping more than usual) nearly every day for at least two weeks during that period of time { PROMPT : when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : (or) OWN EQUIVALENT)}?	NO 1 YES 5* E1/E2	1 5*E1/ E2
--	----------------------------------	------------------

J13 During that period of time...

	<u>Initial</u>	<u>Retry</u>
Were you so fidgety or restless that you were unable to sit still?	NO . (GO TO J14) 1 YES 5	1 5
A. Was it so bad that other people noticed it?	NO .. (GO TO J14) 1 YES 5 IF VOLUNTEERED: NO ONE AROUND 6	1 5 6
B. Were you fidgety or restless nearly every day for at least two weeks, during that period of time { PROMPT : when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : (or) OWN EQUIVALENT)}?	NO 1 YES 5* F1	1 5*F1

	<u>Initial</u>	<u>Retry</u>
J14 Were you talking or moving much more slowly than is normal for you?	NO . (GO TO J15) 1 YES 5	1 5
A. Was it so bad that other people noticed it?	NO .. (GO TO J15) 1 YES 5 NO ONE AROUND 6	1 5 6
B. Were you talking or moving much more slowly than usual nearly every day for at least two weeks, during that period of time when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : OWN EQUIVALENT)?	NO 1 YES 5* F2	1 5*F2

J15 During that period of time (PROMPT : that began when you were <AGE IN J4.A> years old)...			
		<u>Initial</u>	<u>Retry</u>
Were you feeling a loss of energy or more tired than usual?	NO .. (GO TO J16)	1	1
	YES	5	5
A. Was that nearly every day for at least two weeks during that period of time { PROMPT : when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : (or) OWN EQUIVALENT)}?	NO	1	1
	YES	5*G1	5*G1
<hr/>			
J16	Were you feeling excessively guilty or that you were a bad person?	<u>Initial</u>	<u>Retry</u>
	NO	1	1
	YES	5	5
A.	Were you feeling that you were a failure or worthless?	NO	1
	YES	5	5
	IF EITHER J16 OR J16.A CODED 5, ASK B. OTHERS GO TO J17.		
B.	Were you feeling (IF J16=5 : excessively guilty or that you were a bad person/ IF J16.A=5 : (or) a failure or worthless) nearly every day for at least two weeks during that period of time { PROMPT : when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : (or) OWN EQUIVALENT)}?	NO	1
	YES	5*H1	5*H1
<hr/>			
J17	Were you having trouble thinking or concentrating?	<u>Initial</u>	<u>Retry</u>
	NO	1	1
	YES	5	5
A.	Was it hard to make decisions about everyday things?	NO	1
	YES	5	5
	IF EITHER J17 OR J17.A CODED 5, ASK B. OTHERS GO TO J18.		
B.	Were you having trouble (IF J17=5 : thinking or concentrating/ IF J17.A=5 : making decisions) nearly every day for at least two weeks during that period of time { PROMPT : when you were (IF J10=5 : depressed/ IF J10.B=5 : (or) a lot less interested in things) (PROMPT : (or) OWN EQUIVALENT)}?	NO	1
	YES	5*I1/ I2	5*I1/ I2
<hr/>			
J18	During that period of time...	<u>Initial</u>	<u>Retry</u>
	Did you more than once have thoughts about death or dying?	NO	1
	Don t count thoughts about a recently deceased or dying loved one, or just fear of dying.	YES	5*J1
A.	Did you on more than one occasion think about taking your life?	NO	1
	YES	5*J2	5*J2
B.	Did you make a plan to take your own life?	NO	1
	YES	5*J3	5*J3
C.	Did you try to take your own life?	NO	1
	YES	5*J4	5*J4

**IF AT LEAST 5 DIFFERENT LETTERS CIRCLED ON DEPRESSION TALLY SHEET, CONTINUE.
IF FEWER THAN 5 DIFFERENT LETTERS, AND THIS IS A RETRY, GO TO J29
OTHERS ASK J19.C.**

J19 Now please turn to page 19 in your Respondent Booklet. You should see nine boxes, Box A to Box J, with problems people sometimes have when feeling (IF J10=5: depressed/IF J10.B=5: (or) less interested in things/IF J10.D=5 AND J3.B IS CODED AND LESS THAN 18: (or) irritable) (PROMPT: (or) OWN EQUIVALENT). We have just talked about some of the problems you have had. I want you to circle in your respondent booklet, on the left-hand side of the boxes, each of these problems as I read them back to you. Please circle (READ SX CIRCLED ON TALLY SHEET J AS BOX A, ITEM A1, ETC.). As you can see, you have had problems from <TOTAL # DIFFERENT LETTERS CIRCLED ON TALLY SHEET J> separate boxes. Take as much time as you need to look over the problems you circled. Was there a period of at least two weeks when problems from five (or more) separate boxes, including (IF ITEM FROM BOX A, BUT NOT BOX B CIRCLED: Box A/ IF ITEM FROM BOX B, BUT NOT BOX A CIRCLED: Box B/ IF ITEMS FROM BOTH BOX A AND BOX B CIRCLED: Box A or Box B), occurred together nearly every day?

	<u>Initial</u>
NO .. (GO TO BOX J19) ...	1
YES	5

<u>Retry</u>
1 (GO TO BOX J19)
5

ASK IN CONFIRMATORY WAY IF ONLY 5 BOXES WITH ONE EXPERIENCE IN EACH BOX.

A. Which ones? Could you just give me the box letter and number of each problem. Any others? (TICK ON TALLY SHEET J. IF 5 DIFFERENT BOXES, INCLUDING BOX A OR BOX B, CONTINUE; OTHERS GO TO BOX J19.) For how long did problems from at least five separate boxes, including (IF ITEM FROM BOX A, BUT NOT BOX B CIRCLED: Box A/IF ITEM FROM BOX B, BUT NOT BOX A CIRCLED: Box B/ IF ITEMS FROM BOTH BOXES A AND B CIRCLED: Box A or Box B) occur together nearly every day? **CODE ONE TIME FRAME ONLY.**

	<u>Initial</u>	<u>Retry</u>
WEEKS	___/___?*	___/___?*
MONTHS	___/___*	___/___*
YEARS	___/___*	___/___*

BOX J19

**IF PROBLEMS FROM 5 OR MORE BOXES FOR AT LEAST 2 WEEKS, GO TO J21.
IF FEWER THAN 5 BOXES FOR AT LEAST 2 WEEKS, AND THIS IS A RETRY, GO TO J29.
OTHERS CONTINUE.**

[J19]

**FEWER THAN 5 PROBLEMS CLUSTER FOR
AT LEAST 2 WEEKS**

- B. Has there been any other time when you were feeling depressed or less interested in things (**PROMPT:** (or) OWN EQUIVALENT) and had problems from at least 5 separate boxes, including Box A or Box B, nearly every day for two weeks or more? **IF YES:** Could you tell me briefly what was going on during that period. (**IF R DESCRIBES BEREAVEMENT:** Was there another period when you had problems from at least 5 boxes including Box A or B, nearly every day for 2 weeks or more, that didn't start within two months of the death of someone close to you?) **IF R DESCRIBES BEREAVEMENT ONLY, CONTINUE WITH BEREAVEMENT EPISODE.**

Initial

NO (GO TO J29) 1
YES, NOT BEREAVEMENT 5
YES, BEREAVEMENT ONLY 6

DESCRIPTION:

Please take as much time as you need, and tell me the box letter and number of each problem you had during that time. Anything else?

**IF LESS THAN 5 DIFFERENT LETTERS,
RECODE J19.B=1.**

CODE FIRST YES.

- B1. Did you seek or receive help from a doctor or other professional during this period? Would you say that your functioning in any area of your life was affected during this period? **OTHERWISE CODE NO.**

NO (GO TO J29) 1
YES (RETURN TO J4.A AND
CODE IN RETRY COLUMN) 5

[J19]

FEWER THAN 5 ITEMS CIRCLED

- C. Now please turn to page 19 in your Respondent Booklet. You should see nine boxes with problems people sometimes have when feeling depressed, less interested in things or irritable, (**PROMPT:** (or) OWN EQUIVALENT). I m going to review with you the problems you said you had during this period of feeling (**IF J10=5:** depressed/**IF J10.B=5:** (or) less interested (**PROMPT:** (or) OWN EQUIVALENT)).

Please put a tick in your respondent booklet next to each of these problems as I read them back to you. Please tick (**READ SX CIRCLED ON TALLY SHEET J AS BOX A, ITEM A1, etc.**). So, as you can see, you had problems from <NUMBER OF DIFFERENT LETTERS CIRCLED ON TALLY SHEET J> separate boxes during this time.

(Other than the periods we have discussed previously) has there been any other time in your life when you had problems from 5 or more separate boxes, including Box A or Box B, nearly every day for two weeks or more? **IF YES:** Could you tell me briefly what was going on when you had problems from 5 or more separate boxes, including A or B, nearly every day for 2 weeks or more. **IF R DESCRIBES BEREAVEMENT:** Was there another period, when you had problems from 5 or more separate boxes, that didn't start within two months of learning about the death of someone close to you? **IF R DESCRIBES BEREAVEMENT ONLY, CONTINUE WITH BEREAVEMENT EPISODE.**

DESCRIPTION:

Please take as much time as you need, and give me the box letter and number of each problem you had during that time. Anything else?

**IF LESS THAN 5 DIFFERENT LETTERS,
RECODE J19.C=1, OTHERS, CONTINUE.**

CODE FIRST YES.

- C1. Did you seek or receive help from a doctor or other professional during this period? Would you say that your functioning in any area of your life was affected during this period? **OTHERWISE CODE NO.**

Initial

NO . . (GO TO J29)	1
YES, NOT BEREAVEMENT	5
YES, BEREAVEMENT ONLY . .	6

NO (GO TO J29)	1
YES . (RETURN TO J4.A AND CODE IN RETRY COLUMN) . .	5

J20 **NOT USED**

- J21 Did this episode of feeling (**IF J10=5:** depressed/**IF J10.B=5:** (or) uninterested) (**PROMPT:** (or) OWN EQUIVALENT) start during or shortly after a serious physical illness or a serious condition, such as thyroid disease, a stroke, multiple sclerosis, a brain tumor or HIV? **IF YES:** What illness?
- NO (GO TO BOX J22) 1
YES (SPECIFY) 5

SPECIFY: _____

- A. How long before the start of this depression did this illness begin?

____/____/____
WEEKS

BOX J22

IF R IS MALE OR R IS NOT MOTHER OF INDEX CASE, OR A FEMALE WHO HAS NEVER BEEN PREGNANT (I.E., A7=1), GO TO J23.

- J22 Did this episode of feeling (**IF J10=5:** depressed/**IF J10.B=5:** (or) uninterested) (**PROMPT:** (or) OWN EQUIVALENT) start within two months after childbirth? (**CODE ONLY IF LIVE BIRTH. CODE STILLBIRTH AT J23 AND J23.A.**) **IF YES:** When was the child born?
- NO (GO TO J23) 1
YES 5

- A. Date of childbirth:

____/____/____
DAY MO YR

CODE YES SILENTLY IF KNOWN.

- J23 Did this episode of feeling (**IF J10=5:** depressed/**IF J10.B=5:** uninterested) (**PROMPT:** (or) OWN EQUIVALENT) start within two months of learning of the death of someone close to you? **IF YES:** Who was that? (**NOTE EXACT RELATIONSHIP**) Anyone else?
- NO (GO TO J24) 1
YES (SPECIFY) 5
ABORTION/MISCARRIAGE (GO TO J24) 6
STILLBIRTH .. (GO TO A) 7

SPECIFY: _____

RELATIONSHIP CODE ____/____/____

RELATIONSHIP CODE ____/____/____

- A. (**IF J23=5:** In what month and year did you learn about the death(s)?) (**J23=7:** In what month and year did the stillbirth occur?)

____/____/____
MO YR

____/____/____
MO YR

- J24 Did this episode of feeling (**IF J10=5:** depressed/**IF J10.B=5:** (or) uninterested) (**PROMPT:** (or) OWN EQUIVALENT) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquillisers, tablets for high blood pressure, heart medicines, or steroids? **IF YES:** What were you using?
- NO ... (GO TO BOX J25) 1
YES (SPECIFY) 5

	<u>NAME OF MEDICATION</u>	<u>DRUG CODE</u>
1.	_____	____/____/____
2.	_____	____/____/____
3.	_____	____/____/____

BOX J25
**CHECK SECTION I, ITEM I1.D. IF R HAS NEVER USED ILLEGAL DRUGS OR MISUSED
 PRESCRIPTION DRUGS, GO TO BOX J26.**

J25 Just before this episode of feeling (**IF J10=5: depressed/IF J10.B=5:** NO ... (GO TO J26) 1
 (or) uninterested) (**PROMPT:** (or) OWN EQUIVALENT) began, YES 5
 had you been using any illegal drugs or using any prescription drugs
 more than prescribed? **IF YES:** Which drugs or medications?
CODE BELOW USING DRUG LIST. FOR EACH DRUG
CODED ASK: Without using any lists, just before this episode
 began, how often were you using (DRUG CLASS) (**IF DRUG 03, 04,**
OR 05: When not prescribed for you or taking more than the
 prescribed dose)? Were you using anything else?

DRUG LIST:

01. Marijuana or hashish
02. Cocaine
03. Stimulants like amphetamines or speed, when not prescribed or more than prescribed
04. Sedatives like valium, barbiturates, sleeping pills, tranquillisers - when they were not prescribed for you, or more than prescribed
05. Opiates like morphine, codeine - when they were not prescribed for you, or more than prescribed
06. Heroin
07. PCP
08. Inhalants like glue, gasoline, butane, paint thinner
09. Hallucinogens like LSD, or other psychedelics
10. Other drugs (SPECIFY BELOW)

FREQUENCY CODES:

- A. Every day
- B. 5-6 days per week
- C. 3-4 days per week
- D. 2 days per week
- E. 1 day per week
- F. 2-3 days per month
- G. 1 day per month
- H. 3 -11 days per year
- I. Less often
- J. Never

	DRUG CODE (1-10)	FREQUENCY CODE (A-J)	
1.	___/___	_____	
2.	___/___	_____	
3.	___/___	_____	

IF CODE 10, SPECIFY: _____

BOX J26
CHECK H1.A. IF R HAS NEVER HAD A FULL DRINK (H1.A=1), GO TO BOX J26.E.

- J26 Just before this episode of feeling (**IF J10=5**: depressed/**IF J10.B=5**: (or) uninterested) (**PROMPT**: (or) OWN EQUIVALENT) began, had there been any change in your use of alcohol?
- NO (GO TO E) 1
 YES 5
 NOT DRINKING THEN
 (GO TO BOX J26.E) ... 7
- A. How did your drinking change? (**PROMPT**: Did it increase or did it decrease?)
- INCREASED 1
 DECREASED 2
 STOPPED .. (GO TO C) .. 3
- B. How many drinks per week did you (**IF J26.A=1**: increase to/**IF J26.A=2**: cut down to)?
- ____/____
 DRINKS
 PER WEEK
- C. How many drinks of alcohol per week were you having before you (**IF J26.A=1 OR 2**: changed your use of alcohol/**IF J2.A=3**: stopped)?
- ____/____
 DRINKS
 PER WEEK
- D. How long before the start of this depression did you change your use of alcohol?
- ____/____
 WEEKS
- *****
GO TO BOX J26.E

- E. How many drinks of alcohol per week were you having before the start of this depression?
- ____/____
 DRINKS
 PER WEEK

BOX J26.E
IF R HAS NEVER SMOKED CIGARETTES, IF F10-CT IS NOT A OR B.
GO TO J27.

- F. Just before this episode of feeling (**IF J10=5**: depressed/**IF J10.B=5**: (or) uninterested) (**PROMPT**: OWN EQUIVALENT) began, had there been any change in your use of cigarettes?
- NO (GO TO J27) 1
 YES 5
 NOT USING THEN
 (GO TO J27) ... 7
1. How did your smoking change? (**PROMPT**: Did it increase or did it decrease?)
- INCREASED 1
 DECREASED 2
 STOPPED 3

Please look again at page 19 in your Respondent Booklet.
READ SLOWLY

- J27 Apart from this most severe period that we've just discussed, did you have at least one other episode when you were depressed, down or a lot less interested in things most of the day, nearly every day, for at least two weeks and had problems like those on page 19 of your Respondent Booklet?
- NO .. (GO TO BOX J27) ... 1
 YES (GO TO A) 5

BOX J27

**CHECK AGES IN J1.B, J2.A AND J3.B. IF R REPORTS NO OTHER EPISODE IN J27,
BUT DIFFERENT AGES IN J1.B/J2.A/J3.B VERSUS J4.A,
CONFIRM WHETHER S/HE HAS HAD ONLY ONE EPISODE.
IF J27=1, CODE 01 IN A; THEN GO TO J29.**

- A. How many separate times have you been depressed or a lot less interested in things (**PROMPT:** (or) OWN EQUIVALENT) for at least two weeks and had problems like the ones we've been talking about? Does that include the period we've just been talking about? **CODE 98 IF TOO MANY TO COUNT.**
- TOTAL # OF EPISODES _____
(Including Most Severe)

(CODE SILENTLY IF CLEAR FROM RESPONDENT'S ANSWERS)

- B. Was the period we've just discussed, also the first time that you (**IF J10=5:** felt depressed/**IF J10.B=5:** (or) lost interest) (**PROMPT:** (or) OWN EQUIVALENT)?
- NO 1
YES 5

J28 You've mentioned that you've had <TOTAL # OF EPISODES IN J27.A> periods when you were (**IF J10=5:** depressed/**IF J10.B=5:** (or) less interested) (**PROMPT:** (or) OWN EQUIVALENT) for at least two weeks. I'd like to ask you a few questions about the episode (**IF J27.A IS MORE THAN 2:** s) we've not discussed. (**IF J27.A IS MORE THAN 2:** Let's start with the earliest of these other periods.)

EXCLUDE PERIOD OF DEPRESSION JUST TALKED ABOUT, THE "MOST SEVERE".

- | | | <u>OTHER EPISODES</u> | | | | |
|----------------------------------|---|-----------------------|----------|----------|----------|----------|
| | | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| CODE DOWN J28.A TO J28.C2 | | | | | | |
| A. | (IF J27.B=5: We've just talked about your first period, when you were <AGE IN J4.A>). At what age did your (IF J27.B=1: first/next/.../ IF J27.B=5: next...) period of (IF J10=5: depression) (PROMPT: (or) OWN EQUIVALENT) begin? AGE ONS | _/_ | _/_ | _/_ | _/_ | _/_ |
| A1. | In what month of the year did it begin? MONTH | _/_ | _/_ | _/_ | _/_ | _/_ |
| B. | For how many weeks did this depression last? DURATION WEEKS | _/_ | _/_ | _/_ | _/_ | _/_ |
| C1 | Were you feeling depressed, down or sad or blue most of the day, nearly every day for at least two weeks during that period? | NO .. 1 | 1 | 1 | 1 | 1 |
| | | YES .. 5 | 5 | 5 | 5 | 5 |
| C2 | Were you feeling a lot less interested in things or unable to enjoy things most of the day, nearly every day, for at least two weeks during that period? | NO .. 1 | 1 | 1 | 1 | 1 |
| | | YES .. 5 | 5 | 5 | 5 | 5 |

BOX C3

**IF MORE OTHER EPISODES , GO BACK TO A TO ASK ABOUT NEXT EPISODE
IF C1 AND C2=1 FOR ALL PERIODS, GO TO J29.
IF C1 OR C2 CODED 5 FOR MORE THAN ONE PERIOD, ASK C3.
IF C1 OR C2 CODED 5 FOR ONLY 1 EPISODE, GO TO C4 AND ASK ABOUT THAT EPISODE.**

- C3 You mentioned that you had periods of depression at <LIST AGE ONS GIVEN AT J28.A WHERE J28.B IS AT LEAST 2 WEEKS, AND EITHER J28.C1=5 OR J28.C2=5>. I d like to ask further questions about one of those periods we ve just talked about, other than your period at <AGE IN J4.A OR RECYCLE AGE AT J4.A IF RECYCLED>. Can you choose the one where you most clearly remember having many of the problems on page 19, nearly every day for 2 weeks or more. Which of those episodes would you like to choose? **(CIRCLE NUMBER ABOVE IN J28.A FOR EPISODE CHOSEN. IF NONE, CODE C4=1)**
- C4 Could you look at page 19 in your Respondent Booklet. NO (GO TO BOX C5) ... 1
During the period that began when you were <AGE IN YES 5
J28.A FOR EPISODE CHOSEN> did you experience DON'T KNOW . (GO TO BOX C5) 9
problems associated with at least 5 different letters,
occurring together for at least two weeks or more, during
that period?
- A. **IF YES:** Which ones -- just tell me the letters and
numbers of the problems on page 19?
- | | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| A (1,2).Felt depressed or down or irritable (before age 18) | 1 | 5 |
| B (1).Felt a lot less interested in most things | 1 | 5 |
| C (1).Had a change in weight or appetite | 1 | 5 |
| E (1,2).Had trouble with sleep or slept more than usual | 1 | 5 |
| F (1,2).Were fidgety or restless/moving more slowly | 1 | 5 |
| G (1).Felt a loss of energy, or more tired than usual | 1 | 5 |
| H (1).Felt excessively guilty or that you were a bad person | 1 | 5 |
| I (1,2).Had trouble with concentration or making decisions | 1 | 5 |
| J (1-4).Frequently thinking of death/suicidal thoughts/attempt/plan | 1 | 5 |

BOX C5
IF 5 OR MORE SYMPTOMS HAVE OCCURRED TOGETHER , INCLUDING A1 OR A2 OR B1,
FOR 2 WEEKS OR MORE, GO TO D.
IF FEWER THAN 5 SYMPTOMS AND ONLY ONE EPISODE IN J28, GO TO J29.
OTHERS CONTINUE.

- C5 Have you had at least 5 of the problems on page 19, nearly NO (GO TO J29) 1
every day for at least 2 weeks or more, during any of the other YES (RETURN TO J28.C4) ... 5
episodes we've just discussed, excluding your episode at
<AGE IN J28.A FOR EPISODE CHOSEN>? **IF YES:** Which
one of those episodes?
(CIRCLE NUMBER ABOVE IN J28.A FOR EPISODE CHOSEN.)

D. Did this depression begin:

	<u>NO</u>	<u>YES</u>
IF FEMALE: within 2 months after childbirth ?	1	5
ALL: during or shortly after a serious physical illness?	1	5
within 2 months after the death of someone close to you?	1	5
within 1 month of using tranquillisers, blood pressure		
medication or steroids?	1	5
just after you had been using illegal drugs?	1	5
just after a change in your alcohol use?	1	5
just after a change in your tobacco use?	1	5

E1 During this depression, was your functioning in your:

job, home duties, school, or study affected?	1	5
relationships with others or leisure time activities affected? ..	1	5

[J28] E2 During this depression, did you seek or receive help from a doctor or other professional for depression? **(IF NO, GO TO J28.F)** NO YES
1 5

E3 During this depression, did you receive treatment such as:

medication for depression? 1 5
hospitalization for depression? 1 5

F. Thinking of all the times you have been depressed, including the ones we ve already discussed, how long was your longest period of depression? / / WEEKS
CODE ONLY ONE TIME FRAME / / MONTHS
 / / YEARS

MANIA SCREEN (NON-DIAGNOSTIC)

READ SLOWLY.

J29 Has there ever been a period in your life lasting a week or more when you felt unusually good, clearly different from your normal self, so that you needed only a few hours of sleep at night but had more energy and were much more active than usual? NO . (GO TO SECTION K) ... 1
YES 5

J30 At that time, were people around you concerned because you were speaking very rapidly or were much more likely to act on the spur of the moment? NO 1
YES 5

A. At that time, were you having flights of fancy, making a lot of unrealistic plans or spending money unwisely? NO 1
YES 5

IF J30=1 AND J30.A=1, GO TO SECTION K.

J31 During that time, were you hospitalised? NO 1
YES 5

A. Were you ever treated for these symptoms with medication or ECT? (IF YES: What medication?) NO 1
YES ... (SPECIFY) 5

SPECIFY: _____

CODE ____/____/____

CODE ____/____/____

IF R HOSPITALISED, AND RESPONDENT PREVIOUSLY HAD SAID S/HE WAS HOSPITALISED FOR DRUG OR ALCOHOL ABUSE (IF H30.A.10=5 OR H30.A.11=5 OR I19.A10=5 OR I19.A11=5), CONTINUE. OTHERWISE GO TO SECTION K.

J32 You said you have also been hospitalised for alcohol or drug problems. Was that at the same time, or on a different occasion? SAME TIME 1
DIFFERENT OCCASION 5

SECTION K - SUICIDE

(CHECK J18 AND READ PARENTHESES IF J18 HAS BEEN CODED; I.E. NOT MISSING.)

Now I am going to ask you some **(IF ANY J18-J18.C=1 OR 5:**
further) questions about suicide.

K1 **(IF ANY J18-J18.C=5:** You mentioned you have had thoughts about taking your own life. Is that correct?**/IF NO J18-J18.C=1:** Have you ever thought about taking your own life?)

NO (GO TO K2) 1
YES 5

A. Did those thoughts ever last for more than a day?

NO 1
YES 5

B. Did you ever have a plan? **IF YES:** How did you plan to take your life?

NO 1
YES (SPECIFY) 5

RECORD PLAN:

CODE

C. How old were you when you first had thoughts about taking your own life? How old were you the last time? **[INSERT ONS/REC SCRIPT]**

AGE ONS: ____/____
AGE REC: ____/____
REC: 0 1 2 3 4 5

K2 Have you ever tried to take your own life?

NO ... (GO TO K11) 1
YES 5

A. How many times? _____ TIMES

B. How old were you the **(IF K2.A MORE THAN 1:** first) time you tried to take your own life? **(IF K2.A MORE THAN 1:** How old were you the last time? **[INSERT ONS/REC SCRIPT])**

AGE ONS: ____/____
AGE REC: ____/____
REC: 0 1 2 3 4 5

INTERVIEWER: ASK ABOUT THE MOST SERIOUS ATTEMPT.

K3 How did you try to take your life? (IF K2.A MORE THAN 1:
 Please tell me about your most serious attempt.)

RECORD METHODS: _____

CODE: ____/____

____/____

- 00 No attempt made (GO TO K11)
- 01 Gun (GO TO K3.A)
- 02 Car crash (GO TO K3.A)
- 03 Carbon monoxide poisoning (GO TO K4)
- 04 Cut wrists or stab self (GO TO K3.F)
- 05 Medication, drugs, alcohol, other poison (GO TO K3.B)
- 06 Jump from height (GO TO K3.A)
- 07 Jump in front of train/car/other vehicle (GO TO K3.A)
- 08 Strangulation, choking, suffocation, hanging, drowning (GO TO K3.A)
- 09 Burning self (GO TO K3.A)
- 10 Starvation (GO TO K4)
- 11 Other (GO TO K4)
- 12 Involving harm to others

A. Were you injured?

NO	YES	DK
1	5	9

If Pills/Other overdose (IF K3=05), ask:

B. What did you take? Anything else?

____/____/____
 ____/____/____
 ____/____/____

C How many did you take? (CODE 98 IF 99 OR MORE)

NUMBER: ____/____

NO	YES	DK
1	5	9

D. Did you lose consciousness?

1 5 9

E. Was your stomach pumped?

NO	YES	DK
1	5	9

If Slashing (IF K3=04), ask:

F. Did you get stitches?

K4	Did anyone know at the time that you were trying to take your life?	NO 1 YES 5
<hr/>		
K5	Did you try to take your life when you thought no one would be around?	NO 1 YES 5
<hr/>		
IF KNOWN, ASK IN A CONFIRMATORY MANNER:		
K6	Did you require medical treatment after you tried to take your life?	NO ... (GO TO K8) 1 YES 5
<hr/>		
K7	Were you admitted to hospital after the attempt? IF YES: What ward were you admitted to? (PROMPT: Was that a medical ward or a psychiatric ward?)	NO ... (GO TO K8) 1 YES, MEDICAL 5 YES, PSYCHIATRIC 6
<hr/>		
K8	Did you really want to die?	NO 1 YES 5 YES AND NO 3
<hr/>		
K9	Did you think that (METHOD RECORDED IN K3) would kill you?	NO 1 YES 5 MAYBE 3
<hr/>		
K10	(IF K2.A IS MORE THAN 1: When you made your most serious attempt), did you try to take your life while you were:	
		<u>NO</u> <u>YES</u>
	1. Feeling depressed?	1 5
	2. Drinking?	1 5
	3. Feeling extremely good or high?	1 5
	4. Using drugs?	1 5
	5. Having strange thoughts or experiences or seeing visions?	1 5
	6. Other: Specify: _____	1 5
<hr/>		
K11	(IF K2=5: Other than when you tried to take your own life), did you ever hurt yourself on purpose, for example, by cutting or burning yourself?	NO 1 YES 5
<hr/>		

K12 Have any of your relatives ever committed suicide? NO (GO TO K13) 1
IF YES: who was that? **ASK K12.A ONLY IF RESPONDENT** YES 5
IS TWIN. How (**IF ONLY ONE K12.A-H CODED 5:** was s/he/**IF**
MORE THAN ONE K12.A-H CODED 5: were they) related to
you?
(PROMPT FOR SIBLING: Was that a full, half, step or adopted
brother/sister?) (PROMPT FOR RELATIVE: Was (s/he) from
your mother s side or your father s side of the family?)

	<u>N/A</u>	<u>NO</u>	<u>YES</u>	<u>DK</u>	
A. <u>TWIN</u>	0	1	5	9	
B. <u>FATHER</u>	0	1	5	9	
C. <u>MOTHER</u>	0	1	5	9	
D. <u>SPOUSE/PARTNER</u>	0	1	5	9	
E. <u>OTHER SIBS</u>	0	1	5	9	Type of SIB 1) _____ / / 2) _____ / / 3) _____ / /
F. <u>STEPMOTHER</u> ...	0	1	5	9	
G. <u>STEPFATHER</u>	0	1	5	9	
H. <u>OTHER RELS</u>	0	1	5	9	Type of Relative 1) _____ / / 2) _____ / / 3) _____ / / 4) _____ / /

K13 Have any of your (**IF K12=5:** other) relatives ever attempted NO .. (GO TO NEXT SECTION) ... 1
suicide? **IF YES:** who was that? **ASK K13.A ONLY IF** YES 5
RESPONDENT IS TWIN. How (**IF ONLY ONE K13.A-**
H CODED 5: was s/he/**IF MORE THAN ONE K13.A-H**
CODED 5: were they) related to you?
(PROMPT FOR SIBLING: Was that a full, half, step or
adopted brother/sister?) (PROMPT FOR RELATIVE: Was s/he
from your mother s side or your father s side of the family?)

	<u>N/A</u>	<u>NO</u>	<u>YES</u>	<u>DK</u>	
A. <u>TWIN</u>	0	1	5	9	
B. <u>FATHER</u>	0	1	5	9	
C. <u>MOTHER</u>	0	1	5	9	
D. <u>SPOUSE/PARTNER</u>	0	1	5	9	
E. <u>OTHER SIBS</u>	0	1	5	9	Type of SIB 1) _____ / / 2) _____ / / 3) _____ / /
F. <u>STEPMOTHER</u> ...	0	1	5	9	
G. <u>STEPFATHER</u>	0	1	5	9	
H. <u>OTHER RELS</u>	0	1	5	9	Type of Relative 1) _____ / / 2) _____ / / 3) _____ / / 4) _____ / /

Section L - Panic Disorder and Panic Attacks

- L1 Now I d like to ask you some questions about feelings of anxiety. (PROMPT IF NECESSARY: I m interested in your whole life, not just when you were using drugs). Have you ever had an attack when all of a sudden you felt frightened, anxious, or panicky?
- | | | |
|-----|-----------------|---|
| NO | ..... | 1 |
| YES | (GO TO L2) | 5 |
| DK | ..... | 9 |
- A. Was there ever a time when you suddenly had shortness of breath, chest tightness, a racing heart or felt faint? Don t count problems due to asthma attacks, sinus or respiratory infections, allergies or dehydration.
- | | | | |
|-----|-------------------|----|---|
| NO | (GO TO SECTION M) | .. | 1 |
| YES | ..... |  | 5 |
| DK | (GO TO SECTION M) | .. | 9 |

-
- L2 Please turn to page 20 in your Respondent Booklet. Think back to one of your worst (**IF L1=5: attacks/IF L1.A=5: periods of physical discomfort**). During this worst (**IF L1=5: attack/IF L1.A=5: sudden onset of physical symptoms**), did you have Number 1, shortness of breath or feelings of smothering? Number 2?

- | | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| 1. Shortness of breath or feelings of smothering? | 1 | 5 |
| 2. Palpitations or a pounding heart? | 1 | 5 |

During this worst (**IF L1=5: attack/IF L1.A=5: sudden onset of physical symptoms**), did you have number 3? Number 4? Number 5?

- | | | |
|--|---|---|
| 3. Dizziness, light-headedness, or feeling faint or unsteady? | 1 | 5 |
| 4. Chest tightness or chest pain? | 1 | 5 |
| 5. Numbness or tingling in fingers or toes or around the lips or mouth . | 1 | 5 |

During this worst (**IF L1=5: attack/IF L1.A=5: sudden onset of physical symptoms**), did you have number 6? Number 7? Number 8? Number 9?

- | | | |
|--|---|---|
| 6. Feel like you were choking? | 1 | 5 |
| 7. Sweating? | 1 | 5 |
| 8. Shaking or trembling? | 1 | 5 |
| 9. Flushes, hot flashes or chills? | 1 | 5 |

During this worst (**IF L1=5: attack/IF L1.A=5: sudden onset of physical symptoms**), did you have number 10? Number 11? Number 12? Number 13?

- | | | |
|--|---|---|
| 10. A feeling that you were unreal or that things were unreal? | 1 | 5 |
| 11. Afraid that you would die? | 1 | 5 |
| 12. Afraid that you might lose control or act in a crazy way? | 1 | 5 |
| 13. Nausea or stomach pain? | 1 | 5 |

TOTAL # OF SX CODED 5

(0-13)

CONTINUE IF AT LEAST 4 5's. OTHERS GO TO NEXT SECTION.

- L3 How many (**IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort**) have you had in your lifetime (**IF L1 CODED 5: of feeling frightened, anxious or panicky**) along with some problems like (**LIST 5s IN L2.1-13 BY NUMBER**)?

____/____
NUMBER

IF L3=01, GO TO SECTION M.

- A. How long did these (**IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort**) typically last?
CODE 98 IF MORE THAN 98 MINUTES.

____/____
MINUTES

-
- | | | |
|----|--|---|
| L4 | During at least two of your (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort), did some of these problems on page 20 begin suddenly, and get worse in the first 10 minutes? | NO . (GO TO SECTION M) . . . 1
YES 5
DK 9 |
|----|--|---|
-

- | | | |
|----|--|--|
| L5 | How old were you the first time you had one of these (IF L1=5: sudden attacks of feeling frightened or anxious/IF L1.A=5: sudden periods of physical discomfort) along with 4 or more problems like those on page 20? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT] | AGE ONS: ____/____
ONS: 0 1 2 3 4 5

AGE REC: ____/____
REC: 0 1 2 3 4 5 |
|----|--|--|
-

READ SLOWLY.

- | | | |
|----|--|---|
| L6 | Have any of your (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) occurred at a time when there was no reason to expect one? By that I mean there was no obvious danger and no situation that has almost always made you very frightened or anxious? | NO . (GO TO BOX L11) . . . 1
YES, AT LEAST ONE
UNEXPECTED ATTACK . 5
DON T KNOW
(GO TO BOX L11) . . . 9 |
|----|--|---|
1. Please tell me about a time when you had (**IF L1=5: a sudden attack of feeling frightened or anxious/IF L1.A=5: a sudden period of physical discomfort**) when not in danger and not in a situation that almost always made you feel that way, and had four or more problems on page 20.

EXAMPLE: _____

- A. Was there something you were afraid of? **PAUSE:** Why did you suddenly feel anxious or panicky?

**IF EXAMPLE IS OF A SITUATION INVOLVING
UNDERSTANDABLE DANGER OR OF A SIMPLE OR SOCIAL PHOBIA
ALREADY CODED POSITIVELY, ASK FOR ANOTHER EXAMPLE.
OTHERS GO TO L7.**

- [L6] 2. Please tell me about another time when you had (**IF L1=5**: a sudden attack of feeling frightened or anxious/**IF L1.A=5**: a sudden period of physical discomfort) when not in danger and not in a situation that almost always made you feel that way, and had four or more problems on page 20.

EXAMPLE: _____

A. What were you afraid of? **PAUSE**: Why did you suddenly feel anxious or panicky?

SPECIFY: _____

IF R. IS UNABLE TO GIVE AN EXAMPLE THAT QUALIFIES IN L6.2, ASK:

3. So all (# FROM L3) attacks that you had occurred only in NO (GO BACK TO L6.2) 1
situations involving obvious danger or situations that YES .. (GO TO BOX L11) 5
almost always made you feel that way? DON T KNOW
(GO TO BOX L11) 9

L7 Now I d like to ask you some questions about those (**IF L1=5**: attacks when you unexpectedly felt frightened, anxious, or panicky/**IF L1.A=5**: sudden periods of physical discomfort) when you were not in danger and not in a situation that almost always made you feel that way.

You mentioned having (NUMBER FROM L3) (**IF L1=5**: attacks/**IF L1.A=5**: sudden periods of physical discomfort). Have you had more than one (**IF L1=5**: attack/**IF L1.A=5**: sudden period of physical discomfort) when not in obvious danger and not in a situation that has almost always made you very frightened or anxious?

NO .. (GO TO BOX L11) 1
YES, MORE THAN ONCE 5
DK .. (GO TO BOX L11) 9

A. How many of these (**IF L1=5**: attacks/**IF L1.A=5**: sudden periods of physical discomfort) have you had when not in obvious danger and not in a situation that has almost always made you very frightened or anxious? _____/_____

IF NUMBER IN L7.A GREATER THAN NUMBER IN L3, ASK FOR CLARIFICATION.

L8 After having such (**IF L1=5**: an attack/**IF L1.A=5**: a sudden period of physical discomfort):

1. Did you ever have a month or more when you were fearful that another attack might occur? NO 1
YES 5
DK 9
2. Did you ever have a month or more of worry about having a heart attack, "going crazy", or losing control because of this sudden attack of feeling anxious or panicky? NO 1
YES 5
DK 9
3. After having such (**IF L1=5**: an attack/**IF L1.A=5**: a sudden period of physical discomfort), did your behavior change for a period of a month or more, like not going to certain places with friends, not going to certain places alone where you had previously gone alone, or avoiding situations where an attack like this has occurred? NO 1
YES 5
DK 9

IF L8.1-L8.3 ALL CODED 1 OR 9, GO TO BOX L11.

L9 Were the (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) ever the result of a physical illness, physical condition or injury? IF YES: What illness, condition or injury was that? Anything else?

SPECIFY: _____

NO (GO TO B) 1
YES ... (SPECIFY) 5

ILLNESS CODES

___/___/___

___/___/___

A. Were the (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) always the result of a physical illness, condition or injury?

NO 1
YES (GO TO L10) 5

B. Were the (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) ever the result of using medication, drugs or alcohol? IF YES: What were you using? Anything else?

NO . (GO TO L10) 1
YES . (SPECIFY) 5

MEDS/DRUGS
CODES

SPECIFY: _____

___/___/___

___/___/___

C. Were the (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) always the result of using prescribed medication, drugs or alcohol?

NO 1
YES ... (GO TO L10) 5

D. When the (IF L1=5: attacks/IF L1.A=5: sudden periods of physical discomfort) were not the result of physical illness or injury, were they always the result of taking medication, drugs or alcohol?

NO 1
YES 5

L10 Please look again at the list on page 20.

How old were you the first time you had one of these (IF L1=5: unexpected attacks of feeling frightened or anxious/IF L1.A=5: sudden onset of physical symptoms), along with 4 or more problems from this list? [INSERT ONS/REC SCRIPT] How old were you the last time? [INSERT ONS/REC SCRIPT]

AGE ONS: ___/___
ONS: 0 1 2 3 4 5

AGE REC: ___/___
REC: 0 1 2 3 4 5

BOX L11.
IF R USED TOBACCO LESS THAN 100 TIMES (IF F10-CT IS NOT A OR B), NEVER USED ALCOHOL (H1.A=1) OR DRUGS (IF ALL DRUG CLASSES IN I1-I1.B CODED 1 OR 9), GO TO BOX L12.
IF R NEVER USED ALCOHOL (H1.A=1), GO TO BOX L11.B.

L11 Because of these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms), did you increase the amount of alcohol you were using?	NO . (GO TO BOX L11.B) ... 1
	YES 5
	DK . (GO TO BOX L11.B) 9

A Did drinking alcohol help you cope with these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms)?	NO 1
	YES 5
	DK 9

BOX L11.B
IF R USED TOBACCO LESS THAN 100 TIMES (IF F10-CT IS NOT A OR B), GO TO BOX L11.D.

B. Because of these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms), did you increase your use of cigarettes?	NO . (GO TO BOX L11.D) ... 1
	YES 5
	DK . (GO TO BOX L11.D) ... 9
C. Did increasing your use of cigarettes help you to cope with these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms)?	NO 1
	YES 5
	DK 9

BOX L11.D
IF R NEVER USED DRUGS (IF ALL DRUG CLASSES IN I1-I1.B CODED 1 OR 9), GO TO BOX L12.

D. Because of these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms), did you increase your use of any illegal drugs, or increase your use of drugs that were not prescribed for you, or take more of any prescribed medication than you should have?	NO .. (GO TO BOX L12) 1
	YES 5
	DK .. (GO TO BOX L12) 9
E. Did using illegal drugs or drugs that were not prescribed for you, or taking more of any prescribed medication than you should have, help you cope with these (IF L1=5: attacks/IF L1.A=5: sudden onsets of physical symptoms)?	NO 1
	YES 5
	DK 9

BOX L12
IF L9 SKIPPED, GO TO SECTION M.

READ SLOWLY.

- L12 Please turn to page 21 in your Respondent Booklet. You will see a list of situations. Some people worry that if they had an attack in certain places or situations, they may not be able to get the help they need. Others worry that they would have a hard time getting away or they would find it very embarrassing if they had an attack. Have you ever had a fear like that?
- NO . (GO TO SECTION M) ... 1
 YES 5
 DK .. (GO TO SECTION M) .. 9

Did you usually feel this way about:

	<u>NO</u>	<u>YES</u>
1. going outside of the house alone, not due to a dangerous neighborhood?	1	5
2. being home alone?	1	5
3. being on a bridge or in a tunnel?	1	5
4. traveling in a bus, train, car or plane?	1	5
5. being in a crowd or standing in a line?	1	5
6. being in a lift?	1	5
7. any other situation where it would be difficult or embarrassing to escape or to get help if you suddenly became panicky or ill?	1	5

IF NO 5s, GO TO SECTION M.

- A. How old were you the first time you had fear of anything on the list on page 21? **[INSERT ONS/REC SCRIPT]** How old were you the last time you had fear of anything on the list on page 21, or do you still have any of these fears? **IF FEAR IS CURRENT, CODE AGE REC=CURRENT AGE AND REC=0 [INSERT ONS/REC SCRIPT]**
- AGE ONS: ____/____
 ONS: 0 1 2 3 4 5
- AGE REC: ____/____
 REC: 0 1 2 3 4 5

-
- L13 Did you ever avoid situations like (READ ALL L12.1-7 CODED 5) or limit travel because of the fear that some of the problems like those in the list on page 20 would occur? NO 1
 YES (GO TO L16) ... 5

-
- L14 When you were in **(IF ONLY ONE L12.1-7 CODED 5: this/IF MORE THAN ONE L12.1-7 CODED 5: any of these)** situation(s) on page 21, would you experience considerable distress because of fear that a panic attack, or a sudden onset of physical symptoms may occur? NO 1
 YES . (GO TO L16) .. 5

-
- L15 When you were in **(IF ONLY ONE L12.1-7 CODED 5: this/IF MORE THAN ONE L12.1-7 CODED 5: any of these)** situation(s), did someone else have to be present? NO . (GO TO SECTION M) 1
 YES 5
-

- L16 Did you tell a doctor about this fear of being in places or situations from which escape might be difficult or embarrassing? By doctor, I mean a psychiatrist or other medical doctor. NO (GO TO L16.C) 1
YES 5
- A. What did the doctor say was causing your fear? Anything else? ILLNESS _____ MEDS/DRUGS _____
SPECIFY: _____ /_____/_____
/_____/_____
- B. Were you prescribed medication for (IF ONLY ONE L12.1-7 CODED 5: this/IF MORE THAN ONE L12.1-7 CODED 5: any of these) fear(s) on page 21? IF YES: What were you prescribed? Anything else? NO .. (GO TO BOX L17) 1
YES (SPECIFY, THEN GO TO BOX L17) ... 5
MEDS _____
/_____/_____
/_____/_____
/_____/_____
- C. Did you see any other professional about your fear of being in places or situations from which escape might be difficult or embarrassing. By other professional, I mean psychologist, social workers, counselors, nurses, priests, ministers, rabbis, or other health professionals. NO 1
YES 5

BOX L17
IF R NEVER USED ALCOHOL (IF H1.A=1) , GO TO BOX L17.A.

- L17 Because of (IF ONLY ONE L12.1-7 CODED 5: this fear/IF MORE THAN ONE L12.1-7 CODED 5: any of these fears) on page 21, did you increase the amount of alcohol you were using? NO 1
YES 5

BOX L17.A
IF R USED TOBACCO LESS THAN 100 TIMES (IF F10-CT IS NOT A OR B), CONTINUE.
OTHERS GO TO BOX L17.B.

- A. Because of (IF ONLY ONE L12.1-7 CODED 5: this fear/IF MORE THAN ONE L12.1-7 CODED 5: any of these fears) on page 21, did you increase your use of cigarettes? NO 1
YES 5

BOX L17.B
IF R NEVER USED DRUGS (IF ALL DRUG CLASSES IN I1-I1.B CODED 1 OR 9) GO TO BOX L17.C.

- B. Because of (IF ONLY ONE L12.1-7 CODED 5: this fear/IF MORE THAN ONE L12.1-7 CODED 5: any of these fears) on page 21, did you increase your use of illegal drugs, or increase your use of drugs that were not prescribed for you, or take more than the prescribed dose? NO 1
YES 5

BOX L17.C
IF L17 OR L17.A OR L17.B CODED 5 CONTINUE.
OTHERS GO TO SECTION M.

- C. Did (IF L17=5: drinking alcohol/IF L17.A=5: (or) using cigarettes/IF L17.B=5: (or) using illegal drugs or drugs that were not prescribed for you) help you feel less afraid? NO 1
YES 5

Section M: Attention Deficit Disorder - ADHD

Now I will ask some questions about how you got along at home, work and at school as a child and as an adult. Please turn to page 22 in your Respondent Booklet.

M1 Did you ever do A1 (**READ A1**) more than most other children or adults your age?
How about A2? A3? (**NOTE: ITEMS A2 AND A3 ARE NOT TO BE READ**)

	<u>No</u>	<u>Yes</u>	<u>DK</u>
A1 <u>Often</u> make a lot of careless mistakes in your work at home, at work, or in school or with other tasks, because you didn't pay attention to details?	1	5	9
A2 Have <u>a lot</u> more trouble than most people in sticking with games or work? . . .	1	5	9
A3 <u>Often</u> not listened when your friends, family, teachers or supervisors spoke directly to you, not because of hearing problems?	1	5	9

More than most children or adults your age did you ever do, A4? A5? A6? (**NOTE: ITEMS A4 A5, AND A6 ARE NOT TO BE READ**)

A4 <u>Often</u> leave tasks or work unfinished when told to do them?	1	5	9
A5 <u>Often</u> have problems organizing your work at home, at school, at work, or your leisure activities - for example, often not having everything you needed?	1	5	9
A6 <u>Often</u> try to avoid or put off doing things that would take a lot of thought or concentration?	1	5	9

More than most children or adults your age did you ever do A7? A8? A9? (**NOTE: ITEMS A7 A8 AND A9 ARE NOT TO BE READ**)

A7 <u>Often</u> lose things you needed, such as pencils and papers for school, or things you needed for work, or for your leisure activities?	1	5	9
A8 Become <u>easily</u> distracted from work or other activities when something else was going on in the room?	1	5	9
A9 <u>Often</u> forget things you were supposed to do, like taking things to work or school, keeping appointments, or picking things up from the store?	1	5	9

TOTAL 5's:

(0-9)

M1.1 As a child, were you ever diagnosed by a doctor or psychologist as having attention deficit disorder; that is, ADHD, or ADD?	<u>No</u>	<u>Yes</u>	<u>DK</u>
	1	5	9

IF NO 5s IN M1.A1-9, GO TO M3.

M1.2 How old were you the first time you had (**IF ONLY ONE M1.A1-9: AGE ONS: ___/___**
CODED 5 problem (XX)/**IF MORE THAN ONE M1.A1-9 CODED 5:**
any of these problems) on page 22?

A. **IF DK:** Was that before age 7? YES, BEFORE AGE 7 5
NO 1

**IF 6 OR MORE 5s IN M1.A1-A9, AND FIRST PROBLEM BEFORE AGE 7
(I.E., M1.2 CODED 6 OR LESS OR M1.2.A CODED 5"), CONTINUE.**

OTHERS GO TO M3.

M2 Did you ever have any of these problems more than others your age, for a period of 6 months or longer?

NO (GO TO M3) 1
YES 5
DK (GO TO M3) 9

CODE SILENTLY:

6 OR MORE?

A. Which ones? Just give me the numbers from page 22 of all the problems which lasted for a period of 6 months or longer? Anything else?

NO (GO TO M3) 1
YES 5

___ ; ___ ; ___ ; ___ ; ___ ; ___ ; ___ ; ___ ; ___ ;

ALL ARE A ITEMS. RECORD NUMBERS ONLY.

B. So you've had (TOTAL SX IN M2.A) problems which lasted for 6 months or longer. How old were you the first time you had 6 or more of these problems for a period of 6 months or longer? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**), or more than a year ago (**CODE REC=5**)?)

AGE ONS: ___/___

AGE REC: ___/___
REC: 4 5

M3 Now please turn to page 23 in your Respondent Booklet. Did you ever do B1 (**READ B1**) more than most children or adults your age? How about B2? B3? (**NOTE: ITEMS B2 AND B3 ARE NOT TO BE READ**)

CODE ACROSS.

	<i>No</i>	<i>Yes</i>	<i>DK</i>
B1 Have <u>a lot</u> of trouble staying still in your seat - fidgeting and squirming all the time?	1	5	9
B2 <u>Often</u> get out of your seat when you were not supposed to?	1	5	9
B3 <u>Often</u> run or walk around when you re not supposed to or often have feelings of restlessness?	1	5	9

More than most children or adults your age, did you ever do B4? B5? B6? (**NOTE: ITEMS B4, B5 AND B6 ARE NOT TO BE READ**)

B4 <u>Often</u> have difficulty engaging quietly in leisure activities?	1	5	9
B5 Seem "always on the go" as if you were "driven by a motor"?	1	5	9
B6 Seem to never stop talking?	1	5	9

More than most children or adults your age, did you ever do B7? B8? B9? (**NOTE: ITEMS B7, B8 AND B9 ARE NOT TO BE READ**)

B7 <u>Often</u> blurt out answers before others finished asking the question?	1	5	9
B8 <u>Often</u> have a hard time waiting your turn - for example, waiting in line or waiting your turn in a game or other activity?	1	5	9
B9 <u>Often</u> interrupt when people were talking or butt into conversations or other people s games?	1	5	9

TOTAL 5's:

(0-9)

IF NO 5s IN M3.B1-B9, GO TO BOX M5.

M3.1 How old were you the first time you had (**IF ONLY ONE M3.B1-9 CODED 5: problem (XX) on page 23/IF MORE THAN ONE M3.B1-9 CODED 5: any of these problems on page 23**)?

AGE ONS: ____/____

A. **IF R DK:** Was that before age 7?

YES, BEFORE AGE 7 5
NO 1

IF 6 OR MORE 5s IN M3.B1-B9, AND FIRST PROBLEM BEFORE AGE 7 (I.E., M3.1 CODED 6 OR LESS OR M3.1.A CODED 5"), CONTINUE. OTHERS GO TO BOX M5.

CODE DOWN M4.A/B

M4 Please look again at page 23. Did you ever have any of these problems, more than others your age, for a period of 6 months or longer?

NO (GO TO BOX M5) 1
 YES 5
 DK (GO TO BOX M5) 9

CODE SILENTLY:

6 OR MORE?

A. Which ones? Just give me the numbers of all the problems lasted for a period of 6 months or longer. Anything else?

NO (GO TO BOX M5) 1
 YES 5

___; ___; ___; ___; ___; ___; ___; ___;

ALL ARE B ITEMS. RECORD NUMBERS ONLY.

B. So you have had (TOTAL SX IN M4.A) problems which lasted for 6 months or longer. How old were you the first time you had 6 or more of these problems for a period of 6 months or longer? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**), or more than a year ago (**CODE REC=5**)?)

AGE ONS: ___/___

AGE REC: ___/___
 REC: 4 5

BOX M5

**IF 6 OR MORE 5'S IN, M1.A1-9 (PAGE 22 OF R.B.)
 OR 6 OR MORE 5'S IN M3.B1-9 (PAGE 23 OF R.B.) CONTINUE.
 OTHERS, GO TO SECTION N.**

READ ONLY PAGE NUMBER(S) ON WHICH R HAS REPORTED AT LEAST SIX 5's.

Please look again at (page 22/page 23/pages 22 and 23). You've told me about some problems that you've had, sometime in your life.

M5 Did any of these behaviours on (page 22/page 23/pages 22 or 23) ever cause problems for you at school or work? NO 1
 YES 5
 DK 9

A. Did any of these behaviours ever cause problems for how you got along with others? NO 1
 YES 5
 DK 9

B. Did any of these behaviours on (page 22/page 23/pages 22 or 23) ever cause problems at home? NO 1
 YES 5
 DK 9

BOX M5.B

IF NO 5s IN M5 OR M5.A OR M5.B, GO TO SECTION N.

B1. How old were you the first time any of these behaviours caused problems (**IF M5=5**: at school or work/**IF M5.A=5**: (or) with others/**IF M5.B=5**: (or) at home)? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**), or more than a year ago (**CODE REC=5**)?)

AGE ONS: ___/___

AGE REC: ___/___
 REC: 4 5

C. Did you ever see a doctor, counsellor, or any other professional about these behaviors?

NO (GO TO E) 1
 YES 5
 DK (GO TO E) 9

[M5]

IF YES:

D. What type of professional did you see? Did you see any other professional about these problems on (page 22/page 23/pages 22 or 23)? Anyone else?

____/____
____/____
____/____

01. Psychiatrist
02. Other medical doctor
03. A psychologist
04. A counsellor
05. A social worker
06. A minister/priest/ rabbi/other clergy

07. Nurse
08. School counselor
09. Psychiatrist/psychologist
(if R doesn't know which)
10. Any other professional
(not teacher)

D1. How old were you the first time you saw a professional about any of these problems on (page 22/page 23/pages 22 or 23)? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**), or more than a year ago (**CODE REC=5**)?)

AGE ONS: ____/____

AGE REC: ____/____

REC: 4 5

D2. Did you ever receive any medication or treatment, such as therapy, counseling or some other kind of help for these problems? **IF YES:** What type of medication or treatment did you receive? Anything else?

- NONE (GO TO E) 1
- MEDICATION ONLY
(SPECIFY) 5
- TREATMENT ONLY
(SPECIFY) 6
- MEDICATION AND
TREATMENT (SPECIFY) 7
- DK (GO TO E) 9

SPECIFY MEDICATIONS:

(CODING LIST)

Treatment:

1. Individual therapy
2. Family therapy
3. Group therapy
4. Individual therapy for R's parent only
5. Recommendations were made to R's school or teacher
6. OTHER

Medications:

____/____/____
____/____/____
____/____/____

Treatment:

D3. How old were you the first time you received (**IF M5.D2=5 OR 7:** medication/**IF M5.D2=6 OR 7:** (and) treatment) for these problems? How old were you the last time? (**IF UNCLEAR, PROBE:** Was that within the last 12 months (**CODE REC=4**), or more than a year ago (**CODE REC=5**)?)

AGE ONS: ____/____

AGE REC: ____/____

REC: 4 5

[M5] E.	Did these problems on (page 22/page 23/pages 22 or 23) ever occur during a period of time when you were depressed or anxious?	NO (GO TO SECTION N) 1 YES 5 DK (GO TO SECTION N) 9
E1.	Did they <u>only</u> occur during periods of time when you were depressed or anxious?	NO 1 YES 5 DK 9

SECTION N-PART I: CONDUCT DISORDER

IF STUDY=AUSTRALIAN ALCOHOL OR IF STUDY=AUSTRALIAN TOBACCO:

IF RESPONDENT IS TWIN OR SPOUSE,

AND ASPD TICKED ON INITIAL SCREEN, GO TO SECTION N-PART II.

IF RESPONDENT IS TWIN, AND CONDUCT IS TICKED ON INITIAL SCREEN, CONTINUE.

**IF RESPONDENT IS TWIN OR SPOUSE AND CONDUCT NOT TICKED
ON INITIAL SCREEN AND ASPD NOT TICKED ON INITIAL SCREEN, GO TO SECTION S.
OTHERS CONTINUE.**

Now I'd like to ask you some questions about your life as a child, that is, before you turned 18. .

- N1 How were your marks in primary school -- better than average, average, or below average?
- | | | |
|---------------------|-------|---|
| BETTER THAN AVERAGE | ..... | 1 |
| AVERAGE | ..... | 2 |
| BELOW AVERAGE | ..... | 3 |
- A. How about your marks in high school - better than average, average, or below average?
- | | | |
|---------------------|-------|---|
| BETTER THAN AVERAGE | ..... | 1 |
| AVERAGE | ..... | 2 |
| BELOW AVERAGE | ..... | 3 |
- B. Did your teachers think you did about as well as you could have, or did they think you had the ability to do much better?
- | | | |
|-----------------------------|-------|---|
| DID AS WELL AS COULD | ..... | 1 |
| COULD HAVE DONE MUCH BETTER | ..... | 5 |
| DON'T KNOW | ..... | 9 |

-
- N2 Did you ever repeat a year in school?
- | | | |
|-----|------------------|---|
| NO | (GO TO N3) | 1 |
| YES | ..... | 5 |
- A. Did you repeat more than once?
- | | | |
|-----|-------|---|
| NO | ..... | 1 |
| YES | ..... | 5 |

-
- N3 Did you frequently get into a lot of trouble with the teacher or principal for misbehaving in school? (COUNT PRIMARY OR SECONDARY SCHOOL)
- | | | |
|-----|-------|---|
| NO | ..... | 1 |
| YES | ..... | 5 |

BEGIN TO USE TALLY SHEET N: PART I

- N4 Before age 18, did you ever wag school for an entire day at least twice in 1 year?
- | | | |
|-----|-------|-----|
| NO | ..... | 1 |
| YES | ..... | 5*A |
-
- N5 Were you ever suspended or expelled from school?
- | | | |
|-----|-------|---|
| NO | ..... | 1 |
| YES | ..... | 5 |

- N6 As a child or teenager, did you often stay out much later than you were supposed to? NO 1
YES 5*B
- A. Did you often sneak out of the house at night? NO 1
YES 5*B
- B. **NOT USED**
- C. Before age 18, did you ever run away from home overnight? NO (GO TO N7) 1
YES 5
- D. Why did you run away?
SPECIFY: _____
- CODE SILENTLY:**
ONLY TO AVOID PHYSICAL ABUSE 2
ONLY TO AVOID SEXUAL ABUSE 3
OTHER 4
- E. Did you run away more than once? NO 1
YES (GO TO N7) 5*C
YES, ONLY TO AVOID ABUSE 2
- F. After you ran away, did you return home? NO (GO TO N7) 1*C
YES 5
NO, ONLY TO AVOID ABUSE
(GO TO N7) 2

IF F CODED 5:

- G. When you ran away, what was the longest period you stayed away from home? DAYS ____/____/____?*C
(ENTER ON TALLY IF 7+ DAYS,
UNLESS ONLY TO AVOID ABUSE)

-
- N7 Before age 18, did you ever tell a lot of lies or use a false name or alias? (IF YES: Why did you tell a lot of lies or use an alias?) NO 1
YES (SPECIFY) 5*D
- SPECIFY: _____
- A. **NOT USED**
- B. Before age 18, was there ever a period when you often outsmarted others and "conned" them? NO 1
YES 5*D
YES, ONLY TO AVOID ABUSE 2
- C. After you were 18, did you ever tell a lot of lies, use a false name or alias, or often outsmart and con others? NO 1
YES 5

N8	Before age 18, did you steal money or things from your home or family more than once? IF YES, ASK BEFORE CODING: Did you only steal things of trivial value, like loose change or things like that?	NO 1 YES(ONLY TRIVIAL) 4 YES (NOT TRIVIAL) 5*E
A.	Before age 18, did you steal or shoplift from shops or from other people, without their knowing it, more than once? IF YES: Did you only steal things of trivial value like comics or lollies? (NON CONFRONTATIONAL)	NO 1 YES(ONLY TRIVIAL) 4 YES (NOT TRIVIAL) 5*E
B.	Before age 18, did you forge anyone's signature on a cheque or credit card more than once?	NO 1 YES 5*E
<hr/>		
N9	Before age 18, did you ever damage someone's property <u>on purpose</u> ? IF YES: what happened? [DON T COUNT FIRE SETTING]	NO 1 YES 5*F
	RECORD: _____ _____	
<hr/>		
N10	Before age 18, did you <u>start</u> physical fights, with persons <u>other than</u> any brothers or sisters, 3 or more times?	NO 1 YES 5*G
<hr/>		
N11	Before age 18, did you ever use a weapon like a bat, brick, broken bottle, gun or a knife, other than in combat, or as part of your job, to threaten or harm someone?	NO . (GO TO N12) 1 YES 5*H
A.	Did you do that more than once?	NO 1 YES 5
<hr/>		
N12	Before age 18, (IF N10=5: other than fighting/IF N11=5: (or) other than using a weapon) did you ever physically injure anyone on purpose?	NO 1 YES 5*I
<hr/>		
N13	Before age 18, were you <u>often</u> a bully, deliberately hurting or being mean to others?	NO 1 YES 5*J

N14 Before age 18, were you ever mean to animals including pets or did you hurt animals on purpose? **IF YES:** What did you do? **DON T COUNT KILLING INSECTS OR CANE TOADS.**

NO 1
YES . (SPECIFY) 5*K

SPECIFY: _____

N15 Before age 18, did you ever deliberately light any fires you were not supposed to?

NO . (GO TO N16) 1
YES 5*L

A. Did you do that with the intention of causing damage?

NO 1
YES 5

N16 Before age 18, did you ever break into someone's car or house or anywhere else, not because you were locked out?

NO 1
YES 5*M

N17 Before age 18, did you ever take money or property from someone else by threatening them or using force, like snatching a purse or robbing them?

NO 1
YES 5*N

Now I'm going to ask you some questions about your relationships and your sexual experiences.

N18 How old were you when you first had sexual intercourse with consent?

AGE ONS: ____/____

IF NEVER CODE 00.

N19 Do you have a sexual preference for males, females, or both?

MALES 1
FEMALES 2
BOTH 3
NOT INTERESTED IN SEX 9

N20 Before age 18, did you ever force anyone into intercourse or any other form of sexual activity?

NO (GO TO N20.C) 1
YES 5*O

A. Did this occur more than once?

NO (ONLY ONCE) 1
YES 5

B. **NOT USED**

C. Before age 18, were you ever forced into sexual intercourse or any other form of sexual activity?

NO ... (GO TO BOX N21) 1
YES 5

D. Did this occur more than once?

NO (ONLY ONCE) 1
YES 5

E. **NOT USED**

F. How old were you the first time you were forced into sexual activity?

AGE ONS: ____/____

BOX N21
IF NO ITEMS CIRCLED ON TALLY SHEET N: PART I, GO TO SECTION S.
OTHERS CONTINUE.

N21 Now I d like to review some of the experiences you ve previously mentioned. I d like to find out how old you were the first time and the last time you had these experiences.

FOR EACH SYMPTOM CIRCLED ON TALLY, ASK: How old were you the first time you <READ SX FROM TALLY>? How old were you the last time? **RECORD ON TALLY UNDER AGE ONSET/AGE REC.**

**IF ONLY ONE OR TWO SYMPTOMS CIRCLED ON TALLY SHEET N: PART I,
GO TO SECTION S. IF THREE OR MORE, CONTINUE.**

A. Did you do at least 3 of the things that I just reviewed with you within the same 12-month period?	NO ... (GO TO B) 1	
	YES 5	
	NO, CORRECTED BY EDITOR 6	
	YES, CORRECTED BY EDITOR ... 7	

A1. How old were you the first time you did at least 3 of these things within the same 12-month period?	AGE ONS: ___/___	
How old were you the last time?	AGE REC: ___/___	
(IF UNCLEAR, PROBE: Was that within the last 12 months (CODE REC=4) , or more than a year ago (CODE REC=5)?)	REC: 4 5	

B. Did these behaviours cause problems with how you got along with people at home?	NO 1	
	YES 5	

C. Did these behaviours cause problems with how you got along with friends or others your age?	NO 1	
	YES 5	

D. Did these behaviours cause problems for you at school or at work?	NO 1	
	YES 5	

E. Did you ever see a doctor, psychologist, social worker or any other professional like that because of these behaviours?	NO 1	
	YES 5	

**IF N21.A=1 OR AGE ONS AT N21.A1 IS 15 OR OLDER,
GO TO SECTION S.**
OTHERS CONTINUE.

Section N - Part II: **ANTISOCIAL PERSONALITY DISORDER**

IF ASPD IS TICKED ON INITIAL SCREEN: The next questions are about your behaviour since your 15th birthday.

IF ASPD IS NOT TICKED ON INITIAL SCREEN: Now I d like to ask you some questions about your life since your 15th birthday. Some of them are like the ones I asked you about before, but now we are only talking about after your 15th birthday.

- N22 Since age 15, have you been in physical fights? NO (GO TO N23) 1
YES 5
- A. Were you sometimes the one who hit first? NO 1
YES 5*A1

-
- N23 Have you sometimes used a stick, knife, gun, bottle, or bat to hurt someone? NO OR ONLY AS REQUIRED
BY JOB (GO TO A) 1
YES ... (GO TO BOX N24) .. 5*A2
- A. Have you sometimes threatened someone with any of these things? NO OR ONLY AS REQUIRED
BY JOB 1
YES 5*A3

BOX N24
IF NEVER MARRIED (A3=5) AND NEVER LIVED AS
MARRIED (A4=1), GO TO N24.B.

- N24 Have you more than once hit (your spouse(s))/(or) partner(s) or thrown things that could have hurt (him/her)? NO .. (GO TO B) 1
YES 5
IF VOLUNTEERED: ONLY ONCE (GO TO B) 6
- A. Were you sometimes the one to do this first? NO 1
YES 5*A4
- B. Have you more than once smacked, hit, or shaken a child hard enough so that there were bruises or pain the next day? NO 1
YES 5*A5

Now, I m going to ask you about doing things that people might think would be dangerous for you or for others.

- N25 Have you sometimes had unprotected sex, that is without a condom, with someone who you thought could have a sexually transmitted disease, or when you had a disease that could be spread that way? NO 1
YES 5*B1
- A. Have you ever had sexual intercourse with at least 10 different people in a single year? NO 1
YES 5*B2

N26	Have you ever owned a gun or had access to one?	NO . (GO TO N27) 1 YES 5
A.	Has anyone been shot accidentally by you or with your gun?	NO 1 YES (GO TO N27) 5*B3
B.	Since you were 15, have you more than once fired a gun to scare someone?	NO 1 YES (GO TO N27) 5*B3
<hr/>		
N27	Have you <u>often</u> taken chances when driving a car, motorcycle, or other vehicle-like speeding through city streets?	NO 1 YES 5*B4 NEVER DROVE . (GO TO N30) 6
<hr/>		
N28	Have you been the driver in a car accident where someone was seriously hurt or a car was not drivable after the accident?	NO ... (GO TO N29) 1 YES 5
A.	Did that happen more than once?	NO 1 YES 5*B5
<hr/>		
N29	Have you <u>often</u> driven when you were high or drowsy on alcohol or drugs?	NO 1 YES 5*B6
<hr/>		
N30	Have you sometimes left a child under 6 without a grownup or teenager to look after them?	NO 1 YES 5*B7
<hr/>		
N31	Since you were 15, have you stolen things or money by holding someone up, or breaking into a car, house, or building, taking things from stores or construction sites, or stealing in any other way?	NO 1 YES 5*C1
<hr/>		
N32	Have you sometimes made money <u>illegally</u> , perhaps by selling things you knew were stolen, selling drugs, prostitution, providing false ID s, or any other way?	NO 1 YES 5*C2
<hr/>		
N33	Since age 15, have you sometimes <u>intentionally</u> destroyed or harmed someone s home or car, or a building, perhaps by breaking windows or spraying it with paint or setting it on fire?	NO 1 YES 5*C3
<hr/>		

N34	Have you ever intentionally annoyed or frightened someone by repeatedly following them or phoning them or showing up at their house?	NO 1 YES 5*C4
-----	--	------------------------------

N35	Now I want to ask you about ways in which you might have tried to con or fool someone. Have you sometimes pretended you were sick or injured to collect insurance, worker s compensation, or disability pay?	NO 1 YES .. (GO TO N38) 5*D1
-----	--	---

N36	Have you sometimes used an alias--that is, given a false name--so you couldn t be identified as the one who did something annoying or illegal?	NO 1 YES ... (GO TO N38) 5*D2
-----	--	--

N37	Have you sometimes pretended to have education or work experience you didn t have or (IF A3=1,2,3 OR 4: pretended you were not married when you were or) told other lies to make money or get a date or get something else you wanted?	NO 1 YES 5*D3
-----	--	------------------------------

N38	Now I want to ask you about doing things on impulse without making plans, or changing your plans frequently. Have you had times when you had no fixed address at all, or moved around to different places?	NO, OR ONLY ON VACATION . 1 YES 5*E1
-----	--	---

N39	Have you walked off more than one job without giving notice?	NO 1 YES 5*E2
-----	--	------------------------------

IF NEVER MARRIED (A3=5) AND NEVER LIVED AS MARRIED (A4=1), GO TO A.

N40	Have you ever left (your spouse(s)/(or) partner(s)) without warning--perhaps because you got interested in someone else or just felt bored or tied down?	NO 1 YES .. (GO TO N41) 5*E3
-----	--	---

A.	Have you ever had a close sexual relationship that lasted for some months?	NO ... (GO TO N41) 1 YES 5
----	--	---

B.	Did you ever leave a person with whom you had a close sexual relationship for some months, without warning or put that relationship at risk because you couldn t resist being attracted to others?	NO 1 YES .. (GO TO N42) 5*E4
----	--	---

N41	Have you often moved out of an apartment or house shortly after you moved in because you changed your mind about it?	NO 1
		YES 5*E5

Now, I d like to ask you about meeting obligations and keeping your promises.

N42	Have you had a lot of trouble with debts, like having things repossessed, or being chased by debt collection agencies, or not being able to pay your rent?	NO 1
		YES 5*F1
	IF VOLUNTEERED: ONLY ONCE	..... 6

N43	Since you first left school, has there been a period when you did not work for several months, when you were not too physically ill to work, you had not retired, you were not travelling abroad or on vacation, and you were not staying home to care for relatives or children? DON T COUNT VACATIONS OR TIMES WHEN TRAVELLING ABROAD.	NO 1
		NEVER WORKED FOR PAY (GO TO N47) ... 2
		YES 5*F2

N44	Have you <u>3 or more times</u> quit your main job, without having enough savings to live on until you found another job?	NO 1
		YES (GO TO N46) 5*F3
	IF VOLUNTEERED: ONLY ONCE	..... 6

N45	Have you sometimes skipped child support payments or other support payments that you had agreed to take care of?	NO 1
		YES 5*F4
		NO, NOT APPLICABLE 6

N46	Have you <u>often</u> been late to work or <u>often</u> not shown up at all on days when you weren t sick and didn t have any emergency?	NO 1
		YES 5*F5

N47	Have you sometimes borrowed \$20 or more and not paid it back?	NO 1
		YES 5*F6

IF FEWER THAN TWO ITEMS CIRCLED

ON TALLY SHEET N: PART II, GO TO SECTION S.

IF NO STARRED ITEMS CIRCLED ON TALLY SHEET N: PART II, GO TO BOX N49.

N48	You said you (READ STARRED ITEMS CIRCLED ON TALLY SHEET). After you did things like that, were you sorry about having hurt or upset someone?	NO 5 THEY WERE NOT HURT OR UPSET 3 YES 1
A.	Did you feel the person was just getting what they deserved?	NO 1 YES 5
B.	Had the person treated you badly?	NO 1 YES 5
C.	Do you think people would have done the same or worse to you if they could?	NO 1 YES 5
D.	Was it the kind of person you have no use for?	NO 1 SOME WERE 3 YES 5

BOX N49
IF NO ITEMS WITHOUT STARS CIRCLED ON TALLY SHEET N: PART II,
GO TO N50.

N49	Do you regret that you (READ BEHAVIOURS WITHOUT STARS CIRCLED ON TALLY SHEET N)?	NO ... (GO TO N50) 5 YES 1
-----	--	---

- A. Why do you regret having done this?
RECORD EXAMPLE AND CODE SILENTLY

EXAMPLE: _____

PRACTICAL CONSEQUENCES
ONLY: E.G., GOT INTO TROUBLE,
OTHERS RETALIATED 5
EMPATHY: SOMEONE ELSE
SUFFERED 1
MORALITY: BAD, UNFAIR,
WRONG 2
OTHER 3

- B. **IF N49.A CODED 1 OR 2:** Have you tried to make up for what you did?

NO 5
YES 1

IF YES: How? _____

N50	Did you do things like (READ: SX CIRCLED ON TALLY SHEET N: PART II) <u>only</u> if you had been drinking or taking drugs?	NO 1 YES ... (GO TO B) 5
-----	---	---

- A. Did you sometimes do them when you had been drinking or using drugs?

NO 1
YES 5

- B. Did you do any of these things when you were 15 years or younger? **IF YES, CODE AGE 15.**
IF NO: How old were you when you started them?
CODE AGE GIVEN.

_____/_____
AGE

N51 Have you ever been arrested?

NO (GO TO SECTION S) ... 1
YES 5

A. Have you been arrested since your 18th birthday?

NO (GO TO SECTION S) ... 1
YES 5

B. Were you ever convicted?

NO (GO TO SECTION S) ... 1
YES 5

C. Did you go to jail?

NO (GO TO SECTION S) ... 1
YES 5

D. How long were you in jail altogether?
**IF LESS THAN 1 MONTH, CODE 01 IN #
MONTHS. CODE 1 TIME FRAME ONLY.**

___/___ OR ___/___
MONTHS # YEARS

BOX S1

**IF RESPONDENT IS A PARENT OF INDEX CASE, GO TO S2.
IF RESPONDENT IS A SIBLING OF INDEX CASE, GO TO SECTION T.
NOT INCLUDING COTWIN, IF NO OTHER
BROTHERS OR SISTERS (IF A14+A14.A=0), GO TO SECTION T.
OTHERS CONTINUE.**

**BEGIN TO USE WORKSHEET - PART B
(TURN OFF TAPE RECORDER)**

I d like to ask a few more questions about your family (**IF R AGREED TO BE TAPED:** and I m turning off my tape recorder).

- S1. **IF A14 CODED 1 OR MORE, START WITH THE OLDEST, AND ASK THE FOLLOWING FOR EACH SISTER:** Please tell me the full name of your sister <FIRST NAME> (**PROMPT:** Is that <FIRST NAME s> full first name? Does she have a middle name?)

Does she go by <FIRST NAME> **IF NO:** What does she go by? **CHECK SPELLING OF ALL NAMES CODED ON WORKSHEET: PART B.**

IF A14.A CODED 1 OR MORE, START WITH THE OLDEST, ASK THE FOLLOWING FOR EACH BROTHER: Please tell me the full name of your brother <FIRST NAME>. (**PROMPT:** Is that <FIRST NAME s> full first name? Does he have a middle name?)

Does he go by <FIRST NAME>? **IF NO:** What does he go by? **CHECK SPELLING OF ALL NAMES CODED ON WORKSHEET: PART B**

- A. **STARTING WITH THE OLDEST, ASK FOR EACH SISTER AND BROTHER (IF R IS ATWIN: EXCLUDING THE COTWIN).**
What is <FIRST NAME s> date of birth?

IF SIBLING IS NOT DECEASED, ASK:
How old is (s/he) now?
CODE ON WORKSHEET: PART B

IF RESPONDENT IS NOT A PARENT OF INDEX CASE, GO TO SECTION T.

BEGIN TO USE WORKSHEET: PART A

- S2 I d like to ask you a few more questions about your family (**IF R AGREED TO BE TAPED:** and I m turning off my tape recorder).

IF A7.C_DAUGHTERS CODED 01 OR MORE, START WITH THE OLDEST, AND ASK THE FOLLOWING FOR EACH DAUGHTER: Please tell me the full name of your daughter <FIRST NAME>. **PROMPT:** Is that <FIRST NAME s> full first name? Does she have a middle name?

Does she go by <FIRST NAME>? **IF NO:** What does she go by? **CHECK SPELLING OF ALL NAMES CODED ON WORKSHEET: PART A.**

Are you the biological (mother/father) of this child?

IF A7.C_SONS CODED 01 OR MORE, START WITH THE OLDEST, AND ASK THE FOLLOWING FOR EACH SON: Please tell me the full name of your son <FIRST NAME>. (**PROMPT:** Is that <FIRST NAME> full first name? Does he have a middle name?) Does he go by <FIRST NAME>? **IF NO:** What does he go by? **CHECK SPELLING OF ALL NAMES CODED ON WORKSHEET: PART A.**

Are you the biological (mother/father) of this child?

**IF A7.C_DAUGHTERS + A7.C_SONS IS EQUAL TO ONE,
OR ONE PAIR OF TWINS, GO TO S2.B**

- A. Do all of your biological children have the same biological (father/mother)? NO 1
YES 5
- B. What is the first name of (**IF A7.C_DAUGHTERS + A7.C_SONS=1:** your child s/**IF ONLY ONE PAIR OF TWINS OR S2.A=5:** your children s/**IF S2.A=1, FOR EACH CHILD 1-15:** <FIRST NAME s>) biological (father/mother)?
CODE ON WORKSHEET: PART A.

SECTION T: SUBJECT COMMENTS

Before we finish I d just like to ask you a question about pets and coping with stress. In general, do you think that pet ownership helps people cope better with stress? Do you own any pets? **(IF YES:)** Do you feel that pet ownership helps you cope better with any stresses that may occur in your life? **(DO NOT RECORD R S RESPONSES).**

(IF R AGREED TO BE TAPED AND ANSWERED QUESTION S1 OR S2: Now, I m turning my tape recorder back on).

READ PARENTHESES UNLESS RESPONDENT IS A PARENT OF AN INDEX CASE:

As you can see, I tried to ask you about a lot of different kinds of questions about experiences with tobacco **(IF R IS NOT PARENT OF INDEX CASE:** and alcohol, emotional problems, medical problems, and other experiences that people might have). But, of course, everyone is different, and I might have skipped something that has been important to you. Have you had any experience I should have covered but didn't?

1. RECORD VERBATIM: _____

Do you have any comments about the interview itself?

2. RECORD VERBATIM: _____

3. How much did you enjoy the interview, would you say
a lot, some, a little or not at all?

A LOT 5
SOME 3
A LITTLE 2
NOT AT ALL 1

TIME ENDED: _____:____ (USE 24 HOUR CLOCK) _____:_____

INTERVIEW DURATION: _____
HOURS MINUTES

HOURS MINUTES
[PART TWO]

U. INTERVIEWER OBSERVATIONS

CHECK ALL THAT APPLY

RATE VOCAL EXPRESSION FIRST. IF NORMAL (5), GO TO NEXT CATEGORY.

A. <u>VOCAL EXPRESSION IS NORMAL?</u>				NO	1
				YES ... (GO TO B)	5
				DOES NOT APPLY	9
		<u>NO</u>	<u>YES</u>	<u>NA</u>	
1.	Sad	1	5	9	
2.	Hostile	1	5	9	
3.	Worried	1	5	9	
4.	Flat	1	5	9	
5.	Bored	1	5	9	

B. <u>SPEECH IS NORMAL?</u>				NO	1
				YES	5

		<u>NO</u>	<u>YES</u>
Rate:			
1.	Rapid speech (difficult to understand)	1	5
2.	Slowed speech (pauses between words)	1	5
Volume:			
3.	Loud, yelling	1	5
4.	Soft, whispering	1	5
Amount:			
5.	Excessive speech (talkative)	1	5
6.	Reduced speech	1	5

C. <u>INTERVIEW BEHAVIOUR IS NORMAL?</u>				NO	1
				YES	5

1.	Irritable	1	5
2.	Angry outbursts	1	5
3.	Silly	1	5
4.	Evasive	1	5
5.	Uncooperative	1	5
6.	Hostile	1	5

D. <u>WAS ANYONE ELSE PRESENT DURING ANY PORTION OF THE INTERVIEW?</u> ...				NO (GO TO G)	1
.....				YES	5

		<u>NO</u>	<u>YES</u>
1.	Spouse/partner	1	5
2.	Child(ren) under age 6	1	5
3.	Person(s) age 6-17	1	5
4.	Twin	1	5
5.	Other adult(s)	1	5

E. DURING HOW MUCH OF THE INTERVIEW WAS ONE OF THESE PERSONS PRESENT?

CIRCLE

1. All 1
 2. Most 2
 3. About half 3
 4. About one quarter 4
 5. Less than one quarter 5
 9. DK 9
-

F. HOW MUCH WAS R DISTRACTED BY (THIS PERSON/THESE PERSONS)?

1. A lot 1
 2. Some 2
 3. A little 3
 4. None 4
 9. DK 9
-

G. HOW WAS R'S UNDERSTANDING OF THE QUESTIONS?

1. Excellent 1
 2. Good 2
 3. Fair 3
 4. Poor 4
-

H. HOW WAS R'S COOPERATION?

1. Excellent 1
 2. Good 2
 3. Fair 3
 4. Poor 4
-

I. HOW MUCH DID R SEEM TO ENJOY THE INTERVIEW?

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

J. HOW MUCH EFFORT DID R PUT INTO ANSWERING THE QUESTIONS?

1. A lot 1
 2. Some 2
 3. Very little 3
 4. None 4
-

INTERVIEWER: RATE ACCURACY OF YOUR CODINGS: (Circle)

- NO DIFFICULTY 1**
SOME PROBLEMS, BUT MOST CODINGS ARE REASONABLY ACCURATE 2
MAJOR DIFFICULTY IN CONDUCTING INTERVIEW 3
IMPOSSIBLE TO CODE WITH ANY CONFIDENCE 4

V. INTERVIEWER NARRATIVE

ABOUT THE RESPONDENT

ONLY IF R REVEALED IMPORTANT THINGS NOT COVERED BY INTERVIEW.

WORKSHEET: PART A

FAMILY ID: ___ ___ ___ ___
RESPONDENT: ___ ___
DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___
 DAY MO YR

INTERVIEWER S I.D. ___ / ___ / ___

FIRST AND MIDDLE NAME OF CHILD		FATHER S FIRST NAME	GOES BY	GENDER		AGE AT DEATH (IF DEAD)	AGE (IF ALIVE)	DATE OF BIRTH (DD/MM/YY)	USE OF CIGS (A,B,C,F,Z)	SMOKED 100 OR MORE CIGARETTES			SMOKED 20 CIGARETTES		
1:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
2:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
3:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
4:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
5:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
6:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
7:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
8:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
9:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
10:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
11:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
12:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
13:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
14:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK
15:	_____	_____	_____	M	F	___/___	___/___	___/___/___	_____	Y	N	DK	Y	N	DK

WORKSHEET: PART B

FAMILY ID: _____
RESPONDENT: _____
DATE OF INTERVIEW: ____/____/____
DAY MO YR

INTERVIEWER S I.D. ____/____/____

FIRST AND MIDDLE NAME OF SIBLING		GOES BY	GENDER		AGE AT DEATH (IF DEAD)	AGE (IF ALIVE)	DATE OF BIRTH (DD/MM/YY)	USE OF CIGS (A,B,C,F,Z)	SMOKED 100 OR MORE CIGARETTES	SMOKED 20 CIGARETTES
1:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
2:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
3:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
4:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
5:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
6:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
7:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
8:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
9:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
10:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
11:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
12:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
13:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
14:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK
15:	_____	_____	M	F	____/____	____/____	____/____/____	_____	Y N DK	Y N DK

TALLY SHEET F

NAG

RESPONDENT'S I.D. _____ / _____

DATE OF INTERVIEW: _____ / _____ / _____
DAY MO YR

INTERVIEWER S I.D. _____ / _____ / _____

F11.C YOUNGEST AGE USED TOBACCO WEEKLY FOR TWO MONTHS IN A ROW: _____ / _____

<u>Item</u>	<u>AGE</u> <u>ONS</u>	<u>AGE</u> <u>REC</u>	<u>Circle</u>	<u>Tick for</u> <u>Clustering</u> <u>Col. I</u>	<u>Tick for</u> <u>Clustering</u> <u>Col. II</u>
F16 or F20 Typically smoked 20 or more cigarettes per day for a period of time	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	A1	_____	_____
F29 or F29.A Smoked more cigarettes than when you first started, or used a stronger type of tobacco, to feel satisfied	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	A2	_____	_____
F26 Often chain smoked cigarettes.	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	B1	_____	_____
F27 Have given up activities important to you, or not gone places with family or friends, because you would be unable to smoke	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	C1	_____	_____
F28 OR F28.B Often smoked cigarettes a lot more than you intended	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	E1	_____	_____
F30 Wanted (more than once) to stop or cut down on your smoking	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	F1	_____	_____
F30.A Thought a lot about wanting to quit or cut down on your smoking.	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	F2	_____	_____
F30.D Tried to stop or cut down on smoking but found you could not (more than once)	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	F3	_____	_____
F31.E Experienced 4 or more problems after you stopped/cut down, or went without cigarettes	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	G1	_____	_____
F32.B Started smoking cigarettes again to prevent any of these problems or make any of them go away	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	G2	_____	_____
F34.A Continued to smoke cigarettes knowing that it was causing you a health problem	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	H1	_____	_____
F35 Continued to smoke cigarettes knowing you had a serious illness that was made worse by smoking	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	H2	_____	_____
F36.A Continued to smoke cigarettes knowing that it made you nervous or jittery or caused you any other emotional problem	____/____ 0 1 2 3 4 5	____/____ 0 1 2 3 4 5	H3	_____	_____

OUT OF ORDER

Total # of separate letters circled

Total # of separate letters ticked

Col I

Col II

ALCOHOL TALLY SHEET H

RESPONDENT'S I.D. _____ / _____

DATE OF INTERVIEW: _____ / _____ / _____
DAY MO YR

INTERVIEWER S I.D. ____ / ____ / ____

H3. AGE ONSET FOR REGULAR DRINKING: ____ / ____

H3. A/E AGE FIRST DRUNK (00 IF NEVER): ____ / ____

		AGE ONS	AGE REC		I Cluster?	II Cluster?
H3A/H3E & H4A/H4B1	Could drink much more before getting drunk H3A/E = ____; MAX (H4A/B1) = ____ IS INCREASE 50% AND 5+ DRINKS IN MAX?	(H4.B2)	(H4.B3)	A1.A	_____	_____
H3B/F & H4C/D1	Could drink much more before feeling any effect H3B/F = ____; MAX (H4C/D1) = ____ IS INCREASE 50% AND 5+ DRINKS IN MAX? IF YES, CIRCLE A1.B	(H4.D2)	(H4.D3)	A1.B	_____	_____
H9	Could drink <u>a lot more</u> before getting drunk or getting an effect	(H9.B)	(H9.C1)	A2	_____	_____
H9.D1	Could no longer get an effect on amount you used to drink (5 or more drinks)	(H9.D2)	(H9.D3)	A3	_____	_____
H10 H10A/C	Drunk when you didn t want to be/drank much more than you intended/drank more days in a row than intended	_____	_____	B1	_____	_____
H15	Wanted to stop or cut down on drinking	_____	_____	C1	_____	_____
H15A	Spent a lot of time thinking about wanting to stop or cut down on drinking	_____	_____	C2	_____	_____
H15D	Tried unsuccessfully to stop or cut down (more than once)	(H15.E)	(H15.E)	C3	_____	_____
H16	Period of several days when you spent so much time drinking, or recovering from the effects of alcohol, that you had little time for anything else	_____	_____	D1	_____	_____
H17A	Gave up/reduced important activities to drink	_____	_____	E1	_____	_____
H19A	Continued to drink knowing alcohol caused you problems like (trouble thinking clearly/feeling depressed/ feeling jumpy or easily startled/feeling paranoid or suspicious of people/hearing, seeing or smelling things that weren t really there)	_____	_____	F1	_____	_____
H25H*	Continued to drink knowing alcohol caused you health problems	_____	_____	F2	_____	_____
H26*	Continued to drink despite a serious illness that was worsened by alcohol	_____	_____	F3	_____	_____
H12.D1*	Had blackouts	(H12.E)	(H12.E)	F4	_____	_____
H24B	Experienced 2 or more problems when you went without drinking	_____	_____	G1	_____	_____
H24D1	Drank to avoid experiencing such problems or to make them go away	_____	_____	G2	_____	_____
H24E1	Took medication or drugs to avoid such problems or to make them go away	_____	_____	G3	_____	_____

* Out of sequence

Total # of different letters circled ☐

Total # of different letters ticked

I
☐

II
☐

DRUG TALLY SHEET FOR SECTION I (Page 1)

RESPONDENT'S I.D. _ _ _ _ _ / _ _ _ _

DATE OF INTERVIEW: _ _ _ / _ _ _ / _ _ _
 DAY MO YR

INTERVIEWER S ID: _ _ _ / _ _ _ / _ _ _

CIRCLE DRUG CLASS:	MJ (N)	COC (O)	ST (P)	OP (Q)	SD (R)	HAL (S)	OTH ()
	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick
I4 Used for more days in a row, or in larger amounts, than intended	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	A1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5
I5 Found you needed to use larger amounts to get an effect, or that you could no longer get the same effect on the amount you used to use	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	B1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5
I6 Wanted to stop or cut down OR	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5
I6A Tried to stop or cut down on your use but found you were unable to (2 or more times)	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	C2 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5
I7 Spent so much time getting it, using it, or recovering from its effects that you had little time for anything else	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5	E1 _ _ AGE ONS: _ / _ ONS: _ _ 0-5 AGE REC: _ / _ REC: _ _ 0-5

DRUG TALLY SHEET FOR SECTION I (Page 2)

RESPONDENT ID: _____ / _____

DATE OF INTERVIEW: _____ / _____ / _____
 DAY MO YR

INTERVIEWER S.I.D.: _____ / _____ / _____

CIRCLE DRUG CLASS:	MJ (N)	COC (O)	ST (P)	OP (Q)	SD (R)	HAL (S)	OTH ()
	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick	Circle Tick
I8.A Have given up or greatly reduced important activities while using (the item/anything) from List (N-W)	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	F1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5
I9A Continued to use (the item/anything) from List (N-W) knowing it caused or made a health problem worse	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5
OR							
I9C Continued to use (the item/anything) from List (N-W) knowing it caused you an emotional or psychological problem	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	G2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5
I11.E After you stopped or cut down or went without (the item/anything) from List N-W, you experienced COC, ST: feeling depressed, and 2 or more other physical or emotional problems OP: 3 or more physical or emotional problems SD: 2 or more physical or emotional problems OR		H1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H1 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5		
I11.G Used (the item/anything) from List (N-W) or some other medication or drug to avoid having any of these problems or to make any of them go away		H2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5	H2 _____ AGE ONS: ____/____ ONS: ____ 0-5 AGE REC: ____/____ REC: ____ 0-5		
Number of different letters circled							
Number of different letters ticked							

TALLY SHEET J

AGE

RESPONDENT'S I.D. _____ / _____

INTERVIEWER S I.D. ____/____/____

DATE OF INTERVIEW: ____/____/____
DAY MO YR

J1.B First depressed ____/____

J2.A First loss of interest ____/____

J3.B First irritability ____/____

		<u>Circle</u>		<u>Cluster</u>	
		<i>Initial</i>	<i>Retry</i>	<i>Initial</i>	<i>Retry</i>
J10.A.1	Felt depressed, down, sad, blue, low or discouraged, most of the day	A1	A1	____	____
J10.E	Felt a lot more irritable most of the day (BEFORE AGE 18 ONLY) ...	A2	A2	____	____
J10.C1	Felt a lot less interested in most things, or unable to enjoy the things you used to enjoy	B1	B1	____	____
J11.A & J11.C	Had a change in weight or appetite	C1	C1	____	____
J12 & J12.B	Had more trouble with your sleep than usual	E1	E1	____	____
J12.A & J12.B	Slept much more than usual	E2	E2	____	____
J13.B	Were so fidgety or restless that other people noticed it	F1	F1	____	____
J14.B	Were talking or moving much more slowly than is normal for you, so that other people noticed it	F2	F2	____	____
J15.A	Felt a lot more tired than usual, as if you had no energy	G1	G1	____	____
J16.B	Feeling excessively guilty or that you were a bad person/felt you were a failure or worthless	H1	H1	____	____
J17 & J17.B	Had trouble thinking or concentrating	I1	I1	____	____
J17.A & J17.B	Found it hard to make decisions about every day things	I2	I2	____	____
J18	More than once thought about death or dying (<u>Not</u> just around a dead or dying loved one, and <u>not</u> just a fear of dying)	J1	J1	____	____
J18.A	More than once thought about taking your life	J2	J2	____	____
J18.B	Made a plan to take your own life	J3	J3	____	____
J18.C	Tried to take your own life	J4	J4	____	____

TOTAL # OF DIFFERENT LETTERS CIRCLED

TOTAL # OF DIFFERENT LETTERS TICKED

INITIAL RETRY

TALLY SHEET FOR SECTION N: PART I

RESPONDENT'S I.D. _____ / _____

DATE OF INTERVIEW: _____ / _____ / _____
DAY MO YR

INTERVIEWER S ID: _____ / _____ / _____

<u>ITEM</u>	<u>AGE</u> <u>ONSET</u>	<u>AGE</u> <u>REC</u>	<u>CIRCLE</u>
N4 Wagged school for an entire day	___/___	___/___	A
N6/N6.A Stayed out much later than supposed to/ sneaked out of house	___/___	___/___	B
N6.E/F/G Ran away from home (DO NOT CIRCLE IF ONLY TO AVOID PHYSICAL OR SEXUAL ABUSE)	___/___	___/___	C
N7/N7.B Told lies/outsmarted and conned others/used an alias	___/___	___/___	D
N8/N8.A/N8.B Stole from home or family/shoplifted or stole from other people/forged a signature	___/___	___/___	E
N9 Damaged property	___/___	___/___	F
N10 Started fights	___/___	___/___	G
N11 Used a weapon	___/___	___/___	H
N12 Purposely injured someone	___/___	___/___	I
N13 Often bullied others	___/___	___/___	J
N14 Were mean to animals or hurt animals on purpose	___/___	___/___	K
N15 Deliberately lit fires	___/___	___/___	L
N16 Broke into someone s car or house or anywhere else	___/___	___/___	M
N17 Stole money or property by threat or force	___/___	___/___	N
N20 Forced others into sexual activity	___/___	___/___	O

TOTAL # OF DIFFERENT LETTERS CIRCLED

TALLY SHEET FOR SECTION N: PART II

RESPONDENT'S ID. ____ / ____ / ____

DATE OF INTERVIEW: ____ / ____ / ____
 DAY MO YR

RATER S ID: ____ / ____ / ____

N22.A	Started physical fights	A1
N23	Used a weapon	A2
N23.A	Threatened with a weapon	A3
*N24.A	Hit (wife/husband/partner)	*A4
*N24.B	Smacked, hit or shaken a child	*A5

N25	Had unprotected sex	B1
N25.A	Had sex with many partners	B2
*N26.A/N26.B	Your gun hit or scared someone	*B3
N27	Speeded	B4
N28.A	Had auto accidents	B5
N29	Drove when high or drowsy	B6
N30	Left child unsupervised	B7

N31	Stolen	C1
N32	Made money illegally	C2
*N33	Destroyed or damaged someone s things	*C3
*N34	Annoyed someone by phoning or following them	*C4

N35	Pretended to be sick or injured	D1
N36	Used an alias	D2
N37	Lied about education, experience, marriage	D3

N38	Had no regular address	E1
*N39	Left jobs without notice	*E2
*N40	Left (wife/husband/partner) without warning	*E3
N40.B	Been unfaithful to or walked out on partner	E4
N41	Moved repeatedly	E5

N42	Had a lot of debts	F1
N43	Had periods out of work	F2
N44	Quit jobs	F3
N45	Missed support payments	F4
*N46	Missed work	*F5
*N47	Borrowed and didn t repay	*F6