

**Opioid Dependence:
Candidate Genes
and G x E Effects**

Interview

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Opioid Interview

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RECORD ITEMS MARKED "t" ON THE TIMELINE.

TIME STARTED: ____:____:____
(USE 24 HR CLOCK)

A1 **RECORD SEX AS OBSERVED.**

MALE..... 1
FEMALE 2

A2 How old are you now?

___ AGE

A3 What is your birth date?

___/___/___
MO DAY YEAR

A4. In what country was your biological father born?

COUNTRY OF BIRTH CODE

- Your father's biological father?
- Your father's biological mother?

R's FATHER: _____ /_____
 FATHER'S FATHER: _____ /_____
 FATHER'S MOTHER: _____ /_____

A. In what country was your biological mother born?

COUNTRY OF BIRTH CODE

- Your mother's biological father?
- Your mother's biological mother?

R's MOTHER: _____ /_____
 MOTHER'S FATHER: _____ /_____
 MOTHER'S MOTHER: _____ /_____

Please turn to look at Card A1.

B. 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.

ANCESTRY CODE

CODE
 FATHER'S FATHER: ___/___ ___/___ ___/___ ___/___
 FATHER'S MOTHER: ___/___ ___/___ ___/___ ___/___

What is your father's father's ancestry? Just give me the numbers. Any other numbers for your father's father's ancestry?

What is the ancestry of your father's mother? (**PROMPT:** Just give me the numbers. Any other numbers for your father's mother's ancestry?) **CODE 97 IF NOT A BIOLOGICAL RELATIONSHIP.**

C. 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).

ANCESTRY CODE

CODE

MOTHER'S FATHER: ___/___ ___/___ ___/___ ___/___

What is your mother's father's ancestry? (**PROMPT:** Just give me the numbers. Any other numbers for your mother's father's ancestry?)

MOTHER'S MOTHER: ___/___ ___/___ ___/___ ___/___

What is the ancestry of your mother's mother? (**PROMPT:** Just give me the numbers. Any other numbers for your mother's mother's ancestry?) **CODE 97 IF NOT A BIOLOGICAL RELATIONSHIP.**

A5 Are you presently married or are you widowed, separated, divorced, or have you never been married?

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

CODE RELIGIOUS ANNULMENT AS DIVORCED.
CODE LEGAL ANNULMENT AS NEVER MARRIED.

A6 Have you ever lived with someone (else) for at least a year as though you were married? **DO NOT COUNT INDIVIDUALS R HAS MARRIED.**

- NO 1
- YES 5

IF A5=5 AND A6=1, CODE A7 SILENTLY AS "00" AND GO TO A8.

A7 How many times have you been legally married or lived with someone as though you were married?

___ / ___ TIMES

A8 How many children have you had, not counting any who are yours by adoption, who are stepchildren, or who were stillborn? Is your (first) child male or female? **RECORD SEX AND DOB.**

___ / ___ CHILDREN

| CODE | SEX | DATE OF BIRTH | | t |
|------|-----|---------------|------|---|
| | | MO | YEAR | |
| 03 | M F | ___/___ | ____ | t |
| 04 | M F | ___/___ | ____ | t |
| 05 | M F | ___/___ | ____ | t |
| 06 | M F | ___/___ | ____ | t |
| 07 | M F | ___/___ | ____ | t |
| 08 | M F | ___/___ | ____ | t |
| 09 | M F | ___/___ | ____ | t |
| 10 | M F | ___/___ | ____ | t |
| 11 | M F | ___/___ | ____ | t |
| 12 | M F | ___/___ | ____ | t |

A9 Now I want to ask you about work for pay. In the past twelve months, how many months have you been employed? ___ / ___ MONTHS
COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE, CODE 00 AND SKIP TO A10B. IF LESS THAN 1 MONTH, CODE 01.

A10 Are you employed now? NO (SKIP TO B) 1
YES..... 5

A. Do you work full-time? NO 1
YES..... 5

B. Do you receive a government benefit NO 1
YES..... 5

A11. Please look at CARD A2. What is the highest educational level that you have completed? Please just give me the letter. CODE _____
(A-C, F-J)

A. 7 or less years schooling
 B. 8-10 years' schooling
 C. 8-10 years' schooling and apprenticeship or diploma
 F. 11-12 years' schooling
 G. 11-12 years' schooling and apprenticeship or diploma
 H. Technical or teachers' college
 I. University first degree
 J. University post-graduate training

A12. Have you ever been in prison? No (GO TO A12C)..... 1
Yes..... 5

A. What is the longest period of time that you have ever spent in prison? INDICATE UNITS ___ / ___ DAYS/MONTHS /YEARS

B. How long in total have you spent in prison? INDICATE UNITS ___ / ___ DAYS/MONTHS /YEARS

C. Have you ever been in juvenile detention? No..... 1
Yes..... 5

D. How many different tattoos do you have? - - -

A13. Were you raised by both of your biological parents until age 16? NO1
YES(GO TO A13.C).....5

A. Can you tell me what happened? Anything else? _____
 (PROMPT: Did your parents separate?) _____
 (CODE EVENTS IN A13.B) _____

| [A13] B. How old were you when (EVENT(S) LISTED IN A13; CODE IN COL. R 's AGE)? | NO / YES | | R's AGE |
|--|-----------------|-----------------|-----------------|
| | <u>1</u> | <u>/</u> | <u>5</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) _____

C. At what age did you first leave home to live independently? AGE: ___/___
CODE 00 IF RESPONDENT STILL LIVES AT HOME.

INTERVIEWER: CONFIRM PEDIGREE AS FOLLOWS:

A14. RECORD TWO DIGIT ID NUMBERS - DO NOT RECORD NAMES

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)? How old is he/she? **IF R DOESN'T WANT TO PROVIDE NAME, ASK FOR FIRST INITIAL.**

CODE

- SISTER 1: ___/___
- SISTER 2: ___/___
- SISTER 3: ___/___
- SISTER 4: ___/___
- SISTER 5: ___/___
- SISTER (etc.) ...

B. RECORD TWO DIGIT ID NUMBERS - DO NOT RECORD NAMES

(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)

CODE

- BROTHER 1: ___/___
- BROTHER 2: ___/___
- BROTHER 3: ___/___
- BROTHER 4: ___/___
- BROTHER 5: ___/___
- BROTHER (etc.)...

CARD A1

| | | | |
|----|---|----|---|
| 01 | Afghanistani | 36 | Jordanian |
| 02 | African | 37 | Korean |
| 67 | Aleutian Islander | 71 | Laotian |
| 04 | American Indian | 38 | Lebanese |
| 06 | Australian Aboriginal | 39 | Malaysian |
| 07 | Austrian | 76 | Maltese |
| 08 | Bosnian | 40 | Mexican |
| 09 | Brazilian | 42 | Native New Zealander (Maori) |
| 68 | Burmese | 43 | Norwegian |
| 69 | Cambodian | 44 | Pakistani |
| 10 | Canadian | 75 | Philippino |
| 11 | Caribbean or West Indian (Spanish-speaking) | 45 | Polish |
| 12 | Caribbean or West Indian (Non-Spanish-speaking) | 46 | Portuguese |
| 13 | Central American (e.g., Nicaraguan, Guatemalan) | 47 | Puerto Rican |
| 15 | Chinese (including Hong Kong) | 48 | Russian |
| 70 | Croatian | 49 | Scottish |
| 16 | Cuban | 50 | Samoan |
| 17 | Czech | 72 | Serbian |
| 18 | Danish | 73 | Slovakian |
| 19 | Dutch | 51 | Spanish |
| 20 | English | 52 | Swedish |
| 21 | Filipino | 53 | Swiss |
| 22 | Finnish | 54 | Thai |
| 23 | French | 55 | Torres Strait Islander |
| 24 | German | 56 | Turkish |
| 25 | Greek | 57 | Vietnamese |
| 26 | Guamanian | 58 | Welsh |
| 27 | Hungarian | 60 | Other Asian (e.g. Taiwan, Singapore, Bangladesh, Sri Lanka, Nepal, Bhutan) |
| 28 | Indian | 61 | Other Eastern European (e.g., Romanian, Bulgarian, Albanian) |
| 29 | Indonesian | 62 | Other Middle Eastern (e.g., Arabian, Saudi, Kuwaiti, Qatari, Syrian, Omani) |
| 30 | Iranian | 63 | Other Pacific Islander (e.g., Okinawan, Tahitian) |
| 31 | Iraqi | 64 | Other South American (e.g., Chilean, Colombian) |
| 32 | Irish | | |
| 33 | Israeli | | |
| 34 | Italian | | |
| 35 | Japanese | | |

CARD A2

- A. 7 or less years schooling
- B. 8-10 years' schooling
- C. 8-10 years' schooling and apprenticeship or diploma
- F. 11-12 years' schooling
- G. 11-12 years' schooling and apprenticeship or diploma
- H. Technical or teachers' college
- I. University first degree
- J. University post-graduate training

*** NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.**

HAND R CARD G1. CODE DOWN G1-G1.D2 FOR EACH DRUG CLASS. HAND R CARDS G2, G3, G4, AND G5 WHEN RETURNING TO THIS QUESTION.

| | | 1 | 2 | 3 | 4 | 5 |
|----|---|------------|-----------|------------|-------------|------------|
| | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| G1 | Please look at the list on Card G1 (G2, G3, G4, G5). Have you ever used any of these drugs to feel good or high, or to feel more active or alert? (FOR G2-G4: Or did you use any prescription drugs when they were not prescribed, or more than prescribed?) | NO 1 | 1 | 1 | 1 | 1 |
| | | YES 5 | 5 | 5 | 5 | 5 |

BOX G1 IF ALL NO, SKIP TO NEXT SECTION. OTHERS CONTINUE FOR EACH DRUG CODED 5

| | | | | | | | |
|----|--|-------|-----|-----|-----|-----|-----|
| A. | Please look at Card G6, how many times in your life have you used any drug from Card G1 (G2, G3, G4, G5)? Please give me the letter from the list. | TIMES | ___ | ___ | ___ | ___ | ___ |
| | | NO | 1 | 1 | 1 | 1 | 1 |
| | | YES | 5 | 5 | 5 | 5 | 5 |
| 1. | IF DK, ASK: Would you say 11 or more times? | | | | | | |

| | | | | | | | |
|----|---|---------|----|----|----|----|-----------------|
| B. | How old were you the (first/last) time you used (DRUG)? | AGE ONS | __ | __ | __ | __ | __ ^t |
| | | AGE REC | __ | __ | __ | __ | __ ^t |
| | FOR EACH AGE ONS BEFORE 15, ASK C. OTHERS SKIP TO D. | | | | | | |

| | | 1 | 2 | 3 | 4 | 5 |
|----|---|------------|-----------|------------|-------------|------------|
| | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| C. | Did you use (DRUG) more than once before you were 15? | NO 1 | 1 | 1 | 1 | 1 |
| | | YES 5 | 5 | 5 | 5 | 5 |

SKIP FOR LIST G1.

| | | | | | | |
|---------|---|-----|---|---|---|---|
| [G1] D. | Have you ever injected any of these drugs? | NO | 1 | 1 | 1 | 1 |
| | IF NO, SKIP TO G1 FOR NEXT DRUG CLASS. | YES | 5 | 5 | 5 | 5 |

HAND CARD G7 TO R.

| | | | | | | |
|----|---|---------|---|---|---|---|
| 1. | How many times? Please give me the letter from card G7. | TIMES | — | — | — | — |
| 2. | How old were you the (first/last) time? | AGE ONS | — | — | — | — |
| | | AGE REC | — | — | — | — |

**AFTER LAST DRUG CLASS ABOVE,
IF AGE REC FOR ANY DRUG= [AGE OR
(AGE -1)] ASK G1.D3, OTHERWISE SKIP TO
BOX G1D5.**

3. How long ago did you last inject any drug? ___ DAYS

**IF G1D3 <90, ASK G1.D4, OTHERWISE SKIP
TO BOX G1.D5.**

4. How many days have you injected in the last 3 months? ___ DAYS (MAX=90)

BOX G1D.5

**SKIP to BOX G1.E IF NO RESPONSES OF G,H,
OR I FOR ANY DRUG IN G1.D1.**

| | | | |
|----|--|-----------|---|
| 5. | Have you ever injected drugs on a daily basis? | NO | 1 |
| | | YES | 5 |

BOX G1.E

IF G1D=1 FOR ALL DRUGS, GO TO G1.F.

| | | | |
|----|---|----------|---|
| E. | Have you ever injected drugs in a “shooting gallery?” | NO..... | 1 |
| | | YES..... | 5 |

BOX G1.E1

IF A12=NO AND A12C=NO, SKIP TO G1.F.

| | | | |
|----|---|----------|---|
| 1. | Have ever injected drugs in[(IF A12=YES) prison (IF BOTH A12 AND A12C=YES) or (IF A12C=YES) juvenile detention]? | NO..... | 1 |
| | | YES..... | 5 |

| | | | |
|-----|--|-----------------|---|
| EE. | What is your current hepatitis C status? | NEGATIVE | 1 |
| | | POSITIVE..... | 5 |
| | | DON'T KNOW..... | 9 |

| | | | |
|----|--|---------------|--------|
| F. | Of all the drugs you have used, which one was your favorite? | _____ / _____ | (CODE) |
| | DO NOT COUNT ALCOHOL. RESPONSES RESTRICTED TO RESPONDENT “CARD F” . | | |

BOX G2 CHECK G1.A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO NEXT SECTION. CONTINUE FOR EACH DRUG CLASS USED 11 OR MORE TIMES.

CATI/INTERVIEWER INSTRUCTION: CODE DOWN FOR EACH DRUG FOR QUESTIONS G2-G19.

| | | | 1 | 2 | 3 | 4 | 5 |
|---|---|------------------|------------|-----------|------------|-------------|------------|
| | | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| FGNDRC | <p>ASK ONE COLUMN AT A TIME.</p> <p>G2 What is the longest period you used (DRUG) almost every day? FOR EACH DRUG, CODE ONLY ONE TIME UNIT. IF NEVER ALMOST EVERY DAY, CODE 00 DAYS. IF USED DAILY FOR 1 MONTH OR LONGER, CODE G2A "YES" SILENTLY. CATI: ALLOW 3 DIGIT NUMBERS FOR THESE.</p> | | | | | | |
| | A. Did you ever use (DRUG) at least once a week for one month or more? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| | B. Think about the time when you were using (DRUG) the most. During that period, how many days per month did you use (DRUG)? CATI: ALLOW 2 DIGIT NUMBERS FOR THESE WITH A MAX VALUE OF 30. | DAYS PER MO | — | — | — | — | — |
| | 1. How long did that period last? CATI: ALLOW 3 DIGIT NUMBERS FOR THESE WITH A MAX VALUE OF 840. | MONTHS | — | — | — | — | — |
| | 2. During that period of heaviest use, how many times did you use (DRUG) on an average day? CATI: ALLOW 2 DIGIT NUMBERS FOR THESE WITH A MAX VALUE OF 99 | TIMES PER DAY | — | — | — | — | — |
| | 3. How old were you when that period started? CATI: AGE ONSET IS TO BE >= ONSET IN G1B FOR THAT DRUG | AGE ONS | — | — | — | — | — |
| (6) DD3RA3/B DD45 DDICD5 FGNDRC | G3 Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |

| | | | | | | | | |
|---|----|---|-----------|------------|-----------|------------|-------------|--------------|
| (7) DD3RA2 DD44 DDICD2 | G4 | Have you <u>often</u> wanted to stop or cut down on (DRUG)? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| DD3RA2 | A. | Have you ever tried to stop or cut down on (DRUG) but found that you couldn't? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| IF NO (COULD STOP), SKIP TO G5. OTHERS CONTINUE. | | | | 1 | 2 | 3 | 4 | 5 |
| | | | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| DD44 DDICD2 | B. | Were you unable to stop or cut down 3 or more times? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| (8) DD3RA7 DD41 DDICD4 | G5 | Did you ever need larger amounts of (DRUG) to get an effect or find that you could no longer get high on the amount you used to use? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| (9) | G6 | Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 |
| DD3RA5/B DD46 DDICD5 | A. | IF YES: Did this happen 3 or more times or for a month or more? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 A,B,C |
| (10) DD3RA1 DD43 DDICD2 | G7 | Have you often used (DRUG) more days or in larger amounts than you intended to? | NO YES | 1 5 | 1 5 | 1 5 | 1 5 | 1 5 A,B,C |

(11) G8 People who stop, cut down, or go without drugs after using drugs steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. **HAND R THE CORRECT CARD 9-12.** Please look at the list of symptoms on the CARD. When you stopped, cut down, or went without (DRUG), did you ever experience any of those problems for most of the day for 2 days or longer? **IF YES:** Please just give me the numbers. (NO=1, YES=5)

**ASK G8A-F ONE COLUMN AT A TIME.
REPEAT STEM OFTEN.**

| | | 1 | 2 | 3 | 4 | 5 |
|-------|---|------------|-----------|------------|-------------|------------|
| | | CAN | OP | SED | STIM | COC |
| A. 1. | Did you feel depressed? | | 2 | 3 | 4 | 5 |
| 2. | Did you feel restless? | 1 | | 3 | 4 | 5 |
| 3. | Did you feel tired, sleepy, or weak? | | | 3 | 4 | 5 |
| 4. | Did you have trouble sleeping? | 1 | 2 | 3 | 4 | 5 |
| 5. | Did you sleep too much? | | | | 4 | 5 |
| 6. | Did you have a strong desire or craving for (DRUG)? | | 2 | | 4 | 5 |
| 7. | Did you feel slowed down, like you could hardly move? | | | | 4 | 5 |
| 8. | Did you have an increase in appetite? | | | | 4 | 5 |
| 9. | Did you have nightmares? | | | | 4 | 5 |
| 10. | Did you have diarrhea? | | 2 | | | |
| 11. | Did you have stomach aches or stomach cramps? | 1 | 2 | | | |
| 12. | Did your eyes run? | | 2 | | | |
| 13. | Did your nose run? | | 2 | | | |
| 14. | Did you have muscle pains? | | 2 | | | |
| 15. | Did you yawn? | | 2 | | | |
| 16. | Were your pupils dilated or were your eyes sensitive to light? | | 2 | | | |
| 17. | Did you have gooseflesh, goose bumps, or did you get the chills? | | 2 | | | |
| 18. | Did your heart race? | | 2 | 3 | | |
| 19. | Did you sweat? | 1 | 2 | 3 | | |
| 20. | Did you have a fever? | | 2 | 3 | | |
| 21. | Did you have nausea, or did you vomit? | 1 | 2 | 3 | | |
| 22. | Did you have headaches? | | | 3 | | |
| 23. | Did you feel nervous, tense, or irritable? | 1 | | 3 | | |
| 24. | Did your hands shake? | | | 3 | | |
| 25. | Did you tremble or twitch? | 1 | | 3 | | |
| 26. | Did you experience dizziness? | | | 3 | | |
| 27. | Did you see, hear, or feel things that weren't really there? | | | 3 | | |
| 28. | Did you think that people were plotting to harm you (PARANOID)? | | | 3 | | |
| 29. | Did your appetite decrease or did you lose weight? | 1 | | | | |

**CONTINUE ASKING ONE COLUMN AT A TIME. FOR EACH DRUG COLUMN:
IF ALL CODED 1, GO TO NEXT DRUG COLUMN. IF ONLY ONE CODED 5, SKIP TO E.
IF TWO OR MORE 5'S CODED, CONTINUE.**

| | | | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | |
|--|----|---|------------|------------|------------|-------------|-------------|------------|
| | | | <i>CAN</i> | <i>OP</i> | <i>SED</i> | <i>STIM</i> | <i>COC</i> | |
| DD3RA8 DD42A DDICD3 | B. | Was there ever a time when 2 or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)? REVIEW SX AS NEEDED. IF NO, SKIP TO C. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | 1. | IF YES: Did these problems occur <u>together</u> for 2 days or longer? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | | | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| | | | <i>CAN</i> | <i>OP</i> | <i>SED</i> | <i>STIM</i> | <i>COC</i> | |
| DD3RB | C. | Did you have any of these problems 3 or more times? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | D. | Did these problems interfere with your functioning at work, school, or home? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | E. | Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)? | NO | 1 | 1 | 1 | 1 | 1 |
| | | IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO G9. | YES | 5 | 5 | 5 | 5 | 5 |
| DD3RA9/B DD42B DDICD3 | 1. | Did you do that 3 or more times? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A,B,C |
| (12B-D) | G9 | Did using (DRUG) cause you to have any other problems like: | | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| | | | | <i>CAN</i> | <i>OP</i> | <i>SED</i> | <i>STIM</i> | <i>COC</i> |
| DD3RA6/B DD47 DDICD6 DA3RA1/B | A. | An overdose? | NO | | 1 | 1 | 1 | 1 |
| | | | YES | | 5 | 5 | 5 | 5 |
| | 1. | IF YES: Did you require medical treatment afterwards? | NO | | 1 | 1 | 1 | 1 |
| | | | YES | | 5 | 5 | 5 | 5 |
| | 2. | IF YES: Did this happen 3 or more times? (overdose that required medical treatment) | NO | | 1 | 1 | 1 | 1 |
| | | YES | | 5 | 5 | 5 | 5 A,B,C | |
| DD3RA6/B DD47 DDICD6 DA3RA1 | B. | Did your use of (DRUG) cause you to have hepatitis? | NO | | 1 | 1 | 1 | 1 |
| | | | YES | | 5 | 5 | 5 | 5 |
| | 1. | IF YES: Did you continue to use (DRUG) knowing it caused hepatitis? | NO | | 1 | 1 | 1 | 1 |
| | | YES | | 5 | 5 | 5 | 5 A,B,C | |

| | | | | | | | | |
|------------------------------------|----|--|-----|---|---|---|---|---|
| DD3RA6 DD47 DDICD6 DA3RA1 | C. | NON-CANNABIS: Did using (DRUG) | NO | 1 | 1 | 1 | 1 | 1 |
| | | cause you to have any other serious health problems? | YES | 5 | 5 | 5 | 5 | 5 |
| | | FOR CANNABIS ONLY, "Did using CANNABIS cause you to have any serious health problems?" | | | | | | |

SPECIFY: _____

| | | | | | | | |
|----|--|-----|---|---|---|---|---------|
| 1. | IF YES: Did you continue to use (DRUG) knowing it caused health problems? | NO | 1 | 1 | 1 | 1 | 1 |
| | | YES | 5 | 5 | 5 | 5 | 5 A,B,C |

D. (QUESTION MOVED TO G1.EE)

| | | | | | | | | | |
|---------|-----|----|---|-----|------------|-----------|------------|-------------|------------|
| (13A-C) | G10 | A. | Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your (DRUG) use? | | 1 | 2 | 3 | 4 | 5 |
| | | | | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| | | | | NO | 1 | 1 | 1 | 1 | 1 |
| | | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | B. | Did you ever get into any physical fights while using (DRUG)? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | | YES | 5 | 5 | 5 | 5 | 5 |

BOX G10 IF A AND B ARE BOTH CODED 1, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G11. OTHERS CONTINUE

| | | | | | | | | |
|-------|----|--|-----|---|---|---|---|---|
| DA4A4 | C. | [(IF G10A=5 & G10B=1: Did the problems with others because of ...) (IF G10A=1 & G10B =5: Did the physical fights during ...) (IF G10A=5 & G10B =5: Did the problems, including physical fights, with others because of ...)] | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | ... your (DRUG) use happen 3 or more times in any 12-month period? | | | | | | |

| | | | | | | | | |
|------------------|----|---|-----|---|---|---|---|-----|
| DD3RA6 DA3RA1 | D. | Did you continue to use (DRUG) after you realized it was causing you any this/these problem(s)? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |

| | | | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | |
|----------|-----|---|------------|-----------|------------|-------------|------------|-------|
| | | | <i>CAN</i> | <i>OP</i> | <i>SED</i> | <i>STIM</i> | <i>COC</i> | |
| (13D) | G11 | Did you ever have trouble with the police because of (DRUG)? IF NO, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G12. | NO | 1 | 1 | 1 | 1 | 1 |
| | | YES | 5 | 5 | 5 | 5 | 5 | |
| DA4A3 | | | | | | | | |
| DD3RA6 | A. | IF YES: Did this happen 3 or more times in any 12-month period? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| DA3RA1 | | | | | | | | |
| | B. | Did you continue to use (DRUG) after you realized it was causing you trouble with the police? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |
| <hr/> | | | | | | | | |
| (12A) | G12 | Have you accidentally injured yourself when you were using (DRUG); that is had a bad fall, cut or burned yourself badly, got hurt in a traffic accident, or anything like that? IF NO, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G13. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| DD3RA4/B | | | | | | | | |
| DDICD6 | | | | | | | | |
| DA3RA2/B | | | | | | | | |
| DA4A2 | A. | IF YES: Did this happen 3 or more times? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | | | | | | | |
| | B. | IF YES: Did this happen 3 or more times in any 12-month period? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A,C |
| <hr/> | | | | | | | | |
| (14) | G13 | Has your being high on (DRUG) or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities? IF NO, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G14. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |
| DD3RA4/B | | | | | | | | |
| | | | | | | | | |
| DA4A1 | | | | | | | | |
| | A. | IF YES: Did this happen 3 or more times in any 12-month period? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |
| <hr/> | | | | | | | | |
| (16) | G14 | Have there been 3 or more times when you have been under the influence of (DRUG) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing; or swimming? IF NO, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G15. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |
| DD3RA4/B | | | | | | | | |
| DA3RA2/B | | | | | | | | |
| ASP3RC7 | | | | | | | | |
| ASP4A5 | | | | | | | | |
| DA4A2 | | | | | | | | |
| | A. | IF YES: Did this happen 3 or more times in any 12-month period? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A |

| | | | | | | | | |
|------------------------------------|-----|--|-----|------------|-----------|------------|-------------|------------|
| (15) | G15 | Has your use of (DRUG) ever caused you emotional or psychological problems like: | | 1 | 2 | 3 | 4 | 5 |
| | | | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| | | 1. Feeling depressed or uninterested in things. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | 2. Feeling paranoid or suspicious of people. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | 3. Having trouble concentrating or thinking clearly. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | 4. Feeling jumpy or easily startled or nervous. | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| DD3RA6 DD47 DDICD6 DA3RA1 | 4.A | IF ANY OF THE ABOVE CODED "YES" ASK: Did any of these emotional or psychological problems from the use of (DRUG) last for more than 24 hours and interfere with your functioning? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | 5. Hearing, seeing, or smelling things that weren't really there? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | IF G15_4A_1-5 AND G15_5_1-5 ARE CODED 1, SKIP TO NEXT DRUG. IF NO ADDITIONAL DRUGS, GO TO G16. OTHERS CONTINUE. | | | | | | |
| | A. | Did you continue to use (DRUG) after you knew it caused any of these problems? | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 A,B,C |
| | | REVIEW SX AS NEEDED. | | | | | | |

BOX G16 IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO BOX G17.

DSMIIR **HAND R DRUG TALLY A.**

(19) G16 Please review these experiences that you told me about. **(REVIEW SX.)**

| | | | | | | | | |
|-------|----|---|-----|------------|-----------|------------|-------------|------------|
| DD3RB | A. | Was there ever a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? IF YES: Please tell me the box and number for all the experiences that occurred together. CIRCLE SYMPTOMS THAT CLUSTER ON TALLY SHEET. MUST BE 3 FROM DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. | | 1 | 2 | 3 | 4 | 5 |
| | | | | <u>CAN</u> | <u>OP</u> | <u>SED</u> | <u>STIM</u> | <u>COC</u> |
| | | | NO | 1 | 1 | 1 | 1 | 1 |
| | | | YES | 5 | 5 | 5 | 5 | 5 |
| | | IF YES, CIRCLE SX THAT CLUSTER AND GOTO B. | | | | | | |
| | | IF NO, SKIP TO BOX G17. | | | | | | |

1 2 3 4 5
CAN OP SED STIM COC

B. How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period lasting a month or longer?

AGE ONS *t*

AGE REC *t*

DSM-IV

BOX G17 IF 3 OR MORE BOXES MARKED ON TALLY B, CONTINUE. OTHERS SKIP TO BOX G18.

HAND R DRUG TALLY B.

DD4

G17 A. Was there ever a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for all the experiences that occurred during the same 12-month period even if it didn't last the full 12 months. **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SX RESULTING FROM AN ISOLATED INCIDENT.**

NO 1 1 1 1 1

YES 5 5 5 5 5

IF YES, CIRCLE SX THAT CLUSTER AND ASK B.
IF NO, SKIP TO BOX G18.

B. How old were you the (first/last) time you had experiences from 3 or more boxes occur together within a period lasting 12 months or longer?

AGE ONS

AGE REC

(22)

G18 Since the age of (ONS- EARLIEST VALUE FOR THAT DRUG FROM G16B AND G17B), has there ever been a period of time lasting 3 months or longer when you did not use (DRUG) at all?

NO 1 1 1 1 1

YES 5 5 5 5 5

G19 Have you ever been treated for a problem with drugs?
(CODE SILENTLY IF KNOWN) NO (SKIP TO NEXT SECTION)..... 1
YES 5

A. Are you currently in treatment? (CODE FOR
OPIATES SILENTLY IF KNOWN) NO (SKIP TO G19C)..... 1
YES 5

B. How long have you been in your current
treatment? INDICATE UNITS ___ / ___ / ___ DAYS / MONTHS / YEARS

C. Please look at the types of drug treatment on Card
G8. Which of these types of treatment have you
had? Please just give me the letters from the List.
CIRCLE ALL THAT APPLY.

**CATI/INTERVIEWER INSTRUCTION: DRUG
TREATMENT PLANS FOR ADDICTION(S)
LIMITED TO FOR:**

- CANNABIS, COCAINE, STIMULANTS ONLY
INCLUDE OPTIONS: 3, 5, 6

- SEDATIVES ONLY INCLUDE OPTIONS: 2 & 7

- OPIATES INCLUDE ALL OPTIONS: 1-7

___ 1. **Methadone or Buprenorphine
Maintenance [OP]**

___ 2. **Detoxification** with (GP, A&D
Agency, Home Based, Withdrawal,
etc) [OP, SED]

___ 3. **Cold Turkey** (unassisted
withdrawal) [OP, CAN, COC,
STIM]

___ 4. **Naltrexone** maintenance treatment
[OP]

___ 5. **Outpatient Counseling** (not as part
of other listed treatment) [OP,
CAN, COC, STIM]

___ 6. **Residential Rehabilitation** (EG.
Therapeutic Community) [OP,
CAN, COC, STIM]

___ 7. **Other Maintenance**
[OP, SED]

CARD G1: CANNABIS

1. Marijuana
2. Hashish
3. Other Cannabinoids

CARD G4: STIMULANTS

31. Amphetamine (Speed, Ice)
32. Ritalin or Dexamphetamine
33. Ecstasy (X), XTC
34. Methamphetamine
35. Diet pills
36. Other stimulants

CARD G2: OPIATES

11. Heroin
12. Codeine
13. Panadeine Forte
14. Pethadine
15. Methadone
16. Morphine
17. Opium
18. Physeptone
19. Other opiates, major pain killers

CARD G5: COCAINE

41. Cocaine
42. Crack
43. Other forms of cocaine

CARD G3: SEDATIVES

21. Valium
22. Serapax (serries)
23. Rohypnol (rowies)
24. Xanax
25. Temazepam
26. Amytal
27. Other sedatives

CARD G6

- A 1-2
- B 3-5
- C 6-10
- D 11 or more

CARD G7

- F 1-2
- G 3-10
- H 11-99
- I 100 or more

CARD G8

1. **Methadone or Buprenorphine Maintenance**
2. **Detoxification** with (GP, A&D Agency, Home Based, Withdrawal, etc)
3. **Cold Turkey** (unassisted withdrawal) with or without medication
4. **Naltrexone maintenance treatment**
5. **Outpatient Counseling** (not as part of other listed treatment)
6. **Residential Rehabilitation** (EG. Therapeutic Community)
7. **Other (non-opioid) Maintenance**

CARD G9

2. Restlessness
 4. Trouble sleeping
 11. Stomach aches or stomach cramps
 19. Sweating
 21. Nausea or vomiting
 23. Nervousness, tenseness, or irritability
 25. Trembling or twitching
 29. Appetite decrease or weight loss
-

CARD G10

1. Feeling depressed
 4. Trouble sleeping
 6. Drug cravings
 10. Diarrhea
 11. Stomach aches or stomach cramps
 12. Eyes run
 13. Nose run
 14. Muscle pains
 15. Yawning
 16. Dilated pupils or light sensitivity
 17. Gooseflesh, goose bumps, or chills
 18. Racing heart
 19. Sweating
 20. Fever
 21. Nausea or vomiting
-

CARD G11

1. Feeling depressed
 2. Restlessness
 3. Feel tired, sleepy, or weak
 4. Trouble sleeping
 18. Racing heart
 19. Sweating
 20. Fever
 21. Nausea or vomiting
 22. Headaches
 23. Nervousness, tenseness, or irritability
 24. Hands shaky
 25. Trembling or twitching
 26. Dizziness
 27. See, hear, or feel things not really there
 28. Think people were plotting against you or wanted to harm you
-

CARD G12

1. Feeling depressed
 2. Restlessness
 3. Feel tired, sleepy, or weak
 4. Trouble sleeping
 5. Sleeping too much
 6. Drug cravings
 7. Feel slowed down or like hardly able to move
 8. Increased appetite
 9. Nightmares
-

DRUG TALLY SHEET A

A: DSM-III-R

| | | CAN | OPIATE | SED | STIM | COCAINE |
|-------|--|-----|--------|-----|------|---------|
| G3 | A month or more spent using, getting, or getting over effects of (DRUG)..... | ___ | ___ | ___ | ___ | ___ |
| G4 | Often wanted to stop or cut down on (DRUG)..... | ___ | ___ | ___ | ___ | ___ |
| G4A | Tried to stop or cut down on (DRUG) but couldn't | ___ | ___ | ___ | ___ | ___ |
| G5 | Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount..... | ___ | ___ | ___ | ___ | ___ |
| G6A | Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month..... | ___ | ___ | ___ | ___ | ___ |
| G7 | Often used (DRUG) more days or in larger amounts than intended..... | ___ | ___ | ___ | ___ | ___ |
| G8B | Experienced withdrawal from (DRUG)..... | ___ | ___ | ___ | ___ | ___ |
| G8E.1 | Used (DRUG) to relieve or avoid withdrawal symptoms 3+ times..... | ___ | ___ | ___ | ___ | ___ |
| G9A.2 | (DRUG) caused an overdose 3+ times..... | | ___ | ___ | ___ | ___ |
| G9B.1 | Continued to use (DRUG) knowing it caused hepatitis..... | | ___ | ___ | ___ | ___ |
| G9C.1 | Continued to use (DRUG) knowing it caused other health problems..... | ___ | ___ | ___ | ___ | ___ |
| G10D | Continued to use (DRUG) knowing it caused (objections/fights)..... | ___ | ___ | ___ | ___ | ___ |
| G11B | Continued to use (DRUG) knowing it caused problems with police..... | ___ | ___ | ___ | ___ | ___ |
| G15A | Continued to use (DRUG) knowing it caused emotional or psychological problem..... | ___ | ___ | ___ | ___ | ___ |
| G12A | (DRUG) caused accidental injuries 3+ times..... | ___ | ___ | ___ | ___ | ___ |
| G13 | (DRUG) often interfered with responsibilities..... | ___ | ___ | ___ | ___ | ___ |
| G14 | High on (DRUG) when could have gotten hurt 3+ times..... | ___ | ___ | ___ | ___ | ___ |

DRUG TALLY SHEET B

B: DSM-IV

| | | CAN | OPIATE | SED. | STIM | COCAINE |
|-------|--|-------|--------|-------|-------|---------|
| G3 | A month or more spent using, getting, or getting over effects of (DRUG)..... | _____ | _____ | _____ | _____ | _____ |
| G4 | Often wanted to stop or cut down on (DRUG)..... | _____ | _____ | _____ | _____ | _____ |
| G4B | Tried to stop or cut down on (DRUG) but couldn't 3+times..... | _____ | _____ | _____ | _____ | _____ |
| G5 | Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount..... | _____ | _____ | _____ | _____ | _____ |
| G6A | Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month..... | _____ | _____ | _____ | _____ | _____ |
| G7 | Often used (DRUG) more days or in larger amounts than intended..... | _____ | _____ | _____ | _____ | _____ |
| G8B | Experienced withdrawal from (DRUG)..... | _____ | _____ | _____ | _____ | _____ |
| G8E.1 | Used (DRUG) to relieve or avoid withdrawal symptoms 3+ times..... | _____ | _____ | _____ | _____ | _____ |
| G9A.2 | (DRUG) caused an overdose 3+ times..... | _____ | _____ | _____ | _____ | _____ |
| G9B.1 | Continued to use (DRUG) knowing it caused hepatitis..... | _____ | _____ | _____ | _____ | _____ |
| G9C.1 | Continued to use (DRUG) knowing it caused other health problems..... | _____ | _____ | _____ | _____ | _____ |
| G15A | Continued to use (DRUG) knowing it caused emotional/psychological problems..... | _____ | _____ | _____ | _____ | _____ |

* NEW SHORT SECTION AMENDED 10/2004.

SECTION F: OPIOID RELAPSE

IF DRUG SECTION:G19 (OPIATES) = 1, SKIP THIS SECTION (F) AND GO TO NEXT SECTION.

| <p>F1. What is the longest period in which you were continuously in treatment for opioid dependence?</p> | <p>__ / __ / __ DAYS / MONTHS / YEARS * Circle appropriate unit above</p> | | | | | | | | | | | | | | | | | | |
|--|---|------------|-----------|------------|--------------------|---|---|--------------------|---|---|---------------------|---|---|------------------|---|---|------------------|---|---|
| <p>F2. Since you started using heroin and other opioids, what is the longest period of abstinence that you have had?</p> | <p>__ / __ DAYS / MONTHS / YEARS * Circle appropriate unit above</p> | | | | | | | | | | | | | | | | | | |
| <p>F3. Have you ever had a relapse after a period of abstinence from opioids?</p> | <p>NO (SKIP TO F5) 1 YES..... 5</p> | | | | | | | | | | | | | | | | | | |
| <p>F4. What has been the most common reason for you to relapse?</p> | <p>Withdrawal symptoms a Pain b Boredom c Stress..... d Craving e Other reason, specify: _____ f</p> | | | | | | | | | | | | | | | | | | |
| <p>Please look at Card F that contains several lists of drugs.</p> <p>F5. What other drugs have you used during periods in which you were using heroin regularly? Any drugs from List 1? List 2? List 3? List 4?</p> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>YES</u></th> </tr> </thead> <tbody> <tr> <td>1) Marijuana</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>2) Sedatives</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>3) Stimulants</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>4) Cocaine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> </tbody> </table> | | <u>NO</u> | <u>YES</u> | 1) Marijuana | 1 | 5 | 2) Sedatives | 1 | 5 | 3) Stimulants | 1 | 5 | 4) Cocaine | 1 | 5 | | | |
| | <u>NO</u> | <u>YES</u> | | | | | | | | | | | | | | | | | |
| 1) Marijuana | 1 | 5 | | | | | | | | | | | | | | | | | |
| 2) Sedatives | 1 | 5 | | | | | | | | | | | | | | | | | |
| 3) Stimulants | 1 | 5 | | | | | | | | | | | | | | | | | |
| 4) Cocaine | 1 | 5 | | | | | | | | | | | | | | | | | |
| <p>F6. Do you frequently use drugs to control your mood?</p> | <p>NO ...(GO TO NEXT SECTION)..... 1 YES 5</p> | | | | | | | | | | | | | | | | | | |
| <p>a. Have you often alternated or chased one drug with another that affected your mood differently?</p> | <p>NO 1 YES..... 5</p> | | | | | | | | | | | | | | | | | | |
| <p>b. Please look again at Card F. Have you frequently used a drug from the List to control your mood or to chase another drug? How about List 2? List 3? List 4? List 5?</p> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>YES</u></th> </tr> </thead> <tbody> <tr> <td>1) Marijuana</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>2) Sedatives</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>3) Stimulants</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>4) Cocaine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>5) Opioids</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> </tbody> </table> | | <u>NO</u> | <u>YES</u> | 1) Marijuana | 1 | 5 | 2) Sedatives | 1 | 5 | 3) Stimulants | 1 | 5 | 4) Cocaine | 1 | 5 | 5) Opioids | 1 | 5 |
| | <u>NO</u> | <u>YES</u> | | | | | | | | | | | | | | | | | |
| 1) Marijuana | 1 | 5 | | | | | | | | | | | | | | | | | |
| 2) Sedatives | 1 | 5 | | | | | | | | | | | | | | | | | |
| 3) Stimulants | 1 | 5 | | | | | | | | | | | | | | | | | |
| 4) Cocaine | 1 | 5 | | | | | | | | | | | | | | | | | |
| 5) Opioids | 1 | 5 | | | | | | | | | | | | | | | | | |

CARD F

LIST 1

1. Marijuana
2. Hashish
3. Other Cannabinoids

LIST 2

21. Valium
22. Serapax (serries)
23. Rohypnol (rowies)
24. Xanax
25. Temazepam
26. Amytal
27. Other sedatives

LIST 3

31. Amphetamine (Speed, Ice)
32. Ritalin or Dexamphetamine
33. Ecstasy (X), XTC
34. Methamphetamine
35. Diet pills
36. Other stimulants

LIST 4

41. Cocaine
42. Crack
43. Other forms of cocaine

LIST 5

11. Heroin
12. Codeine
13. Panadeine Forte
14. Pethadine
15. Methadone
16. Morphine
17. Opium
18. Physeptone
19. Other opiates, major pain killers

LIST 6

50. LSD
51. Mushrooms
52. Other hallucinogens

53. PCP
54. Ketamine
55. Other disassociatives

56. Lighter fluid
57. Cleaning fluid
58. Glue
59. Paint thinner
60. Petrol
61. Other solvents

62. Amyl Nitrate (rush, poppers)
63. Nitrous oxide (laughing gas)
64. Butyl Nitrate
65. Other inhalants

66. Other drugs

* NEW SHORT SECTION; AMENDED 10/2004.

SECTION B: HEROIN USE

Now, I'm going to ask further questions on your heroin use.

| | |
|---|--|
| B1. How old were you when you first saw anyone using heroin IF NEVER CODE AS "00" AND SKIP TO B3 | AGE __ / __ |
| B2. What was the relationship of the individual(s) using to you? Anyone else? CODE ALL THAT APPLY | a. Spouse/partner, boyfriend/girlfriend ____ b. Parent ____ c. Sibling ____ d. Other relative ____ e. Friend ____ f. Acquaintance ____ g. Stranger ____ h. Step or foster parent ____ |
| B3. How old were you when you were first offered heroin? IF NEVER CODE AS "00" AND SKIP TO B5 | AGE __ / __ |
| B4. Whom were you with at the time when you were offered heroin? Anyone else? CODE ALL THAT APPLY | a. Spouse/partner, boyfriend/girlfriend ____ b. Parent ____ c. Sibling ____ d. Other relative ____ e. Friend ____ f. Acquaintance ____ g. Stranger ____ h. Step or foster parent ____ |
| BOX B5 IF R NEVER USED OPIATES (G1 OPIATES=1) SKIP TO NEXT SECTION | |
| B5. Whom were you with the first time you used heroin? Anyone else? | a. Spouse/partner, boyfriend/girlfriend ____ b. Parent ____ c. Sibling ____ d. Other relative ____ e. Friend ____ f. Acquaintance ____ g. Stranger ____ h. Step or foster parent ____ 9. No one ____ |
| B6. How old were you when you first used heroin regularly, that is at least once a week for 3 consecutive weeks? IF NEVER USED THAT FREQUENTLY CODE AS "00" AND SKIP TO NEXT SECTION | AGE __ / __ |
| B7. How old were you the first time you sought treatment for heroin dependence? | AGE __ / __ |

SECTION I: FAMILY AND OTHER RELATIONSHIPS

Now, I'm going to ask you some questions about your family and other relationships.

I.1 Overall, how close a relationship from childhood until you turned 18 would you say you had with your:

| | Very Close | Close | Not Very Close | Very Distant | Not Applicable |
|-----------------|------------|-------|----------------|--------------|----------------|
| 1. Mother | A | B | C | D | 0 |
| 2. Father | A | B | C | D | 0 |

ONLY USE "NOT APPLICABLE" WHEN R REPORTS NEVER HAVING MET RELATIVE.

3. During your childhood or adolescence: IF R SAYS "YES", PROMPT

WITH: Would you say that happened occasionally or frequently?

- a) Did you ever feel like you were not wanted in the family?
- b) Did adult family members call you names (like 'lazy' or 'stupid') or put you down?
- c) Did you feel like your parents or other primary caretakers did not support you in the things you did or the choices you made?
- d) Did you feel that your parents or other primary caretakers didn't care where you were, whom you were with, or what you were doing?
- e) Did your parents or other primary caretakers fail to provide you adequate clothing, food, or shelter?
- f) Did your parents or other primary caretakers watch while someone else hurt you or fail to protect you despite knowing that you were being harmed?
- g) Were you bullied in school?

| No | Occas | Freq |
|----|-------|------|
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
| 1 | 2 | 3 |

I.2

a) Before you turned 18, did your mother or father ever: IF R SAYS "YES", PROMPT WITH: Would you say that happened occasionally or frequently?

| | No | Occas | Freq |
|--|----|-------|------|
| 1. Spank or smack you on the bottom with his or her hands | 1 | 2 | 3 |
| 2. Hit you around the head or body with his or her fists..... | 1 | 2* | 3* |
| 3. Hit you on the bottom with a stick, strap or similar object..... | 1 | 2 | 3 |
| 4. Hit you about the head or body with a stick, strap, or similar object | 1 | 2* | 3* |
| 5. Give you a severe beating..... | 1 | 2* | 3* |
| 6. Kick you..... | 1 | 2* | 3* |
| 7. Choke or throttle you | 1 | 2* | 3* |
| 8. Lock you in a cupboard or shed for punishment..... | 1 | 2* | 3* |
| 9. Burn you with hot objects (eg, cigarettes) for punishment..... | 1 | 2* | 3* |

[I.2]

b) Did your mother or father’s actions ever cause you to ...?

| | No | Yes |
|---|----|-----|
| 1. Have bruises or a black eye | 1 | 5* |
| 2. Have cuts or lacerations..... | 1 | 5* |
| 3. Have broken bones | 1 | 5* |
| 4. Go to the doctor or hospital for treatment | 1 | 5* |
| 5. Need medical treatment that was not provided | 1 | 5* |
| 6. Have days off school | 1 | 5* |

IF RESPONDED OCCAS, FREQ OR YES TO ANY OF THE * ITEMS, CONTINUE. OTHERWISE GO TO I.3.a

c) Please tell me how old you were the first time that any of the following occurred:
 your **mother or father** [REPEAT ALL ENDORSED IN I.2.a MARKED (*)]
 [IF ANY ENDORSED IN I.2.b MARKED (*) SAY:
 or your **mother’s or father’s** actions resulted in (READ IN THOSE IN I.2.b
 MARKED (*)]?

AGE ONS ____

d) Now, please tell me how old you were the last time?
 ONLY READ LIST IF R REQUESTS OR SEEMS CONFUSED

AGE REC ____

e) Were you harshly punished or injured by both your parents,
 your father only, or your mother only?

Both parents..... A
 Father only..... B
 Mother only..... C

I.3

a) Before you turned 18 did another adult member of your household or family ever:
IF R SAYS "YES", PROMPT WITH: Would you say that happened occasionally or frequently

| | No | Occas | Freq |
|--|----|-------|------|
| 1. Spank or smack you on the bottom with his or her hands | 1 | 2 | 3 |
| 2. Hit you around the head or body with his or her fists..... | 1 | 2* | 3* |
| 3. Hit you on the bottom with a stick, strap or similar object..... | 1 | 2 | 3 |
| 4. Hit you about the head or body with a stick, strap, or similar object | 1 | 2* | 3* |
| 5. Give you a severe beating..... | 1 | 2* | 3* |
| 6. Kick you | 1 | 2* | 3* |
| 7. Choke or throttle you | 1 | 2* | 3* |
| 8. Lock you in a cupboard or shed for punishment | 1 | 2* | 3* |
| 9. Burn you with hot objects (eg, cigarettes) for punishment..... | 1 | 2* | 3* |

b) Did another adult member of your household or family's actions ever cause you to ..?

| | No | Yes |
|---|----|-----|
| 1. Have bruises or a black eye | 1 | 5* |
| 2. Have cuts or lacerations | 1 | 5* |
| 3. Have broken bones | 1 | 5* |
| 4. Go to the doctor or hospital for treatment | 1 | 5* |
| 5. Need medical treatment that was not provided | 1 | 5* |
| 6. Have days off school | 1 | 5* |

**IF RESPONDED OCCAS, FREQ OR YES TO ANY OF THE * ITEMS, CONTINUE.
OTHERWISE, GO TO I.4.a**

c) Please tell me how old you were the first time **that person**:
 [REPEAT ALL ENDORSED IN I.3.a MARKED (*)]
 [IF ANY ENDORSED IN I.3.b MARKED (*) SAY:
 or **that person's** actions resulted in (READ IN THOSE IN I.3.b MARKED (*)]?

AGE ONS ____ / ____

d) Now, please tell me how old you were the last time?
 ONLY READ LIST IF R REQUESTS OR SEEMS CONFUSED

AGE REC ____ / ____

e) What was the relationship of this person or these persons to you

| | No | Yes |
|---|----|-----|
| 1. Step-parent..... | 1 | 5 |
| 2. Mother/Father's partner (non-married)..... | 1 | 5 |
| 3. Aunt/uncle | 1 | 5 |
| 4. Grandparent..... | 1 | 5 |
| 5. Other relative..... | 1 | 5 |
| 6. Other non-related individual..... | 1 | 5 |

I.4 The next questions are about how your father treated your mother during your childhood or adolescence.

As far as you are aware, did your father ever: IF "YES" PROMPT WITH: Would you say that this happened occasionally or frequently?

| | No | Occas | Freq | Can't say |
|--|----|-------|------|-----------|
| a. Threaten to hit or throw something at her..... | 1 | 2 | 3 | 9 |
| b. Push, grab or shove her..... | 1 | 2 | 3 | 9 |
| c. Slap, hit, kick, or punch her | 1 | 2 | 3 | 9 |
| d. Throw, hit, kick or smash something (in your mother's presence) | 1 | 2 | 3 | 9 |
| e. Choke or strangle her | 1 | 2 | 3 | 9 |
| f. Threaten her with a knife, gun or other weapon..... | 1 | 2 | 3 | 9 |
| g. Call her names or criticize her (put her down) | 1 | 2 | 3 | 9 |

I.5 The next questions are about how your mother treated your father during your childhood or adolescence.

As far as you are aware, did your mother ever: IF "YES" PROMPT WITH: Would you say that this happened occasionally or frequently?

| | No | Occas | Freq | Can't say |
|--|----|-------|------|-----------|
| a. Threaten to hit or throw something at him | 1 | 2 | 3 | 9 |
| b. Push, grab or shove him | 1 | 2 | 3 | 9 |
| c. Slap, hit, kick, or punch him..... | 1 | 2 | 3 | 9 |
| d. Throw, hit, kick or smash something (in your father's presence) | 1 | 2 | 3 | 9 |
| e. Choke or strangle him..... | 1 | 2 | 3 | 9 |
| f. Threaten him with a knife, gun or other weapon | 1 | 2 | 3 | 9 |
| g. Call him names or criticize him (put him down)..... | 1 | 2 | 3 | 9 |

| | No | Yes |
|---|----|-----|
| I.6 Did the Police ever come to your home because of violence between your parents? | 1 | 5 |

| | No | Yes |
|---|----|-----|
| I.7 Did you and/or your mother ever have to leave your home because of violence between your parents? | 1 | 5 |

A. **IF YES:** Where did you go? **CONTINUE TO PROMPT:** Anywhere else? **CODE ALL WHERE RESPONDENT WENT:**

- 1. Refuge or shelter ____
- 2. Family member's home ____
- 3. Friend's home ____
- 4. Acquaintance's home ____
- 5. Hotel or motel ____
- 6. New apartment or house ____
- 7. Lived on the street (homeless) ____
- 8. Other ____

I.8 a) During your childhood or adolescence, was there ever a period when you would try to avoid spending time at home because of the problems there?

| No | Yes |
|----|-----|
| 1 | 5 |

IF I.8.a=1, GO TO I9. IF I.8.a=5, CONTINUE BEGINNING WITH I.8.a.1.

1. How old were you when this period of time started? AGE ONS ____ / ____

2. How old were you when this period of time ended? AGE REC ____ / ____

b) Would you avoid being at home because:

| No | Yes |
|----|-----|
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |
| 1 | 5 |

1. You were afraid that you would be hurt physically?
2. You were afraid that you would be asked or made to engage in sexual behaviour you did not want to?
3. You were afraid that you would be yelled or screamed at?
4. You did not want to see or hear someone else in your family being hurt physically?
5. You did not want to see or hear someone else in your family being asked or made to engage in sexual behaviour he/she did not want to?
6. You did not want to see or hear someone else in your family being yelled or screamed at?
7. You did not want to hear your parents arguing?.....
8. You did not want to hear or see your parents physically fighting?
9. You needed to go elsewhere to get enough to eat?.....

Before you turned age 18,

c) Would you ever stay with someone you did not know well to avoid having to go home?

| No | Yes |
|----|-----|
| 1 | 5 |

d) Did you ever have anything bad happen to you because of this?

| | |
|---|---|
| 1 | 5 |
|---|---|

I.9. Please look at the list on Card I. When you were very upset during your childhood or adolescence to whom would you go to get emotional support? Just tell me the numbers from the list. Any others?

- 1. Parent (s)
- 2. Teacher (s).....
- 3. Sister (s).....
- 4. Brother (s).....
- 5. Friend (s)
- 6. Other relative(s).....
- 7. Doctor.....
- 8. Counsellor
- 9. Priest, minister, rabbi, or other clergy person.....
- 10. Anyone else, specify: _____

I.10.a. Since you turned age 18, did anyone do any of the following things to you?
IF "YES", PROMPT WITH: Would you say that happened occasionally or frequently?

| | No | Occas | Freq |
|---|----|-------|------|
| 1. Threaten to hit or throw something at you | 1 | 2 | 3 |
| 2. Push, grab or shove you | 1 | 2 | 3 |
| 3. Slap, hit, kick, or punch you..... | 1 | 2 | 3 |
| 4. Throw, hit, kick or smash something (in your presence) | 1 | 2 | 3 |
| 5. Choke or strangle you | 1 | 2 | 3 |
| 6. Threaten you with a knife, gun or other weapon..... | 1 | 2 | 3 |
| 7. Call you names or criticize you (put you down) | 1 | 2 | 3 |
| 8. Anything else that was harmful- Specify _____ | 1 | 2 | 3 |

I.11.a) Since you turned age 18, did you do any of the following acts to someone else?

IF "YES", PROMPT WITH: Would you say that this happened occasionally or frequently?

| | No | Occas | Freq |
|--|----|-------|------|
| 1. Threaten to hit or throw something at someone | 1 | 2 | 3 |
| 2. Push, grab or shove someone | 1 | 2 | 3 |
| 3. Slap, hit, kick, or punch someone | 1 | 2 | 3 |
| 4. Throw, hit, kick or smash something (in someone's presence) | 1 | 2 | 3 |
| 5. Choke or strangle someone | 1 | 2 | 3 |
| 6. Threaten someone with a knife, gun or other weapon..... | 1 | 2 | 3 |
| 7. Call him/her names or criticize someone (put someone down) | 1 | 2 | 3 |
| 8. Harm someone in another way | 1 | 2 | 3 |

Card I

1. Parent (s)
2. Teacher (s)
3. Sister (s)
4. Brother (s)
5. Friend (s)
6. Other relative(s)
7. Doctor
8. Counsellor
9. Priest, minister, rabbi, or other clergy person
10. Anyone else

SECTION C: SEXUAL ABUSE

renamed Section C as of 9/20/04; formerly Section G

Now I'm going to ask you some questions about unwanted sexual activity that you may have experienced before you turned age 18. I know that it is sometimes difficult to speak about these types of experiences. Because of this, we have written the interview to make it as easy as possible for you to provide answers in the form of numbers or a simple "yes" or "no".

C.1 Before you were 18 did anyone do or involve you in any of the following when you did not want this to happen?

| | No | Yes |
|--|----|-----|
| a. Expose their sex organs to you or masturbate in front of you. | 1 | 5 |
| b. Threaten to have sex with you or to involve you in some other sexual activity against your will. | 1 | 5 |
| c. Touch your breasts in a sexual way. (SKIP IF MALE) | 1 | 5 |
| d. Touch your sex organs or touch you with, or have you touch, their sex organs. | 1 | 5 |
| e. Have sexual intercourse with you. | 1 | 5 |
| f. Attempt to have sexual intercourse with you. (CODE SILENTLY AS YES IF C.1.E = YES) | 1 | 5 |
| g. Have you perform oral sex on them or with them. | 1 | 5 |
| h. Try to have you perform oral sex on them or with them. (CODE SILENTLY AS YES IF C.1.G = YES) | 1 | 5 |
| i. Perform anal sex on you or with you. | 1 | 5 |
| j. Try to perform anal sex on you or with you. (CODE SILENTLY AS YES IF C.1.I = YES) | 1 | 5 |
| k. Any other sort of sexual approach/behavior (specify): _____ | 1 | 5 |

**IF RESPONDENT SAYS YES TO ANY OF THE ABOVE THEN ASK C.2 – C.5
OTHERWISE SKIP TO SECTION H**

C.2 How old were you the first time that this event/any of those events happened to you?

AGE ONS ____ / ____

(IF > 13, GO TO C.2.a.c

IF < 13 AND > 5, GO TO C.2.a.b)

C.2 a) On how many occasions would events like those you just described have occurred when you were:

- a. 0-5 years old Number ____ / ____ / ____
- b. 6-13 years old Number ____ / ____ / ____
- c. 14-17 years old Number ____ / ____ / ____

C.3 Please look at the list on Card C1. What was the relationship to you of the person (or persons) involved in these incidents? Please just give me the number (s) from the list. Any others?

[Place a check for each number that the Respondent provides.]

| | |
|---|--|
| 1. Natural parent | |
| 2. Step parent | |
| 3. Natural sibling | |
| 4. Step-sibling | |
| 5. Other relative | |
| 6. Family friend | |
| 7. Teacher | |
| 8. Priest, minister, rabbi, or other clergy person..... | |
| 9. Boyfriend / girlfriend / partner / spouse | |
| 10. Personal acquaintance..... | |
| 11. Stranger..... | |
| 12. Other person, specify _____:..... | |

C.3 a) How many different perpetrators were involved in the unwanted sexual incidents you described?

Number of perpetrators ____ / ____

C.4 MOST DISTURBING SERIES OF INCIDENT (S)

Now, I want to ask about the most disturbing series of unwanted sexual incidents that you described above. By series of incidents, I mean one or more incidents that involved the same primary perpetrator(s).

IF C.3.a=1 THEN SKIP TO C4.B

- a) What was the relationship of the perpetrator(s) to you? Please just give me the letter(s) from the list on Card C1.

| | |
|---|--|
| 1. Natural parent..... | |
| 2. Step parent..... | |
| 3. Natural sibling..... | |
| 4. Step-sibling..... | |
| 5. Other relative..... | |
| 6. Family friend..... | |
| 7. Teacher..... | |
| 8. Priest, minister, rabbi, or other clergy person..... | |
| 9. Boyfriend / girlfriend / partner / spouse..... | |
| 10. Personal acquaintance..... | |
| 11. Stranger..... | |
| 12. Other person, specify _____: | |

- b) How old was the primary perpetrator (please estimate if not sure)? ___ / ___

c) What was the gender of the perpetrator?
CODE SILENTLY IF KNOWN

| | |
|---|---|
| M | F |
|---|---|

d) How old were you when the unwanted sexual activity began?

AGE ONS: ___ ___

e) How many incidents involved the perpetrator?

| | |
|--|--|
| | |
|--|--|

f) Over what period of time did these incidents of unwanted sexual activity with this perpetrator continue? (INDICATE UNITS) (FOR A SINGLE EPISODE, CODE 00 SILENTLY)

| | | |
|--------|--|--|
| DAYS | | |
| MONTHS | | |
| YEARS | | |

g) I am now going to read through a list of different types of sexual behavior. Please tell me how many times the incidents with the perpetrator involved each of these behaviors. Just give me the letter from CARD C2.
(CODE FREQUENCY AS FOR ABOVE)

CODING:
 A = did not occur
 B = once only
 C = 2-3 times
 D = 4-5 times
 E = 6-10 times
 F = 11-50 times
 G = More than 50 or so many you can't say

| | Number of times | | | | | | |
|---|-----------------|---|---|---|---|---|---|
| | A | B | C | D | E | F | G |
| 1. Display of genitalia or (public masturbation). | A | B | C | D | E | F | G |
| 2. Sexual threats. | A | B | C | D | E | F | G |
| 3. Non-genital touching. | A | B | C | D | E | F | G |
| 4. Genital touching. | A | B | C | D | E | F | G |

****IF RESPONDENT IS MALE AND C.4.c=M, SKIP C.F.g.5 AND C.F.g.6, GO TO C.F.g.7.**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5. Attempted vaginal intercourse. | A | B | C | D | E | F | G |
| 6. Completed vaginal intercourse. | A | B | C | D | E | F | G |
| 7. Attempted oral sex. | A | B | C | D | E | F | G |
| 8. Completed oral sex. | A | B | C | D | E | F | G |
| 9. Attempted anal sex. | A | B | C | D | E | F | G |
| 10. Completed anal sex. | A | B | C | D | E | F | G |
| 11. Other sexual behaviors, specify: _____ _____ | A | B | C | D | E | F | G |

CARD C1

| | |
|-----|---|
| 1. | Natural parent |
| 2. | Step parent |
| 3. | Natural sibling |
| 4. | Step-sibling |
| 5. | Other relative |
| 6. | Family friend |
| 7. | Teacher |
| 8. | Priest, minister, rabbi, or other clergy person |
| 9. | Boyfriend / girlfriend / partner / spouse |
| 10. | Personal acquaintance |
| 11. | Stranger |
| 12. | Other person, specify _____ |

CARD C2

A = did not occur

B = once only

C = 2-3 times

D = 4-5 times

E = 6-10 times

F = 11-50 times

G = More than 50 or so many you can't say

SECTION H: UNWANTED SEXUAL ACTIVITY AFTER AGE 18

Now I'm going to ask you some questions about unwanted sexual activity that you may have experienced after you turned age 18.

H.1 a) Since you turned 18 has anyone attempted to involve you in any sexual behavior by the use of:

| | NO | YES |
|--|-----------|------------|
| 1. Physical violence | 1 | 5 |
| 2. Threats of physical violence | 1 | 5 |
| 3. Blackmailing you by threatening to divulge things about you to others | 1 | 5 |
| 4. Threatening to break up with you if you didn't engage in sexual behaviors | 1 | 5 |

b) Since you turned 18 has anyone had sexual intercourse with you when you did not want to have intercourse and you made it clear that you did not want to have sex?

| NO | YES |
|-----------|------------|
| 1 | 5 |

IF ANY YES IN H.1A.1-4, GO TO H.2A. IF H.1A.1-4 ARE ALL NO AND H.1B=YES, THEN GO TO H.2B. OTHERWISE SKIP TO NEXT SECTION

H.2 Since you turned 18 has ...

a) Someone attempted to involve you in sexual behaviors by using violence, threats or blackmail?

| NO | YES |
|-----------|------------|
| 1 | 5 |

| | | |
|---|---------|---------|
| 1) How old were you the first time this occurred since you turned 18? | AGE ONS | __ / __ |
| 2) How old were you the last time this occurred? | AGE REC | __ / __ |

IF H.1B=YES, THEN GO TO H.2B. OTHERWISE SKIP TO H.3

b) Someone had sex with you when you did not want sex and had made this clear?

| NO | YES |
|-----------|------------|
| 1 | 5 |

| | | |
|---|---------|---------|
| 1) How old were you the first time this occurred since you turned 18? | AGE ONS | __ / __ |
| 2) How old were you the last time this occurred? | AGE REC | __ / __ |

H.3 Please look at the list on Card H. What was the relationship of this person (these persons) to you? Please give me the letters from the list. Any others? (CIRCLE ALL THAT APPLY)

| | | |
|----|--|---|
| a. | Steady boyfriend / girlfriend / partner / spouse | a |
| b. | Someone you went out with | b |
| c. | Friend or acquaintance | c |
| d. | Someone you met at a party, club, etc. | d |
| e. | Teacher | e |
| f. | Priest, minister, rabbi, or other clergy person | f |
| g. | Stranger | g |
| h. | Family member | h |
| i. | Someone other than the above | i |

H.4 Now I want to ask you about the most disturbing of the unwanted sexual incidents that have occurred since you turned 18.

How would you characterize the behaviors that were involved in this/these incident(s)? Would you describe them as..? PLEASE SPECIFY RESPONDENTS EVALUATION AND CODE FIRST "YES" BELOW:

| | | No | Yes |
|----|---|----|-----|
| 1. | Forcible rape | 1 | 5 |
| 2. | Attempt rape | 1 | 5 |
| 3. | Coerced sexual activity | 1 | 5 |
| 4. | Sexual harassment | 1 | 5 |
| 5. | Unwanted or annoying sexual advance | 1 | 5 |
| 6. | Other force/coercion, specify IF YES READ: You said "other force or coercion," please specify: _____ | 1 | 5 |

CARD H

| | |
|----|--|
| a. | Steady boyfriend / girlfriend / partner / spouse |
| b. | Someone you went out with |
| c. | Friend or acquaintance |
| d. | Someone you met at a party. Club etc. |
| e. | Teacher |
| f. | Priest, minister, rabbi, or other clergy person |
| g. | Stranger |
| h. | Family member |
| i. | Other, specify _____ |

*** NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.**

SECTION O: POST TRAUMATIC STRESS DISORDER

Please look at card Q. The questions in this section are about events that may have happened to you. I know that we have already asked you about some of these experiences. This section will focus on how these events may have affected aspects of your life.

**DO NOT READ THE DESCRIPTION LISTED FOR EACH GROUP
SIMPLY READ THEM AS "Event Number 1"**

| | |
|---|---|
| <p>O1 Did event #1 ever happen to you [YOU SERVED IN THE MILITARY AND WERE INVOLVED IN COMBAT DUTY]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O2) YES 5#</p> <p>AGE ONS: ___ ___</p> |
| <p>O2 Did event #2 every happen to you [you served in the military and were involved in combat duty]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O3) YES 5#</p> <p>AGE ONS: ___ ___</p> |
| <p>O3 How about event #3 [YOU WERE INVOLVED IN A LIFE THREATENING ACCIDENT]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O4) YES 5#</p> <p>AGE ONS: ___ ___</p> |
| <p>O4 How about event #4 [YOU WITNESSED SOMEONE BEING INJURED OR KILLED]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O5) YES 5#</p> <p>AGE ONS: ___ ___</p> |
| <p>O5 How about event #5 [YOU WERE BADLY RAPED]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O6) YES 5#</p> <p>AGE ONS: ___ ___</p> |
| <p>O6 [Aside from any event you have already mentioned] Did event #6 ever happen to you { YOU WERE SEXUALLY MOLESTED]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O7) YES 5#</p> <p>AGE ONS: ___ ___</p> |

| | |
|--|--|
| <p>O7 [Aside from any event you have already mentioned] Did event #7 ever happen to you [WERE YOU PHYSICALLY ATTACKED OR ASSAULTED]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O8) YES 5#</p> <p>AGE ONS: ____</p> |
| <p>O8 [Aside from any event you have already mentioned] Did event #8 ever happen to you [YOU WERE PHYSICALLY ABUSED AS A CHILD]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O9) YES 5#</p> <p>AGE ONS: ____</p> |
| <p>O9 Did event #9 ever happen to you [YOU WERE SERIOUSLY NEGLECTED AS A CHILD]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO O10) YES 5#</p> <p>AGE ONS: ____</p> |

| | |
|--|--|
| <p>O10 [Aside from any event you have already mentioned] Did event #10 ever happen to you [YOU WERE THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED]?</p> <p>[IF YES] How old were you the first time it happened?</p> | <p>NO 1 (GO TO BOX O.10) YES5#</p> <p>AGE ONS: ____</p> |
|--|--|

BOX 0.10 IF ANY 5#'S CODED CONTINUE; OTHERS GO TO NEXT SECTION, IF ONLY 1 EVENT ENDORSED, CODE O11 SILENTLY AND GO TO O11.A

| | |
|---|---|
| <p>O11 Of these events you said you have experienced, what is the number of the one that was the most disturbing to you?</p> <p>CIRCLE EVENT NUMBER AND REFER TO THIS EVENT THROUGHOUT SECTION.</p> <p>A. When (this most disturbing) event, # ____ occurred, did you feel intense fear, helplessness, or horror?</p> | <p>EVENT: 1 2 3 4 5 6 7 8 9 10</p> <p>NO 1 (GO TO BOX O.11) YES 5 (GO TO O.12)</p> |
|---|---|

BOX 0.11 IF ONLY 1 EVENT ENDORSED, GO TO NEXT SECTION. IF ENDORSED MORE THAN 1 EVENT, GO TO A1

| | |
|---|--|
| <p>A1 Was there ever a period following one of these events that you experienced, when you did feel intense fear, helplessness, or horror?</p> <p>A2 Please look at CARD Q and tell me the number of that event?</p> <p>CIRCLE EVENT NUMBER AND REFER TO THIS EVENT THROUGHOUT SECTION</p> | <p>NO..... 1 (GO TO NEXT SECTION)</p> <p>YES..... 5</p> <p>EVENT 1 2 3 4 5 6 7 8 9 10</p> |
|---|--|

Now, I am going to ask you some questions about that period when you were having the most, or most intense, feelings or experiences about EVENT # __

| | | |
|-------------------|---|-------------------------|
| PTS3RB1 PTS4B1 | O12 Did memories, visions, thoughts, or feelings about EVENT # __ <u>often</u> keep coming to your mind, even though you didn't want them to? | NO..... 1 YES..... 5 |
|-------------------|---|-------------------------|

| | | |
|-------------------|--|-------------------------|
| PTS3RB2 PTS4B2 | O13 Did you have unpleasant dreams again and again about EVENT # __? | NO..... 1 YES..... 5 |
|-------------------|--|-------------------------|

Still focusing on the period when you were having the most, or most intense, feelings or experiences about EVENT # __

| | | |
|-------------------|--|-------------------------|
| PTS3RB3 PTS4B3 | O14 Did you ever suddenly act or feel as if EVENT # __ was happening again? This may include flashbacks or hallucinations, even if they occur when you are just waking up. | NO..... 1 YES..... 5 |
|-------------------|--|-------------------------|

| | | |
|-------------------|---|-------------------------|
| PTS3RB4 PTS4B4 | O15 Did you feel very upset when you were reminded of EVENT # __? For example, on the anniversary of the event. | NO..... 1 YES..... 5 |
|-------------------|---|-------------------------|

| | | |
|-------------------|--|-------------------------|
| PTS3RD6 PTS4B5 | O16 Did things that reminded you of EVENT # __ make you sweat, tense up, breathe hard, tremble, or respond in some other physical way? | NO..... 1 YES..... 5 |
|-------------------|--|-------------------------|

BOX O7 IF O12-O16 ALL CODED 1, SKIP TO NEXT SECTION, OTHERS CONTINUE.

| | | | |
|---|-----|---|------------------------------|
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC1 PTS4C1 | O17 | Did you ever try to avoid thinking or having feelings about EVENT # __ and find that you couldn't? | NO..... 1 YES..... 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC2 PTS4C2 | O18 | Did you avoid activities, places, or people that reminded you of EVENT # __? | NO..... 1 YES 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC3 PTS4C3 | O19 | Did you find that you sometimes could <u>not</u> remember important things about EVENT # __? | NO..... 1 YES..... 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC4 PTS4C4 | O20 | During that period of time, did you lose interest in some things or stop doing some things that had been important to you before EVENT # __ happened? | NO..... 1 YES..... 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC5 PTS4C5 | O21 | During that period of time, did you feel more cut off, distant, or separated from people than before EVENT # __ happened? | NO..... 1 YES..... 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC6 PTS4C6 | O22 | Were there times when you believed you had lost your ability to experience emotions that you had before EVENT # __ happened? For example, did you feel you couldn't have loving feelings or anything like that? | NO..... 1 YES..... 5 |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RC7 PTS4C7 | O23 | Were there times when you felt that there was no point in planning for the future--that you might not have a rewarding career; a happy family; or a long, good life? | NO..... 1 YES..... 5 |
| <p>BOX O23 REVIEW O17-O23. IF 3 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO NEXT SECTION.</p> | | | |
| <p>During that period when you were having the most, or most intense, feelings or experiences about EVENT # __, ...</p> | | | |
| PTS3RD1 PTS4D1 | O24 | Did you have more trouble falling asleep or staying asleep than before EVENT # __? | NO..... 1 YES..... 5 |

| | | | |
|-------------------|-----|--|-------------------------|
| PTS3RD2 PTS4D2 | O25 | Did you find that you got irritated or lost your temper more easily than before EVENT # __? | NO..... 1 YES..... 5 |
| PTS3RD3 PTS4D3 | O26 | Were there times when you had more trouble concentrating than before EVENT # __? | NO..... 1 YES..... 5 |
| PTS3RD5 PTS4D5 | O27 | Were there times when unexpected noise, movement, or touch startled you more than before EVENT # __? | NO..... 1 YES..... 5 |
| PTS3RD4 PTS4D4 | O28 | Were you more watchful or extremely aware of things around you? For example, were you more aware of certain sounds, smells, or sights? | NO..... 1 YES..... 5 |

BOX O28 REVIEW O24-O28. IF 2 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO NEXT SECTION.

| | | | |
|-----------------|-----|---|---|
| PTS3RE PTS4E | O29 | You have told me about things such as reliving the event through dreams, memories, or feelings; avoiding things that reminded you of the event; and problems with sleep, mood, or thinking. Did these experiences last longer than one month? | NO(SKIP TO NEXT SECTION) 1 YES..... 5 |
| | A. | What is the longest amount of time that these experiences lasted? | MONTHS: ___ / ___ / ___ |
| | B. | How soon after EVENT # __ did you begin to experience these things? CODE 00 FOR ANY PERIOD LESS THAN 12 HOURS. | ___ ___ UNITS <i>t</i> CODE UNITS: DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS4 |
| | C. | How old were you the last time you had a period of time like this? | AGE REC: ___/___ <i>t</i> |
| PTS4F | D. | Did these experiences interfere with your work, school, household activities, or how you got along with other people? | NO.....1 YES.....5 |
| | E. | Did these experiences cause you extreme distress? | NO..... 1 YES..... 5 |

| | | |
|-----|--|-------------------------|
| O30 | Did you ever talk to a doctor or other professional about the problems you had after the EVENT # __? | NO..... 1 YES..... 5 |
|-----|--|-------------------------|

| | | |
|-----|--|-------------------------|
| O31 | We talked about the time when you had very intense feelings after you experienced EVENT # __. | |
| A. | Around the time you first had these very intense feelings, did you substantially increase your drinking or use of drugs? | NO..... 1 YES..... 5 |

IF ONLY 1 EVENT ENDORSED, GO TO NEXT SECTION. IF ENDORSED MORE THAN 1 EVENT, GO TO O32.

| | | |
|-----|--|---|
| O32 | Was there any other time in your life when your experience of one of the above events was followed by feelings of intense fear, helplessness, or horror and problems like you described above that caused you extreme distress or interfered with your ability to function in one or more areas? | NO (GO TO NEXT SECTION) 1 YES..... 5 |
| A. | How old were you the first additional time that this occurred? | AGE ONS: ___ / ___ |
| B. | After which event was this? Please give me the number. | EVENT: 1 2 3 4 5 6 7 8 9 10 |
| C. | How old were you the last additional time that this occurred? | AGE REC: ___ / ___ |
| D. | After which event was this? Please give me the number. | EVENT: 1 2 3 4 5 6 7 8 9 10 |

CARD Q

1. Served in the military and were involved in combat duty.
2. You were involved in a fire, flood, or natural disaster.
3. You were involved in a life-threatening accident.
4. You witnessed someone being badly injured or killed.
5. You were raped (someone had sexual intercourse with you when you did not want to, by threatening you or using some degree of force).
6. You were sexually molested as a child (when you were 17 years or younger, someone touched or felt your genitals when you did not want them to, or forced you to touch his or her genitals).
7. You were seriously physically attacked or assaulted.
8. You were physically abused as a child (when you were 17 years old or younger, a relative or another adult harmed you causing you to have bruises, cuts, or broken bones, or need medical treatment, miss school, or hurt the following day).
9. You were seriously neglected as a child (you were not given adequate food, clothing, shelter, emotional support, or medical care, or your education or safety was not adequately supervised).
10. You were threatened with a weapon, held captive, or kidnapped.

SECTION J: PERSONALITY

The next set of statements are about your nature and personality – that is, how you usually are. After I read each statement could you please answer true or false.

- J1. I can't decide what kind of person I want to be. False1
True5*
- J2. I go to extremes to try and keep people from leaving me. False1
True5*
- J3. I get into very intense relationships that don't last. False1
True5*
- J4. I argue or fight when people try to stop me from doing what I want.
..... False1
True5*
- J5. I've never threatened suicide or injured myself on purpose. False1*
True5
- J6. I don't stick with a plan if I don't get results right away. False1
True5*
- J7. Sometimes I get so angry I break of smash things. False1
True5*
- J8. I often feel "empty" inside. False1
True5*
- J9. I'm very moody..... False1
True5*
- J10. I take chances and do reckless things. False1
True5*

INTERVIEWER, PLEASE RECORD/HIGHLIGHT (LIST SX CODED "5*") J1 TO J10) ENDORSED IN THE ABOVE ITEMS ON THE PERSONALITY TALLY SHEET. HAND R MARKED PERSONALITY TALLY SHEET.

J11. Please review the highlighted items on this sheet. (TALLY SHEET)

Have these feelings or experiences persisted for most of your adult life?

NO ... (SKIP TO B)...1
YES5*

a) Have these feelings or experiences interfered with your life or activities a lot?

NO.....1
YES5

b) When was the (first/last) time you have had any of these feelings or experiences (**GIVE EXAMPLES OF SX CODE "5*"**) ?

AGE ONS: ___ / ___

AGE REC: ___ / ___

* NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.

Now I'd like to ask you some questions about when you were younger.

| | | |
|----|--|---|
| M1 | Before age 13, did you ever wag school for an entire day? | NO(SKIP TO M2)1 YES5 |
| A. | Did this ever happen twice in 1 year before you turned 13? | NO(SKIP TO M2)..... 1 YES5 A |

ASP3RB1
CD3RA5
CD4A15
CDICD18
FGNASPA

B. NOT USING

| | | | |
|---------|----|---|--|
| FGNASPB | M2 | Before age 15, did you ever run away from home overnight? | NO (SKIP TO M3)..... 1 YES5 |
|---------|----|---|--|

A. Why did you run away?

CODE SILENTLY:
AVOID PHYSICAL ABUSE.....2
AVOID SEXUAL ABUSE.....3
OTHER.....4

ASP3RB2
CD3RA2
CD4A14
CDICD19

| | | |
|----|--|-------------------------------------|
| B. | Did you run away overnight more than once before age 15? | NO. 1 YES5 A |
|----|--|-------------------------------------|

MARK TALLY A ONLY IF M2A = 4

ASP3RB2
CD3RA2

| | | |
|----|--|---|
| C. | After you ran away before age 15, did you return home? | NO. (SKIP TO M3)..... 1 A YES5 |
|----|--|---|

MARK TALLY A ONLY IF M2A = 4

CD4A14
CDICD19

| | | |
|----|--|--|
| 1. | When you ran away before age 15, how long did you stay away from home? CHECK TALLY IF AWAY FOR 7 OR MORE DAYS AND IF M2A = 4. | ____ _ DAYS A FOR VALUES >999 CODE AS 999 |
|----|--|--|

| | | |
|----|--|--|
| M3 | Before age 13, did you ever stay out late at night without permission, either for 2 or more hours after the curfew your parents set or all night without permission? | NO . . . (SKIP TO M4)..... 1 YES5 |
|----|--|--|

[M4]
CD4A13
CDICD12

| | | |
|----|--|--|
| A. | Did this happen 3 or more times before age 13? | NO.(SKIP TO M4)..... 1 YES5 A |
|----|--|--|

| | | | |
|-------------------|----|---|-----------------------------------|
| CD4A13 CDICD12 | M4 | Before age 13, did you ever sneak out of the house at night after your parents thought you had gone to bed 3 or more times? | NO 1 YES 5 |
|-------------------|----|---|-----------------------------------|

| | | | |
|---|----|--|-------------------------------------|
| (7) CD3RA11 CD4A2 | M5 | Before age 15, did you 3 or more times start physical fights <u>with</u> your brothers or sisters? | NO 1 YES 5 A |
| CD3RA11 CD4A2 CDICD10 | A. | Before age 15, did you 3 or more times start physical fights with persons <u>other than</u> your brothers and sisters? | NO 1 YES 5 A |
| ASP3RC3 ASP4A4 FGNASPF DSICDB4 | B. | Since you turned 15, have you been in 3 or more physical fights (other than in combat or as part of your job)? DO NOT COUNT FIGHTS WITH SIBLINGS UNLESS SOMEONE WAS HURT. | NO 1 YES 5 B |

| | | | |
|--------------------------|----|--|-------------------------------------|
| (14) CD4A1 CDICD22 | M6 | Before age 15, did people complain that you were <u>often</u> a bully, deliberately hurting, threatening, or being mean to other children? | NO 1 YES 5 A |
|--------------------------|----|--|-------------------------------------|

| | | | |
|------------------------------------|----|--|--|
| (15) CD3RA8 CD4A5 CDICD14 | M7 | Before age 15, did you ever hurt or injure a pet or any other animal on purpose? IF YES, SPECIFY: You mentioned that you “ever hurt a pet or other animal on purpose”, could you please specify? SPECIFY: _____ CODE IF CLEARLY PURPOSEFUL OR CRUEL. DO NOT CODE FOR INSECTS OR PESTS (e.g. cane toads) | NO . . . (SKIP TO M8) 1 YES (SPECIFY) 5 A |
|------------------------------------|----|--|--|

| | | | |
|----------------------------|----|--|-------------------------------------|
| (4) CD3RA3 | M8 | Before age 15, did you tell <u>a lot</u> of lies? | NO 1 YES 5 A |
| RA3 CD4A11 CDICD9 | A. | Before age 15, did you <u>often</u> lie to get your own way, or to get out of trouble? | NO 1 YES 5 A |
| CD3RA3 CD4A11 CDICD9 | B. | Before age 15, did you ever use an alias or a false name to take advantage of a person or a situation? EXCLUDE MINORS USING FALSE ID TO BUY ALCOHOL OR ENTER A BAR. | NO 1 YES 5 A |

ASP3RB10
ASP3RC6
ASP4A2

C. Since you turned 15, have you told a lot of lies, often lied to avoid getting in trouble, or used an alias to take advantage of someone?

NO.....1
YES.....5 B

CD3RA3
CD4A11
CDICD9

M9 Before age 15, did you often cheat on schoolwork, on exams, in games or anything like that?

NO.....1
YES.....5 A

ASP3RB10
ASP3RC6
ASP4A2

A. Since you turned age 15, have you often cheated on things? Examples include cheating at work or on taxes.

NO.....1
YES.....5 B

(5)
CD3RA1
CD4A12
CDICD17
DSICDB2

M10 Before age 15, did you more than once steal money or things from your family, friends, or relatives?
COUNT ONLY IF MORE THAN A FEW DOLLARS.

NO1
YES5 A

CD3RA1
CD4A12
CDICD17
DSICDB2

A. Before age 15, did you more than once steal or shoplift from stores or from other people? (NO CONFRONTATION)

NO1
YES5 A

CD3RA1
CD4A12
CDICD17
DSICDB2

B. Before age 15, did you more than once forge anyone's signature on a check or credit card without permission?

NO1
YES5 A

ASP3RC2
ASP4A1

C. Since you turned 15, have you stolen things or forged a signature without permission 3 or more times?

NO.....1
YES.....5 B

(18)
CD3RA6
CD4A10
CDICD23
DSICDB2

M11 Before age 15, did you ever break into someone else's home, car, or building (not because you were locked out)?

NO1
YES,5 A

ASP3RC2
ASP4A1

A. Since you turned 15, have you broken into someone else's home, car, or building (not because you were locked out) 3 or more times?

NO.....1
YES.....5 B

(19)
CD3RA12
CD4A6
CDICD20
DSICDB2

M12 Before age 15, 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 A

ASP3RC2
ASP4A1

A. Since you turned 15, have you 3 or more times taken money or property from someone else by threatening them or using force, like snatching a purse or robbing them?

NO..... 1
YES 5 B

(16)
CD4A8
CDICD16

M13 Before age 15, did you ever deliberately set fires you were not supposed to with the intention of damaging property?

NO 1
YES 5 A

ASP3RB9
ASP3RC2
ASP4A1
DSICDB2

A. Since you turned 15, have you deliberately set fires with the intention of damaging property 3 or more times?

NO 1
YES 5 B

(6)
CD3RA7
CD4A9
CDICD15
DSICDB2

M14 Before age 15, did you ever damage someone's property on purpose (other than by fire setting)?

NO..... 1
YES 5 A

ASP3RC2
ASP4A1

A. Since you turned 15, have you damaged someone else's property on purpose 3 or more times?

NO..... 1
YES 5 B

(9)
CD3RA13
CD4A4
CDICD13

M15 Before age 15, did you ever physically injure anyone on purpose outside of fighting?

NO 1
YES 5 A

ASP4A4

A. Since you turned 15, have you physically injured anyone on purpose outside of fighting?

NO 1
YES 5 B

(8)
CD3RA10
CD4A3
CDICD11
DSICDB4
FGNASPF

M16 Before age 15, did you ever use a weapon like a stick, gun, or a knife to injure someone (other than in combat or as part of your job)?

NO..... 1
YES 5 A

ASP3RB4
ASP3RC3
ASP4A4

A. Since you turned 15, have you used a weapon like a stick, gun, or a knife to injure someone (other than in combat or as part of your job)?

NO 1
YES 5 B

(26)
CD3RA9
CD4A7
CDICD21
DSICDB4

M17 Before age 15, did you ever force anyone into any sexual activity?

NO..... 1
YES 5 A

ASP3RB5
ASP3RC3
ASP4A4

A. Since you turned 15, have you forced anyone into any sexual activity?

NO1
YES5 B

BOX M17 IF 3 OR MORE MARKS IN PART A OF TALLY M, CONTINUE. OTHERS SKIP TO M19.

INTERVIEWER PLEASE HIGHLIGHT MARKED/ ENDORSED ITEMS ON ASP TALLY A FOR SECTION M.

(20)
CD3R
CD4A
CDICD

M18 **PLEASE HAND ASP TALLY A FOR SECTION M TO THE RESPONDENT.**
Before you turned age 15, ~~You mentioned that you~~ (LIST SX IN PART A OF TALLY M). did you ever have experiences from 3 or more different boxes occur ~~of these ever happen~~ within a 6-month period? **IF YES:** Which boxes? Please just give me the numbers. ~~ones?~~
CIRCLE SX THAT CLUSTER.

NO. . . . (SKIP TO M19) 1
YES 5

A. How old were you the (first/last) time that this occurred?

AGE ONS: ___/___
AGE REC: ___/___

(11) ASP3RC2 ASP4A1 DSICDB2 M19 Have you ever been arrested for anything other than traffic offenses? **IF YES, SPECIFY:** What was the reason? **DO NOT COUNT DRUNK & DISORDERLY CONDUCT, PUBLIC INTOXICATION OR DRUG USE;** REASON(S): _____

NO...(SKIP TO M24) 1
 YES 5 B

(21) [M19] Since you turned 15, have you ever....

| | <u>NO</u> | <u>YES</u> |
|---|-----------|---|
| ASP3RC2 ASP4A1 DSICDB2 1. Deliberately written bad checks? | 1 | 5 B |
| ASP3RC2 ASP4A1 DSICDB2 2. Received, sold, or bought stolen goods, sold drugs, or illegally gambled? | 1 | 5 B |
| ASP3RC2 ASP4A1 DSICDB2 3. Been paid for having sex with someone?..... | 1 | 5 B |
| FGNASPG a. IF YES (5): Were you paid with drugs?..... | 1 | 5 B |
| ASP3RC2 ASP4A1 DSICDB2 4. Found customers for male or female prostitutes or "call girls"?..... | 1 | 5 B |
| FGNASPG | | |
| ASP3RC2 ASP4A1 [M19] A. Since you turned 15, have you ever done <u>anything else</u> that you could have been arrested for, but weren't (other than using drugs or underage drinking)? IF YES, SPECIFY: What did you do? SPECIFY: _____ _____ | | NO . . . (SKIP TO M20) 1 YES 5 B |

(33) ASP3RC4 ASP4A6 DSICDB2 M20 Since you turned 15, have you often failed to pay debts that you owed? Have you often had things you bought taken back, or often failed to take care of other financial responsibilities? (Examples: defaulting on credit card charges, loans from family or friends, car or house loans.)

NO . . . (SKIP TO M21) 1
 YES 5 B

Now I have a few questions about being responsible for a child.

M21 Before I ask, let me check, have you ever been responsible for a child for one year or longer?

NO. . . . (SKIP TO M22) 1
 YES 5

| | | | |
|---|--|----------------|-------------------|
| (34) ASP3RC4 ASP4A6 DSICDB2 | A. Have you <u>often</u> not provided financial support for your family when you were supposed to?..... | <u>NO</u> 1 | <u>YES</u> 5 B |
| ASP3RC8E ASP4A5 DSICDB2 | B. Have you <u>often</u> left young children under 6 at home alone while you were out shopping or doing anything else?..... | 1 | 5 B |
| ASP3RC8D ASP4A6 DSICDB2 | C. Has a neighbor fed or taken care of a child of yours because no one was taking care of the child at home? | 1 | 5 B |
| ASP3RC8A ASP3RC8B ASP3RC8C ASP4A6 DSICDB2 | D. Has a nurse, social worker or teacher said that your child wasn't getting enough to eat, wasn't being kept clean, or wasn't getting needed medical attention? | 1 | 5 B |
| ASP3RC8F ASP4A3 DSICDB2 | E. Have you more than once run out of money for food for your family because you had spent the food money on yourself or on going out? | 1 | 5 B |

| | | |
|---|---|-------------------------------------|
| (28) ASP3RC3 ASP4A4 DSICDB4 FGNASPF | M22 Since you were 15, have you <u>often</u> hit, physically attacked, or thrown things at anyone (including your wife/husband/partner/children)? | NO 1 YES 5 B |
|---|---|-------------------------------------|

M23 MOVED TO M19 (ABOVE M19.1) 09/2004.

| | | |
|--|---|---------------------------|
| (29) ASP3RC1C ASP4A3 DSICDB2 FGNASPD | M24 Since you were 15, have you quit 3 or more jobs before having another job lined up? | NO..... 1 YES..... 5 B |
|--|---|---------------------------|

| | | |
|---------------------------------------|--|-------------------------------|
| (30) ASP3RC1B ASP4A6 DSICDB2 | M25 On <u>any</u> job you have had since you were 15, have you frequently been late or absent? | NO. 1 YES..... 5 B |
| | A. Since you turned 15, have you been reprimanded 3 or more times or ever fired because you were late or absent? | NO..... 1 YES..... 5 B |

(31) M26 In the last 5 years, have you been without a job for 6 months or more? NO . . . (SKIP TO M27) 1
 YES 5

ASP3RC1A
 ASP4A6
 DSICDB2
 FGNASPD

IF M26=1, SKIP M26.A AND GO M27; OTHERS CONTINUE.

A. Was this when you were in school, laid off, sick, disabled, on strike, on an extended holiday, a full-time homemaker, retired, or in jail? NO, ANOTHER REASON 1 B
 YES. 5

(32) M27 Since you turned 15, have you ever traveled around without any arrangements or had no regular place to live for a month or more? **DO NOT COUNT HOLIDAYS.** NO 1
 YES 5 B

ASP3RC5
 ASP4A3
 DSICDB2
 FGNASPH

ASP3RC7
 ASP4A5 M28 Since you turned 15, have you more than once had unprotected sex (without a condom) with someone you believed could give you a disease, or when you had a disease that could be spread that way? NO..... 1
 YES 5 B

ASP3RC7
 ASP4A5 M29 Since you were 15, have you often taken chances where you or someone else might get physically hurt? For example, playing with fireworks or guns in a reckless manner? NO..... 1
 YES 5 B

ASP3RC7
 ASP4A5 A. Have you often taken chances when driving--like racing a train to a crossing, or drag racing? NO..... 1
 YES 5 B

ASP3RC6
 ASP4A2 M30 Since you turned 15, have you 3 or more times really enjoyed conning people to the point that you would go out of your way to put something over on them? NO 1
 YES 5 B

(35) M31 Since you turned 15, have you often ignored the feelings of others in order to do what you wanted? NO..... 1
 YES 5 B

ASP3RC10
 ASP4A7
 DSICDB1

BOX M31 REVIEW PART B OF TALLY SHEET M. IF 1 ITEM MARKED "YES" TO ASP TALLY B OR IF 2 ITEMS MARKED "YES" AND 1 OF WHICH IS BOX 8 (VIA M31), SKIP TO NEXT SECTION; OTHERS CONTINUE.

INTERVIEWER PLEASE HIGHLIGHT MARKED/ ENDORSED ITEMS ON THE ASP TALLY B FOR SECTION M.

M32 PLEASE HAND HIGHLIGHTED TALLY B FOR SECTION M TO THE RESPONDENT.

DSICDB5
ASP3RC10
ASP4A7

Now I'd like to review some of these behaviors that you told me about.

Please look at the items highlighted on this sheet. (Since the age of 15) When you were involved in any of the situations highlighted on this sheet, did you more often than not feel bad or guilty afterwards?

NO..... 1 B
YES5

SKIP M32.A IF FEWER THAN 3 ITEMS ON ASP TALLY B ARE MARKED/ENDORSED (THIS INCLUDES BOX 8 WHICH HAS ITEM M32)

(38)

A. How old were you the last time that you had any of these experiences highlighted on the sheet?)

AGE REC:___/___

TALLY SHEET FOR SECTION M**PART A****ONLY COUNT ITEMS CODED 5.**

| | | |
|-------|----------|--|
| _____ | M1A | Truant from school twice in one year (ONSET BEFORE AGE 13) |
| _____ | M2B | Ran away from home more than once |
| | M2C(=1) | Ran away and did not return home |
| | M2C.1 | Ran away for 7 or more days |
| _____ | M3A | Stayed out later than supposed to (BEFORE AGE 13) |
| | M4 | Sneaked out of the house (BEFORE AGE 13) |
| _____ | M5,5A | Started fights 3+ times |
| _____ | M6 | Was a bully |
| _____ | M7 | Hurt animals on purpose |
| _____ | M8,8A/8B | Told a lot of lies, lied to get out of trouble, or used an alias |
| | M9 | Cheated often |
| _____ | M10 | Stole money or things from family or friends |
| | M10A | Shoplifted or stole from others without their knowing it |
| | M10B | Forged a signature on check or credit card |
| _____ | M11 | Broke into someone's home, car, or building |
| _____ | M12 | Stole money or property by using force or threatening |
| _____ | M13 | Set fires on purpose (in order to cause damage) |
| _____ | M14 | Damaged property on purpose |
| _____ | M15 | Injured someone on purpose |
| _____ | M16 | Used a weapon |
| _____ | M17 | Forced someone into sexual activity |

(PART B CONTINUED ON NEXT PAGE)

*** NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.**

-
- (1) E1 Now I would like to ask you some questions about your use of alcoholic beverages, like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. Have you ever had a drink of alcohol?
 - NO1
 - YES. . . . (SKIP TO E2).....5
 - A. So, you have never had even one full drink of alcohol?
 - YES, NEVER ... (SKIP TO THE NEXT SECTION)..... 1
 - NO, HAD A DRINK5
-

- (4) E2 At what age did you begin to drink regularly; that is, drinking at least once a month for 6 months or more? **IF NEVER, CODE 00.**
 - AGE: ___ / ___ t
 - A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? **IF NEVER, CODE 00.**
 - AGE: ___ / ___
-

- (5) E3 In your lifetime, what is the largest number of drinks you have ever had in a 24-hour period (including all types of alcohol)? ___ / ___ / ___ DRINKS
-

BOX E4 IF E3=5 DRINKS OR FEWER, SKIP TO NEXT SECTION. IF E2 AND E2.A BOTH CODED 00, SKIP TO NEXT SECTION. OTHERS CONTINUE.

BEGIN SCORING ALCOHOL TALLY SHEETS A, B, & C.

- (20) E4 (After you started drinking regularly,) did you ever become tolerant to alcohol; that is, you drank a great deal more in order to get an effect, or found you could no longer get high on the amount you used to drink?
 - NO. . . (SKIP TO E)..... 1
 - YES..... 5
 - A1. When you first started drinking regularly, how many drinks did it take you to get an effect? ___ / ___ / ___ DRINKS

A2. After you had been drinking for some years, how many _____ / _____ / _____ DRINKS
 drinks did you usually need to get an effect?
CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

AD3RA7
 AD41A
 ADICD4

| | | |
|-----------|--|--|
| C. | WAS THE INCREASE IN A2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE? | NO . . . (SKIP TO E)..... 1 YES 5 |
| D. | WAS INCREASE 50% OR MORE? CHECK CARD E2. | NO 1 YES . . (SKIP TO E5)5 A,B,C |

E. Did you ever find you could drink a lot more before you got drunk? NO . . . (SKIP TO E5)..... 1
 YES.....5

F1. When you first started drinking regularly, how many drinks did it take you to get drunk? _____ / _____ / _____ DRINKS

F2. After you had been drinking for some years, how many drinks did it take you to get drunk? _____ / _____ / _____ DRINKS
CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

AD3RA7
 AD41B
 ADICD4

| | | |
|-----------|--|---|
| H. | WAS THE INCREASE IN F2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE? | NO . . (SKIP TO E5) 1 YES..... 5 |
| I. | WAS INCREASE 50% OR MORE? CHECK CARD E2. | NO 1 YES..... 5 A,B,C |

(9)
 AD3RA2/B
 AD44
 ADICD2

E5 Have you 3 or more times wanted to stop or cut down on drinking? NO . . . (SKIP TO B) 1
 YES 5 A,B,C
DO NOT COUNT DIETING OR PREGNANCY.

B. Have you ever tried to stop or cut down on drinking? NO . . . (SKIP TO E6)..... 1
COUNT ANY REASON. YES 5

AD3RA2
 ALCFGNB1

C. Were you always able to stop or cut down when you tried to? NO, UNABLE 1 A
 YES.. (SKIP TO E6) 5

AD44
ADICD2

D. How many times were you unable to stop or cut down?
**IF 3 OR MORE, MARK TALLY SHEETS B AND C
AND SKIP TO E. IF DK, ASK D1. OTHERS SKIP TO
E.**

___/___/___ TIMES B,C

AD44
ADICD2

1. Was it 3 or more times?

NO..... 1
YES..... 5

(13)
ALCFGNB1

E6 Have you often drunk much more than you intended? For example, when you decided to drink only 1 or 2 drinks and ended up drinking 5 or more?

NO..... 1
YES. . . (SKIP TO B)..... 5

A. Have you often continued drinking for more days in a row than you intended?

NO. . . (SKIP TO E7)..... 1
YES..... 5

E7 Have you often started drinking and become drunk when you didn't want to?

NO. . . (SKIP TO E8)..... 1
YES..... 5

(22)

E8 Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives?

NO. . . (SKIP TO E9)..... 1
YES..... 5

AD3RA5/B
AD46
ADICD5

B. Did this happen 3 or more times or for a month or more?

NO..... 1
YES..... 5 A,B,C

(15)

E9 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... (SKIP TO E10)..... 1
YES..... 5

AD3RA3
AD45
ADICD5

A. Did this period last for a month or more or did you have 3 or more periods like that?

NO. . . . (SKIP TO E10).. 1
YES..... 5 A,B,C

(31)
ALCFGNA3

E10 Have you ever had blackouts, that is when you did not pass out while drinking, but you drank enough so that the next day you could not remember things you had said or done?

NO. . . .(SKIP TO E11)..... 1
YES..... 5

A. How many blackouts have you had from drinking?

___ / ___ / ___ TIMES

| | | | |
|---|-----|--|--|
| (30) | E11 | When you were drunk, did you ever drive a car, motorcycle or boat; use a knife, power equipment or gun; cross against traffic; climb or swim; or put yourself in any other situation where you might have gotten hurt? | NO... (SKIP TO E12)..... 1 YES..... 5 |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | A. | How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E12. IF DK, ASK B1. | ___ / ___ / ___ TIMES A |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | 1. | Did this happen 3 or more times? | NO...(SKIP TO E12)..... 1 YES.....5 A |
| AA4A2 | B. | Did this happen 3 or more times in any 12-month period? | NO.....1 YES.....5 |

| | | | |
|------------------|-----|--|---|
| (23) AD3RA4/B | E12 | Has your drinking or being drunk or hung over <u>often</u> interfered with your work, school, household, or child care responsibilities? | NO.... (SKIP TO E13)..... 1 YES..... 5 A |
| AA4A1 | B. | Did this happen 3 or more times in any 12-month period? | NO..... 1 YES..... 5 |

FOR EACH 5 CODED IN E13.1-3 ASK, "Did this happen 3 or more times?" CODE IN COL II.

| | | <u>COL I</u> | | <u>COL II</u> | |
|--|----------|---|------------|---------------|------------|
| | | <u>NO</u> | <u>YES</u> | <u>NO</u> | <u>YES</u> |
| (17) ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B | E13 A 1. | Did your drinking ever result in objections from or problems with your family, friends, doctors, clergy, or people at work or school? | | 1 | 5 A |
| ALCFGND3 AD3RA6 | 2. | Have you ever lost friends on account of your drinking? | | 1 | 5 A |
| ALCFGNC3 AD3RA6 AA3RA1/B | 3. | Did your drinking ever cause you to have problems at work or school? | | 1 | 5 A |

IF ANY 5 IS CODED IN COL. I, CONTINUE. OTHERS SKIP TO E14.

| | | | |
|-------|----|--|-------------------------|
| AA4A4 | B. | Did your drinking cause (IF E13.A.1=5: objections from or problems with your family, friends, doctors, clergy, or people at work or school?), (IF E13.A.2=5: loss of friends) (IF E13.A.3=5: problems for you at work or school?), on 3 or more separate times in any 12-month period? | NO..... 1 YES..... 5 |
|-------|----|--|-------------------------|

| | | | |
|--------|------|--|--|
| (24) | E14. | Did your drinking cause serious or repeated problems in any marriage or love relationship? | NO . . . (SKIP TO E15)..... 1 YES 5 |
| AA4A4 | B. | Did this happen 3 or more times in any 12-month period? | NO..... 1 YES 5 |
| AD3RA6 | C. | Did you continue to drink knowing it caused these problems? | NO..... 1 YES5 A |

| | | | |
|------------------|-----|---|--|
| (28) ALCFGNC1 | E15 | Have you ever been arrested or detained by the police even for a few hours because of drunk behavior or drunk driving? | NO . . . (SKIP TO E16) 1 YES 5 |
| AD3RA6 | A. | How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E16. IF DK, ASK B1. | ___ / ___ TIMES A |

(35)
ALCFGNA2

E16 There are several health problems that can result from long stretches of drinking.
Did drinking ever cause you to have...

| | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| 1. liver disease or yellow jaundice? | 1 | 5 |
| 2. stomach disease or make you vomit blood? | 1 | 5 |
| 3. pancreatitis? | 1 | 5 |
| 4. damage to your heart (cardiomyopathy)? | 1 | 5 |
| 5. your feet tingle or feel numb for many hours? | 1 | 5 |
| 6. memory problems even when you weren't drinking (so, not counting blackouts)?..... | 1 | 5 |
| 7. any other physical health problems? IF YES, SPECIFY. SPECIFY: (SEE BELOW) _____ | 1 | 5 |

E16.7 OTHER – ALLOW OTHER TEXT, BUT HAVE LINKS TO THESE PROBLEMS:

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. abdominal pain 2. anemia 3. cancer 4. clotting abnormalities 5. esophageal tears/varices 6. hyperlipemia 7. impotence 8. malnutrition | <ul style="list-style-type: none"> 9. myopathy 10. osteoporosis 11. pneumonia 12. seizure disorder 13. sleep disturbance 14. stroke (CVA) 15. subdural hematoma 16. thiamine deficiency |
|---|---|

IF ALL CODED 1, SKIP TO E32. OTHERS CONTINUE.

AD3RA6
AD47
ADICD6
AA3RA1

B. Did you continue to drink knowing that drinking caused you to have health problems?

NO..... 1
YES..... 5 A,B,C

(36)
AD3RA6
AD47
ADICD6
AA3RA1

E17 Have you ever continued to drink when you knew you had any (other) serious physical illness or condition that might be made worse by drinking?

NO... (SKIP TO E18) 1
YES..... 5 A,B,C

A. What illness or condition?

CODE: ___ ___

CODE: ___ ___

- | | |
|------------------------------------|------------------------------|
| 1. AIDS / HIV | 14. hypoglycemia |
| 2. arrhythmia | 15. irritable bowel syndrome |
| 3. autoimmune disease | 16. liver disease |
| 4. bleeding disorder | 17. malnutrition |
| 5. coronary artery disease | 18. migraines |
| 6. Crohn's disease | 19. muscle wasting |
| 7. dementia | 20. osteoporosis |
| 8. diabetes | 21. other illness |
| 9. epilepsy | 22. pancreatic disease |
| 10. gastroesophageal reflux (GERD) | 23. peripheral neuropathy |
| 11. gout | 24. stroke (CVA) |
| 12. hepatitis | 25. ulcer disease |
| 13. hypertension | 26. ulcerative colitis |

(37)

E18 Has drinking ever caused you emotional or psychological problems like:

NO YES

- | | | |
|--|---|---|
| 1. feeling depressed or uninterested in things..... | 1 | 5 |
| 2. feeling jumpy or easily startled or nervous..... | 1 | 5 |
| 3. having such trouble thinking clearly | 1 | 5 |
| 4. feeling paranoid or suspicious of people | 1 | 5 |

IF E18.1-E18.4 ARE CODED 1, SKIP TO E18.6. OTHERS CONTINUE.

| | | |
|--|-----------|---|
| 5. Did any of these emotional psychological problems from drinking last for more than 24 hours to the point where they interfered with your functioning? | NO | 1 |
| | YES | 5 |

| | | |
|---|-----------|---|
| 6. Has drinking ever caused you emotional or psychological problems like hearing, seeing, or smelling things that weren't really there? | NO | 1 |
| | YES | 5 |

IF E18.5 AND E18.6 ARE CODED 1, SKIP TO E.19, OTHERS CONTINUE.

AD3RA6
AD47
ADICD6
AA3RA1

A. Did you continue to drink after you knew it caused you any of these problems?

NO... (SKIP TO E19) 1
YES 5 A,B,C

BOX E18 CHECK TALLY A, B, AND C. IF NO MARKS, SKIP TO NEXT SECTION. OTHERS CONTINUE.

(32)
ALCFGNA1

E19 People who cut down, stop, or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover.

When you stopped, cut down or went without drinking, did you ever experience any of the following problems for most of the day for 2 days or longer? **REPEAT STEM OFTEN.**
CODE IN COL. I. (NO=1, YES=5)

II-AD3R
III-AD4
IV-AICD

| (DSM3R) (DSM4) | <u>COL I</u> | <u>COL II</u> | <u>COL III</u> |
|---|--------------|---------------|----------------|
| 1. Did you have the shakes (hands trembling)? | 1 5 | 1 5 | 1 5 |
| 2. Were you unable to sleep? | 1 5 | 1 5 | 1 5 |
| 3. Did you feel anxious? | 1 5 | 1 5 | 1 5 |
| 4. Did you feel depressed or irritable? | 1 5 | 1 5 | |
| 5. Did your heart beat fast or did you sweat? | 1 5 | 1 5 | 1 5 |
| 6. Did you have nausea or vomiting?..... | 1 5 | 1 5 | 1 5 |
| 7. Did you feel physically weak?..... | 1 5 | 1 5 | |
| 8. Did you have headaches?..... | 1 5 | 1 5 | |
| 9. Did you see or hear things that weren't there? | 1 5 | 1 5 | 1 5 |
| 10. Were you fidgety or restless?..... | 1 5 | | 1 5 |

BOX E19 IF NO 5'S CODED IN COLUMN I, SKIP TO E20.

AD3RB

B. What was the longest time that (this/any of these) _____ / _____ DAYS
problem(s) lasted?

**IF ONLY ONE SX IS CODED 5 IN E19.1-10, SKIP TO H.
OTHERS CONTINUE.**

C. Was there ever a time when two or more of these NO (SKIP TO F)..... 1
problems occurred together? YES 5

AD3RA8
AD42A
ADICD3

D. Which ones? **CODE IN COL. II, III, IV. (NO=1, YES=5)**

IF SHAKES IN COL. II AND 1+ SX IN COL. II, MARK TALLY A. A
IF 2+ SX IN COL. III, MARK TALLY B. B
IF 3+ SX IN COL IV, MARK TALLY C. C

AD3RB

1. Did this occur 3 or more times? NO 1
YES 5

**IF NO 5'S IN COL. III, SKIP TO H.
OTHERS CONTINUE.**

G. You said you (**REVIEW ALL 5'S CODED IN COL. III**). Did (this/these) problem(s) interfere with your functioning at work, school, or home? NO 1
YES 5

H. Have you ever taken a drink to keep from having any of these problems (or to make them go away) (**REVIEW ALL 5'S CODED IN COL. I**)? NO (SKIP TO J)..... 1
YES 5

AD3RA9/B
AD42B
ADICD3

I. Did this happen 3 or more times? NO 1
YES 5 A,B,C

J. Did you ever take any medication or drug to avoid any of these problems (or to make them go away)? NO 1
YES (SPECIFY) 5
**DO NOT COUNT ASPIRIN, TYLENOL, ETC.
DO COUNT MEDS GIVEN IN TREATMENT.**

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

DSMIIIIR

BOX E20 IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO BOX E21.

INTERVIEWER PLEASE HIGHLIGHT MARKED/ ENDORSED ITEMS ON ALCOHOL TALLY A.

(40)
AD3RB

HAND ALCOHOL TALLY A TO THE RESPONDENT.

NO(SKIP TO BOX E21).....1
YES. 5

E20 A. I have checked on this sheet the experiences with alcohol that you told me about. The experiences are grouped into boxes. You told me **(REVIEW SX)**. ~~I'd like you to tell me whether~~ Has there ever been a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for each experience. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. How old were you the (first/last) time you had experiences from 3 boxes occur within a period lasting a month or more?

AGE ONS: ___/___ t

AGE REC: ___/___

DSMIV

BOX E21 IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE. OTHERS SKIP TO E22.

**INTERVIEWER PLEASE HIGHLIGHT
MARKED/ ENDORSED ITEMS ON ALCOHOL
TALLY B.**

NO (SKIP TO E22)..... 1
YES 5

**HAND ALCOHOL TALLY B TO THE
RESPONDENT.**

E21 A. I have checked the experiences with alcohol that you told me about. The experiences are grouped into boxes different from the one I just showed you. You told me **(REVIEW SX)**. I'd like you to tell me whether there has ever been a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for each experience that occurred during the same 12-month period, even if the problems did not last the full 12 months. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. How old were you the (first/last) time you had experiences from 3 or more boxes occur within a 12-month period?

AGE ONS: ___/___

AGE REC: ___/___

(8) E22 (Since (AGE OF REGULAR DRINKING IN E2)), what is the longest period of time you have gone without drinking?

___ ___ MONTHS

(39) E23 Have you ever been treated for a drinking problem? NO (SKIP TO NEXT SECTION) 1
YES 5

A. Were you treated: NO YES

| | | |
|--|---|---|
| 1. at AA or another self-help group? | 1 | 5 |
| 2. at an outpatient alcohol program?..... | 1 | 5 |
| 3. at an outpatient program for something other than alcohol? | 1 | 5 |
| 4. at an inpatient alcohol program?..... | 1 | 5 |
| 5. when you were an inpatient for medical complications due to alcohol? | 1 | 5 |
| 6. at any other place or program? . (IF YES, SPECIFY) . SPECIFY: _____ | 1 | 5 |

B. How old were you the (first/last) time you were treated? AGE ONS: ___/___
AGE REC: ___/___

ALCOHOL TALLY A**A: DSM-III-R**

| | | |
|----------------|---|------------|
| ___ E4D | Needed 50% more alcohol to get an effect | BOX 1: ___ |
| ___ E4I | Could drink 50% more alcohol before getting drunk | |
| ___ E5 | Wanted to stop or cut down 3 + times | BOX 2: ___ |
| ___ E5C | Tried but was unable to stop or cut down | |
| ___ E6 | Often drank more than intended | BOX 3: ___ |
| ___ E6A | Often drank more days in a row than intended | |
| ___ E7 | Often became drunk when didn't want to | |
| ___ E8A | Gave up or greatly reduced important activities to drink 3 + times or for 1 + month | BOX 4: ___ |
| ___ E9A | Drinking or recovering from effects left little time for anything else for 1 + month or 3 + times | BOX 5: ___ |
| ___ E11B (B.1) | Was drunk in situations where could have injured self 3 + times | BOX 6: ___ |
| ___ E12 | Drinking or being hung over often interfered with responsibilities | |
| ___ E13A.1 | Drinking caused problems with family or friends 3 + times (COL II = 5) | BOX 7: ___ |
| ___ E13A.2 | Lost friends because of drinking 3 + times (COL II=5) | |
| ___ E13A.3 | Drinking caused problems with work/school 3 + times (COL II=5) | |
| ___ E14C | Drank knowing it caused problems with love relationships | |
| ___ E15A | Arrested/detained by police for drunk behavior or drunk driving 3 + times | |
| ___ E16B | Continued to drink knowing alcohol caused health problems | |
| ___ E17 | Continued to drink despite serious physical illness | |
| ___ E18A | Continued to drink knowing alcohol caused emotional problems | |
| ___ E19D | Experienced withdrawal symptoms (shakes + 1 from Column II) | BOX 8: ___ |
| ___ E19.I | Drank to relieve or avoid withdrawal symptoms 3 + occasions | BOX 9: ___ |

ALCOHOL TALLY B**B: DSM-IV**

| | | |
|---------------|---|------------|
| ___ E4D | Needed 50% more alcohol to get an effect | |
| ___ E4I | Could drink 50% more alcohol before getting drunk | BOX 1: ___ |
| ___ E5 | Wanted to stop or cut down 3 + times | |
| ___ E5D (D.1) | Tried but was unable to stop or cut down 3 + times | BOX 2: ___ |
| ___ E6 | Often drank more than intended | |
| ___ E6A | Often drank more days in a row than intended | |
| ___ E7 | Often became drunk when didn't want to | BOX 3: ___ |
| ___ E8A | Gave up or greatly reduced important activities to drink 3 + times or for 1 + month | BOX 4: ___ |
| ___ E9A | Drinking or recovering from effects left little time for anything else for 1 + month or 3 + times | BOX 5: ___ |
| ___ E16B | Continued to drink knowing alcohol caused health problems | |
| ___ E17 | Continued to drink despite serious physical illness | |
| ___ E18A | Continued to drink knowing alcohol caused emotional problems | BOX 6: ___ |
| ___ E19D | Experienced 2 + withdrawal symptoms from Column III | |
| ___ E19.I | Drank to relieve or avoid withdrawal symptoms 3 + times | BOX 7: ___ |

* NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.

Now I'm going to ask you some questions about cigarette use.

- (3) D1 A. Have you ever smoked a cigarette, even a puff? NO(SKIP TO NEXT SECTION) 1
YES 5
- D. How old were you the (first/last) time you ever smoked a cigarette? AGE ONS: ___/___
AGE REC: ___/___

- (5) D2 Over your lifetime, have you smoked a total of 100 cigarettes? NO(SKIP TO NEXT SECTION) 1
YES 5

- (1 & 6) D3. A. When you were smoking regularly, how many days per week did you usually smoke cigarettes? ___ DAYS
IF NOT AS OFTEN AS ONCE A WEEK, CODE 0.

- ND45(=20) B. How many cigarettes did you usually smoke in a day? ___ / ___ CIGS *
IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TALLY SHEET D.

- C. For about how long did you smoke this many cigarettes at that rate? # ___ / ___ / ___ UNITS ___
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

- D. How old were you the (first/last) time you smoked cigarettes at that rate? AGE ONS: ___/___
AGE REC: ___/___

Please think about the period lasting a month or more when you were smoking the most.

- (7) D4 During this period when you were smoking the most, about how many minutes after you woke up did you smoke your first cigarette? **IF DK, ASK A. OTHERS SKIP TO D6.** ___ / ___ / ___ MINUTES

- A. **IF DK:** Was it usually (READ OPTIONS)? WITHIN 5 MINUTES 1
WITHIN 6-30 MINUTES 2
WITHIN 31-60 MINUTES 3
MORE THAN ONE HOUR ... 4

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

(11) D5 Did you ever chain smoke; that is, were you smoked several cigarettes, one right after another? NO (SKIP TO D6) 1
YES..... 5

A. For how many hours in a row did you smoke like that? ___ / ___ HOURS
CODE LESS THAN 1 HOUR = 00.

BOX D5 IF LESS THAN 3 HOURS, SKIP TO D11

B. What is the longest period of time you have chain smoked every day or nearly every day? # ___ / ___ / ___ UNITS ___
CODE UNITS
DAYS 1
WEEKS..... 2*
MONTHS 3*
YEARS 4*

(12) ND46 D6 Have you often given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to smoke? NO..... 1
YES..... 5*

(13) ND43 D7 Have you often smoked a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to limit yourself to only 1 or 2 cigarettes? NO..... 1
YES..... 5*

ND43 A. Have you often found that you've run out of cigarettes sooner than you intended? NO..... 1
YES..... 5*

(14) ASP3RC7 ASP4A5 D8 Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting petrol, or when using paint thinners or cleaning fluids? NO...(SKIP TO D9) 1
YES..... 5

A. Did this ever happen 3 or more times in any 12-month period? NO..... 1
YES..... 5

| | | |
|--------------|---|--|
| (15) ND44 | D9 Have you <u>often</u> wanted to quit or cut down on smoking? | NO (GO TO D9A) 1 YES..... 5* |
| | 1. Why did you want to quit smoking? (DO NOT COUNT PREGNANCY): _____ _____ | |
| | A. Have you ever tried to quit smoking? | NO...(SKIP TO D10) 1 YES..... 5 |
| | B. How many times did you try to quit? ____ / ____ / ____ TIMES | |
| | C. Were you <u>always</u> able to stop or cut down when you tried to? | NO...(SKIP TO D) 1 YES..... 5 |
| | 1. Was this for at least 1 month? | NO..... 1 YES...(SKIP TO D10) 5 |
| ND44 | D. Have you 3 or more times found that you were unable to stop or cut down on smoking (for at least 1 month)? | NO..... 1 YES..... 5* |

| | | |
|------|---|--|
| (16) | D10 Since you began smoking regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit? IF NEVER, CODE 000 DAYS. IF LESS THAN ONE DAY, CODE 001 DAY. | <p style="text-align: right;">____ _ UNITS</p> CODE UNITS: DAYS 1 WEEKS..... 2 MONTHS 3 YEARS 4 |
|------|---|--|

(17) D11 I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the most problems when you went without cigarettes or had less than usual.

CODE IN COLUMN I.

I-SX
II-CLSTR
III-24HRS

During that time:

| | COL I | | COL II | | COL III | |
|---|-------|-----|--------|-----|---------|-----|
| | NO | YES | NO | YES | NO | YES |
| 1. Were you irritable, angry, or frustrated?..... | 1 | 5 | 1 | 5 | 1 | 5 |
| 2. Were you nervous or anxious?..... | 1 | 5 | 1 | 5 | 1 | 5 |
| 3. Were you restless? | 1 | 5 | 1 | 5 | 1 | 5 |
| 4. Did you have trouble concentrating? | 1 | 5 | 1 | 5 | 1 | 5 |
| 5. Did your heart slow down?..... | 1 | 5 | 1 | 5 | 1 | 5 |
| 6. Did you feel down or depressed?..... | 1 | 5 | 1 | 5 | 1 | 5 |
| 7. Did you have such a strong desire for cigarettes that you couldn't think of anything else? | 1 | 5 | 1 | 5 | 1 | 5 |
| 8. Did your appetite increase or did you gain weight?..... | 1 | 5 | 1 | 5 | | |
| 9. Did you have trouble sleeping?..... | 1 | 5 | 1 | 5 | | |

| | | | |
|----------------|--|--------------------------------|---|
| BOX D11 | HOW MANY 5'S CODED IN COLUMN I? | NONE . . . (SKIP TO D12)..... | 1 |
| | | 1-3 (SKIP TO B)..... | 2 |
| | | 4 OR MORE | 3 |

ND42A

A. Did at least four of these (SX CODED 5 IN COL. I) occur together in the first 24 hours after you stopped or cut down?
 NO. (SKIP TO B)..... 1
 YES 5*

1. Which ones? **CODE IN COLUMN II.**

2. How old were you the (first/last) time? AGE ONS: ___/___

AGE REC: ___/___

FOR EACH 5 CODED IN D11.1-7 IN COL. I, ASK B.

| | | |
|--------------|--|---|
| | B. Did you/your (SX) last for at least 24 hours? CODE IN COL. III. ONLY COUNT SYMPTOMS THAT LAST FOR MOST WAKING HOURS. | NO 1 YES 5 |
| | C. Did the problems you had after quitting or cutting down on smoking <u>often</u> interfere with your work, school, or household responsibilities? | NO 1 YES 5 |
| ND42B | D. Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause? | NO 1 YES 5* |
| <hr/> | | |
| (18) | D12 Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem? | NO...(SKIP TO D13) 1 YES 5 |
| | A. Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning? | NO...(SKIP TO D13) 1 YES 5 |
| | B. Did you continue to smoke after you knew it caused you problems like these? | NO 1 YES 5* |
| ND47 | | |
| <hr/> | | |
| (19) | D13 Has smoking caused you any health problem such as a problem with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem? | NO...(SKIP TO D14) 1 YES(SPECIFY)..... 5 |
| | SPECIFY: _____ | CODE: ___ / ___ / ___ |
| ND47 | A. Did you continue to smoke after you knew it caused you (this/these) health problem(s)? | NO 1 YES 5* |
| <hr/> | | |
| (20) ND47 | D14 Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis? | NO 1 YES.....(SPECIFY)..... 5* |
| | SPECIFY: _____ | CODE: ___ / ___ / ___ |
| <hr/> | | |
| (21) | D15 A. After you had been smoking regularly for some time, did you need to increase your daily use to feel comfortable? | NO 1 YES.....(SKIP TO C)..... 5 |
| | B. After you had been smoking regularly, did you come to need more cigarettes each day? | NO...(SKIP TO D) 1 YES 5 |
| ND41A | C. Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30? | NO 1 YES . . (SKIP TO BOX D15) ... 5* |

ND41B

D. After you had been smoking for some time, did you find that cigarettes had less effect on you than before?

NO..... 1
YES 5*

BOX D15 IF 3 OR MORE BOXES MARKED ON NICOTINE TALLY A, CONTINUE. OTHERS SKIP TO NEXT SECTION.

INTERVIEWER PLEASE HIGHLIGHT MARKED/ ENDORSED ITEMS ON TOBACCO TALLY SHEET A.

HAND TOBACCO TALLY SHEET A TO THE RESPONDENT.

(22) D16 I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that: (READ SX MARKED ON NICOTINE TALLY SHEET A).

ND4

Did you ever have experiences from 3 or more boxes in any 12-month period? **IF YES:** Which ones? **CIRCLE THE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES.**

NO. . . . (SKIP TO BOX D16)...1
YES5

A. How old were you the first time you had experiences from 3 or more boxes in any 12-month period? And the last?

AGE ONS: ___/___
AGE REC: ___/___

BOX D16 IF 3 OR MORE BOXES MARKED ON NICOTINE TALLY B, CONTINUE. OTHERS SKIP TO NEXT SECTION.

HAND R TOBACCO TALLY SHEET B.

D17 I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that: **(READ SX MARKED ON NICOTINE TALLY SHEET B).**

Did you ever have experiences from 3 or more boxes in any 12-month period? **IF YES: Which ones? CIRCLE THE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES.**

NO. . . . (SKIP TO NEXT SECTION)1
YES5

A. How old were you the first time you had experiences from 3 or more boxes in any 12-month period? And the last?

AGE ONS: ___/___

AGE REC: ___/___

TOBACCO TALLY A FOR SECTION D

DSM-III-R

| | | |
|----------|--|------------|
| ___ D3B | Smoked 20+ cigarettes in a day at least twice a week | |
| ___ D5B | Chain smoked for 7+ days | BOX 1: ___ |
| ___ D6 | Gave up or greatly reduced important activities because could not smoke | BOX 2: ___ |
| ___ D7 | Often smoked a lot more than intended | |
| ___ D7A | Often ran out of cigarettes sooner than intended | BOX 3: ___ |
| ___ D9 | Often wanted to quit or cut down on smoking | |
| ___ D9D | Tried to stop or cut down, but couldn't | BOX 4: ___ |
| ___ D11A | Experienced 4 or more withdrawal symptoms in 24 hours after quitting or cutting down | BOX 5: ___ |
| ___ D11D | Smoked or used other source of nicotine to avoid withdrawal symptoms | BOX 6: ___ |
| ___ D12B | Continued to smoke knowing it caused some emotional problems | |
| ___ D13A | Continued to smoke knowing it caused physical health problems | |
| ___ D14 | Continued to smoke despite serious physical illness | BOX 7: ___ |
| ___ D15C | Needed to increase cigarette use by 50% or more | |
| ___ D15D | Found smoking had less effect | BOX 8: ___ |
| ___ D11C | Problems from quitting or cutting down on smoking interfered with responsibility | |
| ___ D8A | Smoking in dangerous situations 3 + times | BOX 9: ___ |

07/01/1997

COGA/SSAGA-II

TOBACCO TALLY B FOR SECTION D

DSM-IV

| | | |
|----------|--|------------|
| ___ D3B | Smoked 20+ cigarettes in a day at least twice a week | |
| ___ D5B | Chain smoked for 7+ days | BOX 1: ___ |
| ___ D6 | Gave up or greatly reduced important activities because could not smoke | BOX 2: ___ |
| ___ D7 | Often smoked a lot more than intended | |
| ___ D7A | Often ran out of cigarettes sooner than intended | BOX 3: ___ |
| ___ D9 | Often wanted to quit or cut down on smoking | |
| ___ D9D | Unable to stop or cut down 3+ times | BOX 4: ___ |
| ___ D11A | Experienced 4 or more withdrawal symptoms in 24 hours after quitting or cutting down | |
| ___ D11D | Smoked or used other source of nicotine to avoid withdrawal symptoms | BOX 5: ___ |
| ___ D12B | Continued to smoke knowing it caused some emotional problems | |
| ___ D13A | Continued to smoke knowing it caused physical health problems | |
| ___ D14 | Continued to smoke despite serious physical illness | BOX 6: ___ |
| ___ D15C | Needed to increase cigarette use by 50% or more | |
| ___ D15D | Found smoking had less effect | BOX 7: ___ |

07/01/1997

COGA/SSAGA-II

*** NOTE CHANGED SECTION FROM ORIGINAL SUBMISSION, BY REPLACING IT WITH THE SSAGA VERSION AMENDED 10/2004.**

| | | |
|---|---|---|
| (O1) PAN3RA/E PAN4A AGPAN3RA AGPAN4A1 | T1 Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky in situations when most people would not be afraid or anxious; that is, during times when you were <u>not</u> in danger, or were <u>not</u> making a speech, or something like that? IF YES: Please give some examples of spells or attacks like this that you may have had? | NO.....1 YES(SKIP to T3)5 |
|---|---|---|

EXAMPLES: _____

| | | |
|----|---|--|
| T2 | 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 respiratory infections, allergy or dehydration. | NO ...(SKIP TO NEXT SECTION).....1 YES5 |
|----|---|--|

| | | |
|--|---|---------------------------|
| (O4) PAN3RC PAN4A1 AGPAN3RA AGPAN4A1 | T3 During <u>one</u> of [(IF T1=5: your worst attacks) (IF T2=5: bouts of sudden physical symptoms)], did you have... | |
| PAN3RC1 PAN4A1.4 | 1. Shortness of breath or feeling that you were smothering?.. | NO 1 YES 5 |
| PAN3RC3 PAN4A1.1 | 2. Palpitations or a pounding heart?..... | NO 1 YES 5 |
| PAN3RC2 PAN4A1.8 | 3. Dizziness, light-headedness, unsteadiness, or feeling faint? | NO 1 YES 5 |
| PAN3RC11 PAN4A1.6 | 4. Chest tightness or chest pain? | NO 1 YES 5 |
| PAN3RC9 PAN4A1.12 | 5. Numbness or tingling in your face, feet, or fingers? | NO 1 YES 5 |
| PAN3RC6 PAN4A1.5 | 6. Choking sensation? | NO 1 YES 5 |
| PAN3RC5 PAN4A1.2 | 7. Sweating?..... | NO 1 YES 5 |
| PAN3RC4 PAN4A1.3 | 8. Shaking or trembling? | NO 1 YES 5 |
| PAN3RC10 PAN4A1.13 | 9. Flushing, hot flashes, or chills?..... | NO 1 YES 5 |

| | | |
|-----------------------|--|---------------------------|
| PAN3RC8 PAN4A1.9 | 10. A feeling that things were unreal? | NO 1 YES 5 |
| PAN3RC12 PAN4A1.11 | 11. A fear that you might die?..... | NO 1 YES 5 |
| PAN3RC13 PAN4A1.10 | 12. A fear that you were going crazy or losing control?..... | NO 1 YES 5 |
| PAN3RC7 PAN4A1.7 | 13. Nausea or discomfort in your stomach or abdomen?..... | NO 1 YES 5 |

**BOX T4 IF 4 OR MORE ARE CODED 5 IN T3.1-13,
CONTINUE. OTHERS SKIP TO NEXT
SECTION.**

| | | |
|--|--|----------------|
| (O5) PAN3RD PAN4A1 AGPAN3RA AGPAN4A1 | T4 You mentioned you had attacks of feeling frightened and some problems like (SX IN T3.1-13). How many episodes have you had in your lifetime that had 4 or more of these problems? | ___ ___ NUMBER |
|--|--|----------------|

**BOX T5 IF ONLY 1 ATTACK, SKIP TO NEXT
SECTION. OTHERS CONTINUE.**

| | | |
|--|--|--|
| (O6) PAN3RD PAN4A1 AGPAN3RA AGPAN4A1 | T5 During at least several of your attacks, did some of these problems such as: (UP TO 4 SX CODED IN T3) begin suddenly, and get worse in the first 10 minutes of the attacks? | NO...(SKIP TO NEXT SECTION)1 YES5 |
|--|--|--|

| | | | |
|--|----|--|--|
| (O3) PAN3RB PAN4A2A AGPAN3RA AGPAN4A2A | T6 | After having an attack, did you ever have a month or more when you worried a lot about having an attack or you were afraid that you might have another attack? | NO 1 YES 5 |
| | A. | Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy? | NO (SKIP TO B)..... 1 YES 5 |
| PAN4A2B AGPAN4A2B | | 1. Did you think that for a month or longer? | NO..... 1 YES 5 |
| | B. | Did having an attack like this cause you to stop doing anything that you used to do or stop going places you used to go? | NO. (SKIP TO C)..... 1 YES 5 |
| AGPAN4A2C | | 1. Did you stop doing things or going places for a month or longer? | NO..... 1 YES 5 |
| | C. | After having an attack like this, did you begin to need someone to go with you? | NO. (SKIP TO T7)..... 1 YES 5 |
| AN4A2C AGPAN4A2C | | 1. Did that last for a month or longer? | NO..... 1 YES 5 |

BOX T7 IF T6, T6.A, AND T6.B ALL ARE “NO”; SKIP TO NEXT SECTION. OTHERS CONTINUE.

| | | | |
|-------|----|--|---------------------------|
| PAN4D | T7 | Have you had these attacks at times when you had no reason to expect one? By that, I mean you were not in a life threatening situation or a situation in which you had to face a long-held fear such as those of public-speaking, heights, snakes, or spiders? | NO 1 YES 5 |
| (O7) | T8 | How old were you the first time you had one of these sudden attacks of feeling frightened or anxious when you had 4 or more problems like (ALL SX CODED 5 IN T3.1-13)? | AGE ONS: ___/___ t |
| | A. | How many of these unexpected attacks have you had in your life? | ___ NUMBER |

BOX T8 IF ONLY 1 UNEXPECTED ATTACK, SKIP TO NEXT SECTION. OTHERS CONTINUE.

(08) T9 Were the attacks always the result of a physical illness or injury? **IF YES, ASK:** What illness or injury? NO.....1
 YES.. (SKIP AND GO TO T11; CODE T10=1).....5
 SPECIFY: _____(SEE BELOW)

1. Angina
2. (Cardiac) arrhythmias
3. Asthma
4. Carcinoid syndrome
5. Chronic obstructive pulmonary disease (COPD)
6. Cushing’s disease
7. Hyperthyroidism (ie. Graves’ disease, Thyrotoxicosis)
8. Hypoglycemia
9. Pheochromocytoma
10. Pulmonary emboli
11. Other illness

(09) T10 Were the attacks always the result of taking prescription medication or using drugs or alcohol? NO.....1
 YES5

T11 Did you begin to drink or use drugs, or increase the amount of the alcohol or drugs that you were using because of these attacks? NO .. (SKIP TO BOX T12)1
 YES (SPECIFY)5

(RESPONSES RESTRICTED TO CARD F OF SECTION 3: OPIOID RELAPSE. ALLOW FOR UP TO 3 DRUG RESPONSES)

SPECIFY:

1. _____
2. _____
3. _____

CODE: ___ ___
 CODE: ___ ___
 CODE: ___ ___

CATI/INTERVIEWER INSTRUCTION:

- > **IF RESPONDENT ENDORSES BEING DEPRESSED/IRRITABLE IN L1 (L1=5), PLEASE DEFER TO “DEPRESSED/IRRITABLE” IN QUESTIONS L4-L8.**
- > **IF R ENDORSES BEING UNINTERESTED IN L2 (L2=5), PLEASE DEFER TO “UNINTERESTED” IN QUESTIONS L4-L8.**

Sometimes people have episodes of depression that follow the death of a loved one, heavy drinking or drug use, a change in medication, or a serious illness (or childbirth).

MOST SEVERE EPISODE

(31) L4 During the 6 weeks before this episode of feeling (depressed/ uninterested/irritable) began, were you drinking alcohol or nearly daily? NO..... 1
YES..... 5

A. On the days you drank, how many drinks would you typically have in a day? DRINKS: ___ *
***IF 0 OR 1, SKIP TO L5.**

DEP3RB1 **CODE SILENTLY:**
DEP4D B. TYPICALLY 3+ (WOMAN) OR 5+ (MAN) DRINKS? NO. . . (SKIP TO L5)..... 1
YES 5

C. Did you have another episode of feeling (depressed/ uninterested/irritable) for at least one week that did not follow a time when you had been drinking daily or almost daily (or heavily)? NO....(SKIP TO L10)..... 1*
YES..... 5

D. When did this episode begin? _____ / _____
MO YEAR

1. How old were you? AGE: ___ / ___

REMIND R WHICH EPISODE AS NEEDED.

MOST SEVERE EPISODE

IF NEVER USED MJ OR DRUGS (G1.DRUGS.1-5=1), SKIP TO L6.

HAND CARD F TO RESPONDENT.

(30) DEP3RB1 DEP4D

L5 During the 6 weeks before this episode of feeling (depressed/ uninterested/irritable) began, were you using any street drugs or abusing any prescription drugs?

IF YES: Which ones? CIRCLE ON CARD F. CODE THE THREE USED MOST.

NO. . . . (SKIP TO L6).....1
YES. . . . (SPECIFY).....5
1: _____
2: _____
3: _____

A. Did you take any of these drugs for a high or intoxication daily or almost daily? IF YES: Which ones?

NO. . . . (SKIP TO L6)1
YES(SPECIFY).....5
CIRCLE DRUG: 1 2 3

B. MOST SEVERE ONLY: Did you have another episode of feeling (depressed/ uninterested/ irritable) for at least one week when it was not after a time when you had been drinking or using drugs daily or almost daily?

NO...(SKIP TO BOX L10)...1*
YES5

C. When did this episode begin?

___/___
MO YEAR

1. How old were you?

AGE: ___

REMIND R WHICH EPISODE AS NEEDED.

MOST SEVERE EPISODE

(29)
DEP3RB1
DEP4D

L6 Did this episode of feeling (depressed/uninterested/irritable) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?

NO. . . . (SKIP TO L7)..... 1
YES. . . . (SPECIFY)..... 5

1. _____
2. _____

- 1. Acyclovir
2. Amphotericin B
3. Baclofen
4. Barbiturates
5. Beta-(adrenergic) blockers
6. Cimetidine
7. Clonidine
8. Contraceptives
9. Cycloserine
10. Dapsone
11. Digitalis
12. Disulfiram
13. Estrogen
14. Fluoroquinolone antibiotics
15. Guanethidine
16. Interferon
17. Interleukin-2
18. Isotretinoin
19. L-Asparaginase
20. Levodopa

- 21. Mefloquine
22. Methyldopa
23. Metoclopramide
24. Metonidazole
25. Metrizamide
26. Mitronidazole
27. Pergolide
28. Procarbazine
29. Progesterone
30. Ranitidine
31. Reserpine
32. Steroid (Anabolic or Corticosteroids)
33. Sulfonamides
34. Thiazide Diuretics
35. Topiramate
36. Vinblastine
37. Vincristine
38. Other drug

A. MOST SEVERE ONLY: Did you have another episode of feeling (depressed/uninterested/irritable) for at least one week that was not after a time when you had a change in prescription medicines and was not after a time when you had been drinking or using drugs daily or almost daily?

NO. . . . (SKIP TO L10)..... 1*
YES..... 5

B. When did this episode begin?

___ ___ / ___ ___ ___ ___
MO YEAR

1. How old were you?

AGE: ___ ___

REMIND R WHICH EPISODE AS NEEDED.

MOST SEVERE EPISODE

(28)
DEP3RB2
DEP4E

L7 A. Did this episode of feeling (depressed/uninterested/ irritable) begin within 6 months of learning about the death of someone close to you? In what month and year did this person die?

NO. . . .(SKIP TO L8)..... 1
YES. . . (SPECIFY)..... 5

RELATIONSHIP:

DATE OF DEATH:
_____/_____
MO YEAR

B. Did you have another episode of feeling (depressed/ uninterested/irritable) for at least one week that did not follow the death of someone close to you, was not after a time when you had a change in prescription medicines, and was not after a time when you had been drinking or using drugs daily or almost daily?

NO. . . .(SKIP TO L10)..... 1*
YES..... 5

C. When did this episode begin?

_____/_____
MO YEAR

1. How old were you?

AGE: ____

REMIND R WHICH EPISODE AS NEEDED.

MOST SEVERE EPISODE

(26)
DEP3RB1
DEP4D

L8 Did this episode of feeling (depressed/uninterested/irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?

NO. . (SKIP TO BOX L10)... 1
YES. . . (SPECIFY) 5

SPECIFY: _____

CODE: __ __

1. Addison’s disease
2. AIDS/HIV
3. Cancer
4. Cushing’s syndrome
5. Dementia
6. Epilepsy
7. Huntington’s disease
8. Hyperparathyroidism
9. Hypothyroidism
10. Lupus (Systemic Lupus Erythematosus)
11. Multiple sclerosis
12. Parkinson’s disease
13. Stroke
14. Other illness

A. **MOST SEVERE ONLY:** Did you have another episode of feeling (depressed/uninterested/irritable) for at least one week that was not after a time when you had a serious physical illness, was not after the death of someone close to you, was not after a change in medication, and not after a time when you had been drinking or using drugs daily or almost daily?

NO. . . (SKIP TO L10) 1*
YES 5

B. When did this episode begin?

____ / ____
 MO YEAR

AGE: __ __

1. How old were you?

BOX L10 IF NO CLEAN EPISODE EXISTS, CONTINUE THE SECTION ASKING ABOUT THE MOST SEVERE EPISODE CODED IN L4. REMIND R WHICH EPISODE TO FOCUS ON AS FREQUENTLY AS NEEDED.

I'd like to (return to/focus on) the most severe episode of feeling (depressed/uninterested/irritable) when you were ____ years old (**CHECK L3A**).

During this most severe episode when you were ____ years old . . .

MOST SEVERE EPISODE

BEGIN SCORING + ITEMS ON TALLY SHEET 1

(3B/4C)
DEP3RA1
DEP4A1
DEPICDB1
FGNA

L10 Were you feeling depressed, sad, or blue most of the day, nearly every day, for at least 2 weeks during this episode?

NO 1
YES5+

(3C/4D)
DEP3RA2
DEP4A2
DEPICDB2

A. Had you lost interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks during this episode?

NO 1
YES5+

IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX L11.

DEP3RA1
DEP4A1

B. Did you feel irritable most of the day, nearly every day, for at least 2 weeks during this episode?

NO 1
YES5+

| | | |
|----------------|--|--|
| BOX L11 | A. IS EPISODE CLEAN? (DIRTY=ANY * IN L4-L8) | NO, DIRTY 1 YES, CLEAN 5 |
| | B. DOES R ENDORSE LOW MOOD, LOSS OF INTEREST, OR IRRITABILITY? (L10, L10A, OR L10B CODED 5) | NO, DENIES ...(SKIP TO NEXT SECTION) 1 YES, ENDORSES..... 5 |

Now I would like to ask you about other experiences you may have had during this episode of feeling (depressed/uninterested/irritable).

| | | MOST SEVERE EPISODE |
|---|---|--|
| During this most severe episode when you were _____ years old . . . | | |
| (5) DEP3RA3 DEP4A3 DEPICDC7 RDCB1 | L11 A. Did you have a change in appetite (that was not due to pregnancy, a physical condition, or dieting)? | NO.....(SKIP TO B)..... 1 YES.....5+ |
| FGNB1 | 1. Increase or decrease? | INCREASE.....2 DECREASE.....3 BOTH.....4 |
| DEP3RA3 DEP4A3 DEPICDC7 RDCB1 | B. Did you gain or lose weight when you were not trying to (that was not due to pregnancy, a physical condition, or dieting)? | NO..... (SKIP TO L12) 1 YES.....5+ |
| FGNB1 | 1. Gained or lost weight? | GAINED.....2 LOST.....3 BOTH.....4 |
| DEP3RA3 DEP4A3 RDCB1 | C. How many kilograms was your weight before the (gain/loss)? IF BOTH, CODE THE MORE SIGNIFICANT CHANGE. | ___ ___ ___ KGS |
| DEP3RA3 DEP4A3 RDCB1 | D. How many kilograms was your weight after the (gain/loss)? | ___ ___ ___ KGS |
| DEP3RA3 DEP4A3 RDCB1 | E. Over what period of time did you (gain/lose) this amount of weight? | ___ ___ ___ WEEKS |

| | | MOST SEVERE EPISODE |
|---|---|---|
| During this most severe episode when you were _____ years old . . . | | |
| (6) DEPICDD6 RDCB2 FGNB2 | L12 Did you have more trouble sleeping than usual? | NO (SKIP TO F)..... 1 YES.....5 |
| | A. Were you unable to fall asleep? | NO (SKIP TO C) 1 YES.....5 |
| DEP3RA4 DEP4A4 | B. Was this for at least one hour? | NO..... 1 YES.....5+ |
| DEP3RA4 DEP4A4 | C. Did you wake up in the middle of the night and have trouble going back to sleep? | NO..... 1 YES.....5+ |
| | D. Did you wake up too early in the morning? | NO(SKIP TO F)..... 1 YES.....5 |

(14)
DEP3RA9
DEP4A9
DEPICDC3
RDCB8
FGNB8

L20 Did you have thoughts of dying, or taking your life, or wishing you were dead? **DO NOT COUNT THINKING ABOUT THE DEATH OF A RECENTLY DECEASED OR DYING LOVED ONE.**

NO..... 1
YES.....5+

DEP3RA9
DEP4A9
DEPICDC3

A. Did you make a plan for committing suicide?

NO..... 1
YES.....5+

DEP3RA9
DEP4A9
DEPICDC3

B. Did you try to kill yourself?

NO..... 1
YES.....5+

| | | |
|--|--|---|
| | BOX L21 COUNT THE BOXES MARKED ON TALLY SHEET L | # OF BOXES: _____ <u>IF 4 OR FEWER BOXES:</u> SKIP TO NEXT SECTION. <u>IF 5 OR MORE BOXES:</u> CONTINUE. |
|--|--|---|

INTERVIEWER PLEASE HIGHLIGHT MARKED/ ENDORSED ITEMS ON DEPRESSION TALLY L.

HAND DEPRESSION TALLY L TO THE RESPONDENT.

MOST SEVERE EPISODE

**IF R ENDORSES MOOD (L10=5), GO TO L21.A.
IF R DENIES MOOD (L10=1), GO TO L21.B.**

(16)
ENDORSES
MOOD

L21 A. You told me you experienced the following **(REVIEW HEADINGS OF BOXES ENDORSED)**. Did you feel depressed/irritable **[IF 10A=5 INCLUDE: or uninterested]** and have experiences from 4 or more other groups of problems nearly every day, for at least 2 weeks?

NO . . (SKIP TO NEXT SECTION) 1
YES 5

IF YES: Which ones?

CIRCLE MOOD AND SX THAT CLUSTER.

NOTE: BOX A OR BOX B MUST BE INCLUDED.

SKIP TO D.

DENIES
MOOD

[L21] B. You told me you experienced the following
**(REVIEW HEADINGS OF BOXES
ENDORSED)**. Did you feel uninterested] and
have experiences from 4 or more other groups of
problems nearly every day, for at least 2 weeks?

NO . . (SKIP TO NEXT SECTION)... 1
YES 5

**IF YES: Which ones? OF THOSE
MARKED/HIGHLIGHTED**

CIRCLE SX THAT CLUSTER.

C. NOT USED

D. How old were you when this episode began
(when you had these experiences nearly every
day)?

___ / ___ t
MO YEAR

DEP3RA
DEP4A
DEPICDA
RDCC
FGNC

E. For how many weeks did you feel
(depressed/uninterested/
irritable) and have experiences from at least 4
other groups of problems nearly every day?

___ WEEKS

L22 During this episode, were you seen by a doctor, or
other professional?

NO1
YES5

L23 During this episode, were you (working/going to
school) full-time?

NO.....1
YES.. (SKIP TO L24)5

A. What was your major responsibility during this
episode?

PART-TIME JOB.....1
HOME2
PART-TIME SCHOOL.....3
OTHER ..(SPECIFY)4

(24)
DEP4C

L24 Did you have trouble functioning in this role?

NO.....(SKIP TO B) 1
YES 5

DEP4C
RDCE

A. Were you completely unable to function in this
role for at least 2 days in a row?

NO..... 1
YES..... 5

B. Was your functioning in any other important
area of your life affected? **IF YES:** Please
specify.

NO..... 1
YES.....(SPECIFY) 5
SPECIFY: _____

L25 NOT USED

| | |
|--------------------|--|
| BOX-A L26.1 | IF L22, L23.A, L24, L24.B ARE ALL "NO" (=1), SKIP TO NEXT SECTION |
|--------------------|--|

| | |
|--------------------|--|
| BOX-B L26.1 | IF R. HAS REPORTED NO ADDITIONAL "CLEAN" EPISODES IN L4-L8, SKIP TO L26.2 |
|--------------------|--|

(32)
CLEAN

L26.1 Have you had at least one other severe episode when you were (depressed/uninterested in things/irritable) for at least two weeks that did not follow the death of a loved one, daily (or almost daily) use of alcohol or drugs, or a serious physical illness, or a change in prescription medicines? **IF MORE THAN ONE ADDITIONAL CLEAN EPISODE, HAVE R PICK THE MOST SEVERE ONE.**

NO . . . (SKIP TO L27)..... 1
YES..... 5

A. How old were you then?

AGE: ___ / ___

B. During this episode:

| | |
|------------------|-------------------|
| <u>NO</u> | <u>YES</u> |
|------------------|-------------------|

COUNT ONLY IF MORE THAN USUAL:

- | | | |
|--|---|---|
| 1. Were you depressed (IF AGE IN A<18: or irritable)? | 1 | 5 |
| 2. Did you lose interest in pleasurable activities? | 1 | 5 |
| IF L26.1.B.1 AND L26.1.B.2 BOTH =1 'NO', SKIP TO L26.2. | | |
| 3. Did you have an increase or decrease in your appetite or weight? .. | 1 | 5 |
| 4. Did you have any sleep difficulty or did you sleep too much? | 1 | 5 |
| 5. Were you either more restless or more slowed down than usual? ... | 1 | 5 |
| 6. Did you have a loss of energy or were you more tired than usual? | 1 | 5 |
| 7. Did you feel excessively guilty or bad about yourself? | 1 | 5 |
| 8. Did you have difficulty thinking or concentrating? | 1 | 5 |
| 9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide? | 1 | 5 |

IF LESS THAN FIVE ARE OR MORE ENDORSED/CODED 5 IN L26.1.B.1-9 (INCLUDING B.1 AND/OR B.2), SKIP TO L26.2. OTHERS CONTINUE.

C. For how many weeks were at least 5 of these problems present nearly every day, including feeling (depressed/uninterested in things/irritable)? **IF LESS THAN 2 WEEKS, SKIP TO L26.2.**

___ / ___ WEEKS

D. NOT USING

E. Did you have trouble managing your work, school, or household responsibilities?

NO 1
YES. 5

F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode? **IF YES:** Please specify. _____

NO. . . (SKIP TO NEXT SECTION)..... 1
 YES. . . (SPECIFY)..... 5

IF L26.1.E AND L26.1.F BOTH = 1 “NO”, SKIP TO L26.2.

(33)
DIRTY

L26.2 Have you had at least one other severe episode when you were (depressed/uninterested in things/irritable) for at least two weeks ~~one week that may have followed~~ the death of a loved one, daily (or almost daily) use of alcohol or drugs, a serious physical illness, or a change in prescription medicines (**IF FEMALE:** or childbirth, miscarriage, or abortion)? **IF MORE THAN ONE ADDITIONAL DIRTY EPISODE, HAVE R PICK THE MOST SEVERE ONE.**

NO. . . (SKIP TO L27)..... 1
 YES..... 5

A. How old were you then? AGE: ____ / ____

B. During this episode: **NO YES**
COUNT ONLY IF MORE THAN USUAL:

- 1. Were you depressed (**IF AGE IN A<18:** or irritable)? 1 5
- 2. Did you lose interest in usually pleasurable activities? 1 5

IF L26.2.B.1 AND L26.2.B.2 BOTH =1 ‘NO’, SKIP TO NEXT SECTION.

- 3. Did you have an increase or decrease in your appetite or weight? 1 5
- 4. Did you have any sleep difficulty or did you sleep too much? 1 5
- 5. Were you either more restless or more slowed down than usual? 1 5
- 6. Did you have a loss of energy or were you more tired than usual? 1 5
- 7. Did you feel excessively guilty or bad about yourself? 1 5
- 8. Did you have difficulty thinking or concentrating? 1 5
- 9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide? .. 1 5

IF LESS THAN FIVE ARE ~~OR MORE~~ ENDORSED/CODED 5 IN L26.2.B.1-9 (INCLUDING B.1 AND/OR B.2), SKIP TO NEXT SECTION. OTHERS CONTINUE.

C. For how many weeks were at least 5 of these problems present nearly every day, including feeling (depressed/uninterested in things/irritable)? **IF LESS THAN 2 WEEKS, SKIP TO NEXT SECTION.** _____ WEEKS

D. NOT USING

| | |
|--|----------------|
| E. Did you have trouble managing your work, school, or household responsibilities? | NO 1 |
| | YES. 5 |

| | |
|--|---------------------------------------|
| F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode? IF YES: Please specify. _____ | NO. . . (SKIP TO NEXT SECTION)..... 1 |
| | YES. . . (SPECIFY)..... 5 |

IF L26.1.E AND L26.1.F BOTH = 1 “NO”, SKIP TO NEXT SECTION.

BOX L27 IF R. HAS ALREADY REPORTED ONLY 1 LIFETIME EPISODE ABOVE, CODE L27 AND L27.A AUTOMATICALLY AND SKIP TO NEXT SECTION

(32F/33F) L27 How many episodes of depression lasting a week or longer (such as the one(s) we have been talking about) have you had over your lifetime, including the one(s) we already talked about? ___ / ___ NUMBER

| | | | |
|------|---|---------------------|----------|
| (34) | A. How old were you the (first/last) time you had an episode of depression lasting a week or longer? RECORD ALL EPISODES ON TIMELINE. | AGE ONS: ___/___ | <i>t</i> |
| | | AGE REC: ___/___ | <i>t</i> |

TALLY SHEET FOR SECTION L

| DSM-IV | | | MOST SEVERE |
|---|------|---|------------------------|
| BOX A: DEPRESSED | L10 | Felt depressed for 2 + weeks | _____ |
| | L10B | Felt irritable for 2 + weeks | _____ |
| BOX B: LOSS OF INTERST | L10A | Lost interest in most things for 2 + weeks | _____ |
| | L15 | Less able to enjoy activities or other pleasurable activities | _____ |
| BOX C: APPETITE / WEIGHT | L11A | Had a change in appetite | _____ |
| | L11B | Gained or lost weight | _____ |
| BOX D: SLEEPING | L12B | Unable to fall asleep (\geq 1 hr.) | _____ |
| | L12C | Trouble sleeping through the night | _____ |
| | L12E | Waking up an hour earlier than usual | _____ |
| | L12F | Slept more than usual | _____ |
| BOX E: RESTLESS / SLOWED DOWN | L13 | Was fidgety or restless | _____ |
| | L14 | Moved or talked slower | _____ |
| BOX F: TIRED | L16 | Felt a loss of energy or more tired than usual | _____ |
| BOX G: GUILT | L17 | Felt excessively guilty or bad about self | _____ |
| | L18 | Felt was a failure or worthless | _____ |
| BOX H: THINKING | L19 | Had more difficulty than usual thinking, concentrating, or making decisions | _____ |
| BOX I: THOUGHTS OF DYING | L20 | Thought about dying/wishing was dead | _____ |
| | L20A | Made a suicide plan | _____ |
| | L20B | Attempted suicide | _____ |

Section N: Suicidal Thoughts

BOX N1 **IF L20.A=5, SKIP N1 AND N1.B CODING BOTH AUTOMATICALLY AS “5”. ASK N1.A, BUT CHANGE THE TEXT TO READ: You've already told me that you had thoughts about killing yourself, did these thoughts persist for at least 7 days in a row?**

IF L20.B=5, CHANGE N1.A TO READ: You’ve already told me that you tried to kill yourself. Before you did so, or at any other time in your life, did you have suicidal thoughts that persisted for at least 7 days in a row?

Now, I am going to ask you some (further) questions about suicide.

- | | |
|--|---|
| N1 Have you ever thought about killing yourself? | NO(SKIP TO N2) 1 YES..... 5 |
| A. Did those thoughts persist for at least 7 days in a row? | NO 1 YES..... 5 |
| B. (IF I23A=5, CODE N2 SILENTLY AS 5) (OTHERWISE, ASK Did you have a plan? (Did you actually consider a way to take your life?) | NO(SKIP TO N2) 1 YES..... 5 |

BOX N2 **IF L20.B=5, SKIP N2 AND N2.A CODING BOTH AUTOMATICALLY AS “5”. ASK N1.A AS STATED ABOVE IN BOX N1. ASK N2.A, BUT CHANGE THE TEXT TO READ: You have already told me that you tried to kill yourself. How many times did you do so?**

- | | |
|--|---|
| N2 (IF I23B=5, CODE N2 SILENTLY AS 5 AND SAY, You’ve already told me that you have tried to kill yourself,...) (OTHERWISE, ASK Have you ever tried to kill yourself?) | NO(SKIP TO N8) 1 YES..... 5 |
| A. How many times? | ___ / ___ TIMES |
| B. How old were you the (first/last) time? | AGE ONS: ___ / ___ AGE REC: ___ / ___ |
| IF AGE ONS OR AGE REC = CURRENT AGE ASK C, OTHERWISE GO TO N3 | |
| C. Was this within the last 2 weeks? | NO 1 YES..... 5 |

N3 How did you try to kill yourself? **IF MORE THAN 1, ASK ABOUT THE MOST SERIOUS ATTEMPT. ASK WHAT METHOD(S) THE ATTEMPT INVOLVED AND TO WHAT DEGREE THE RESPONDENT CARRIED OUT THE ATTEMPT.**

RECORD METHOD AND DEGREE OF COMPLETION:

N4 How old were you then?

AGE: ___ / ___

N4A Did you require medical treatment after you tried to kill yourself?
SPECIFY: _____

NO _____ 1
YES (SPECIFY) 5

N4B Were you admitted to a hospital after the attempt (for medical reasons)?
SPECIFY: _____

NO _____ 1
YES (SPECIFY) 5

N4C Did you seek or receive psychiatric or psychological treatment or help after this attempt?

NO.....1
HOSPITALISED- PSYCHIATRY...2
PSYCHIATRIST.....3
PSYCHOLOGIST/COUNSELLOR...4
GENERAL MEDICAL PRACTITIONER.....5
CRISIS TEAM.....6

N4D Did you really want to die?

NO _____ 1
YES _____ 5

N4D1 Afterwards, were you sorry that you didn't die?

NO _____ 1
YES _____ 5

N4E Did you think you would die from what you had done?

NO _____ 1
YES _____ 5
MAYBE _____ 3

N4F Did you write a suicide note prior to your attempt?

NO _____ 1
YES _____ 5

N5 Did you try to kill yourself:

NO _____ YES _____

1. While feeling depressed? 1 _____ 5

2. After you had been drinking?..... 1 _____ 5

3. After using drugs? 1 _____ 5

4. After a disturbing or stressful life event..... 1 _____ 5 (SPECIFY)

SPECIFY: _____

N6.A CODE SILENTLY: TYPE OF METHOD INTENDED (SEE N3). CODE: ____

1. Fire gun.
2. Crash car.
3. Carbon monoxide poisoning.
4. Cut wrists or stab self.
5. Take pills (non-opiates)
6. Jump from height.
7. Jump in front of train/car/vehicle.
8. Strangulation, choking, suffocation, hanging, drowning.
9. Other or combination.
10. Overdose on heroin
11. Overdose on other opiates

N6.B CODE SILENTLY: DEGREE OF COMPLETION. CODE: ____

1. Contemplated only.
2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).
3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car).
4. Attempted act (jumped, pulled trigger, swallowed pills).

N7 CODE SILENTLY: INTENT CODE: ____

1. Unclear (no information or not sure).
2. Denies intent.
3. Reports minimal intent.
4. Reports significant intent with some ambivalence.
5. Very severe/extreme intent to die.

N8 (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(SKIP TO NEXT SECTION) 1
 YES.....5

A. How many times?

___ / ___ TIMES

B. How old were you the (first/last) time?

AGE ONS: ___ / ___

AGE REC: ___ / ___

SECTION K: FAMILY HISTORY ASSESSMENT MODULE

Now, I'd like to ask you some questions about the members of your family on the list you provided.

| | |
|---|--|
| <p>K1. Did drinking ever cause any of the family members on your list to have problems with health, family, job or police, or other problems?</p> <p>K1.A Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>NO 1 YES 5</p> <p>__ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ ,</p> |
| <p>K2. Did you ever feel that any of the family members on your list was an excessive drinker?</p> <p>K2.A Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>NO 1 YES 5</p> <p>__ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ ,</p> |
| <p>K3. Did using drugs ever cause any of the family members on your list to have problems with health, family, job or police, or other problems?</p> <p>K3.A Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>NO 1 YES 5</p> <p>__ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ ,</p> |
| <p>K4. Did you ever feel that any of the family members on your list had a problem with drugs?</p> <p>K4.A Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>NO 1 YES 5</p> <p>__ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ , __ ,</p> |
| <p>K5. NOT USED</p> | |
| <p>K6. NOT USED</p> | |

| | |
|--|--|
| <p>K7. Did any of the family members on your list ever attempt suicide?</p> | <p>NO (SKIP K7A, K7B, AND K7C)....1 YES5</p> |
| <p>K7.A Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>____,____,____,____,____,____,____,____,____,____, ____,____,____,____,____,____,____,____,____,____,</p> |
| <p>K7.B Did any of these family members die as a result of the attempt?</p> | <p>NO (SKIP K7C) 1 YES 5</p> |
| <p>K7.C Please give me the member ID numbers for all family members on your list whom you had in mind when you said yes.</p> | <p>____,____,____,____,____,____,____,____,____,____, ____,____,____,____,____,____,____,____,____,____,</p> |

DRUGS

HAND CARD F TO THE RESPONDENT.

This is a list of some drugs people use (HAND DRUG LIST). Which of these drugs has your (RELATIVE) had problems with?

RECORD DRUGS: _____

DRUG CODE: ____ , ____ , ____ , ____ , ____ , ____ , ____ , ____ , ____ , ____ , ____

DRUG CODE RESPONSE RESTRICTED TO THOSE APPEARING ON “CARD F”.

IF R REPORTS PROBLEMS WITH MORE THAN 3 DRUGS, PLEASE AKS FOR THE 3 MOST SEVERE.

| Because of his/her drug use, did your (RELATIVE) ever have problems such as: | | | |
|--|---|---|---|
| | N | Y | U |
| 1. Using drugs in larger amounts over a longer period than s/he intended? | 1 | 5 | 9 |
| 2. Being unable to stop or cut down on use of drugs? | 1 | 5 | 9 |
| 3. Spending a lot of time using drugs or recovering form their effects | 1 | 5 | 9 |
| 4. Being unable to work, go to school or take care of household responsibilities? | 1 | 5 | 9 |
| 5. Being high from drugs when s/he could get hurt? | 1 | 5 | 9 |
| Because of his/her drug use, did your (RELATIVE) ever have problems, such as: | | | |
| 6. Having accidental injuries? | 1 | 5 | 9 |
| 7. Reducing or giving up important activities? | 1 | 5 | 9 |
| 8. Problems with family or friends, or at work or school? | 1 | 5 | 9 |
| 9. Having legal Problems (arrests for possessing, selling or stealing drugs)? | 1 | 5 | 9 |
| 10. Physical health problems (hepatitis, overdose)? | 1 | 5 | 9 |
| Because of his/her drug use, did your (RELATIVE) ever have problems, such as: | | | |
| 11. Emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)? | 1 | 5 | 9 |
| 12. Withdrawal symptoms? | 1 | 5 | 9 |
| 13. Needing larger amounts of drug(s) to get an effect, or finding that s/he could not longer get high on the amount s/he used to use? | 1 | 5 | 9 |
| 14. Any kind of treatment or hospitalization? | | | |

IF 3 OR MORE 5’S CODED IN Q.1-14 CONTINUE. OTHERS SKIP TO NEXT SECTION.

15. Did your (RELATIVE) have a period of a month or longer when 3 or more of these experiences occurred together? NO.....1
YES.....5
DON'T KNOW.....9

a. How old was your (RELATIVE) the first/last time (he/she) had three or more of these experiences occurring within a period lasting a month or longer? **AGE ONS:** ___ / ___
AGE REC: ___ / ___

Please look again at Card F. What was the primary drug that this relative used? Please just tell me the number. _____

ALCOHOL DEPENDENCE

| | | | |
|---|----------|----------|----------|
| Because of drinking, did your (RELATIVE) ever have problems such as: | | | |
| | N | Y | U |
| 1. Using alcohol in larger amounts over a period than s/he intended? | 1 | 5 | 9 |
| 2. Being unable to stop or cut down on use of alcohol? | 1 | 5 | 9 |
| 3. Spending a lot of time using alcohol or recovering from other effects? | 1 | 5 | 9 |
| 4. Being unable to work, go to school or take care of household responsibilities? | 1 | 5 | 9 |
| 5. Being drunk when s/he could get hurt? | 1 | 5 | 9 |
| Because of drinking, did your (RELATIVE) ever have problems, such as: | | | |
| 6. Having accidental injuries? | 1 | 5 | 9 |
| 7. Reducing or giving up important activities? | 1 | 5 | 9 |
| 8. Objections from family or friends, or at work or school? | 1 | 5 | 9 |
| 9. Having a legal problem (DUI's arrests)? | 1 | 5 | 9 |
| 10. Having blackouts? | 1 | 5 | 9 |
| Because of drinking, did your (RELATIVE) ever have problems, such as: | | | |
| 11. Going on binges or benders, drinking 2 or more days without sobering up? | 1 | 5 | 9 |
| 12. Physical health problems (liver disease, pancreatitis) | 1 | 5 | 9 |
| 13. Emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)? | 1 | 5 | 9 |
| 14. Withdrawal symptoms (shakes, seizures/convulsions, DT's)? | 1 | 5 | 9 |
| 15. Needing to drink a great deal more in order to get an effect, or finding that s/he could no longer get drunk on that amount s/he used to drink/. | 1 | 5 | 9 |
| Because of drinking, did your (RELATIVE) ever have problems, such as: | | | |
| 16. Any kind of treatment or hospitalisation | 1 | 5 | 9 |
| 17. Making rules to control drinking (never drinking alone, never drinking before 5p.m), drinking before breakfast, or drinking non-beverage alcohol like vanilla extract, cough syrup, or rubbing alcohol? | 1 | 5 | 9 |
| 18. Trouble at work or school getting into fights while drinking? | 1 | 5 | 9 |
| 19. Losing friends because of his/her drinking, considering him/herself an excessive drinker, or feeling guilty about his/her drinking? | 1 | 5 | 9 |

IF 3 OR MORE 5'S CODED IN Q.1-19 CONTINUE. OTHERS SKIP TO NEXT SECTION.

20. Did your (RELATIVE) have a period of a month or longer when 3 or more of these experiences occurred together? NO 1
YES 5
DON'T KNOW 9
21. How old was your (RELATIVE) the first/last time (he/she) had three or more of these experiences occurring within a period lasting a month or longer? **AGE ONS:** ___ / ___
AGE REC: ___ / ___