

Semi-Structured Assessment of Nicotine Dependence (SSAND)
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RECORD ITEMS MARKED "t" ON THE TIMELINE

DM1	What is your gender? IF R IS NOT DEFINITIVE, ASK: What is listed on your birth certificate as your gender?	MALE 1 FEMALE 2
DM2	What is your date of birth?	___/___/___ (Mo/Day/Yr)
DM3	So you are ___ years old?	___/___ AGE
DM4	A. How many brothers do you have who have the same biological father and mother as you, including any who died? INCLUDE FULL SIBLINGS ONLY, NOT STEP, FOSTER, OR ADOPTED SIBLINGS.	___ BROTHERS
	B. How many sisters do you have who have the same biological father and mother as you, including any who died? INCLUDE FULL SIBLINGS ONLY, NOT STEP, FOSTER, OR ADOPTED SIBLINGS.	___ SISTERS
DM5	A. How many (half) brothers do you have that have the same biological father as you, but <u>not</u> the same biological mother, including any who died?	___ BROTHER
	B. How many (half) sisters do you have that have the same biological father as you, but <u>not</u> the same biological mother, including any who died?	___ SISTERS
DM6	A. How many (half) brothers do you have that have the same biological mother as you, but <u>not</u> the same biological father, including any who died?	___ BROTHERS
	B. How many (half) sisters do you have that have the same biological mother as you, but <u>not</u> the same biological father, including any who died?	___ SISTERS
DM7	Are you of Hispanic or Latino descent?	NO 1 YES 5

DM8 HAND R CARD DM1. Which of the following best describes your race?

RECORD ALL CATEGORIES MENTIONED AND PROBE BEFORE

ACCEPTING REFUSALS.

IF BIRACIAL OR MULTIRACIAL, LIST EACH NUMBER THE

REPODENT ENDORSES.

IF DM8=6 THEN RECORD ALL CATEGORIES MENTIONED.

1. African-American/ Black 1
2. American Indian/ Alaska Native 2
3. Asian 3
4. Native Hawaiian/ Other Pacific Islander 4
5. White/ Caucasian 5
6. Biracial or Multiracial (Specify numbers): _____ 6

DM8_SPEC Other (Specify): _____ 7

		<u>MOTHER</u>	<u>FATHER</u>
DM9	HAND R CARD A2. On this card is a list of origins and descents.		
	What is the origin or descent of your grandparents?		
	Let's start with your mother's mother.		
	MATERNAL GRANDMOTHER	___ 1	___ 2
	MATERNAL GRANDFATHER	___ 3	___ 4
	PATERNAL GRANDMOTHER	___ 5	___ 6
	PATERNAL GRANDFATHER	___ 7	___ 8

IF KNOWN, RECORD GRANDPARENT'S MOTHER IN COLUMN I AND THE GRANDPARENT'S FATHER IN COLUMN II.

DM10	What is your current marital status: married, living with someone as married, widowed, separated, divorced, or never married?	MARRIED 1
		LIVING AS MARRIED 2
		WIDOWED 3
		SEPARATED. 4
		DIVORCED.... 5
		NEVER MARRIED.....

IF DM10=6, ASK DM10A

DM: Demographics

DM10A Have you ever lived as married?

NO 1

YES.....5

SKIP TO DM14

DM11 How many times have you been legally married?

TIMES

A. When were you (first/next/last) married?

YEARS OF ALL MARRIAGES

YR *t*YR t YR t YR t

BOX DM11 IF R IS CURRENTLY MARRIED (DM10=1) AND HAS BEEN MARRIED 1 TIME (DM11=01),
SKIP TO DM13.

DM12 How many times have you been divorced?

TIMES

IF NEVER, CODE 00 AND SKIP TO DM13.

A. When were you (first/next/last) divorced?

YEARS OF ALL DIVORCES

YR *t*YR *t*YR *t*YR *t*

DM13 How many times have you been widowed?

TIMES

IF NEVER, CODE 00 AND SKIP TO DM14.

A. When were you (first/next/last) widowed?

YEARS OF ALL WIDOWED

YR *t* YR_t YR t YR t

DM14 How many children have you (fathered/given birth to) including any who have died? That is not including adopted, foster, or step children. **IF NONE, SKIP TO DM15.**

__ __ CHILDREN

A. What is your (first/next/last) child's year of birth?

B. What is this child's sex?

	<u>DATE OF BIRTH</u>	<u>SEX</u>
1.	__ __ __ __ <i>t</i>	M F
2.	__ __ __ __ <i>t</i>	M F
3.	__ __ __ __ <i>t</i>	M F
4.	__ __ __ __ <i>t</i>	M F
5.	__ __ __ __ <i>t</i>	M F
6.	__ __ __ __ <i>t</i>	M F
7.	__ __ __ __ <i>t</i>	M F
8.	__ __ __ __ <i>t</i>	M F
9.	__ __ __ __ <i>t</i>	M F
10.	__ __ __ __ <i>t</i>	M F

B. How many of your (**# of biological children from DM14**) children have you raised?

__ __ BIOLOGICAL

DM15 Have you ever raised any:

1. Adopted children?

ADOPTED: __ __

2. Step children?

STEP: __ __

3. Foster children?

FOSTER: __ __

4. Relative's children?

RELATIVE'S CHILDREN: __ __

DM16 What is the highest grade in school you completed?

__ __ GRADE

1 YEAR COLLEGE = 30 SEMESTER UNITS OR 45 QUARTER UNITS.

CODE ACTUAL GRADE.

1. Technical school or one year of college=13

2. 2 years of college.....=14

3. 3 years of college.....=15

4. 4 years of college.....=16

5. Graduate: M.A., M.S.=17

6. Doctorate: J.D., M.D., Ph.D.=18

DM17 What is the highest educational degree or diploma you hold?

1. None 0
2. Elementary or junior high 1
3. GED 2
4. H.S. diploma 3
5. Vocational tech diploma 4
6. Associate degree 5
7. R. N. diploma 6
8. Bachelor's degree 7
9. Master's degree 8
10. Doctorate: J.D., M.D. Ph.D. 9
11. Other 10

DM18 When did you graduate from:

GED: ____ YR **t** **DM18a**
 HIGH SCH: ____ YR **t** **DM18b**
 COLLEGE: ____ YR **t** **DM18c**
 GRAD: ____ YR **t** **DM18d**

TS1 The next questions are about tobacco use. Have you ever:

	<u>NO</u>	<u>YES</u>
1. Smoked a cigarette?	1	5
2. Smoked a cigar?	1	5
3. Smoked a pipe?	1	5
4. Smoked a bidi or kretek?	1	5
5. Used chew or snuff?	1	5
6. Used nicotine medications (e.g., nicotine gum or the nicotine patch)?.....	1	5
7. Used any other nicotine products?	1	5

<p>BOX TS1 IF ANY TS1 QUESTION 1 – 4 = “5”, CONTINUE AND ASK TS2 FOR EACH “5” RESPONSE.</p> <p>IF ANY TS1 QUESTION 5 – 7 = “5”, CONTINUE AND ASK TS2B FOR EACH “5” RESPONSE.</p> <p>IF NO “5” RESPONSE CODED IN TS1 SERIES, SKIP TO NEXT SECTION.</p>

TS2 A. How old were you the very first time you ever smoked even a puff of a:
IF “All my life” OR “As long as I can remember”, PROBE: Was it before
 your teens? **IF NO/DK, PROBE:** Was it before your twenties?

- | | |
|--------------------|---------|
| 1. Cigarette? | ___ AGE |
| 2. Cigar? | ___ AGE |
| 3. Pipe? | ___ AGE |
| 4. Bidi or kretek? | ___ AGE |

TS2a IF DK, ASK:

Was it before your teens?	NO.....1
	YES.....5

TS2b IF DK, ASK:

Was it before your twenties?	NO.....1
	YES.....5

BOX TS2 IF TS1 5 - 7 = “1”, SKIP TO TS3.
--

How old were you the very first time you ever used:

IF “All my life” OR “As long as I can remember”, PROBE: Was it
 before your teens? **IF NO/DK, PROBE:** Was it before your twenties?

- | | |
|---------------------------------|---------|
| | ___ AGE |
| 5. Chew or snuff? | ___ AGE |
| 6. Nicotine medications? | ___ AGE |
| 7. Any other nicotine products? | ___ AGE |

TS3 Was there ever a period in your life lasting at least 2 months when you
smoked/used _____ at least once a week?

ASK FOR EACH RESPONSE CODED "5" IN TS1.

	<u>NO</u>	<u>YES</u>
1. A cigarette.....	1	5
2. A cigar.....	1	5
3. A pipe	1	5
4. A bidi or kretek.....	1	5
5. Chew or snuff.....	1	5
6. Nicotine medications.....	1	5
7. Other nicotine products.....	1	5

TS4	How old were you the last time you smoked/ used :		
1. A cigarette?	AGE REC: ____	REC: ____	1 2
2. A cigar?	AGE REC: ____	REC: ____	1 2
3. A pipe?	AGE REC: ____	REC: ____	1 2
4. A bidi or a kretek?	AGE REC: ____	REC: ____	1 2
5. Chew or snuff?	AGE REC: ____	REC: ____	1 2
6. Nicotine medications?	AGE REC: ____	REC: ____	1 2
7. Other nicotine products?	AGE REC: ____	REC: ____	1 2

MH: Medical History

Now I have some questions about your physical health and medical history.

MH1 How tall are you?

__ __
FT IN

MH2 How much do you weigh?

__ __ __ LBS

A. What is the most you have ever weighed (when
you were not pregnant)?

__ __ __ LBS

B. How old were you when you first weighed (**#LBS**
IN A) (when you were not pregnant)?

__ __ AGE

 MH3 Has a doctor or other health professional ever told you that you had:

	<u>NO</u>	<u>YES</u>	<u>YEAR</u> <u>DIAGNOSED</u>
1. High blood pressure?.....	1	5	___ ___ ___ MH3YR1
2. High cholesterol?	1	5	___ ___ ___ MH3YR2
3. A stroke?.....	1	5	___ ___ ___ MH3YR3
4. Heart attack/ artery blockage?.....	1	5	___ ___ ___ MH3YR4
5. Heart problems/ murmur/ irregular heart beat/ heart failure?	1	5	___ ___ ___ MH3YR5
6. Peripheral artery disease/ circulation problems/ pain in limbs or extremities? ...	1	5	___ ___ ___ MH3YR6
7. Hepatitis?	1	5	___ ___ ___ MH3YR7
8. Cirrhosis or liver disease?	1	5	___ ___ ___ MH3YR8
9. Asthma?.....	1	5	___ ___ ___ MH3YR9
10. Lung disease/ chronic bronchitis/ emphysema/ COPD?.....	1	5	___ ___ ___ MH3YR10
11. Diabetes?	1	5	___ ___ ___ MH3YR11
12. Tuberculosis?	1	5	___ ___ ___ MH3YR12
13. HIV/AIDS?	1	5	___ ___ ___ MH3YR13
14. A sexually transmitted disease?	1	5	___ ___ ___ MH3YR14
15. Fertility problems?	1	5	___ ___ ___ MH3YR15
16. Migraines?	1	5	___ ___ ___ MH3YR16
17. Cancer	1	5	___ ___ ___
17a. What kind of cancer?			

18. Health problems? 1 5 ___ ___ ___

Please list these other problems, beginning with the first.

1. _____ CODE: _____
 2. _____ CODE: _____
 3. _____ CODE: _____

MH3 Continued

IF YES, ASK FOLLOWING FOR EACH ENDORSED CONDITION.

Did _____ (condition endorsed) change your smoking behavior?
 CODE IN COLUMN I. NO = 1, YES = 5

IF YES: How did it change your smoking behavior (did your smoking increase, did it decrease, did you try to quit but fail, or did you quit)?

CODE IN COLUMN II. Increased = 3, Decreased = 2, Quit = 1

	<u>COL.I</u>			<u>COL.II</u>			
	<u>NO</u>	<u>YES</u>		<u>Increased/Decreased/Tried & failed/Quit</u>			
1. HIGH BLOOD PRESSURE	1	5	1	2	3	4	MH3B1
2. HIGH CHOLESTEROL	1	5	1	2	3	4	MH3B2
3. A STROKE	1	5	1	2	3	4	MH3B3
4. HEART ATTACK	1	5	1	2	3	4	MH3B4
5. HEART PROBLEMS	1	5	1	2	3	4	MH3B5
6. PERIPH. ART. DIS.	1	5	1	2	3	4	MH3B6
7. HEPATITIS	1	5	1	2	3	4	MH3B7
8. CIRRHOSIS/LIVER DIS.	1	5	1	2	3	4	MH3B8
9. ASTHMA	1	5	1	2	3	4	MH3B9
10. LUNG DISEASE	1	5	1	2	3	4	MH3B10
11. DIABETES	1	5	1	2	3	4	MH3B11
12. TUBERCULOSIS	1	5	1	2	3	4	MH3B12
13. HIV/AIDS	1	5	1	2	3	4	MH3B13
14. SEX. TRANS. DIS.	1	5	1	2	3	4	MH3B14
15. FERTILITY PROBS	1	5	1	2	3	4	MH3B15
16. MIGRAINES	1	5	1	2	3	4	MH3B16
17. CANCER	1	5	1	2	3	4	MH3B17
18. OTHER HEALTH PROBS.	1	5	1	2	3	4	
	1	5	1	2	3	4	
	1	5	1	2	3	4	

MH4 How many times have you been treated in an outpatient psychiatric program? **IF NEVER CODE 00 AND SKIP TO MH5.** __ __ TIMES

A. When was the **first** time you were treated in an outpatient psychiatric program? __ __ / __ __ __ __ (Mo/Yr)

B. When was the **last** time you were treated in an outpatient psychiatric program? __ __ / __ __ __ __ (Mo/Yr)

MH5 How many times have you been an inpatient in a psychiatric unit where you stayed overnight? **IF NEVER CODE 00 AND SKIP TO MH6.** __ __ TIMES

A. When was the **first** time you were treated in an inpatient psychiatric program? __ __ / __ __ __ __ (Mo/Yr) **t**

B. When was the **last** time you were treated in an inpatient psychiatric program? __ __ / __ __ __ __ (Mo/Yr)

MH6 How many times have you been in an outpatient chemical dependency program? **IF NEVER, CODE 00 AND SKIP TO MH7.** __ __ TIMES

A. When was the **first** time you were treated in an outpatient chemical dependency program? __ __ / __ __ __ __ (Mo/Yr) **t**

B. When was the **last** time you were treated in an outpatient chemical dependency program? __ __ / __ __ __ __ (Mo/Yr)

MH7 How many times have you been enrolled as an inpatient in a chemical dependency program? **IF NEVER, CODE 0 AND SKIP TO MH8.** __ __ TIMES

A. When was the **first** time you were treated in an inpatient chemical dependency program? __ __ / __ __ __ __ (Mo/Yr) **t**

B. When was the **last** time you were treated in an inpatient chemical dependency program? __ __ / __ __ __ __ (Mo/Yr)

MH8 In the last 12 months, how many visits have you made to a:

- | | |
|--------------------------------|--------------|
| 1. Doctor or clinic? | __ __ VISITS |
| 2. Emergency room? | __ __ VISITS |
| 3. Dentist? | __ __ VISITS |
| 4. Counselor? | __ __ VISITS |
| 5. Other health care provider? | __ __ VISITS |
-

MH9	In the past 12 months, have you <u>continuously</u> had health insurance?	NO 1
		YES 5

MH10 Have you ever taken any medications prescribed to you by a doctor for two weeks or longer for the following reasons: **READ 1-7. DO NOT COUNT OTC.**

- | | |
|---|-------------------------------|
| 1. To make you feel less nervous? | NO ... SKIP TO MH10.2 1 |
| | YES 5 |
| MH10A1 IF YES: Are you currently taking medications to make you feel less nervous? | NO 1 |
| | YES 5 |
| 2. To help you sleep? | NO ... SKIP TO MH10.3 1 |
| | YES 5 |
| MH10A2 IF YES: Are you currently taking medications to help you sleep? | NO 1 |
| | YES 5 |
| 3. To feel less depressed? | NO ... SKIP TO MH10.4 1 |
| | YES 5 |
| MH10A3 IF YES: Are you currently taking medications to feel less depressed? | NO 1 |
| | YES 5 |
| 4. To have more energy? | NO ... SKIP TO MH10.5 1 |
| | YES 5 |
| MH10A4 IF YES: Are you currently taking medications to have more energy? | NO 1 |
| | YES 5 |
-

5. For alcohol problems?	NO ... SKIP TO MH10.6 1 YES 5
MH10A5 IF YES: Are you currently taking medications for alcohol problems?	NO 1 YES 5
6. For drug problems?	NO ... SKIP TO MH10.7 1 YES 5
MH10A6 IF YES: Are you currently taking medications for drug problems?	NO 1 YES 5
7. For any (other) emotional problem?	NOSKIP TO MH11..... 1 YES 5
MH10A7 IF YES: Are you currently taking medications for any (other) emotional problem?	NO 1 YES 5

MH11 Has there ever been a time when you wanted
to talk to a doctor or other health professional
about any emotional problems you might have
have had?

NOSKIP TO MH12..... 1 YES 5

A. Did you do it?

NOSKIP TO MH12..... 1 YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A medical doctor?	1	5
2. Another medical health professional (nurse practitioner, physician's assistant)?	1	5
3. A psychologist?	1	5
4. Another mental health professional?	1	5

C. How old were you the (first/last) time you
talked to a health professional about any
emotional problems you might have had?

AGE ONS	<u> </u> / <u> </u>
AGE REC	<u> </u> / <u> </u>
REC	1 2

MH12 HAND R DRUG CARD. Now I would like to ask you questions about your use of tobacco, alcohol or drugs during the past month and over the course of your lifetime.

Have you ever used **(READ 1 - 11)**:
CODE IN COLUMN I.

A. **IF YES:** Have you used substance in the past month? **CODE IN COLUMN II.**

B. **IF YES:** Do you think you have had a problem with substance? **CODE IN COLUMN III.**

	<u>COL. I</u>		<u>COL. II</u>		<u>COL. III</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. Alcohol – full drink	1	5	1	5	1	5
2. Marijuana	1	5	1	5	1	5
3. Cocaine	1	5	1	5	1	5
4. Stimulants/ Amphetamines/ Speed	1	5	1	5	1	5
5. Opiates/ Heroin/ Methadone	1	5	1	5	1	5
6. Sedatives/ Barbiturates/ Tranquilizers	1	5	1	5	1	5
7. Hallucinogens	1	5	1	5	1	5
8. Solvents/ Inhalants	1	5	1	5	1	5
9. PCP	1	5	1	5	1	5
10. Club drugs	1	5	1	5	1	5

		<u>NO</u>	<u>YES</u>
SC1	Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?1		5
	IF YES, SKIP TO SC1A.		
	A. Have you ever had an attack when all of sudden you became very uncomfortable, you either became short of breath, dizzy, nauseous, or your heart pounded, or you thought you might lose control, die or go crazy?1		5
SC2	Have you ever in your life had a period lasting several days or longer when most of the day you felt <u>sad</u> , <u>empty</u> , or <u>depressed</u> ?1		5
SC3	Have you ever had a period lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?1		5
SC4	Have you ever had a period lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?1		5
SC5	OMITTED		
SC6	(RB, PG 1) Looking at page 1 in your booklet, was there ever a time in your life when you felt very afraid or <u>really, really</u> shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?	NO 1 YES ..SKIP TO SC6_1 5	
	A. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?	NO .. SKIP TO NEXT*** 1 YES 5	
SC6_1	Was there ever a time in your life when you became very upset or nervous whenever you were in a social situation?	NO 1 YES 5	
SC6_2	Did you ever stay away from social situations whenever you could because of your fear?	NO 1	
SC6_3	Do you think your fear was ever much stronger than it should have been?	NO 1 YES 5	

CG: Cigarettes

The next questions are about cigarette use.

		<u>NO</u>	<u>YES</u>
CG1	Have you ever smoked a cigarette, even a puff?.....	1	5
CG2	How old were you the first time you ever smoked even a puff of a cigarette? IF "All my life" OR "As long as I can remember", PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?		___ AGE
CG2_1	Was it before your teens?	NO 1 YESSKIP TO CG3..... 5	
CG2_1	Was it before your twenties?	NO 1 YES 5	
CG3	Did you smoke a <u>full</u> cigarette this <u>first time</u> that you smoked?	NO 1 YES .. SKIP TO CG3C..... 5	
A.	How soon after you smoked your very first cigarette did you smoke your first <u>full</u> cigarette? Was it: READ ALL RESPONSE CATEGORIES IF NEVER SMOKED A FULL CIGARETTE CODE AND SKIP TO CG4.	ON THE SAME DAY 0 WITHIN 1 WEEK 1 WITHIN 1 MONTH..... 2 WITHIN 6 MONTHS 3 WITHIN 1 YEAR..... 4 OVER 1 YEAR..... 5 NEVER SMOKED FULL 7	
B.	How old were you when you smoked your first <u>full</u> cigarette?		___ AGE
C.	How long was it from the time you smoked your first full cigarette to when you smoked your second full cigarette? Was it: READ ALL RESPONSE CATEGORIES	ON THE SAME DAY 0 WITHIN 1 WEEK 1 WITHIN 1 MONTH..... 2 WITHIN 6 MONTHS 3 WITHIN 1 YEAR..... 4 OVER 1 YEAR..... 5 NEVER SMOKED 2nd..... 7	
BOX CG3		IF CG3A = 7, SKIP TO NEXT SECTION	

 CG4 How would you rate the following from smoking your first few cigarettes?

A. Pleasant sensations: Would you rate pleasant sensations as none, slight, moderate, or intense?	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
B. Unpleasant sensations: Would you rate unpleasant sensations as none, slight, moderate, or intense?	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
C. How much nausea you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
D. How much relaxation you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
E. How much dizziness you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
F. How much of a pleasurable rush or buzz you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
G. How much coughing you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4
H. How much difficulty inhaling you experienced: (read levels as necessary)	NONE	1
	SLIGHT	2
	MODERATE ..	3
	INTENSE	4

CG: Cigarettes

CG5	Over your lifetime, have you smoked at least 100 cigarettes?	NO 1 YES 5
A. How old were you the last time you smoked a cigarette?		AGE: ____ REC: 1 2
CG6	<p>How old were you the <u>very first time</u> you smoked cigarettes <u>at least once a week</u> for a period of <u>at least two months</u>? IF "All my life" OR "As long as I can remember", PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties? IF R _____ AGE</p> <p>VOLUNTEERS "NEVER" <u>AND</u> CG5 IS "NO", CODE 997 AND SKIP TO NEXT SECTION. IF R VOLUNTEERS "NEVER" AND CG5 IS "YES", CODE 997 AND SKIP TO CG8.</p>	
CG6_1	Was it before your teens?	NO 1 YESSKIP TO CG7..... 5
CG6_2	Was it before your twenties?	NO 1 YES 5
CG7	<p>How old were you the very first time you smoked cigarettes (READ SLOWLY) <u>every day</u> or nearly every day for a period of at least 2 months? IF "All my life" OR "As long as I can remember", PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties? IF R VOLUNTEERS "NEVER", CODE 997 AND SKIP TO CG8.</p> <p>_____ AGE</p>	
CG7A_1	Was it before your teens?	NO 1 YESSKIP TO CG8..... 5
CG7A_2	Was it before your twenties?	NO 1 YES 5

CG: Cigarettes

CG7A When you began to smoke daily, say for the first month or two, how many cigarettes did you usually have per day? _____ CIGARETTES

B. For how long did you continue to smoke about _____ UNITS
 [# IN CG7A] cigarettes per day?

CODE UNITS:

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

B. How old were you the last time you smoked cigarettes daily or near daily? AGE REC: _____
 REC: 1 2

CURRENT The next question begins a series of questions asking about CURRENT cigarette use only.

CG8 Think about the past 12 months. About how many days out of the last 365 did you smoke at least one cigarette? _____ DAYS

BOX CG8 IF CG8 = 0, SKIP TO CG18

CG9 On the days you smoked in the past 12 months, about how many cigarettes did you usually have per day? _____ CIGARETTES

CG10 At what age did you start smoking [# in CG9] per day? _____ AGE

A. For how long have you smoked [# in CG9] cigarettes per day? _____ UNITS

CODE UNITS:

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

BOX CG10A IF CG8 = 365, SKIP TO CG11

A. About how many days out of the last 30 did you smoke at least one cigarette? _____ DAYS

BOX CG10B IF CG10.B = 0, SKIP TO CG17

C. On the days you smoked in the past month, about how many cigarettes did you usually have per day?		___ __ CIGARETTES
CG11	How soon after you wake up do you smoke your first cigarette?	___ __ MINUTES
A. IF DK :	Is it usually (READ OPTIONS) minutes?	0-5 0 6-10 1 11-15 2 16-20 3 21-30 4 31 OR MORE 5
CG12	Do you find it difficult to refrain from smoking in places where it is forbidden – for examples, in church, at the library, in the movie theater, or in no smoking sections of restaurants or office buildings?	NO 1 YES 5
CG13	Which cigarette would you most hate to give up, the first one in the morning or some other?	FIRST ONE IN MORN 5 SOME OTHER 1
CG14	Do you smoke more frequently during the first hours after waking than during the rest of the day?	NO 1 YES 5
CG15	Do you smoke if you are so ill that you are in bed most of the day?	NO 1 YES 5
CG16	Do you usually smoke mentholated cigarettes?	NO 1 YES 5
MOST	The next question begins a series of questions asking about the period in R's life when s/he smoked cigarettes the MOST.	
CG17	Was there ever a year in your life when you smoked <u>more</u> than you did in the past 12 months?	NO . SKIP TO LIFETIME 1 YES 5
CG18	Think about the year or years in your life when you smoked <u>most</u> . During that time, about how many days out of 365 did you smoke at least one cigarette?	___ __ DAYS
CG19	On the days you smoked during that time, about how many cigarettes did you usually have per day?	___ __ CIGARETTES

CG: Cigarettes

CG20	At what age did you start smoking [# in CG19] per day?	__ __ AGE
------	--	-----------

A.	How long did you smoke this many [# in CG19] cigarettes per day?	__ __ __ UNITS
----	--	----------------

CODE UNITS:
 DAYS..... 1
 WEEKS..... 2
 MONTHS..... 3
 YEARS 4

CG21	When you were smoking the most, how soon after you woke up did you smoke your first cigarette?	__ __ __ MINUTES
------	--	------------------

A. IF DK :	Is it usually (READ OPTIONS) minutes?	
	0-5	0
	6-10	1
	11-15	2
	16-20	3
	21-30	4
	31 OR MORE	5

	CG22 When you were smoking the most, did you find it difficult to refrain from smoking in places where it was forbidden – for example, in church, at the library, in the movie theater, or in no smoking sections of restaurants or office buildings?	
	NO	1
	YES	5

CG23	When you were smoking the most, which cigarette would you have <u>most</u> hated to give up: the first one in the morning or some other?	
	FIRST ONE IN MORN	5
	SOME OTHER	1

CG24	When you were smoking the most, did you smoke more frequently during the first hours after waking than during the rest of the day?	
	NO	1
	YES	5

CG25	When you were smoking the most, did you smoke when you were so ill that you were in bed most of the day?	
	NO	1
	YES	5

CG: Cigarettes

LIFETIME	The next question begins a series of questions asking about experiences R may have had in his/her lifetime because of smoking cigarettes.	
CG26	What is the <u>largest</u> number of cigarettes you have ever smoked in a 24-hour period.	___ CIGARETTES
The next questions are about some experiences you may have had because of smoking cigarettes		
CG27	When you first started smoking cigarettes, did it make you nauseated or dizzy?	NOSKIP TO CG28..... 1 YES 5
A.	Did the nausea and dizziness stop as you continued to smoke?	NOSKIP TO CG28..... 1 YES 5*
B.	How old were you the (first/last) time?	AGE ONS ___ ONS 1 2 AGE REC ___ REC 1 2
CG28	After you had been smoking cigarettes for awhile, did you find you needed many more to get an effect?	NOSKIP TO CG29..... 1 YES 5*
A.	How old were you the (first/last) time?	AGE ONS ___ ONS 1 2 AGE REC ___ REC 1 2
CG29	After you had been smoking cigarettes for awhile, did using the same amount have less effect on you than before?	NOSKIP TO CG30..... 1 YES 5*
A.	How old were you the (first/last) time?	AGE ONS ___ ONS 1 2 AGE REC ___ REC 1 2

CG: Cigarettes

CG30	Did you have times when you smoked even though you <u>promised</u> yourself you wouldn't?	NOSKIP TO CG31..... 1 YES 5*
A.	How old were you the (first/last) time?	AGE ONS <u> </u> <u> </u> ONS 1 2 AGE REC <u> </u> <u> </u> REC 1 2
CG31	Have you <u>often</u> smoked a lot more than you intended?	NO CG32 1 YES 5*
CG32	Have you <u>often</u> run out of cigarettes sooner than you intended?	NOSKIP TO CG33..... 1 YES 5*
A.	How old were you the (first/last) time?	AGE ONS <u> </u> <u> </u> ONS 1 2 AGE REC <u> </u> <u> </u> REC 1 2
CG33	Was there ever a time when you often had such a strong desire to smoke that you couldn't resist having a cigarette or found it difficult to think of anything else?	NOSKIP TO CG34..... 1 YES 5*
A.	How old were you the (first/last) time?	AGE ONS <u> </u> <u> </u> ONS 1 2 AGE REC <u> </u> <u> </u> REC 1 2
CG34	Did you ever chain smoke; that is, where you smoked several cigarettes, one cigarette right after another?	NOSKIP TO CG35..... 1 YES 5
A.	For how many hours in a row did you smoke like that? IF LESS THAN ONE HOUR, CODE 00.	<u> </u> <u> </u> HOURS
CG34A	IF LESS THAN 3 HOURS, SKIP TO CG35.	

_____ UNITS

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

IF 3 OR MORE DAYS, MARK TALLY.

AGE ONS	—	—
ONS	1	2
AGE REC	—	—
REC	1	2

AGE ONS	—	—
ONS	1	2
AGE REC	—	—
REC	1	2

AGE ONS	—	—
ONS	1	2
AGE REC	—	—
REC	1	2

CG37 Did smoking ever make you:

- | | | |
|--|---|---|
| 1. Nervous? | 1 | 5 |
| 2. Jittery? | 1 | 5 |
| 3. Cause other emotional problems? | 1 | 5 |

BOX CG37 IF ALL CODED "1", SKIP TO CG38.
--

- | | |
|--|--|
| A. Did you continue to smoke after you knew
it caused you these problems? | NOSKIP TO CG38..... 1
YES 5* |
| B. How old were you the (first/last) time? | AGE ONS — —
ONS 1 2
AGE REC — —
REC 1 2 |

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CG38 Did smoking ever <u>cause</u> you any serious health problems like:			
1. Cancer	1	5	
2. Emphysema	1	5	
3. Bronchitis	1	5	
4. A cough that wouldn't go away	1	5	
A. Did you continue to smoke after you knew it caused you health problems?		NOSKIP TO CG39	1
		YES	5*
B. How old were you the (first/last) time?		AGE ONS	— —
		ONS	1 2
		AGE REC	— —
		REC	1 2
DSM-IV CRITERION 7	CG39 Did you continue to smoke when it made a serious illness worse, such as pneumonia, asthma, high blood pressure, heart problems, circulation problems, or any other serious illness?	NOSKIP TO CG40	1
		YES	5*
	A. How old were you the (first/last) time?	AGE ONS	— —
		ONS	1 2
		AGE REC	— —
		REC	1 2
DSM-IV CRITERION 4	CG40 Did you ever have a period of a month or more when you thought about quitting or cutting down on smoking?	NOSKIP TO CG41	1
		YES	5*
	A. How old were you the (first/last) time?	AGE ONS	— —
		ONS	1 2
		AGE REC	— —
		REC	1 2

I would like to ask you about times when you tried to quit smoking for at least 24 hours.

CG41 Did you ever try to quit smoking? NOSKIP TO CG42..... 1
YES 5

A. How old were you the (first/last) time (you tried to quit)? AGE ONS — —
ONS 1 2
AGE REC — —
REC 1 2

B. How many times did you try to quit smoking? — — — — TIMES

BOX CG41 IF CG41B MORE THAN 5 TIMES, MARK TALLY.
--

C. How long was the longest period of time you were able to quit smoking? — — — — UNITS

CODE UNITS:

HOURS..... 0
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS 4

D. Were there times when you tried to quit smoking and found that you were not able to do so? NOSKIP TO CG42..... 1
YES 5*

E. How old were you the (first/last) time you tried to quit smoking and found you were not able to do so? AGE ONS — —
ONS 1 2
AGE REC — —
REC 1 2

Now I would like to ask you about times when you tried to cut down on your cigarette use, that is you cut back on the number of cigarettes you smoked per day. For example cutting down from 20 cigarettes to 10 cigarettes per day.

CG42 Did you ever try to cut down on smoking? NOSKIP TO CG43..... 1
YES 5

A. How old were you the (first/last) time (you tried to cut down) on smoking? AGE ONS — —
ONS 1 2
AGE REC — —
REC 1 2

B. How many times did you try to cut down on smoking? — — — — TIMES

BOX CG42 IF CG42B MORE THAN 5 TIMES, MARK TALLY.
--

C. How long was the longest period of time you — — — — UNITS
were able to cut down on smoking?

CODE UNITS:

HOURS..... 0
DAYS..... 1
WEEKS..... 2
MONTHS 3
YEARS 4

D. Were there times when you tried to cut down on your smoking and found that you were not able to do so? NOSKIP TO CG43..... 1
YES 5*

E. How old were you the (first/last) time you tried to cut down on smoking but found you were not able to do so? AGE ONS — —
ONS 1 2
AGE REC — —
REC 1 2

CG: Cigarettes

DSM-IV
CRITERION 2

CG43 I'm going to ask you about problems that you might have had when you quit smoking or smoked less than usual. Think about the time when you had the most problems when you went without cigarettes or had fewer than usual.

- | | | |
|---|---|---|
| 1. Were you irritable, angry, or frustrated? | 1 | 5 |
| 2. Were you nervous or anxious? | 1 | 5 |
| 3. Did you feel down or depressed? | 1 | 5 |
| 4. Did you have trouble concentrating? | 1 | 5 |
| 5. Were you restless? | 1 | 5 |
| 6. Did you have trouble sleeping? | 1 | 5 |
| 7. Did your appetite increase or did you gain weight? | 1 | 5 |
| 8. IF YES: Did you gain as much as 10 pounds? | 1 | 5 |
| 9. Did your heart rate slow down? | 1 | 5 |

BOX CG43A IF ALL CODED "1", SKIP TO CG44.

BOX CG43B IF FOUR OR MORE = "5", MARK TALLY.

A. How old were you the (first/last) time (you had problems when you went without cigarettes or smoked less than usual)?

AGE ONS	— —
ONS	1 2
AGE REC	— —
REC	1 2

DSM-IV
CRITERION 2

B. Did these problems you had after quitting or cutting down bother you a lot?

NO	1
YES	5

DSM-IV
CRITERION 2

C. Did these problems interfere with your work school, or home?

NO	1
YES	5

DSM-IV
CRITERION 2

DSM-IV
CRITERION 2

E1. How old were you the (first/last) time?	AGE ONS	— —
	ONS	1 2
	AGE REC	— —
	REC	1 2

BOX CG44 IF 3 MARKS IN COLUMN 1 OF TALLY, CONTINUE. OTHERS SKIP TO CG47.

A. How old were you the (first/last) time	AGE ONS	— —
you had 3 or more experiences within a	ONS	1 2
12- month period?	AGE REC	— —
	REC	1 2

A. How old were you the (first/last) time	AGE ONS	— —
you had 3 or more experiences occur in the	ONS	1 2
same month or longer?	AGE REC	— —
	REC	1 2

CG47 The following questions are about periods in your life during which you stopped smoking for at least one year and then started again.

A. Have you ever stopped smoking for a period of 12 months or more and then began smoking again? NOSKIP TO NEXT 1
YES 5

B. How many different times did you stop smoking for 12 months or more and then started smoking again? ____ TIMES

PERIOD 1 C. How old were you the first time you stopped smoking for a year or more? ____ AGE

D. How old were you when you started smoking again? ____ AGE

BOX CG47 REPEAT CG47.C – D FOR EACH TIME RESPONDENT QUIT FOR 12 MONTHS AND THEN STARTED AGAIN. SKIP TO **NEXT SECTION** AFTER ALL PERIODS HAVE BEEN EXHAUSTED.

PERIOD 2
CG48 A. How old were you the next time you stopped smoking for a year or more? ____ AGE

B. How old were you when you started smoking again? ____ AGE

PERIOD 3
CG49 A. How old were you the next time you stopped smoking for a year or more? ____ AGE

B. How old were you when you started smoking again? ____ AGE

PERIOD 4
CG50 A. How old were you the next time you stopped smoking for a year or more? ____ AGE

B. How old were you when you started smoking again? ____ AGE

PERIOD 5
CG51 A. How old were you the next time you stopped smoking for a year or more? ____ AGE

B. How old were you when you started smoking again? ____ AGE

CG: Cigarettes

PERIOD 6 CG52	A. How old were you the next time you stopped smoking for a year or more?	__ __ AGE
	B. How old were you when you started smoking again?	__ __ AGE
PERIOD 7 CG53	A. How old were you the next time you stopped smoking for a year or more?	__ __ AGE
	B. How old were you when you started smoking again?	__ __ AGE
PERIOD 8 CG54	A. How old were you the next time you stopped smoking for a year or more?	__ __ AGE
	B. How old were you when you started smoking again?	__ __ AGE
PERIOD 9 CG55	A. How old were you the next time you stopped smoking for a year or more?	__ __ AGE
	B. How old were you when you started smoking again?	__ __ AGE
PERIOD 10 CG56	A. How old were you the next time you stopped smoking for a year or more?	__ __ AGE
	B. How old were you when you started smoking again?	__ __ AGE

ASK FOR ANY SUBSTANCE CODED "5" IN TS1

Now I would like to ask you some more questions about other nicotine use.

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC1 Think about the past 12 months. About how many days out of the last 365 did you smoke/use at least one _____?	DAYS	---	---	---	---	---	---
NC2 On the days that you smoked/used _____ in the past 12 months, about how many _____ did you usually have per day?	UNIT	---	---	---	---	---	---
NC3 At what age did you start smoking/using that many _____ per day?	AGE ONS ONS	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2
A. How long have you smoked that many _____ per day?	DAYS WEEKS MONTH YEARS	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
B. About how many days out of the last 30 did you smoke/use at least one _____?	DAYS	---	---	---	---	---	---
C. On the days you smoked/used in the past month, about how many _____ did you usually have per day?	UNIT	---	---	---	---	---	---

NC: Nicotine -Tobacco

NC4	Think about the year or years in your life when smoked/used _____ the most. During that time, about how many days out of 365 did you smoke/use at least one _____?	DAYS						
			---	---	---	---	---	---

NC5	On the days you smoked/used during that time, about how many _____ did you usually have per day?	UNIT	---	---	---	---	---	---
NC6	How many years in your life did you smoke/use _____ daily or almost daily?	YEARS	--	--	--	--	--	--

The next questions are about some experiences you may have had because of using _____.	
--	--

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC7	When you first started smoking/using _____, did it make you nauseated or dizzy?	NO	1	1	1	1	1
	YES	5	5	5	5	5	5
A.	Did the nausea and dizziness stop as you continued to smoke/use _____?	NO	1	1	1	1	1
	YES	5*	5*	5*	5*	5*	5*
IF NO, SKIP TO NC8.							
B.	How old were you the (first/last) time (smoking/using _____ did not make you nauseated or dizzy)?	AGE					
		ONS	1	1	1	1	1
		ONS	2	2	2	2	2
		AGE					
		REC	1	1	1	1	1
		2	2	2	2	2	

NC: Nicotine -Tobacco

NC8 After you had been smoking/using _____ for a while, did you find you needed many more ____ to get an effect? IF NO, SKIP TO NC9.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (you needed many more ____ to get an effect)?	AGE ONS ONS AGE REC REC	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2
		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC9 After you had been smoking/using _____ for a while, did smoking/using the same amount have less effect on you than before? IF NO, SKIP TO NC10.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (smoking/using the same amount had less effect)?	AGE ONS ONS AGE REC REC	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2
NC10 Have you had times when you smoked/used _____ even though you <u>promised</u> yourself you wouldn't? IF NO, SKIP TO NC11.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (you smoked/used _____ even though you promised yourself you wouldn't)?	AGE ONS ONS AGE REC REC	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2	 1 2 1 2

NC: Nicotine -Tobacco

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC11 Have you <u>often</u> smoked/used _____ a lot more than you intended? IF NO, SKIP TO NC12.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (you smoked/used a lot more than you intended)?	AGE ONS ONS AGE REC REC	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2
NC12 Have you <u>often</u> run out of _____ sooner than you intended? IF NO, SKIP TO NC13.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (you ran out of _____ sooner than you intended)?	AGE ONS ONS AGE REC REC	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2
NC13 Was there ever a time when you often had such a strong desire to smoke/use _____ that you couldn't resist or found it difficult to think of anything else? IF NO, SKIP TO NC14.	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
A. How old were you the (first/last) time (you had such a strong desire to smoke/use that you couldn't resist having _____ or found it difficult to think of anything else)?	AGE ONS ONS AGE REC REC	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2	_____ 1 2 _____ 1 2

NC: Nicotine -Tobacco

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC14 Did you ever chain smoke _____ or continuously smoke/use several _____, one right after another? IF NO, SKIP TO NC15.	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
A. For how many hours in a row did you smoke/use ____ like that? CODE LESS THAN 1 HOUR = 00	HOURS	___	___	___	___	___	___
BOX NC14A IF LESS THAN 3 HOURS, SKIP TO NC12.							
B. What is the longest period of time you continuously smoked/used _____, one right after another, every day or nearly everyday?	DAYS WEEKS MONTHS YEARS	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___
BOX NC14B IF 3 OR MORE DAYS, MARK TALLY.*							
C. How old were you the (first/last) time (you continuously smoked/used _____, one right after another, every day or nearly every day)?	AGE ONS ONS AGE REC REC	___ 1 2 ___ ___ 1 2	___ 1 2 ___ ___ 1 2	___ 1 2 ___ ___ 1 2	___ 1 2 ___ ___ 1 2	___ 1 2 ___ ___ 1 2	___ 1 2 ___ ___ 1 2

NC: Nicotine -Tobacco

[illegible]

NC: Nicotine -Tobacco

	CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC17 Did smoking/using _____ ever make you: (NO = 1, YES = 5)						
1. Nervous?.....	_____	_____	_____	_____	_____	_____
2. Jittery?	_____	_____	_____	_____	_____	_____
3. Cause other emotional problems?	_____	_____	_____	_____	_____	_____
BOX NC17 IF ALL CODED "1", SKIP TO NC15.						
Did you continue to smoke/use _____ after you knew it caused you these problems?						
NO	1	1	1	1	1	1
YES	5*	5*	5*	5*	5*	5*
B. How old were you the (first/last) time (you continued to smoke/use _____ after you knew it caused you these problems)?						
AGE	_____	_____	_____	_____	_____	_____
ONS	1 2	1 2	1 2	1 2	1 2	1 2
ONS	_____	_____	_____	_____	_____	_____
AGE	_____	_____	_____	_____	_____	_____
REC	1 2	1 2	1 2	1 2	1 2	1 2
REC	_____	_____	_____	_____	_____	_____
NC18 Did smoking/using _____ ever cause you any serious health problems like: (NO = 1, YES = 5)						
1. Cancer?	_____	_____	_____	_____	_____	_____
2. Emphysema?	_____	_____	_____	_____	_____	_____
3. Bronchitis?	_____	_____	_____	_____	_____	_____
4. A cough that wouldn't go away?	_____	_____	_____	_____	_____	_____
BOX NC18 IF ALL CODED "1", SKIP TO NC19.						

NC: Nicotine -Tobacco

<p>Did you continue to smoke/use _____ after you knew it was causing you health problems?</p> <p>NO YES</p>	<p>1 5*</p>	<p>1 5*</p>	<p>1 5*</p>	<p>1 5*</p>	<p>1 5*</p>	<p>1 5*</p>
<p>B. How old were you the (first/last) time (you continued to smoke/use _____ after you knew it caused you health problems)?</p> <p>AGE ONS ONS AGE REC REC</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>
	CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
<p>NC19 Did you continue to smoke/use _____ when it made a serious illness worse, such as pneumonia, asthma, high blood pressure, heart problems, circulation problems, or any other serious illness? IF NO, SKIP TO NC20.</p> <p>NO YES</p> <p>A. How old were you the (first/last) time (you continued to smoke/use _____ when it made a serious illness worse)?</p> <p>AGE ONS ONS AGE REC REC</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>
<p>NC20 Did you ever have a period of a month or more when you thought about quitting or cutting down on smoking/using _____? IF NO, SKIP TO NC21.</p> <p>NO YES</p> <p>How old were you the (first/last) time (you had a period of a month or more when you thought about quitting or cutting down on smoking/using _____)?</p> <p>AGE ONS ONS AGE REC REC</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>	<p>1 5*</p> <p>_____ 1 2 _____ 1 2</p>

I would like to ask you about times when you tried to quit smoking/using _____ for at least 24 hours.

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC21	Did you ever <u>try</u> to quit smoking/using _____?	1	1	1	1	1	1
	IF NO, SKIP TO NC22.	5	5	5	5	5	5
A.	How old were you the (first/last) time (you <u>tried</u> to quit smoking/using _____)?	AGE ONS ONS 1 2	AGE ONS ONS 1 2	AGE ONS ONS 1 2	AGE ONS ONS 1 2	AGE ONS ONS 1 2	AGE ONS ONS 1 2
		AGE REC REC 1 2	AGE REC REC 1 2	AGE REC REC 1 2	AGE REC REC 1 2	AGE REC REC 1 2	AGE REC REC 1 2
B	How many times did you try to quit smoking/using _____?	TIMES _____	TIMES _____	TIMES _____	TIMES _____	TIMES _____	TIMES _____
BOX NC21 IF NC21B MORE THAN 5 TIMES, MARK TALLY*							

C.	How long was the longest period of time you <u>were</u> able to quit smoking/using _____?	DAYS WEEKS MONTH S YEARS	_____	_____	_____	_____	_____	_____
D.	Were there times when you <u>tried</u> to quit smoking/using _____ and found that you were <u>not able</u> to do so?	NO YES	1 5*	1 5*	1 5*	1 5*	1 5*	1 5*
	IF NO, SKIP TO NC22.							
E.	How old were you the (first/last) time (you tried to quit smoking/using and found that you were not able to do so)?	AGE ONS ONS AGE REC REC	_____	_____	_____	_____	_____	_____
		_____	1 2	1 2	1 2	1 2	1 2	1 2
		_____	1 2	1 2	1 2	1 2	1 2	1 2

Now I would like to ask you about times when you tried to cut down on your _____ use,
that is you cut back on the number of _____ you smoked/used per day.

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
NC22 Did you ever <u>try</u> to cut down on smoking/using _____?	NO	1	1	1	1	1	1
IF NO, SKIP TO NC23.	YES	5	5	5	5	5	5
A. How old were you the (first/last) time (you <u>tried</u> to cut down on smoking/using _____)?	AGE						
	ONS	1 2	1 2	1 2	1 2	1 2	1 2
	ONS						
	AGE						
	REC	1 2	1 2	1 2	1 2	1 2	1 2
	REC						
B How many times did you try to cut down on smoking/using _____?	TIMES						

BOX NC22 IF NC22B MORE THAN 5 TIMES, MARK TALLY*

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
C. How long was the longest period of time you <u>were</u> able to cut down on smoking/using _____?	DAYS	_____	_____	_____	_____	_____	_____
	WEEKS	_____	_____	_____	_____	_____	_____
	MONTHS	_____	_____	_____	_____	_____	_____
	YEARS	_____	_____	_____	_____	_____	_____
D. Were there times when you tried to cut down on smoking/using _____ and found that you were <u>not able</u> to do so? IF NO, SKIP TO NC23.	NO	1	1	1	1	1	1
	YES	5*	5*	5*	5*	5*	5*

NC: Nicotine -Tobacco

E. How old were you the (first/last) time (you <u>tried</u> to cut down on your _____ use but found you were <u>not able</u> to do so)?	AGE ONS ONS AGE REC REC	_____ 1 2	_____ 1 2	_____ 1 2	_____ 1 2	_____ 1 2	_____ 1 2
---	--	--------------	--------------	--------------	--------------	--------------	--------------

	CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
<p>NC23 I'm going to ask you about problems that you may have had when you quit smoking/using _____ or smoked/used less than usual. Think about the time when you had the <u>most</u> problems when you went without _____ or had less than usual:</p> <p>(NO = 1, YES = 5)</p> <p>1. Were you irritable, angry, or frustrated? _____</p> <p>2. Were you nervous or anxious? _____</p> <p>3. Did you feel down or depressed? _____</p> <p>4. Did you have trouble concentrating? _____</p> <p>5. Were you restless? _____</p> <p>6. Did you have trouble sleeping?..... _____</p> <p>7. Did your appetite increase or did you gain weight?..... _____</p> <p>8. IF YES: Did you gain as much as 10 pounds?..... _____</p> <p>9. Did your heart rate slow down? _____</p>						
BOX NC23A IF ALL CODED "1", SKIP TO NC24.						

NC: Nicotine -Tobacco

A. How old were you the (first/last) time (you had problems when you quit or cut down on your _____ use)?	AGE ONS ONS AGE REC REC	<u> </u> 1 2	<u> </u> 	<u> </u> 	<u> </u> 1 2	1 2	1 2
B. Did these problems you had after quitting or cutting down bother you a lot?	NO YES	1 5	1 5	5 5	1 5	5 5	1 5

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
C. Did these problems interfere with your work, school, or home?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
D. Did you ever smoke/use _____ to keep from having any of these problems or to make them go away?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
E. Did you ever use other nicotine products or medications to keep from having these problems or to make them go away?	NO YES	1 5*	1 5*	1 5*	1 5*	XXXXXXX	XXXXX
1. How old were you the (first/last) time (you used other nicotine products or medications to keep from having these problems or to make them go away)?	AGE ONS ONS AGE REC REC	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	XXXXX	XXXXX
		<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	<u> </u> 1 2	XXXXX	XXXXX
NC24 Did you ever feel like you needed or were dependent on _____?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
BOX NC25 IF 3 MARKS IN A COLUMN OF TALLY, CONTINUE. OTHERS SKIP TO NC27.							

		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
<p>NC25 Here is a list of experiences you had. You told me (REVIEW SX). Did you have 3 or more of these experiences in a 12-month period? Which ones? Instruct R to mark in the second column of the tally for those symptoms endorsed.</p>	<p>NO YES</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>
<p>A. How old were you the (first/last) time (you had 3 or more experiences within a 12-month period)?</p>	<p>AGE ONS ONS AGE REC REC</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>
<p>NC26 Here is a list of experiences you've had within a period of 12 months or more. You told me (REVIEW SX). Did you have 3 or more of these experiences occur within the period of the same month or longer? Which ones? Instruct R to mark in the second column of the tally for those symptoms endorsed.</p>	<p>NO YES</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>	<p>1 5</p>
<p>A. How old were you the (first/last) time (you had 3 or more experiences occur in the same month or longer)?</p>	<p>AGE ONS ONS AGE REC REC</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>	<p>_____ 1 2 _____ 1 2</p>

**NC27		The following questions are about periods in your life during which you stopped smoking/using _____ for at least one year and then started smoking/using again.					
		CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
PERIOD 1	<p>A. Have you ever stopped smoking/using for a period of <u>12 months or more</u> and then began smoking/using again? (IF ALLCODED "1", SKIP TO NEXT)</p> <p>NO YES</p>	1 5	1 5	1 5	1 5	1 5	1 5
	<p>B. How many different times did you stop smoking/using _____ for 12 months or more and then started smoking/using _____ again?</p> <p>TIMES</p>	_____	_____	_____	_____	_____	_____
	<p>C. When did the first period begin?</p> <p>AGE</p>	_____	_____	_____	_____	_____	_____
	<p>D. When did this period end?</p> <p>AGE</p>	_____	_____	_____	_____	_____	_____

Repeat NC241.C - D FOR EACH TIME RESPONDENT QUIT FOR 12 MONTHS AND THEN STARTED AGAIN. SKIP TO **NEXT SECTION** AFTER ALL PERIODS HAVE BEEN EXHAUSTED.

			CIGAR	DIP/ CHEW	PIPE	BIDI/ KRETEK	NICOTINE MEDS	OTHER
PERIOD 2	A. When did the second period begin?	AGE	_____	_____	_____	_____	_____	_____
	B. When did this period end?	AGE	_____	_____	_____	_____	_____	_____
PERIOD 3	A. When did the third period begin?	AGE	_____	_____	_____	_____	_____	_____
	B. When did this period end?	AGE	_____	_____	_____	_____	_____	_____
PERIOD 4	A. When did the fourth period begin?	AGE	_____	_____	_____	_____	_____	_____
	B. When did this period end?	AGE	_____	_____	_____	_____	_____	_____

PERIOD 5	A. When did the fifth period begin?	AGE	___	___	___	___	___	___
	B. When did this period end?	AGE	___	___	___	___	___	___

PERIOD 6	A. When did the sixth period begin?	AGE	___	___	___	___	___	___
	B. When did this period end?	AGE	___	___	___	___	___	___

PERIOD 7	A. When did the seventh period begin?	AGE	___	___	___	___	___	___
	B. When did this period end?	AGE	___	___	___	___	___	___

PERIOD 8	A. When did the eighth period begin?	AGE	___	___	___	___	___	___
	B. When did this period end?	AGE	___	___	___	___	___	___

NC: Nicotine -Tobacco

PERIOD 9	A. When did the ninth period begin?	AGE	_____	_____	_____	_____	_____	_____
	B. When did this period end?	AGE	_____	_____	_____	_____	_____	_____

PERIOD 10	A. When did the tenth period begin?	AGE	_____	_____	_____	_____	_____	_____
	B. When did this period end?	AGE	_____	_____	_____	_____	_____	_____

AL1	Now I would like to ask you some questions about your use of alcoholic drinks like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. When I use the term "drink," I mean a glass of wine, a can or bottle of beer, or a shot of liquor alone or in a mixed drink. Have you <u>ever</u> had a drink of alcohol?	NO .. SKIP TO NEXT*** 1 YES 5
-----	---	--

A.	How old were you the (first/last) time you had a drink containing alcohol?	AGE ONS _____ AGE REC _____ t REC _____ 1 2
----	--	--

AL2	During the past 12 months, how many weeks (out of 52) did you drink alcohol? Was it...READ OPTIONS	
-----	---	--

1.	Almost every week (48-52)?	1
2.	More weeks than not (30-47)?	2
3.	About half the weeks (23-29)?	3
4.	On average, at least one week a month (12-22)	4
5.	Fewer weeks than that (1-11)?	5
6.	None, SKIP TO AL4	6

AL3	During weeks in the last 12 months when you've had something to drink, how much would you <u>usually</u> drink per <u>week</u> , adding together beers, glasses of wine, straight or mixed liquor, and wine coolers?	
-----	--	--

	_____ TOTAL DRINKS
--	--------------------

AL4 Think about the year in your life when you drank the most.
How old were you then? _____ AGE

A. During that year, how many weeks (out of 52) did you drink alcohol?

Was it...READ OPTIONS

- | | |
|---|---|
| 1. Almost every week (48-52)? | 1 |
| 2. More weeks than not (30-47)? | 2 |
| 3. About half the weeks (23-29)? | 3 |
| 4. On average, at least one week a month (12-22)? | 4 |
| 5. Fewer weeks than that (1-11)? | 5 |

AL5 In that year when you drank the most, during weeks when you had something to drink, how much would you usually drink per week, adding together beers, glasses of wine, straight or mixed liquor, and wine coolers? _____ TOTAL DRINKS

AL6 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

AL6.1 Did you ever have more than 3 drinks in a 24-hour period? NO.....1
YES.....5

AL7 At what age did you begin to drink regularly; that is drinking at least once a month for 6 months or more? _____ AGE *t*

IF DK ASK A.

IF NEVER, CODE 00 AND SKIP TO AL8.

A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? _____ AGE

IF DK ASK A.

IF NEVER, CODE 00 AND SKIP TO BOX AL10A.

1. Was it before you were 15 years old?	NO	1
	YES	5

B. Did you get drunk more than once before you were 15 years old?	NO	1
	YES	5

BOX AL10B IF TS1A= 5, CONTINUE. OTHERS SKIP TO BOX AL11.

C. When drinking, did/do you almost always <u>smoke</u>	NO	1
cigarettes at the same time? COUNT TOBACCO	YES	5
ONLY.		

AL8	Was there ever a time when you drank almost every day for a week or more? By "almost every day" I mean at least 4 days out of 7.	NO SKIP TO AL9	1
		YES	5

A. How old were you when you first drank almost every day for a week or more?	AGE ONS	— —
	ONS	1 2

B. How long did the longest period last when you drank daily or almost every day? CODE LONGEST PERIOD OF DRINKING DAILY.	— — — — UNITS
---	---------------

CODE UNITS:

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

BEGIN SCORING ASTERISKED ITEMS ON ALCOHOL TALLY SHEET.
--

AL9	(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	1
		YES	5

A1. When you first started drinking, how many drinks did it take you to get an effect?	— — — DRINKS
--	--------------

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

A. How old were you the (first/last) time you needed (# IN AL2) drinks to get an effect?	AGE ONS:	— —
	ONS	1 2
	AGE REC:	— —
	REC	1 2

AL10	Have you 3 or more times wanted to stop or cut down on drinking? DO NOT COUNT DIETING OR PREGNANCY.	NO 1 YES 5*
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
B.	Have you ever <u>tried</u> to stop or cut down on drinking? COUNT ANY REASON.	NO SKIP TO AL11 1 YES 5
C.	Were you <u>always</u> able to stop or cut down when you tried to?	NO, UNABLE. 1* YES ... SKIP TO AL11 5
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 *
1.	Was it 3 or more times?	NO 1 YES 5*
E.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
AL11	Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made any rules <u>to control</u> your drinking?	NO SKIP TO AL12 1 YES 5*
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2

AL12	Have you ever started drinking at times you <u>promised</u> yourself that you wouldn't, or have you ever drunk more than you intended? For example, when you decided to drink 2 drinks and ended up drinking 4 or more?	NO 1 YES SKIP TO B 5
A.	Have you ever continued drinking for more days in a row than you intended?	NO SKIP TO AL13 1 YES 5
B.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
C.	Did this happen 3 or more times?	NO 1 YES 5*
AL13	Have you ever started drinking and become drunk when you didn't want to?	NO SKIP TO AL14 1 YES 5
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
B.	Did this happen 3 or more times?	NO 1 YES 5*
AL14	Have you ever given up or greatly reduced important activities while drinking – like sports, work, or associating with friends or relatives?	NO SKIP TO AL15 1 YES 5
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
B.	Did this happen 3 or more times or for a month or more?	NO 1 YES 5*

AL15	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 AL16 1 YES 5
A. Did this period last for a month or more or did you have 3 or more periods like that?		
		NO SKIP TO AL16 1 YES 5*
B. How old were you the (first/last)?		
		AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2

AL16	Have you ever gone on binges or benders when you kept on drinking for 2 days or more without sobering up, except for sleeping?	NO SKIP TO AL17 1 YES 5
A. Did you neglect some of your usual responsibilities then?		
		NO SKIP TO AL17 1 YES 5
B. How many binges like that have you had? — — TIMES *		
1. Did you go on binges 3 or more times?		
		NO 1 YES 5*
C. How old were you the (first/last) time (you binged and neglected your responsibilities)?		
		AGE ONS: — — ONS: 1 2 AGE REC: — — 1 2
IF FEWER THAN 3 BINGES, CODE "NO" SILENTLY.		
D. Did this happen 3 or more times in any 12-month period?		
		NO 1 YES 5

AL17	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 AL18 1 YES 5
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
B.	How many blackouts have you had from drinking? IF DK, ASK B1. OTHERS SKIP TO AL18.	— — TIMES
1.	Did you have 3 or more blackouts?	NO 1 YES 5
AL18	Did you ever need a drink just after you had gotten up (that is, before breakfast)?	NO 1 YES 5
A.	Did you ever <u>take</u> a drink just after you had up?	NO 1 YES 5
BOX AL18 IF AL18 AND AL18A ARE BOTH CODED 1, SKIP TO AL19. OTHERS CONTINUE.		
B.	How old were you the (first/last) time you took (needed) a drink just after you had gotten up?	AGE ONS: — — ONS: 1 2 AGE REC: — — 1 2
C.	Did this happen 3 or more times?	NO 1 YES 5
AL19	In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else?	NO SKIP TO AL20 1 YES 5*
A.	How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2

AL20	Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol?	NO SKIP TO AL21 1 YES 5
A. How old were you the (first/last)?		AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
<hr/>		
AL21	Have you used alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol?	NO SKIP TO AL22 1 YES 5*
A. What medication(s) or drug(s) did you use with alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol?		
<div style="border-bottom: 1px solid black; width: 350px;"></div>		CODE: — — —
<div style="border-bottom: 1px solid black; width: 350px;"></div>		CODE: — — —
B. Why did you think this was dangerous?		
SPECIFY: _____		
C. How old were you the (first/last) time?		AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
D. Did this happen 3 or more times in any 12-month period?		NO 1 YES 5
E. Did you have any harmful effects from mixing alcohol and (DRUG)?		NO 1 YES 5*

ALL22 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 AL23 1
		YES 5
A. How old were you the (first/last)?	AGE ONS:	— —
	ONS	1 2
	AGE REC:	— —
	REC	1 2
B. How many times has this happened?		— — TIMES*
IF 3 OR MORE, MARK TALLY AND SKIP TO C.		
IF FEWER THAN 3, SKIP TO AL23.		
IF DK, ASK B1.		
1. Did this happen 3 or more times?	NOSKIP TO AL 23..... 1	
	YES 5*	
C. Did this happen 3 or more times in any 12-month period?	NO 1	
	YES 5	
<hr/>		
AL23 Have you ever been arrested for drunk driving?		NO SKIP TO AL24 1
		YES 5
A. How old were you the (first/last)?	AGE ONS:	— —
	ONS	1 2
	AGE REC:	— —
	REC	1 2
B. How many times has this happened?		— — TIMES*
IF 3 OR MORE, MARK TALLY AND SKIP TO C.		
IF FEWER THAN 3, SKIP TO AL24.		
IF DK, ASK B1.		
1. Did this happen 3 or more times?	NOSKIP TO AL 24..... 1	
	YES 5*	
C. Did this happen 3 or more times in any 12-month period?	NO 1	
	YES 5	

AL24	Has your drinking and driving ever resulted in your damaging your car or having an accident?	NO SKIP TO AL25 1 YES 5
------	--	--

COUNT ALL ACCIDENTS, EVEN IF NOT
REPORTED TO THE POLICE.

A. How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
---------------------------------------	--

B. How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL25. IF DK, ASK B1.	— — TIMES*
--	------------

1. Did this happen 3 or more times?	NOSKIP TO AL 25..... 1 YES 5*
-------------------------------------	--

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

AL25	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 AL26 1 YES 5*
------	--	---

A. How old were you the (first/last)?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
---------------------------------------	--

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

AL26

**FOR EACH 5 CODED IN AL26A.1-8, GET AGE ONSET AND ASK,
"Did this happen 3 or more times?" CODE IN COL II.**

(17)	A		COL I		AGE ONS	COL II	
			NO	YES		NO	YES
ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B		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	___/___	1	5
ALCFGND3 AD3RA6		2. Have you ever lost friends on account of your drinking?	1	5	___/___	1	5
ALCFGNC3 AD3RA6 AA3RA1/B		3. Did your drinking ever cause you to have problems at work or school?	1	5	___/___	1	5
		4. Did you ever get into arguments when you had been drinking?	1	5	___/___	1	5
ALCFGNC4		5. Did you ever hit things or throw something when you had been drinking?	1	5	___/___	1	5
ALCFGNC4		6. Did you ever hit a significant other or anyone in your family when you had been drinking?	1	5	___/___	1	5
ALCFGNC4		7. Did you ever hit anyone else when you had been drinking without getting into a fight?	1	5	___/___	1	5
ALCFGNC4		8. Did you ever get into physical fights while drinking?	1	5	___/___	1	5

**IF ANY 5 IS CODED IN COL. I, CONTINUE.
OTHERS SKIP TO AL27.**

B. How old were you the last time any of these happened
(REVIEW SX CODED 5 IN COL. I)?

AGE REC: ___/___
REC: 1 2

C. Did any of these experiences happen 3 or more separate times in any 12-month period?

NO. 1
YES 5

AA4A4

AL27	Did your drinking cause serious or repeated problems in any marriage or love relationship?	NO SKIP TO AL28 1 YES 5
A.	How old were you the (first/last)?	AGE ONS: <u> </u> <u> </u> ONS 1 2 AGE REC: <u> </u> <u> </u> REC 1 2
B.	Did this happen 3 or more times in any 12- month period?	NO 1 YES 5
C.	Did you continue to drink knowing it caused these problems?	NO 1 YES 5

AL28	Have you ever been arrested or detained by the police even for a few hours because of drunk behavior (other than for drunk driving)?	NO SKIP TO AL29 1 YES 5
A.	How old were you the (first/last)?	AGE ONS: <u> </u> <u> </u> ONS 1 2 AGE REC: <u> </u> <u> </u> REC 1 2
B.	How many times has this happened?	___ __ TIMES*
	IF 3 OR MORE, MARK TALLY AND SKIP TO C.	
	IF FEWER THAN 3, SKIP TO AL29.	
	IF DK, ASK B1.	
1.	Did this happen 3 or more times?	NOSKIP TO AL 29..... 1 YES 5*
C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5

AL29 Have you ever accidentally injured yourself when you were drinking; that is, had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

NO SKIP TO AL31 1
 YES 5

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

AGE ONS: — —
 ONS 1 2
 AGE REC: — —
 REC 1 2

B. How many times has this happened?

— — TIMES*

IF 3 OR MORE, MARK TALLY AND SKIP TO C.

IF FEWER THAN 3, SKIP TO AL31.

IF DK, ASK B1.

1. Did this happen 3 or more times?

NOSKIP TO AL 31..... 1
 YES 5*

C. Did this happen 3 or more times in any 12-month period?

NO 1
 YES 5

AL30 OMITTED.

AL31 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? SPECIFY: _____	1	5

BOX AL30 IF ANY 5'S CODED IN COL I, CONTINUE. OTHERS SKIP TO AL32.
--

A. How old were you when you first found out that drinking had given you any of these health problems?

AGE ONS: _____
ONS 1 2

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

NOSKIP TO AL 33..... 1
YES 5

AL32 Have you ever continued to drink when you knew you NO SKIP TO AL33 1
 had any other serious physical illness or condition YES 5
 that might be made worse by drinking?

A. What illness or condition?

CODE: ____

CODE: ____

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

AGE ONS: ____

ONS 1 2

AGE REC: ____

REC 1 2

C. Did drinking make your illness or condition worse?

NO 1

YES 5

AL33 Has drinking ever caused you emotional or psychological problems like:

	<u>NO</u>	<u>YES</u>
1. feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	1	5
2. feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	1	5
3. having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?	1	5
4. feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	1	5
5. hearing, seeing, or smelling things that weren't really there?	1	5

IF ALL ARE CODED 1, SKIP TO AL34. OTHERS CONTINUE.

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

NO SKIP TO AL34 1

YES 5

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

AGE ONS: ____

ONS 1 2

AGE REC: ____

REC 1 2

AL: Alcohol

AL34	Did you ever think that you were an excessive drinker or think that you drank too much for your own good?	NOSKIP TO AL 35..... 1 YES 5
	A. How old were you the first time you thought that?	AGE ONS: <u> </u> <u> </u> ONS 1 2
AL35	Have you ever felt guilty about drinking?	NOSKIP TO AL 36..... 1 YES 5
	A. How old were you the first time you thought that?	AGE ONS: <u> </u> <u> </u> ONS 1 2
AL36	OMITTED.	

(32)
ALCFGNA1

AL37 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

	I	II	III	IV
1. Did you have the shakes (hands trembling)?	1 5	1 5	1 5	1 5
2. Were you unable to sleep?	1 5	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	1 5
6. Did you have nausea or vomiting?	1 5	1 5	1 5	1 5
7. Did you feel physically weak?	1 5	1 5		1 5
8. Did you have headaches?	1 5	1 5		1 5
9. Did you see or hear things that weren't there?	1 5	1 5	1 5	1 5
10. Were you fidgety or restless?	1 5		1 5	1 5

ASK A. IF NO SHAKES (AL37.1=1), SKIP TO B.A. How old were you the (first/last) time you had the shakes
(hands trembling)?AGE ONS: ____/____
ONS: 1 2AGE REC: ____/____
REC: 1 2

AD3RB

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

____ DAYS

IF ONLY ONE SX IS CODED 5 IN AL37.1-10, SKIP TO H. OTHERS CONTINUE.C. Was there ever a time when two or more of these
problems occurred together?NO. . . . (SKIP TO F)
YES 5AD3RA8
AD42A
ADICD3D. 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.
IF 2+ SX IN COL. III, MARK TALLY.
IF 3+ SX IN COL. IV, MARK TALLY.**

AL38 When you stopped, cut down, or went without drinking, NO SKIP TO AL39 1
did you ever have fits, seizures, or convulsions, where YES 5
you lost consciousness, fell to the floor, and had
difficulty remembering what happened?

A How old were you the (first/last) time this happened? AGE ONS: — —
ONS 1 2
AGE REC: — —
REC 1 2

B. How many times did this happen? — — TIMES
IF DK, ASK B1.
OTHERS SKIP TO C.

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

C. On 3 or more different occasions have you taken a NO SKIP TO D 1
drink to keep from having fits, seizures, or convulsions YES 5
or to make them go away?

1. How old were you the (first/last) time this AGE ONS: — —
happened? ONS 1 2
AGE REC: — —
REC 1 2

D. Did you ever take any medication or drug to NO 1
avoid having fits, seizures, or convulsions (that YES 5
occurred because you went without drinking) or
to make them go away?

DO NOT COUNT ASPIRIN, TYLENOL, ETC.
DO COUNT MEDS GIVEN IN TREATMENT.

AL39	When you stopped, cut down, or went without drinking, did you ever have the DT's, that is, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there?	NO SKIP TO AL39 1 YES 5
A.	How old were you the (first/last) time this happened?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
B.	How many times did this happen?	— — TIMES
	IF DK, ASK B1.	
	OTHERS SKIP TO C.	
1.	Did this occur 3 or more times?	NO 1 YES 5
C.	On 3 or more different occasions have you taken a drink to keep from having the DT's or to make them go away?	NO SKIP TO D 1 YES 5
1.	How old were you the (first/last) time this happened?	AGE ONS: — — ONS 1 2 AGE REC: — — REC 1 2
D.	Did you ever take any medication or drug to avoid the DT's or to make them go away?	NO 1 YES 5
	DO NOT COUNT ASPIRIN, TYLENOL, ETC. <u>DO</u> COUNT MEDS GIVEN IN TREATMENT.	

AL40 When you stopped or cut down on drinking, did you ever experience any of the following problems?

	<u>NO</u>	<u>YES</u>
1. Did you have the shakes (hands trembling)?	1	5
2. Were you unable to sleep?	1	5
3. Did you feel anxious?	1	5
4. Did your heart beat fast?	1	5

When you stopped or cut down on your drinking:

5. Did you sweat?	1	5
6. Did you have nausea or vomiting?	1	5
7. Did you see or hear things that weren't there?	1	5
8. Were you fidgety or restless?	1	5

AD42A	BOX AL40	HOW MANY 5'S ARE CODED IN AL40.1-8?	NONE SKIP TO AL43	1
			TWO OR MORE	5

A. How old were you the first/last time you had any of these problems?	AGE ONS	— —
	ONS	1 2
	AGE REC	— —
	REC	1 2
B. Did these problems you had after stopping or cutting down on drinking bother you a lot?	NO	1
	YES	5
C. Did these problems interfere with your activities at work, school, or home?	NO	1
	YES	5

BOX AL40 IF THREE OR MORE BOXES MARKED ON ALCOHOL TALLY, CONTINUE. OTHERS SKIP TO AL43.

HAND R ALCOHOL TALLY.

AL41	Here is a list of experiences you've had. Did you ever have 3 or more of these experiences in a 12-month period?	NO 1 YES 5
------	--	---------------------------

1. How old were you the (first/last) time you had 3 or more of these experiences within a 12-month period or longer?	AGE ONS: ONS AGE REC: REC	____ 1 2 ____ 1 2
--	------------------------------------	----------------------------

HAND R ALCOHOL TALLY.

AL42	Here is a list of experiences you've had in a 12-month period. Have you ever had 3 or more of these experiences occur in the same month?	NO 1 YES 5
------	--	---------------------------

1. How old were you the (first/last) time you had 3 or more of these experiences occur within the same month?	AGE ONS: ONS AGE REC: REC	____ 1 2 ____ 1 2
---	------------------------------------	----------------------------

BOX AL43 IF 2+ BOXES MARKED ON TALLY, CONTINUE.
OTHERS SKIP TO AL44.

(8) AL43 (Since (AGE OF REGULAR DRINKING) Since age of regular _____ MONTHS
drinking), what is the longest period of time you have gone
without drinking?

IF LESS THAN 3 MONTHS, SKIP TO AL44.

A. How many times have you gone without drinking for 3 _____ TIMES
months or longer?

B. Can you tell me when these periods occurred?
IF MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

PERIOD 1: FROM _____ TO _____ *t*
MO YEAR MO YEAR

PERIOD 2: FROM _____ TO _____ *t*
MO YEAR MO YEAR

PERIOD 3: FROM _____ TO _____ *t*
MO YEAR MO YEAR

PERIOD 4: FROM _____ TO _____ *t*
MO YEAR MO YEAR

AL44	Have you brought up any problem you might have had with drinking with any professional?	NO SKIP TO AL45 1
		YES 5

A. Did you talk with:

	<u>NO</u>	<u>YES</u>
1. a psychiatrist?	1	5
2. another medical doctor?	1	5
3. a psychologist?	1	5
4. another mental health professional?	1	5
5. a member of the clergy?	1	5
6. another professional?	1	5

SPECIFY: _____

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

AGE ONS:	— —
ONS	1 2
AGE REC:	— —
REC	1 2

C. With whom did you speak first?

CODE: _____

RECORD CODE (1-6)

AL45 Have you ever been treated for a drinking problem? NO SKIP TO D 1
 YES 5

A. Were you treated:

	<u>NO</u>	<u>YES</u>
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?	1	5

B. Where were you first treated?

CODE:

RECORD CODE (1-6).

C. How old were you the (first/last) time this happened?

AGE ONS:

ONS

1 2

AGE REC:

REC

1 2

BOX AL45 SKIP TO NEXT SECTION.

D. Did you ever attend a self-help group (like AA) for your drinking?

NO . SKIP TO NEXT **** 1

YES 5

1. How old were you the (first/last) time you attended a self-help group for your drinking?

AGE ONS:

ONS

1 2

AGE REC:

REC

1 2

MJ: Marijuana

MJ1 Have you ever used marijuana or hashish? NO .. SKIP TO NEXT*** 1
YES 5

A. How many times? _____ TIMES

BOX MJ1 IF FEWER THAN 21 TIMES, CODE B "NO" SILENTLY. OTHERS CONTINUE.

B. Did you ever use marijuana at least 21 times in a single year? NO 1
YES 5

MJ2 How old were you the first time you used marijuana? AGE ONS _____ t
ONS 1 2

BOX MJ2A IF AGE ONS 15 OR LATER, SKIP TO B. OTHERS CONTINUE.

A. Did you use marijuana more than once before you were 15? NO 1
YES 5

B. How old were you the last time you used marijuana? AGE REC _____ t
REC 1 2

BOX MJ2B IF REC CODE = 5, SKIP TO D. OTHERS CONTINUE.

C. How many times did you use marijuana in the last 12 months? IF DK, ASK C1. IF MORE THAN 20 TIMES SKIP TO MJ3. OTHERS SKIP TO D. _____ TIMES

1. Did you use marijuana at least 21 times during the past 12 months? NO 1
YES 5

D. Did you ever use marijuana at least once a week for a month or more? NO 1
YES 5

BOX MJ2C IF MJ1B IS CODED 1, SKIP TO SKIP TO NEXT***. OTHERS CONTINUE.

MJ: Marijuana

DRFGNC

MJ3

What was the longest period of time you used marijuana almost every day?

___ __ __ __ UNITS

CODE UNITS:

DAYS..... 1

WEEKS..... 2

MONTHS..... 3

YEARS 4

BOX MJ3

IF NEVER, CODE 0000 DAYS AND SKIP TO B. IF LESS THAN 2 WEEKS, SKIP TO B.

A. How old were you the (first/last) time you used marijuana almost every day for at least two weeks?

AGE ONS ___ __ *t*

ONS 1 2

AGE REC ___ __ *t*

REC 1 2

B. Please think about the period when you were using marijuana the most. During that period, how many days per month did you use marijuana?

___ __ DAYS

C. During that period of heaviest use, how much marijuana did you use on average day?

___ __ UNITS

CODE UNITS:

HITS 2

JOINTS/CIGS 3

PIPEFULS 4

D. How old were you when that period started?

___ __ AGE *t*

E. How long did that period last?

___ __ __ MONTHS

MJ: Marijuana

DRFGNC	MJ4	Have you ever stayed high from marijuana for a whole day or more?	NO SKIP TO MJ5 1 YES 5								
	A.	How old were you the (first/last) time you stayed high from marijuana for a whole day or more?	<table border="0"> <tr> <td>AGE ONS</td> <td>— —</td> </tr> <tr> <td>ONS</td> <td>1 2</td> </tr> <tr> <td>AGE REC</td> <td>— —</td> </tr> <tr> <td>REC</td> <td>1 2</td> </tr> </table>	AGE ONS	— —	ONS	1 2	AGE REC	— —	REC	1 2
AGE ONS	— —										
ONS	1 2										
AGE REC	— —										
REC	1 2										

BEGIN SCORING ASTERISKED ITEMS ON MARIJUANA TALLY SHEET.

DD3RA3/B DD45 DDICD5	MJ5	Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?	NO 1 YES 5*
----------------------------	-----	---	----------------------------

MJ6

Because of your marijuana use, did you ever experience any of the following: **CODE IN COL I.**

	COL I		COL II	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	1	5	1	5 *
2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?	1	5	1	5 *
3. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	1	5	1	5 *
4. Decreased contact with friends or family?	1	5	1	5 *
5. Hearing, seeing, or smelling things that weren't really there?	1	5	1	5 *

FOR EACH 5 CODED IN COL.I, ASK F6A.

- A. Did you continue to use marijuana after you knew it caused this? **Code in Column II.**

IF F6.4 IS CODED 1, SKIP TO F7. OTHERS CONTINUE.

- | | | | | |
|--|---|---|---|---|
| B. Did you have decreased contact with friends or family 3 or more times in any 12-month period? | 1 | 5 | 1 | 5 |
|--|---|---|---|---|

MJ: Marijuana

MJ7	Have you <u>often</u> wanted to stop or cut down on marijuana?	NO SKIP TO MJ8 1 YES 5*						
<table border="0"> <tr> <td style="vertical-align: top;">A.</td> <td style="vertical-align: top;">Have you ever tried to stop or cut down on marijuana but found you couldn't? IF NEVER</td> <td style="vertical-align: top;">NO, COULD STOP 1 YES, COULD NOT STOP . 5*</td> </tr> <tr> <td colspan="3" style="text-align: center;">TRIED TO STOP/CUT DOWN, CODE NO.</td> </tr> </table>			A.	Have you ever tried to stop or cut down on marijuana but found you couldn't? IF NEVER	NO, COULD STOP 1 YES, COULD NOT STOP . 5*	TRIED TO STOP/CUT DOWN, CODE NO.		
A.	Have you ever tried to stop or cut down on marijuana but found you couldn't? IF NEVER	NO, COULD STOP 1 YES, COULD NOT STOP . 5*						
TRIED TO STOP/CUT DOWN, CODE NO.								
IF NO, COULD STOP (OR NEVER TRIED), SKIP TO MJ8. OTHERS CONTINUE.								
<table border="0"> <tr> <td style="vertical-align: top;">B.</td> <td style="vertical-align: top;">Were you unable to stop or cut down 3 or more times?</td> <td style="vertical-align: top;">NO 1 YES 5*</td> </tr> </table>			B.	Were you unable to stop or cut down 3 or more times?	NO 1 YES 5*			
B.	Were you unable to stop or cut down 3 or more times?	NO 1 YES 5*						

MJ8	Have you often used marijuana more frequently or in larger amounts than you intended to?	NO 1 YES 5*
-----	--	----------------------------

MJ9	Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?	NO SKIP TO MJ10 1 YES 5*
-----	---	---

MJ10 When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems for most of the day for 2 days or longer? Did you.....
CODE IN COLUMN I.

	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
2. feel nervous, tense, restless, or irritable?	1	5	1	5
2. have trouble sleeping?	1	5	1	5
3. tremble or twitch?	1	5	1	5
4. sweat or have a fever?	1	5	1	5
5. have nausea or vomiting?	1	5	1	5
6. have diarrhea or stomach aches?	1	5	1	5
7. have a marked increase or decrease in appetite, that is, have a significant change from your normal level?	1	5	1	5

BOX MJ10A IF NO 5'S CODED IN MJ10.1-7, SKIP TO MJ11.
OTHERS CONTINUE.

- A. have you ever used marijuana to keep from
having any of these problems (or to make them
go away)? NO SKIP TO BOX MJ10B... 1
YES 5
- B. Did this happen 3 or more times? NO 1
YES 5*

BOX MJ10B IF ONLY ONE 5 CODED IN COL. I, SKIP TO MJ11.
OTHERS CONTINUE.

- C. Did these problems ever occur together? NO SKIP TO G 1
YES 5*

D. Which ones? **CODE IN COL. II**

E. How many times did you have problems like that (when they occurred together)? __ __ TIMES

F. What was the longest time these problems occurred together? __ __ DAYS

G. Did these problems interfere with your functioning at work, school, or home? NO 1
YES 5

MJ11 Have you ever been under the effects of marijuana when 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? NO SKIPT O B 1
YES 5

A. Have you been in situations like this 3 or more times? NO SKIP TO B 1
YES 5*

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

B. Did marijuana ever cause you to have any accidental injuries like a bad fall, cutting or burning yourself, or being hurt in a traffic accident? NO SKIP TO MJ12 1
YES 5

C. Did this happen 3 or more times? NO SKIP TO MJ12 1
YES 5*

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

MJ12 Did your marijuana use ever cause you to have problems with your friends or family? NO SKIP TO MJ13 1
YES 5

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

B. Did you continue to use marijuana after you realized it was causing these problems? NO 1
YES 5*

MJ: Marijuana

MJ13	Have you ever been arrested or had any other trouble with the police because of your marijuana use?	NO SKIP TO MJ14 1 YES 5
	A. Did this happen 3 or more times?	NO SKIP TO MJ14 1 YES 5*
	1. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5
MJ14	Has your being high on marijuana or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities?	NO SKIP TO MJ16 1 YES 5*
	A. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5
MJ15 OMITTED.		
MJ16	In situations where you couldn't use marijuana, did you ever have such a strong desire for it that you couldn't think of anything else?	NO SKIP TO MJ17 1 YES 5*
	A. How old were you the (first/last) time?	AGE ONS — — ONS 1 2 AGE REC — — REC 1 2
MJ17	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives while using marijuana?	NO SKIP TO MJ18 1 YES 5
	A. Has this happened 3 or more times, or did it last a month or longer?	NO 1 YES 5*
MJ18	Have you ever used marijuana together with one or more other drugs, including alcohol?	NO .SKIP TO BOX MJ19.... 1 ALCOHOL ONLY..... 3 YES 5

BOX MJ19 IF THREE OR MORE BOXES MARKED ON MARIJUANA TALLY, CONTINUE. OTHERS SKIP TO MJ22.

HAND R MARIJUANA TALLY.

MJ19	A. Here's a list of some experiences you've said you've had. How old were you the first time you had any of these experiences? How old were you the last time you had any of these experiences?	AGE ONS: <u> </u> <u> </u> ONS 1 2 AGE REC: <u> </u> <u> </u> REC: 1 2
	B. Did you ever have 3 or more of these experiences in a 12- month period?	NO SKIP TO MJ20 1 YES 5
	C. How old were you the first time? The last time?	AGE ONS: <u> </u> <u> </u> ONS 1 2 AGE REC: <u> </u> <u> </u> REC 1 2
	D. Here's a list of experiences you had in a 12-month period. Have you ever had 3 or more of these experiences occur in the same month or longer?	NO 1 YES 5
	E. How old were you the (first/last) time you had 3 or more of these experiences occur within the same month?	AGE ONS: <u> </u> <u> </u> ONS 1 2 AGE REC: <u> </u> <u> </u> REC 1 2

BOX MJ20 IF 2+ BOXES MARKED ON TALLY, CONTINUE.
OTHERS SKIP TO MJ21.

MJ22 [Since (ONSET OF REGULAR MJ SMOKING)], has NO SKIP TO MJ23 1
there ever been a period of time when you did YES 5
not use marijuana at all?

A. How many times have you gone without smoking _____ TIMES
marijuana for 3 months or longer?

B. When did the (first, second, etc.) period begin/end?
IF MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

PERIOD 1: FROM ____/____/____ TO ____/____/____ t
MO YEAR
PERIOD 2: FROM ____/____/____ TO ____/____/____ t
MO YEAR
PERIOD 3: FROM ____/____/____ TO ____/____/____ t
MO YEAR
PERIOD 4: FROM ____/____/____ TO ____/____/____ t
MO YEAR

MJ23	Have you ever brought up any problem you might have had with marijuana with any professional?	NO SKIP TO MJ24 1 YES 5
------	---	--

A. Did you talk with:

	<u>NO</u>	<u>YES</u>
1. a psychiatrist?	1	5
2. another medical doctor?	1	5
3. a psychologist?	1	5
4. another mental health professional?.....	1	5
5. a member of the clergy?	1	5
6. another professional?	1	5

B. How old were you the (first/last) you brought up problems with marijuana with a professional?

AGE ONS:	___
ONS	1 2
AGE REC:	___
REC	1 2

C. With whom did you speak first?

CODE:	___
-------	-----

RECORD CODE (1-6)

MJ24	Have you ever been treated for a problem with marijuana?	NOSKIP TO NEXT 1
		YES 5

A. Were you treated at:

	<u>NO</u>	<u>YES</u>
1. NA or another self-help group?.....	1	5
2. an outpatient drug program?	1	5
3. an outpatient program for something other than marijuana?.....	1	5
4. an inpatient drug program?.....	1	5
5. when you were an inpatient for medical complications due to marijuana?..	1	5
6. any other place or program?.....	1	5

B. How old were you the (first/last) time you were treated for a problem with marijuana?

AGE ONS:	— —
ONS	1 2
AGE REC:	— —
REC	1 2

C. Where were you first treated?
**RECORD CODE (1-6) AND THEN
 SKIP TO NEXT SECTION.**

CODE: ———

DR: Drugs

DR1 HAND R CARD DR.

Have you ever used any of these drugs to feel good or high, or to feel more active or alert? Or did you use any prescription drugs when they were not prescribed, or more than prescribed?

	1	2	3	4	5	6	7	8	9
	COC	STIM	SED	OP	PCP	HAL	SOL	COMB	OTH
NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

BOX DR1 IF ALL NO, SKIP TO NEXT SECTION.
OTHERS CONTINUE FOR EACH DRUG CODED 5.

A. How many times in your life have you used (DRUG)?

TIMES _____

1. IF DK, ASK: Would you say 11 or more times?

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

B. How old were you the (first/last) time you used (DRUG)? **FOR EACH**
AGE ONSET BEFORE 15, ASK C.
OTHERS SKIP TO D.

AGE									
ONS	_____	_____	_____	_____	_____	_____	_____	_____	_____
AGE									
REC	_____	_____	_____	_____	_____	_____	_____	_____	_____
REC	_____	_____	_____	_____	_____	_____	_____	_____	_____

BOX DR1A FOR EACH AGE ONS BEFORE 15, ASK C.
OTHERS SKIP TO D.

C. Did you use (DRUG) more than once before you were 15?	NO	1	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5	5

BOX DR1B IF NEVER USED COCAINE, SKIP TO F.

D. When you first started using cocaine, did you find that you got higher or stayed high longer than other people who use the same amount of cocaine?	NO	1
	YES	5

E. Did you ever use alcohol to make yourself feel better when coming down from the effects of cocaine?	NO	1
	YES	5

F. Have you ever injected any of these drugs? IF YES: Which ones? IF NO, SKIP TO H.	NO	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5

1. How many times?	TIMES	___	___	___	___	___	___	___	___
--------------------	-------	-----	-----	-----	-----	-----	-----	-----	-----

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

G. Have you ever shared a needle?	NO	SKIP TO H.....	1
	YES		5

1. How many times?	___	___	___	___	TIMES
--------------------	-----	-----	-----	-----	-------

2. How old were you the (first/last) time?	AGE ONS:	___	___
	ONS	1	2
	AGE REC:	___	___
	REC	1	2

DR: Drugs

H. Of all the drugs you have used, which one was
your favorite (including marijuana)? DO NOT
\COUNT ALCOHOL.

____ _CODE

BOX DR1C IF R USED ONLY 1 DRUG, SKIP TO BOX DR2.
OTHERS CONTINUE.

I. Have you ever used 2 or more drugs NO 1
together (other than with marijuana and/or YES 5
alcohol)?

BOX DR2 CHECK DR1A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO NEXT SECTION.
 IF USED COCAINE, STIMULANTS, SEDATIVES, AND/OR OPIATES 11 OR MORE
 TIMES, CONTINUE. IF USED OTHER DRUGS 11 OR MORE TIMES, CONTINUE WITH
 ONE USED MOST AND CODE IN COLUMN 5.
 IF "OTHER" COLUMN USED, RECORD: _____ CODE: __ __ __

ASK ONE COLUMN AT A TIME.

DR2 What is the longest period you used (DRUG)
 almost every day? IF NEVER ALMOST EVERY
 DAY, CODE 0 DAYS. IF USED DAILY FOR 1
 MONTH OR LONGER, CODE DR2A "YES"
 SILENTLY.

Did you ever use (DRUG) at least once a week for one
 month or more?

B. Think about the time when you were using
 (DRUG) the most. During that period, how
 many days per month did you use (DRUG).

C. How long did that period last?

D. During that period of heaviest use, how many
 times did you use (DRUG) on an average
 day?

E. How old were when that period started?

	1	2	3	4	5
	COC	STIM	SED	OP	PCP
DAYS	___	___	___	___	___
WEEKS	___	___	___	___	___
MONTHS	___	___	___	___	___
YEARS	___	___	___	___	___
NO	1	1	1	1	1
YES	5	5	5	5	5
DAYS PER MONTH	___	___	___	___	___
MONTHS	___	___	___	___	___
TIMES PER DAY	___	___	___	___	___
AGE ONS	___	___	___	___	___

DR: Drugs

		1	2	3	4	5	
		COC	STIM	SED	OP	PCP	
DR3	Have you ever stayed high from (DRUG) for a whole day or more? IF NO, SKIP TO DR4.	NO YES	1 5	1 5	1 5	1 5	1 5
	A. Did this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5
DR4 OMITTED							
BEGIN SCORING DRUG TALLY SHEET A,B, & C.							
DR5	Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else?	NO YES	1 5	1 5	1 5	1 5	1 5
	A. IF YES: How old were you the (first/last) time?	AGE ONS AGE REC REC	____ ____ ____ ____ ____	____ ____ ____ ____ ____	____ ____ ____ ____ ____	____ ____ ____ ____ ____	
DR6	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
DR7	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
	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 DR8. OTHERS CONTINUE.	NO YES	1 5	1 5	1 5	1 5	1 5
	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
DR8	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

DR: Drugs

			1	2	3	4	5	
			COC	STIM	SED	OP	PCP	
DR9	Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives?	NO	1	1	1	1	1	
		YES	5	5	5	5	5	
A. IF YES:	Did this happen 3 or more times or for a month or more?	NO	1	1	1	1	1	
		YES	5	5	5	5	5	*
DR10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO	1	1	1	1	1	
		YES	5	5	5	5	5	*

DR11 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. When you stopped, cut down, or went without (DRUG), did you ever experience any of the following problems for most of the day for 2 days or longer? **(NO = 1, YES = 5)**

ASK DR11A –F ONE COLUMN AT A TIME.

REPEAT STEM OFTEN.

	1	2	3	4	5
	COC	STIM	SED	OP	PCP
A. 1. Did you feel depressed?	___	___	___	___	___
2. Did you feel restless?.....	___	___	___		___
3. Did you feel tired, sleepy, or weak?	___	___	___		___
4. Did you have trouble sleeping?.....	___	___	___	___	___
5. Did you sleep too much?	___	___			___
6. Did you have a strong desire or craving for (DRUG)?	___	___		___	___
7. Did you feel slowed down, like you could hardly move?	___	___			___
8. Did you have an increase in appetite?	___	___			___
9. Did you have nightmares?	___	___			___
10. Did you have diarrhea?				___	___
11. Did you have stomach aches or stomach cramps?				___	___
12. Did your eyes run?				___	___
13. Did your nose run?.....				___	___
14. Did you have muscle pains?				___	___
15. Did you yawn?				___	___
16. Were your pupils dilated or were your eyes sensitive to light?				___	___
17. Did you have gooseflesh, goose bumps, or did you get the chills?				___	___
18. Did your heart race?			___	___	___
19. Did you sweat?			___	___	___
20. Did you have a fever?			___	___	___

	1	2	3	4	5
	COC	STIM	SED	OP	PCP
21. Did you have nausea, or did you vomit?			___	___	___
22. Did you have headaches?			___		___
23. Did you feel nervous, tense, or irritable?			___		___
24. Did your hands shake?			___		___
25. Did you tremble or twitch?			___		___
26. Did you experience dizziness?			___		___
27. Did you have seizures?			___		___
28. Did you see, hear, or feel things that weren't really there?			___		___
29. Did you think that people were plotting against you (PARANOID)?			___		___

BOX DR11 CONTINUE ASKING ONE COLUMN AT A TIME.
 FOR EACH DRUG COLUMN:
 IF ALL CODED 1, SKIP TO NEXT DRUG COLUMN.
 IF ONLY ONE CODED 5, SKIP TO E.
 IF TWO OR MORE 5'S CODED, CONTINUE.

B. Was there ever a time when 2 or more of of these problems occurred together because of stopping, cutting down, 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? IF NO, SKIP TO C.	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
2. IF YES: How old were you the (first/last) time?	AGE						
	ONS	___	___	___	___	___	
	AGE						
	REC	___	___	___	___	___	
	REC	___	___	___	___	___	

DR: Drugs

		1	2	3	4	5
		COC	STIM	SED	OP	PCP
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)? IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO DR12.	NO	1	1	1	1	1
	YES	5	5	5	5	5
F. IF YES: How old were you the (first/last) time?	AGE					
	ONS	_____	_____	_____	_____	_____
	AGE					
	REC	_____	_____	_____	_____	_____
	REC	_____	_____	_____	_____	_____
G. Did you use (DRUG) to keep from having any of the (above) problems 3 or more times?	NO	1	1	1	1	1
	YES	5	5	5	5	5

DR12 Did using (DRUG) cause you to have any other problems like:

A. An overdose? IF NO, SKIP TO B.	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
1. Did you require medical treatment afterwards? IF NO, SKIP TO B.	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
2. Did this happen 3 or more times? (overdose that required medical treatment)	NO	1	1	1	1	1	
	YES	5	5	5	5	5	*
B. Hepatitis? IF NO, SKIP TO C.	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
1. Did you continue to use (DRUG) knowing it caused hepatitis?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	*
C. Did using (DRUG) cause you to have other serious health problems (SPECIFY)? IF NO, SKIP TO DR13.	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
SPECIFY: _____							
1. Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	*

DR: Drugs

		1	2	3	4	5	
		COC	STIM	SED	OP	PCP	
DR13	A. Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your use of (DRUG)?	NO YES	1 5	1 5	1 5	1 5	
	B. Did you ever get into any physical fights while using (DRUG)?	NO YES	1 5	1 5	1 5	1 5	
BOX DR13 IF A AND B ARE BOTH CODED 1, SKIP TO DR14. OTHERS CONTINUE.							
	C. Did (this/either of these experiences) happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	
	D. Did you continue to use (DRUG) after you realized it was causing you any problem?	NO YES	1 5	1 5	1 5	1 5	*
DR14	Did you ever have trouble with the police because of (DRUG). IF NO, SKIP TO DR15.	NO YES	1 5	1 5	1 5	1 5	
	A. IF YES: Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	
	B. Did you continue to use (DRUG) after you realized it was causing you trouble with the police?	NO YES	1 5	1 5	1 5	1 5	*
DR15	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 DR16.	NO YES	1 5	1 5	1 5	1 5	
	A. IF YES: Did this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	*
	B. IF YES: Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	

DR: Drugs

		1	2	3	4	5	
		COC	STIM	SED	OP	PCP	
DR16	Has your being high on (DRUG) or experiencing its aftereffects <u>often</u> interfered with your work, school, household, or child care responsibilities. IF NO, SKIP TO DR17.	NO YES	1 5	1 5	1 5	1 5	 *
A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	
DR17	Have there been 3 or more times when you have been under the influence (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 DR18.	NO YES	1 5	1 5	1 5	1 5	 *
A.	Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	

DR: Drugs

		1	2	3	4	5	
		COC	STIM	SED	OP	PCP	
DR18 Has your use of (DRUG) ever caused you emotional or psychological problems like?							
1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
2. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
3. Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
4. Hearing, seeing, or smelling things that weren't really there?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
5. Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
	YES	5	5	5	5	5	
BOX DR18 IF ALL ARE CODED 1, SKIP TO DR19. 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	*
REVIEW SX AS NEEDED.							

BOX DR19 IF THREE OR MORE BOXES MARKED ON DRUGTALLY, CONTINUE.
OTHERS SKIP TO DR21.

HAND R DRUG TALLY.

DR19	Please review these experiences that you told me about. How old were you the first/last time you had any of these experiences when using (DRUG)?	AGE ONS:	— —
		ONS	1 2
		AGE REC:	— —
			REC
	1 2		
	A. Here is a list of experiences you've had. Did you ever have 3 or more of these experiences in a 12-month period?	NO	1
		YES	5
	B. How old were you the (first/last) time you had 3 or more of these experiences within a 12-month period?	AGE ONS:	— —
		ONS	1 2
		AGE REC:	— —
			REC
	1 2		

HAND R DRUG TALLY.

DR20	Here is a list of experiences you've had in a 12-month period. Have you ever had 3 or more of these experiences occur in the same month or longer?	NO	1
		YES	5
	1. How old were you the (first/last) time you had 3 or more of these experiences occur within the same month?	AGE ONS:	— —
		ONS	1 2
		AGE REC:	— —
		REC	1 2

BOX DR21 IF 2+ BOXES MARKED ON TALLY, CONTINUE.
OTHERS SKIP TO DR22.

DR21 [Since (ONSET OF REGULAR DRUG USE)], what is the longest period of time you have gone without using (DRUG)? **IF LESS THAN 3 MONTHS, SKIP TO DR22.**

___ MONTHS

A. How many times have you gone without using (DRUG) for 3 months or longer?

___ TIMES

A. Can you tell me when these periods occurred?

PERIOD 1:	FROM	___/___/___	TO	___/___/___	<i>t</i>
		MO YEAR		MO YEAR	
PERIOD 2:	FROM	___/___/___	TO	___/___/___	<i>t</i>
		MO YEAR		MO YEAR	
PERIOD 3:	FROM	___/___/___	TO	___/___/___	<i>t</i>
		MO YEAR		MO YEAR	
PERIOD 4:	FROM	___/___/___	TO	___/___/___	<i>t</i>
		MO YEAR		MO YEAR	

IF MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

DR22 Have you brought up any problem you might have had with (DRUG) with any professional?

NOSKIP TO DR23..... 1
YES 5

A. Did you talk with:

	<u>NO</u>	<u>YES</u>
1. a psychiatrist?	1	5
2. another medical doctor?	1	5
3. a psychologist?	1	5
4. another mental health professional?	1	5
5. a member of the clergy?	1	5
6. another professional?	1	5

DR: Drugs

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

AGE ONS:
 ONS 1 2
 AGE REC:
 REC 1 2

C. With whom did you speak first?

CODE:

RECORD CODE (1-6)

DR23 Have you ever been treated for a problem with drugs?

NO SKIP TO D 1
 YES 5

A. Were you treated:

	<u>NO</u>	<u>YES</u>
1. at NA or another self-help group?.....	1	5
2. at an outpatient drug program?	1	5
3. at an outpatient program for something other than drugs?.....	1	5
4. at an inpatient drug-free program?	1	5
5. when you were an inpatient for medical complications due to drug use.....	1	5
6. at any other place or program?.....	1	5

B. With whom did you speak first?

CODE:

RECORD CODE (1-6).

C. How old were you the (first/last) time this happened?

AGE ONS:
 ONS 1 2
 AGE REC:
 REC 1 2

BOX DR23 SKIP TO NEXT SECTION.

D. Did you ever attend a self-help group (like NA)
for your drug use?

NO . SKIP TO NEXT **** 1
YES 5

1. How old were you the (first/last) time you
attended a self-help group for your drug use?

AGE ONS: — —
ONS 1 2
AGE REC: — —
REC 1 2

BOX1	IF SC2 = YES, START WITH DP1. IF SC2 = NO, AND SC3 = YES, START WITH DP2. IF SC2 = NO, AND SC3 = NO, AND SC4 = NO, SKIP DEPRESSION SECTION.
------	---

DP1 Earlier in the interview, you mentioned having periods that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

NO 1
YES 5

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

NO 1
YES 5

BOX DP1	<p>1. IF DP1 AND DP1A BOTH = 5, USE WORDING = “SAD OR DISCOURAGED OR</p> <p>2. IF DP1 = 5 AND DP1A = 1, USE WORDING = “SAD OR DISCOURAGED” THROUGHOUT THE SECTION.</p> <p>3. IF DP1 = 1 AND DP1A = 5, USE WORDING = “SAD OR UNINTERESTED” THROUGHOUT THE SECTION.</p> <p>4. IF DP1 AND DP1A ARE BOTH 1, USE WORDING = “SAD” THROUGHOUT THE SECTION.</p>
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SKIP TO DP4.

DP2	Earlier in the interview you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life.	NO	1
	During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	YES	5

BOX DP2	<ol style="list-style-type: none"> 1. IF DP2 = 1, USE WORDING "DISCOURAGED" THROUGHOUT SECTION. 2. IF DP2 = 5, USE WORDING "DISCOURAGED OR UNINTERESTED" THROUGHOUT SECTION.
---------	--

SKIP TO DP4.

DP3 Earlier in the interview, you mentioned having periods NO 1
that lasted several days or longer when you lost YES SKIP TO BOX DP3... 5
interest in most things like work, hobbies, and other
things you usually enjoy. Did you ever have a period
of this sort that lasted most of the day nearly every
day for two weeks or longer?

DP3A_NUM What is the longest period of days you ever had
when you lost interest in most things usually enjoy?

IF LESS THAN 1 DAY, CODE 0.

— — — — UNITS

IF DK, SKIP TO DP3A.1.

OTHERS SKIP TO BOX DP6.

DP3A_UNIT

..... **CODE UNITS:**

DAYS..... 1

WEEKS..... 2

MONTHS 3

YEARS 4

1. **IF DK:** Was it 3 days or longer?

NO . SKIP TO NEXT **** 1

YES SKIP TO BOX DP3A . 5

BOX DP3 IF DP3 = 5, USE PHRASE "UNINTERESTED" THROUGHOUT SECTION.

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

SKIP TO DP6.

BOX DP3A IF DP3A = DURATION **LESS THAN 3 DAYS** OR REFUSED OR IF
DP3A.1 = 1, **SKIP TO NEXT SECTION.**

IF DP3A = DURATION OF 3 DAYS **OR LONGER** OR IF DP3A1 = 5,
USE PHRASE "UNINTERESTED" THROUGHOUT SECTION.

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

SKIP TO DP6.

DP4 Did you ever have a period of being (sad or discouraged uninterested in things) that lasted most of the day, nearly every day, for two weeks or longer? NO 1
YES SKIP TO BOX DP4... 5

A. How long was the longest period of days when you were sad or discouraged or uninterested most of the day?

IF LESS THAN 1 DAY, CODE 0.

IF DK, SKIP TO DP4A.1.

OTHERS SKIP TO BOX DP4A.

___ _ _ _ UNITS

CODE UNITS:

DAYS..... 1

WEEKS..... 2

MONTHS..... 3

YEARS 4

1. **IF DK:** Was it 3 days or longer?

NO . SKIP TO NEXT **** 1

YES SKIP TO BOX DP4A . 5

BOX DP4 IF DP4 = 5, **INTERVIEWER:** ASK ABOUT PERIODS LASTING "TWO WEEKS OR LONGER" FOR THE REMAINDER OF THE SECTION.

SKIP TO DP6.

BOX DP4A IF DP4A = DURATION OF **LESS THAN 3 DAYS**
IF DP4A.1 = 1, **SKIP TO NEXT SECTION.**

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

CONTINUE TO DP5.

DP: Depression

DP5	Did you ever have a year or more in your life <u>when just about every month</u> you had an episode of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?	NO ..SKIP TO NEXT**** 1 YES 5
DP6	Think of times lasting several days or longer when (this problem/these problems) with your mood (was/ were) most <u>severe and frequent</u> . During those times, did your feelings of (sadness/or/discouragement/ or/lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?	<1 HR SKIP TO NEXT**** 1 1-3 HR 2 3-5 HR 3 MORE THAN 5 HRS 4
DP7	How severe was your emotional distress during those times: mild, moderate, severe, or very severe?	MILD 1 MODERATE 2 SEVERE 3 VERY SEVERE 4
DP8	How often, during those times, was your emotional distress so severe that nothing could cheer you up: often, sometimes, rarely, or never?	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4
DP9	How often, during those times, was your emotional distress so severe that you could not carry out your daily activities: often, sometimes, rarely, or never?	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4

DP10 People with episodes of being (sad/ or/ discouraged/ or/ uninterested) often have other problems at the same time. Did you ever have any of the following problems during one of your episodes of being (sad/ or/ discouraged/ or/ uninterested)?

	<u>NO</u>	<u>YES</u>
DP10.1 Did you experience changes in appetite (eating more or less than is usual for you) or weight changes (loss or gain)?	1	5
DP10.2 Did you have sleep problems, such as difficulty falling asleep, staying asleep, or waking up too early?.....	1	5
DP10.3 Did you sleep a lot more than usual?	1	5
DP10.4 Did you talk or move a lot more slowly than is normal for you?	1	5
DP10.5 Were you so restless and jittery that you paced up and down or couldn't sit still?.....	1	5
DP10.6 Did you feel tired or low in energy?	1	5
DP10.7 Did you feel worthless or guilty?.....	1	5
DP10.8 Did you have difficulty concentrating?	1	5
DP10.9 Did you think a lot about death?	1	5

BOX DP10	HOW MANY RESPONSES EQUAL "5" IN DP10.1-9 ?	NONE SKIP TO NEXT*** ..1
		ONE OR MORE..... 5

DP11 (READ SLOWLY) Please think of an episode of NOSKIP TO DP11C..... 1
being (sad/or/discouraged/or/uninterested) lasting YES 5
(several days/two weeks) or longer when you also DK.....SKIP TO DP11C.....D
had the largest number of these other problems at RFSKIP TO DP11C.....R
the same time. Is there one particular episode of
this sort that stands out in your mind as the worst
one you ever had?

DP11.A How old were you when that worst episode started? ____ AGE

DP11.B How long did that worst episode last? ____ UNITS
SKIP TO DP12.

CODE UNITS:

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

DP11.C Then think of the last time you had a bad episode [of being (sad/
or/discouraged /or/uninterested)] like this. How old were you when
that last episode occurred? ____ AGE

DP11.D How long did that episode last? ____ UNITS
CODE UNITS:

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

DP12 (Look at Pages 2-3 in your booklet) In answering the next questions, think about the period of (several days/two weeks) or longer during that episode when your (sadness/and/discouragement/and/loss of interest) and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day:

DP12.1 Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/two weeks)?	NO ... SKIP TO DP12.3..... 1 YES 5 DK.... SKIP TO DP12.3.....D RF SKIP TO DP12.3.....R
DP12.2 Did you feel so sad that nothing could cheer you up nearly every day?	NO 1 YES 5
DP12.3 During that period of (several days/two weeks), did you feel discouraged about how things were going in your life most of the day nearly every day?	NO ... SKIP TO DP12.5..... 1 YES 5 DK.... SKIP TO DP12.5.....D RD ... SKIP TO DP12.5.....R
DP12.4 Did you feel hopeless about the future nearly every day?	NO 1 YES 5
DP12.5 During that period of (several days/two weeks) did you lose interest in almost all things like work and hobbies and things you like to do for fun?	NO 1 YES 5
DP12.6 Did you feel like nothing was fun even when good things were happening?	NO 1 YES 5

BOX DP12 IF ONE OR MORE RESPONSES **DP12.1 - 6** = 5, CONTINUE.
ALL OTHERS, SKIP TO NEXT SECTION.

DP13.1 Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?	NO 1 YES . SKIP TO DP13.5..... 5
DP13.2 Did you have a much <u>larger</u> appetite than usual nearly every day?	NO 1 YES 5
DP13.3 Did you gain weight without trying to during that period of (several days/two weeks)?	NO ... SKIP TO DP13.5..... 1 YES 5 PREGNANT/GROWING SKIP TO DP13.7..... 7 DK.... SKIP TO DP13.5.....D RF SKIP TO DP13.5.....R
DP13.4 How much did you gain? SKIP TO DP13.7.	_____ UNIT CODE UNITS: POUNDS 1 KILOS 2
DP13.5 Did you <u>lose</u> weight without trying to?	NO ... SKIP TO DP13.7..... 1 YES 5 DIET/ILL SKIP TO PD13.7 7 DK.... SKIP TO DP13.7.....D RF SKIP TO DP13.7.....R
DP13.6 How much did you lose?	_____ UNIT CODE UNITS: POUNDS 1 KILOS 2

DP13.7 Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/two weeks)?	NO 1 YES . SKIP TO DP13.9..... 5
DP13.8 Did you sleep a lot more than usual nearly every night during that period of (several days/two weeks)?	NO 1 YES SKIP TO DP13.10..... 5
DP13.9 Did you sleep much less than usual and still not feel tired or sleepy?	NO 1 YES 5
DP13.10 Did you feel tired or low in energy nearly every day during that period of (several days/two weeks) even when you had not been working very hard?	NO 1 YES SKIP TO DP13.12..... 5
DP13.11 Did you have a lot <u>more</u> energy than usual nearly every day during that period of (several days/ two) weeks?	NO 1 YES 5
DP13.12 Did you talk or move more slowly than is normal for you nearly every day?	NO .. SKIP TO DP13.14..... 1 YES 5 DK... SKIP TO DP13.14.....D RF... SKIP TO DP13.14.....R
DP13.13 Did anyone else notice that you were talking or moving slowly?	NO .. SKIP TO DP13.16..... 1 YES SKIP TO DP13.16..... 5 DK... SKIP TO DP13.16.....D RF... SKIP TO DP13.16.....R

DP13.14 Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	NO .. SKIP TO DP13.16..... 1 YES 5 DK... SKIP TO DP13.16.....D RF ... SKIP TO DP13.16.....R
DP13.15 Did anyone else notice that you were restless?	NO 1 YES 5
DP13.16 Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?	NO 1 YES SKIP TO DP13.18..... 5
DP13.17 Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?	NO 1 YES 5
DP13.18 Did you have a lot more trouble concentrating than is normal for you nearly every day?	NO 1 YES 5
DP13.19 Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	NO 1 YES 5
DP13.20 Did you lose your self-confidence?	NO 1 YES 5
DP13.21 Did you feel that you were not as good as other people nearly every day?	NO .. SKIP TO DP13.23..... 1 YES 5 DK... SKIP TO DP13.23.....D RF ... SKIP TO DP13.23.....R

DP: Depression

DP13.22 Did you feel totally worthless nearly every day?	NO 1 YES 5
DP13.23 Did you feel guilty nearly every day?	NO 1 YES 5
DP13.24 Did you feel irritable, grouchy, or in a bad mood nearly every day?	NO 1 YES 5
DP13.25 Did you feel nervous or anxious most days?	NO 1 YES 5
DP13.26 During that time, did you have any sudden attacks of intense fear or panic?	NO 1 YES 5
DP13.27 Did you often think a lot about death, either your own, someone else's, or death in general?	NO 1 YES 5
DP13.28 During that period, did you ever think that it would be better if you were dead?	NO 1 YES 5
DP13.29 Did you think about committing suicide?	NO .. SKIP TO DP13.32..... 1 YES 5 DK... SKIP TO DP13.32..... D RF... SKIP TO DP13.32..... R
DP13.30 Did you make a suicide plan?	NO 1 YES 5
DP13.31 Did you make a suicide attempt?	NO 1 YES 5
DP13.32 Did you feel that you could not cope with your everyday responsibilities?	NO 1 YES 5

DP: Depression

DP13.33 Did you feel like you wanted to be alone rather spend time with friends or relatives?	NO 1 YES 5
DP13.34 Did you feel less talkative than usual?	NO 1 YES
DP13.35 Were you often in tears?	NO 1 YES 5

BOX DP13 IF AT LEAST ONE RESPONSE OF 5 IN DP12.1 – DP12.4, INCREMENT COUNT BY ONE.

IF AT LEAST ONE RESPONSE OF 5 IN DP12.5 – DP12.6, INCREMENT COUNT BY ONE
INCREMENT COUNT BY ONE FOR EACH RESPONSE OF 5 IN DP13.1 – DP13.35.

IF COUNT = 2 OR MORE, CONTINUE.

ALL OTHERS SKIP TO NEXT SECTION.

<p>DP14 You mentioned having (two of/a number of) the problems I just asked you about. How much did your [IF DP12.1 = 5 “sadness”/or/If DP12.3 = “discouragement”/or/If DP12.5 = 5 “lack of interest”] and these other problems interfere with either your work, your social life, or your personal relationships during that episode: not at all, a little, some, a lot, or extremely?</p>	<p>NONE SKIP TO DP15 1 A LITTLE 2 SOME 3 A LOT 4 EXTREMELY. 5</p>
<p>A. How often during that episode were you unable to carry out your daily activities because of your [If DP12.1 = 5 “sadness”/or/If DP12.3 = “discouragement”/or/If DP12.5 = 5 “lack of interest”]: often, sometimes, rarely, or never?</p>	<p>OFTEN 1 SOMETIMES. 2 RARELY 3 NEVER 4</p>

<p>DP15 Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs or alcohol. Do you think your episodes of [IF DP12.1 = 5 “sadness”/or/IF DP12.3 = “discouragement”/or/IF DP12.5 = 5 “lack of interest”] <u>ever</u> occurred as the result of such physical causes?</p>	<p>NOSKIP TO DP16 1 YES 5 DK..... SKIP TO DP16.....D RFSKIP TO DP16R</p>
<p>DP15B. Do you think your episodes were <u>always</u> the result of physical causes?</p>	<p>NOSKIP TO DP16 1 YES 5 DK.....SKIP TO DP16D RFSKIP TO DP16R</p>

DP15C. Briefly, what were the physical causes?

DP16 (RB 2-3) Think of the very first time in your life you had an episode lasting (several days or longer/two weeks or longer) when most of the day nearly every day you felt (sad/or/discouraged/or/uninterested)and also had some of the other problems (you cited on pages 2-3/ we just reviewed).
Can you remember your exact age?

NOSKIP TO DP16B..... 1
YES 5
DK.....SKIP TO DP16B..... D
RFSKIP TO DP16B..... R

DP16A. (IF NEC: How old were you?) **ALL SKIP TO DP16B1.** __ __ AGE

DP16B. About how old were you (the first time you had an episode of this sort)? **IF “All my life” or “As long as I can remember,” follow probes in Box DP16.** __ __ AGE

BEFORE SCL 04
BEFORE TEEN 12
NOT BEFORE TEEN..... 13

BOX DP16	IF “All my life” or “As long as I can remember,” PROBE DP16B.1, DP16B.2
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DP16B.1 **PROBE:** Was it before you started school? NO 1
YES ..SKIP TO DP16C..... 5

DP16B.2 **IF NO, PROBE:** Was it before you were a teenager? NO 1
YES 5

DP16C Was that episode brought on by some stressful experience, or did it happen out of the blue? STRESS 2
OUT OF THE BLUE 3
DON'T REMEMBER..... 4

DP16D About how long did that episode go on? __ __ __ __ UNITS

CODE UNITS:
DAYS 1
WEEKS..... 2
MONTHS 3
YEARS 4

DP17 (RB Pages 2-3) Did you have an episode of being
(sad/or/discouraged /or/uninterested) with some of
the other problems (on pages 2-3) lasting (several
days or longer/ two weeks or longer) at any time
in the past 12 months?

NOSKIP TO DP17C..... 1
YES 5
DK.....SKIP TO DP17C.....D
RFSKIP TO DP17C.....R

DP17A How recently? In the past month, two to six
months ago, or more than six months ago?

PAST MONTH 1
2-6 MONTHS. 2
MORE THAN 6 MONTHS .. 3

DP17A.1 When I use the word “episode” in the next questions,
I mean a time lasting (several days/ two weeks) or longer
when nearly every day you were (sad/or/discouraged/or/
uninterested) and also had some of the other problems
we just reviewed. The episode ends when you no longer
have the problems for two weeks in a row. With this
definition in mind, how many different episodes did you
have in the past 12 months? _____ EPISODES

BOX	IF DP17A.1 = 1 CONTINUE.
DP17A.1	ALL OTHERS SKIP TO DP17A.5.

DP17A.2 In what month did that episode start? _____ Mo./ _____ Yr.

DP17A.3 How long did that episode last (IF DP17A = 1 USE
WORDING “so far”)?

_____ UNIT

CODE UNITS:

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

BOX	IF DP17A.3 = 1, CONTINUE.
DP17A.3	ALL OTHERS, SKIP TO DP18.

DP: Depression

DP17.4	Has this episode <u>ended</u> or is it still going on? SKIP TO DP18.	ENDED 1 STILL GOING ON..... 5
--------	---	--

DP17.5 How long did the first of these (NUMBER FROM DP17A.1) episodes last?

___ __ __ UNITS

CODE UNITS:

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

BOX DP17A.5	IF DP17A.5 = 1, CONTINUE. ALL OTHERS, SKIP TO DP17B.
----------------	---

DP17.6	Has the most recent episode ended, or is it still going on?	ENDED 1 STILL GOING ON..... 5
--------	---	--

DP17B About how many days out of the last 365 were you in an episode? **IF D OR R, SKIP TO DP18.**

___ __ __ DAYS

DP17C How old were you the last time you had one of these episodes?

___ __ AGE

DP18 What is the longest episode you ever had when you were
(sad/or/discouraged/or/uninterested) and also had some
of the other problems most of the day nearly every day?

__ __ __ __ UNITS

CODE UNITS:

DAYS 1

WEEKS..... 2

MONTHS 3

YEARS 4

BOX DP18	IS THE LONGEST EPISODE LESS THAN 14 DAYS?
----------	---

NO SKIP TO DP26 1

YES 5

DP: Depression

DP19	Did you ever have at least one full year with episodes lasting several days or more <u>just about every month</u> ?	NO ..SKIP TO NEXT**** 1 YES 5 DK...SKIP TO NEXT**** D RF ...SKIP TO NEXT**** R
DP20	How old were you the <u>first</u> time you had a year of this sort (when you had an episode just about every month)?	__ __ AGE
DP20A	How many of these episodes were brought on by some stressful experience: all, most, some, or none?	ALL 1 MOST 2 SOME 3 NONE 4
DP21	About how many different years in your life did you have an episode [of being (sad/or/discouraged/or/uninterested)] just about every month?	__ __ YEARS
DP22	Did you ever have a full year or longer when you were in an episode <u>most days</u> ?	NO SKIP TO BOX DP32 .. 1 YES 5 DK SKIP TO BOX DP32 ... D RF SKIP TO BOX DP32 ... R
DP23	And how old were you the <u>first</u> time you had a year when you were in an episode <u>most days</u> ?	__ __ AGE
DP24	About how many different years in your life were you in an episode [of being (sad/or/discouraged/or/uninterested)] <u>most days</u> ?	__ __ YEARS
BOX DP24 IF DP24 = 1, SKIP TO BOX DP32. ALL OTHERS CONTINUE.		
DP25	What is the longest continuous number of years in a row in which you were in an episode <u>most days</u> ? SKIP TO BOX DP32.	__ __ YEARS
DP26	How many episodes of feeling (sad/or/discouraged/or/uninterested) with some other problems lasting <u>two weeks</u> or <u>longer</u> have you ever had in your life?	__ __ __ NUMBER
BOX DP26 IF DP26 = 1, SKIP TO BOX DP32. ALL OTHERS CONTINUE.		
DP27	How many of these episodes were brought on by some stressful experience?	__ __ __ NUMBER

DP: Depression

DP28 How many different years in your life did you have at least one episode? YEARS

BOX DP28	IF DP28 = 1, SKIP TO BOX DP32. ALL OTHERS CONTINUE.
----------	--

DP29 What is the longest continuous number of years in a row in which you had at least one episode per year? _____ YEARS

BOX DP29 IF DP18 = 12 MONTHS OR LONGER, SKIP TO DP31.
ALL OTHERS CONTINUE.

DP30 Did you ever have a period lasting a full year or longer when you were in an episode most days? NO SKIP TO BOX DP32 .. 1
YES 5
DK SKIP TO BOX DP32 ...D
RF SKIP TO BOX DP32 ...R

DP31 About how many years in your life were you in an episode most days? YEARS

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

AGE

BOX DP31 IF DP31 = 1, SKIP TO BOX DP32.
ALL OTHERS CONTINUE.

DP32 What is the longest continuous number of years in a row in which you were in an episode most days? YEARS

ALL OTHERS SKIP TO DP36.

DP33 (RB, PG 4-5) For the next questions I need you to think about the period of (several days/ two weeks) or more during the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe and frequent. I'm going to read nine series of statements. Please pick the one statement in each series that comes closest to your experience during that worst (several days/two weeks).

DP33.1 Here's the first series, which deals with problems falling asleep:

- 1 = You never took longer than 30 minutes to fall asleep.
- 2 = You took at least 30 minutes to fall asleep, less than half the time.
- 3 = You took at least 30 minutes to fall asleep, more than half the time.
- 4 = You took more than 60 minutes to fall asleep, more than half the time.

__ NUMBER

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

DP33.2 Here's the next series, which deals with waking up at night:

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

__ NUMBER

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

-
- DP33.3 Here's the next series, which deals with waking up too early in the morning:
- 1 = Most of the time, you woke up no more than 30 minutes before you needed to get up.
 - 2 = More than half the time, you woke up more than 30 minutes before you needed to get up.
 - 3 = You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
 - 4 = You woke up at least one hour before you needed to and couldn't get back to sleep.

__ NUMBER

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

- DP33.4 Here's the next series, which deals with the amount of sleep you got each night. Again, pick the one statement that's closest to your experience.
- 1 = You slept no longer than 7-8 hours per night, without napping during the day.
 - 2 = You slept no longer than 10 hours in a 24-hour period including naps.
 - 3 = You slept no longer than 12 hours in a 24-hour period including naps.
 - 4 = You slept longer than 12 hours in a 24-hour period including naps.

__ NUMBER

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

DP33.5 Here's the next series, which deals with being sad:

- 1 = You did not feel sad.
- 2 = You felt sad less than half the time.
- 3 = You felt sad more than half the time.
- 4 = You felt sad nearly all the time.

__ NUMBER

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

DP33.6 Here's the next series, which deals with your ability to concentrate and make decisions:

- 1 = There was no change in your usual capacity to concentrate or make decisions.
- 2 = You occasionally felt indecisive or found that your attention wandered.
- 3 = Most of the time, you struggled to focus your attention or to make decisions.
- 4 = You couldn't concentrate well enough to read or you couldn't make even minor decisions.

__ NUMBER

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

DP33.7 Here's the next series, which deals with feeling down on yourself:

- 1 = You saw yourself as equally worthwhile and deserving as other people.
- 2 = You were more self-blaming than usual.
- 3 = You largely believed that you caused problems for others.
- 4 = You thought almost constantly about major and minor defects in yourself.

__ NUMBER

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

-
- DP33.8 Here's the next series, which deals with your interest in daily activities:
- 1 = There was no change from usual in how interested you were in other people or activities.
 - 2 = You noticed that you were less interested in people or activities.
 - 3 = You found you had interest in only one or two of your formerly pursued activities.
 - 4 = You had virtually no interest in formerly pursued activities.

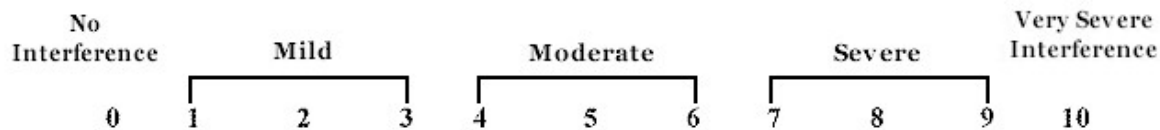
__ NUMBER

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

- DP33.9 Here's the next series, which deals with your energy:
- 1 = There was no change in your usual level of activity.
 - 2 = You got tired more easily than usual.
 - 3 = You had to make a big effort to start or finish your usual daily activities (for example shopping, homework, cooking, or going to work).
 - 4 = You really couldn't carry out most of your usual daily activities because you just didn't have the energy.

__ NUMBER

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



DP34 (RB, PG 10) Think about the month or longer in the past 12 when your (sadness/or/discouragement/or/lack of interest) was most severe. Using the 0 to 10 scale on page 10 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (sadness/or/discouragement/or/lack of interest) interfered with each of the following activities during that time?

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

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

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

 DOES NOT APPLYN

B. Your ability to work?

 DOES NOT APPLYN

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

 DOES NOT APPLYN

D. Your social life?

 DOES NOT APPLYN

BOX DP34 ARE DP34A – DP34D ALL “0” OR “N”? IF YES, SKIP TO DP36.
ALL OTHERS CONTINUE.

DP35 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (sadness/or/discouragement/or lack of interest)?
IF NEC: You may use any number between 0 and 365 to answer. DAYS

DP36 Did you ever in your life talk to a medical doctor or other professional about your (sadness/or/discouragement/or/lack of interest)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

NO ..SKIP TO NEXT**** 1
YES	5
DK...SKIP TO NEXT****D
RF...SKIP TO NEXT****R

DP36A Did you talk to:

	<u>NO</u>	<u>YES</u>
DP36A.1 A medical doctor (including a psychiatrist)?	1	5
DP36A.2 Another medical health professional (nurse practitioner, physician's assistant)?	1	5
DP36A.3 A psychologist?	1	5
DP36A.4 Another mental health professional (social worker, counselor)?	1	5
DP36A.5 Another professional? (Specify)	1	5

SPECIFY: _____

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

C. With whom did you speak first? CODE:

RECORD CODE (1 - 5).

DP37 Did you receive professional treatment for your (sadness/or/discouragement/or/lack of interest) at any time in the past 12 months?

NO	1
YES	5

DP38 Were you ever hospitalized overnight for your (sadness/or/discouragement/or/lack of interest)?

NO ..SKIP TO NEXT**** 1
YES	5
DK...SKIP TO NEXT****D
RF...SKIP TO NEXT****R

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

DP39 Were you ever prescribed medication for depression?

NO	1
YES	5

SU1	Have you ever thought about killing yourself?	NO SKIP TO SU2 1
		YES 5

A. How many days in a row did these thoughts last?	__ __ __ UNITS
--	----------------

IF LESS THAN 1 DAY, CODE 00.

ASK FOR MOST SEVERE PERIOD OF SUICIDAL THOUGHTS.

CODE UNITS:

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

1. IF DK: Did those thoughts last for at least 7 days in a row?	NO 1
	YES 5

B. How old were you the (first/last) time you had these thoughts?	AGE ONS <u> </u> / <u> </u>
	AGE REC <u> </u> / <u> </u>
	REC 1 2

C. Did you have a plan? (Did you actually consider a way to take your life?)	NO 1
	YES 5

SU2	Have you ever <u>tried</u> to kill yourself?	NO SKIP TO SU7 1
		YES 5

A. How many times?	__ __ __ TIMES
--------------------	----------------

B. How old were you the (first/last) time?	AGE ONS <u> </u> / <u> </u>
	AGE REC <u> </u> / <u> </u>
	REC 1 2

Think about your most serious suicide attempt.

SU3 How did you try to kill yourself?

Overdose 1
 Cutting wrists 2
 Knife/cutting... 3
 Hanging 4
 Gun 5
 Asphyxiation/
 CO poisoning. 6
 Jumping from a height 7
 Purposeful car accident 8
 Drowning 9
 Other..... SPECIFY 10

SPECIFY: _____

SU4	Did you receive medical treatment after you tried to kill yourself?	NO 1
		YES 5

SU5	Were you admitted to a hospital after the attempt?	NO SKIP TO SU6 1
		YES 5
	A. Were you admitted to a general hospital or a psychiatric hospital or unit?	General Hospital 1
		Psychiatric Hospital/ Unit 5

SU6 Did you try to kill yourself while:

	<u>NO</u>	<u>YES</u>
1. Feeling depressed?	1	5
2. You had been drinking?	1	5
3. You had been using drugs?	1	5
4. Having strange thoughts or experiences, or while seeing visions?	1	5

SU7	(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*** 1
		YES 5

A. How many times? _____ TIMES

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

AGE ONS	____/____
AGE REC	____/____
REC	1 2

MAN4A

MN1 Have you ever had a period of time lasting 4 days or longer when you felt unusually hyper or elated most of the time, clearly different from your normal self?

NO 1

YES 5

DO NOT COUNT RECOVERY FROM DEPRESSION
BACK TO NORMAL MOOD.

MAN4A

A. Did you ever have a period of time lasting 4 days or longer when you felt unusually irritable most of the time, clearly different from your normal self, so that you would shout at people or start fights or arguments?

NO 1
YES 5

B. Were you depressed and irritable at this time?

NO 1
YES 5

MN2 Think about your most severe period of feeling extremely (hyper or elated and irritable) that lasted 4 days or longer.

YEARS 4

MN: Mania

During this most severe episode when you were ____ years old...			
MAN4B6	MN3	Were you much more active than usual?	NO 1 YES 5
MAN4B6	MN4	Were you so much more restless and fidgety than usual that you paced up and down and couldn't sit still?	NO 1 YES 5
MAN4B3	MN5	Were you much more talkative than usual, or did you feel pressure to keep talking?	NO 1 YES 5
MAN4B4	MN6	Did your thoughts race, or did you talk so fast that it was difficult for people to follow what you were saying?	NO 1 YES 5
MAN4B1	MN7	Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities? SPECIFY: _____	NOSKIP TO MN8..... 1 YES SPECIFY 5
MAN4B2	MN8	Did you <u>need</u> much less sleep than usual for several days in a row? A. How many hours of sleep did you get per night during this episode? _____ HOURS B. How many hours do you <u>usually</u> get per night? _____ HOURS	NOSKIP TO MN9..... 1 YES 5
MAN4B5	MN9	Did your attention keep jumping from one thing to another much more than is usual for you?	NO 1 YES 5
MAN4B7	MN10	Did you do anything that could have gotten you into trouble – like spending sprees, foolish business investments, reckless driving, or sexual indiscretions? SPECIFY: _____	NO SKIP TO BOX MN10 .. 1 YES SPECIFY 5
BOX MN10 HOW MANY 5s ARE CODED IN MN3 – MN10?			0 – 2 SKIP TO NEXT***1

MN11 You told me that while you were feeling (hyper or elated and irritable), you also experienced (**LIST SX CODED 5 IN MN3 – MN10**).

A. For how long were 3 of these problems present nearly every day, including feeling hyper or elated and irritable)?

____ UNITS

CODE UNITS:

DAYS..... 1

WEEKS..... 2

MONTHS..... 3

YEARS..... 4

B. When did this episode begin (when you had these experiences together nearly every day)?

____ (Mo)/____ (Yr)

MN12 What is the longest episode you've ever had when you felt (hyper or elated and irritable) and had a number of changes like being overactive, talking a great deal, needing very little sleep, being very restless or spending a lot of money?

____ UNITS

CODE UNITS:

DAYS..... 1

WEEKS..... 2

MONTHS..... 3

YEARS..... 4

MN13 How many episodes have you had over your lifetime, including the one we have already talked about?

____ EPISODES

A. How old were you the (first/last) time you had an episode lasting a week or longer?

AGE ONS

AGE REC

REC

1 2

MAN4D

MN14 Did your behavior cause you problems with :

	<u>NO</u>	<u>YES</u>
1. Family	1	5
2. Friends.....	1	5
3. Work	1	5
4. School.....	1	5
5. Other situations.....	1	5

MN15 Has there ever been a time when you wanted to talk to a doctor or other health professional about these experiences? NOSKIP TO MN16..... 1
YES 5

A. Did you do it? NOSKIP TO MN16..... 1
YES 5

B. Did you speak with:

	<u>NO</u>	<u>YES</u>
1. A medical doctor (including a psychiatrist)?	1	5
2. Another medical health professional (nurse practitioner, physician's assistant)?	1	5
3. A psychologist?	1	5
4. Another mental health professional (social worker, counselor)?	1	5
5. Another professional? (Specify).....	1	5

SPECIFY: _____

C. How old were you the (first/last) time you talked to a health professional about these experiences? AGE ONS: ____
AGE REC: ____
REC: 1 2

BOX MN15C	IF THERE IS ONLY ONE RESPONSE CHOSEN IN MN15B, CODE MN15D AUTOMATICALLY.
--------------	--

D. With whom did you speak first? CODE: ____
RECORD CODE (1 - 5).

MN16 Were you ever treated by a doctor, or other professional for an episode when you felt (hyper or elated and irritable)? NO .. SKIP TO NEXT*** 1
YES 5

MN17 Were you ever prescribed medication for these experiences? NOSKIP TO MN18..... 1
YES 5

A. What medication?

1. _____ CODE: ____
2. _____ CODE: ____

MAN4A/D

MN18 Were you hospitalized for these experiences?

NO .. SKIP TO NEXT *** 1
YES 5

A. For how long did that episode last?

— — — — UNITS

CODE UNITS:

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

Now I'm going to ask you about very unusual experiences that some people have.

PS1 Did you ever hear things that other people couldn't hear, such as voices whispering or talking, when you were completely awake? NO SKIP TO PS2 1
YES SPECIFY 5

A. What did you hear?

SPECIFY: _____

B. Did this only occur while you were using drugs or alcohol? NO 1
YES 5

PS2 Did you ever see things that other people could not see or have visions when you were completely awake? NO SKIP TO PS3 1
YES SPECIFY 5

A. What did you see?

SPECIFY: _____

B. Did this only occur while you were using drugs or alcohol? NO 1
YES 5

PS3 Did you ever feel that people were out to get you or trying to hurt you? NO ..SKIP TO BOX PS3..... 1
YES SPECIFY 5

A. What did you think?

SPECIFY: _____

B. Did this only occur while you were using drugs or alcohol? NO 1
YES 5

BOX PS3	IF ALL CODED 1 IN PS1 - PS3, SKIP TO NEXT SECTION. OTHERS CONTINUE.
---------	--

PS4	How old were you the (first/last) time you had any of these experiences?	AGE ONS AGE REC REC	— — — — 1 2
	A. Did this (any of these) experiences(s) last continuously for 6 months or longer?	NO YES	1 5

PS5 Did these experiences cause you problems with:

	<u>NO</u>	<u>YES</u>
1. Family	1	5
2. Friends.....	1	5
3. Work	1	5
4. School.....	1	5
5. Other situations.....	1	5

PS6	Has there ever been a time when you wanted to talk a doctor or other health professional about these experiences?	NO SKIP TO PS7 YES	1 5
	A. Did you do it?	NO SKIP TO PS7 YES	1 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A medical doctor (including a psychiatrist)?	1	5
2. Another medical health professional (nurse practitioner, physician's assistant)?	1	5
3. A psychologist?	1	5
4. Another mental health professional (social worker, counselor)?	1	5
5. Another professional? (Specify).....	1	5

SPECIFY: _____

	C. How old were you the (first/last) time you talked to a health professional about any experiences you might have had?	AGE ONS AGE REC REC	— — — — 1 2
	D. With whom did you speak first?	CODE: __	

RECORD CODE (1 - 5).

PS7	Were you ever prescribed medicine for these experiences? (SPECIFY)	NO .. SKIP TO NEXT*** 1
	SPECIFY: _____	YES 5
	_____	CODE: __ __ __
		CODE: __ __ __

PD1 INT1 **ASK IF SC1 = 5.** Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?

PD1 INT2 **ASK IF SC1A = 5.** Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?

PD1 SKIP TO PD2 AFTER FOUR "YES" RESPONSES.

	<u>NO</u>	<u>YES</u>
PD1.1 Did your heart pound or race? (KEY PHRASE: heart racing).....	1	5
PD1.2 Were you short of breath? (KEY PHRASE: being short of breath).....	1	5
PD1.3 Did you have nausea or discomfort in your stomach? (KEY PHRASE: having nausea).....	1	5
PD1.4 Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)	1	5
PD1.5 Did you sweat? (KEY PHRASE: sweating).....	1	5
PD1.6 Did you tremble or shake? (KEY PHRASE: trembling).....	1	5
PD1.7 Did you have a dry mouth? (KEY PHRASE: having a dry mouth).....	1	5
PD1.8 Did you feel like you were choking? (KEY PHRASE: choking).....	1	5
PD1.9 Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest).....	1	5

PD1.10 Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself).....1	5
PD1.11 Did you feel that you were not really there, like you were watching a movie of yourself? (KEY PHRASE: feeling unreal) IF YES, SKIP TO PD1.13.1	5
PD1.12 Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling like things around you were unreal)1	5
PD1.13 Were you afraid that you might pass out? (KEY PHRASE: fearing that you might pass out)1	5
PD1.14 Were you afraid that you might die? (KEY PHRASE: fearing that you might die).....1	5
PD1.15 Did you have hot flushes or chills? (KEY PHRASE: having hot flushes)1	5
PD1.16 Did you have numbness or tingling sensations? (KEY PHRASE: having numbness)1	5

PD2	HOW MANY RESPONSES ARE CODED "5" IN PD1.1 - 16 ?	0-3 ..SKIP TO NEXT**** 1 4 OR MORE2
PD2	During your attacks, did the problems like (PARENTHETICAL PHRASE OF FIRST 3 SX CODED "YES" IN PD1.1 – PD1.16) begin suddenly and reach their peak within 10 minutes after the attacks began? PROBE: Did they begin within 10 minutes after the start of the attack?	NO ..SKIP TO NEXT**** 1 SOMETIMES (IF VOL) 3 YES 5 DK...SKIP TO NEXT****D RF...SKIP TO NEXT****R
PD3	About how many of these sudden attacks have had in your <u>entire lifetime</u> ?	__ __ __ ATTACKS CODE: MORE THAN 900 900 "MORE THAN I CAN REMEMBER". 995
PD5	DOES PD4 = 1 ATTACK?	NO SKIP TO PD7 1
PD4	When did the attack occur: in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?	MONTH.SKIP TO PD6 1 2-6.SKIP TO PD6 2 7-12. ...SKIP TO PD6 3 12 OR MORE 4

PD5	Can you remember your <u>exact</u> age when the attack occurred?	NOSKIP TO PD5B 1 YES 5 DK.....SKIP TO PD5B D RFSKIP TO PD5B R
-----	--	--

PD5A.	(IF NEC: How old were you?) GO TO PD8.	_____ AGE DK.....SKIP TO PD6 D RFSKIP TO PD6 R
-------	---	--

PD5B.	<u>About</u> how old were you?	_____ AGE CODE: BEFORE SCHOOL..... 4 BEFORE TEEN 12 NOT BEFORE TEEN..... 13
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BOX PD5

OTHERS, CONTINUE.

PD5B.1	PROBE: Was it before you first started school?	NO 1 YES SKP TO PD6..... 5
--------	---	--

PD5B.2	PROBE: Was it before you were a teenager?	NO 1 YES 5
--------	--	---------------------------

Attacks of this sort can occur in 3 different situations. The first are when the attacks occur unexpectedly "out of the blue". The second are when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third are when a person is in real danger, like a car accident or bank robbery.

PD6 Which of these 3 describes your attack: did it occur unexpectedly "out of the blue", in a situation that you strongly fear, or in a situation of real danger? IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS, CODE "REAL DANGER".

OUT OF THE BLUE 1
STRONG FEAR..... 2
REAL DANGER..... 3

*SKIP TO NEXT SECTION.

PD7 Can you remember your exact age the very first time you had one of these attacks?

NOSKIP TO PD7B 1
YES 5
DK.....SKIP TO PD7B.....D
RFSKIP TO PD7BR

A. (IF NEC: How old were you?) GO TO PD8.

___ AGE
DK.....SKIP TO PD8D
RFSKIP TO PD8R

B. About how old were you?

___ AGE
CODE:
BEFORE SCHOOL..... 4
BEFORE TEEN 12
NOT BEFORE TEEN..... 13

BOX PD7 IF "Don't Know" OR "All my life" OR "As long as I can remember", ASK PD7B.1.

OTHERS, CONTINUE.

PD7B.1 **PROBE:** Was it before you first started school? NO 1
YES SKP TO PD8..... 5

PD7B.2 **PROBE:** Was it before you were a teenager? NO 1
YES 5

PD8	Did you have one of these attacks at any time in the past 12 months?	NOSKIP TO PD8D 1 YES 5 DK.....SKIP TO PD9D RFSKIP TO PD9R
PD8A	How recently - in the past month, between two and six months ago, or more than six months ago?	PAST MONTH 1 2-6 MONTHS. 2 MORE THAN 6 MONTHS .. 3
PD8B	How many weeks in the past 12 months did you have at least one attack?	___ __ WEEKS
PD8C	And how many attacks in all did you have in the past 12 months? SKIP TO PD11.	___ __ ATTACKS
PD8D	How old were you the <u>last</u> time you had one of these attacks?	___ __ AGE
PD9	What is the largest number of attacks you ever had in any single year of your life?	___ __ ATTACKS
PD10	About how many separate years in your life did you have at least one attack?	___ __ YEARS
<p>PD11 After having one of these attacks, did you ever have any of the following experiences:</p>		
		<u>NO</u> <u>YES</u>
PD11.1	A month or more when you often worried that you might have another attack? IF YES, SKIP TO PD12	1 5
PD11.2	A month or more when you often worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control? IF YES, SKIP TO PD12	1 5
PD11.3	A month or more when you changed your everyday activities because of the attacks? IF YES, SKIP TO PD12	1 5
PD11.4	A month or more when you avoided certain situations because of fear about having another attack? IF YES, SKIP TO PD12	1 5
PD14	ARE THERE ANY RESPONSES CODED "5" IN PD11.1 - 4 ?	NOSKIP TO PD141 YES5

PD12	How old were you the <u>first</u> time you had a month when you either worried, changed your everyday activities, or avoided certain situations because of the attacks?	__ __ AGE
------	---	-----------

PD13	Did you have a month of worry or change in activity like that in the past 12 months?	NOSKIP TO PD13E..... 1 YES 5
	A. How recently - in the past month, between two and six months ago, or more than six months ago?	PAST MONTH 1 2-6 MONTHS. 2 MORE THAN 6 MONTHS .. 3
	B. How many months of worry or change in activity did you have in the past 12 months?	__ __ MONTHS
	C. During the time in the past 12 months when your worry about having another attack was most frequent and severe, did you worry nearly all the time, most of the time, often, sometimes, or only rarely?	NEARLY ALL TIME 1 MOST OF TIME..... 2 OFTEN 3 SOMETIMES. 4 ONLY RARELY 5
	D. And how severe was the worry during this time: mild, moderate, severe, or so severe that you were unable to carry out important tasks? SKIP TO PD14.	MILD 1 MODERATE 2 SEVERE 3 SO SEVERE.. 4
	E. About how old were you the <u>last</u> time you had a month like this when you worried about having another attack?	__ __ AGE

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

PD14 The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly "out of the blue"? NOSKIP TO PD15 1
YES 5
DK.....SKIP TO PD15D
RFSKIP TO PD15R

PD14A About how many attacks in your lifetime have occurred unexpectedly "out of the blue"? _____ ATTACKS
CODE:
MORE THAN 900 900
"MORE THAN I CAN
REMEMBER". 995

PD15 About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations? _____ ATTACKS
CODE:
MORE THAN 900 900
"MORE THAN I CAN
REMEMBER". 995

PD16 About how many attacks in your lifetime occurred in situations where you were in real danger? **IF R**
THOUGHT THERE WAS REAL DANGER EVEN
THOUGH IT TURNED OUT NOT TO BE DANGEROUS,
CODE "REAL DANGER". _____ ATTACKS
CODE:
MORE THAN 900 900
"MORE THAN I CAN
REMEMBER". 995

PD16	DOES PD14 = "YES"?	NO ..SKIP TO NEXT****1 YES5
------	--------------------	--

PD16A	DOES PD15 = "0" AND PD16 = "0"?	NO 1 YES ...SKIP TO PD185
-------	---	--

time you had an attack) "out of the blue" for no obvious reason?

__ __ AGE

CODE:

BEFORE SCHOOL..... 4

BEFORE TEEN 12

NOT BEFORE TEEN..... 13

BOX PD17	IF "Don't Know" OR "All my life" OR "As long as I can remember", ASK PD17B.1. OTHERS, CONTINUE.
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PD17B.1 **PROBE:** Was it before you first started school? NO 1
YES ... SKP TO PD18..... 5

PD17B.2 **PROBE:** Was it before you were a teenager? NO 1
YES 5

PD18 How much did (this/these) unexpected "out of the
ever interfere with either your work, your social life,
or your personal relationships: not at all, a little,
NOT AT ALL 1
SOME 3
A LOT 4

BOX PD18	DOES PD14A = "1"?	NOSKIP TO PD19A.....1
----------	--------------------------	----------------------------

PD19 Did this unexpected "out of the blue" attack occur
while you were asleep? **SKIP TO NEXT****.** NO 1
YES 5

attacks occurred while you were asleep?

__ __ ATTACKS

PD20 Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks ever occurred as the result of physical causes?

NO SKIP TO PD33 1
 YES 5
 DK..... SKIP TO PD33 D
 RF SKIP TO PD33 R

A. Do you think
 of physical causes?

YES 5
 DK..... SKIP TO PD33 D
 RF SKIP TO PD33 R

PD34 DOES **PD20A** = "1"?

NO SKIP TO PD35 1
 YES 5

YES ... SKIP TO PD23 5

PD36 DOES **PD8** = "YES"?

NO SKIP TO PD22 1
 YES 5

PD21 How many unexpected "out of the blue" attacks
 did you have in the past 12 months?

__ __ ATTACKS

BOX PD21 WHAT DOES **PD21** EQUAL?

0..... 1
 1..... SKIP TO PD22 2
 OTHER SKIP TO PD21B .. 3

PD21A How old were you the last time you had an un-
 expected "out of the blue" attack? **SKIP TO PD22.**

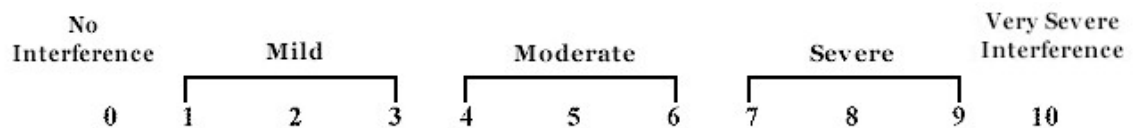
__ __ AGE

PD21B About how many weeks in the past 12 months did
 you have at least one of these attacks?

__ __ __ WEEKS

PD22	How recently - in the past month, between two and six months ago, or more than six months ago? SKIP TO PD23.	PAST MONTH 1 2-6 MONTHS. 2 MORE THAN 6 MONTHS .. 3
PD22	DOES PD13 = "YES"?	NO SKIP TO PD29 1 YES ... SKIP TO PD24 5
PD23	When you had an attack in the past 12 months, how much emotional distress did it cause you during the attack itself: not at all, a little, some, a lot, or so extremely severe that you were unable to concentrate and had to stop what you were doing?	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 EXTREMELY SEVERE 5
PD24	Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or caffeinated beverages, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary motion picture or television show. In the past 12 months, did you ever get upset by any physical sensations that reminded you of your attacks?	NO SKIP TO PD27 1 YES 5 DK..... SKIP TO PD27 D RF SKIP TO PD27 R
PD24A	How strong was your discomfort with any physical sensations like these in the past 12 months: mild, moderate, severe, or so severe that you became very worried that these might cause you to have another attack?	MILD 1 MODERATE 2 SEVERE 3 SO SEVERE.. 4
PD25	How often did you avoid situations or activities that might cause these physical sensations in the past 12 months: all the time, most of the time, sometimes, rarely, or never?	ALL THE TIME 1 MOST OF THE TIME 2 SOMETIMES. 3 RARE. SKIP TO PD27 4 NEV .. SKIP TO PD27 5 DK..... SKIP TO PD27 D RF SKIP TO PD27 R

PD26	How much did avoidance of these situations interfere with either your work, your social life, or your personal relationships over the past 12 months: not at all, a little, some, a lot, or extremely?	NOT AT ALL ..	1
		A LITTLE	2
		SOME	3
		A LOT	4
		EXTREMELY ..	5



PD27 Think about the month or longer in the past 12 months when your attack(s) or worry about the attacks (was/were) most severe. Using the 0 to 10 scale on page 5 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much the attack(s) or worry about the attacks interfered with each of the following activities during that time?

PROBE: How much did the attacks interfere with (ACTIVITY) during that time?

PROBE: You can use any number between 0 and 10 to answer.

PD27 A. Your home management, like cleaning, shopping, and taking care of the (house/apartment)? _____
DOES NOT APPLYN

PD27 B. Your ability to work? _____
DOES NOT APPLYN

PD27 C. Your ability to form and maintain close relationships with other people? _____
DOES NOT APPLYN

PD27 D. Your social life? _____
DOES NOT APPLYN

BOX PD27	ARE ALL RESPONSES CODED "0" OR "N" IN PD27A – PD27D?	NO	1
		YES ...SKIP TO PD29	5

PD28 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your attacks or because of worry about the attacks?

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

__ __ __ DAYS

PD29 Did you ever in your life talk to a medical doctor or other professional about your attacks? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

NO SKIP TO PD33 1
 YES 5
 DK..... SKIP TO PD33 D
 RF SKIP TO PD33 R

PD29 A. How old were you the first time (you talked to a professional about your attacks)?

__ __ AGE

PD30 Did you ever get treatment for your attacks that you considered helpful or effective?

NO SKIP TO PD30C 1
 YES 5
 DK..... SKIP TO PD30C D
 RF SKIP TO PD30C R

PD30 A. How old were you the first time (you got helpful treatment for your attacks)?

__ __ AGE

PD30 B. How many professionals did you ever talk to about your attacks, up to and including the first time you got helpful treatment? **SKIP TO PD31.**

__ __ AGE

DK..... SKIP TO PD31 D
 RF SKIP TO PD31 R

PD30 C. How many professionals did you ever talk to about your attacks?

__ __ __ PROFESSIONALS

PD31 Did you receive professional treatment for your attacks at any time in the past 12 months?

NO 1
 YES 5

PD32 Were you ever hospitalized overnight for your attacks?

NO SKIP TO PD32B 1
 YES 5

PD32 A. How old were you the first time (you were hospitalized overnight because of your attacks)?

__ __ AGE

PD33 How many of your close relatives including biological
parents, brothers and sisters, and children ever had
attacks of this sort?

__ __ __ RELATIVES

AD1

The next questions are about concentration problems that usually start before the age of seven. During your first years of school – say between the ages of five and seven – was there ever a period lasting six months or longer when you had a lot

		<u>NO</u>	<u>YES</u>
1.	Did you frequently lose things like assignments or books or other things you needed? (KEY PHRASE: frequently losing things)1	1	5
2.	Did you often have trouble paying attention to details, or did you make a lot of careless mistakes? (KEY PHRASE: making lots of careless mistakes)1	1	5
3.	Did you often forget what you were supposed to be doing or what you had planned to do? (KEY PHRASE: being forgetful).....1	1	5
4.	Did people often say that you did not seem to be listening when they spoke to you? (KEY PHRASE: being told by others that you didn't seem to listen to them)1	1	5
5.	Did you quickly lose interest in games you were playing or in work you were doing at home or at school? (KEY PHRASE: quickly losing interest in activities).....1	1	5
6.	Were you unable to keep your mind on what you were doing if things were going on nearby? (KEY PHRASE: being easily distracted)1	1	5
7.	Did you dislike, avoid, or put off doing things that required a lot of concentration? (KEY PHRASE: disliking, avoiding, or putting off doing things that required a lot of concentration)1	1	5
8.	Did you get confused when you had to make plans or decide the order in which to do things? (KEY PHRASE: getting confused when you had to make plans)1	1	5
9.	Did you often leave chores, homework or other work unfinished even when you meant to get them done, and understood how to do them? (KEY PHRASE: leaving important jobs or homework undone).....1	1	5

BOX AD2	ARE THERE SIX OR MORE "YES" RESPONSES IN AD1.1 - 9?	NO SKIP TO AD30 1 YES 5
---------	---	--

AD3 You had several concentration and attention difficulties, NO SKIP TO AD3B 1
such as (KEY PHRASES FOR FIRST 3 ITEMS EN- YES 5
DORSED IN **AD1.1 - 9**). Can you remember your exact
age the very first time in your life when you had any of
these difficulties for a period of six months or longer?

A. How old were you? **SKIP TO AD4.** _____ AGE

B. About how old were you the first time (you had any of these
difficulties)? **IF "All my life" OR "As long as I can remember",**
PROBE: Was it before you were seven? **IF NO, PROBE:** Was it
before you were a teenager? **IF NO, PROBE:** Was it before your
twenties?

_____ AGE

CODE:

BEFORE AGE 7 6
NOT BEFORE AGE 7 8
BEFORE TEEN 12
BEFOR TWENTIES 19

AD4 Did you still have a lot of difficulty with concentration NO 1
during the past 12 months? YES SKIP TO AD5 5

A. How old were you the last time you had a period of six months or
longer when you had a lot of difficulty with concentration or attention? _____ AGE

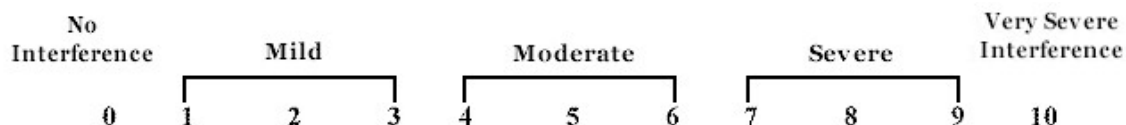
AD5 About how many years altogether (did you have/ have you had)
these difficulties? _____ YEARS

AD6 Did these concentration and attention difficulties ever cause
you problems.....

	<u>NO</u>	<u>YES</u>
1. at school?	1	5
2. at home?	1	5
3. at work?	1	5
4. in your personal relationships or social life?	1	5

BOX AD7	ARE THERE TWO OR MORE "YES" RESPONSES IN AD6.1 - 4?	NO SKIP TO AD30 1 YES 5
---------	---	--

BOX AD8	IF AD4 = 5, CONTINUE. OTHERS, SKIP TO AD14.
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AD10 (RB PG 10) Think about the month or longer in the past 12 months when these concentration and attention difficulties were most severe. Using the 0 to 10 scale on page 10 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these concentration and attention difficulties interfered with each of the following activities during that time?

PROBE: How much did these difficulties interfere with (ACTIVITY) during that time?

PROBE: You can use any number between 0 and 10 to answer.

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

DOES NOT APPLYN

B. Your ability to work?

DOES NOT APPLYN

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

DOES NOT APPLYN

D. Your social life?

DOES NOT APPLYN

BOX AD11	ARE ALL RESPONSES IN AD10A – AD10D = “0” OR “97”?	NO 1
		YES 5

AD12 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these difficulties? **PROBE:** You may use any number between 0 and 365. _____ DAYS

AD14 Did you ever in your life talk to a medical doctor or other professional about your concentration and attention difficulties? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

NO SKIP TO AD30 1

YES 5

A. How old were you the first time (you talked to a professional about these difficulties)? _____ AGE

AD25 Did you ever get treatment for your difficulties with-concentration and attention that you considered helpful or effective?

NO SKIP TO AD25C 1

YES 5

A. How old were you the first time (you got helpful treatment for these difficulties)? _____ AGE

B. How many professionals did you ever talk to about these difficulties, up to and including the first time you got helpful treatment? **SKIP TO AD27.** _____ PROFESSIONALS

C. How many professional did you ever talk to about these difficulties? _____ PROFESSIONALS

AD27 Did you receive professional treatment for these difficulties at any time in the past 12 months?

NO 1

YES 5

AD30

Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting six months or longer in your childhood when you had a lot more trouble than most children did with the following difficulties:

		<u>NO</u>	<u>YES</u>
1.	Were you often very active even when you were not supposed to be – for example, climbing on things or running around – even after being asked to keep still? (KEY PHRASE: being very active when you were not supposed to be).....1	1	5
2.	Did you often feel very restless? (KEY PHRASE: often feeling very restless).....1	1	5
3.	Were you often “on the go”, usually taking very little time to rest? (KEY PHRASE: being “on the go” without taking time to rest)1	1	5
4.	Did you have trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time? (KEY PHRASE: having trouble playing quietly).....1	1	5
5.	Did you usually fidget or squirm a great deal when you were sitting down? (KEY PHRASE: fidgeting or squirming a lot).....1	1	5
6.	Did you often get up from your seat when you were not supposed to – like at dinner, at school, or at religious services? (KEY PHRASE: getting up from your seat when you no supposed to).....1	1	5
7.	Were you often extremely talkative? (KEY PHRASE: being very talkative).....1	1	5

-
- | | | |
|-----|---|---|
| 8. | Did you often blurt out answers to other people's questions even before they finished speaking? (KEY PHRASE: interrupting people by blurting out answers to their questions before they were done speaking).....1 | 5 |
| 9. | Did you often interrupt people or abruptly join other people's conversations without being asked to do so?
(KEY PHRASE: interrupting conversations)1 | 5 |
| 10. | Did you often try to break into games or interrupt other activities that were were already underway?
(KEY PHRASE: interrupting games or other activities)1 | 5 |
| 11. | Did you have a lot of trouble <u>waiting your turn</u> – for example, was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?
(KEY PHRASE: having trouble waiting your turn)1 | 5 |
-

BOX AD31	ARE THERE SIX OR MORE "YES" RESPONSES IN AD30.1 - 11?	NO ..SKIP TO NEXT****1 YES5
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AD32 You mentioned several difficulties with restlessness and impatience such as (KEY PHRASES FOR FIRST 3 ITEMS ENDORSED IN **AD30.1 - 11**). Can you remember your exact age the very first time in your life when you had any of these difficulties for a period of six months or longer?

NOSKIP TO AD32B..... 1
 YES 5

A. How old were you? **SKIP TO AD33.** _____ AGE

B. About how old were you the first time (you had any of these difficulties)? **IF "All my life" OR "As long as I can remember", PROBE:** Was it before you were seven? **IF NO, PROBE:** Was it before you were a teenager? **IF NO, PROBE:** Was it before your twenties?

_____ AGE

CODE:

BEFORE AGE 7 6
 BEFORE TEEN 8
 BEFORE TWENTIES..... 19

AD33 Did you still have a lot of difficulty with restlessness or impatience during the past 12 months?

NO 1
 YES ...SKIP TO AD34 5

A. How old were the last time you had a period of six months or longer when you had these difficulties? _____ AGE

AD34 About how many years altogether (did you have/ have you had) these difficulties? _____ YEARS

AD: Attention Deficit/Hyperactivity Disorder

AD35 Did these difficulties with restlessness or impatience ever cause you problems.....

	<u>NO</u>	<u>YES</u>
1. at school?	1	5
2. at home?	1	5
3. at work?	1	5
4. in your personal relationships or social life?	1	5

BOX AD36	ARE THERE TWO OR MORE "YES" RESPONSES IN AD35.1 – 4?	NO ..SKIP TO NEXT****1
		YES5

BOX AD38	IF AD33 = 5, CONTINUE. OTHERS, SKIP TO AD43.1.
----------	--

SCALE FOR AD39	NO INTERFERENCE	0
	MILD INTERFERENCE	1-3
	MODERATE INTERFERENCE	4-6
	SEVERE INTERFERENCE	7-9

AD39 Think about the month or longer in the past 12 when these difficulties with restlessness or impatience were most severe. Using the 0 to 10 scale on page 5 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these difficulties with restlessness or impatience interfered with each of the following activities during that time?

PROBE: How much did these difficulties with restlessness or impatience interfere with (ACTIVITY) during that time?

PROBE: You can use any number between 0 and 10 to answer.

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

 DOES NOT APPLY 97

B. Your ability to work?

 DOES NOT APPLY 97

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

 DOES NOT APPLY 97

D. Your social life?

 DOES NOT APPLY 97

BOX AD40	ARE ALL RESPONSES IN AD39A – AD39D = “0” OR “97”?	NO 1
		YES . SKIP TO AD43.15

AD41 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these difficulties. **PROBE:** You may use any number between 0 and 365. _____ DAYS

AD43.1 Did you ever in your life talk to a medical doctor or other professional about your problems with being restless or impatient? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

NO .. SKIP TO NEXT**** 1

YES 5

A. How old were you the first time (you talked to a professional about these difficulties)? _____ AGE

B. Did you ever get treatment for your problems (**IF BOX AD2 EQUALS 5:** with concentration or attention or being restless or impatient/ ALL OTHERS: with being restless or impatient) that you considered helpful or effective?

NO .. SKIP TO AD43.1E 1

YES 5

C. How old were you the first time (you got helpful treatment for these problems)? _____ AGE

D. How many professionals did you ever talk to about these problems, up to and including the first time you got helpful treatment? **SKIP TO AD43.1F.** _____ PROFESSIONALS

E. How many professionals did you ever talk to about these problems? _____ PROFESSIONALS

F. Did you receive professional treatment for these problems at any time in the past 12 months?

NO 1

YES 5

CD: Conduct Disorder

Now I want to ask you about some other behaviors when you were a child or teenager.

CD4A15	CD1	Did you <u>skip school</u> a lot without permission?	NOSKIP TO CD2 1 YES 5
		A. How old were you when you started skipping school? _____ AGE IF DK: Were you 12 or younger? IF YES, CODE 01. IF NO, CODE 95.	
CD4A13	CD2	Did you often <u>stay out much later at night</u> than you had permission to ?	NOSKIP TO CD3 1 YES 5
		A. How old were you when you started staying out late at night without permission? _____ AGE IF DK: Were you 12 or younger? IF YES, CODE 01. IF NO, CODE 95.	
CD4A14	CD3	Did you ever <u>run away from home</u> and stay away at least overnight?	NOSKIP TO CD4 1 YES 5
		A. Did you do that more than once?	NO 1 VOL: TO AVOID ABUSE 3 YESSKIP TO CD4 5
		B. Did you return to live at home again after you ran away?	NO 1 YES 5
CD4A12	CD4	When you were a child or teenager, did you find or <u>steal someone else's credit card</u> and use it, or did you ever forge someone else's name to a check?	NO 1 YESSKIP TO CD5 5
CD4A12		A. Did you sometimes shoplift – that is, <u>take things</u> worth \$10 or more from a store without paying for them?	NO 1 YESSKIP TO CD5 5
CD4A12		B. Did you often <u>take things from someone's unlocked car</u> or that were in someone's yard or on their porch?	NO 1 YESSKIP TO CD5 5
CD4A12		C. Did you often take money or other things without <u>permission</u> from someone's purse or wallet?	NO 1 YES 5

CD: Conduct Disorder

CD4A10	CD5	Did you ever break into a locked car, house, school, or store?	NO 1 YES 5
CD4A6	CD6	When you were a child or teenager, did you ever <u>grab</u> someone's purse or wallet or threaten to hurt them if they didn't give you their money, jewelry, jacket, or shoes? SX: grabbing a purse or wallet or getting things by threatening someone.	NO 1 YES 5
CD4A11	CD7	Did you sometimes play <u>tricks on people</u> or tell them lies to make them give you something or <u>do what</u> you wanted?	NO 1 YES SKIP TO CD8 5
	A.	Did you sometimes <u>get out of doing what you were supposed to do by lying</u> or fooling people?	NO 1 YES 5
CD4A1	CD8	Would you often <u>pick on smaller children</u> or threaten or tease those who were too scared to fight you?	NO 1 YES 5
CD4A7	CD9	As a child or teenager, did you <u>get someone to do sexual things</u> with you <u>by force</u> or threatening them?	NO 1 YES 5
CD4A8	CD10	When you were a child or a teenager, did you ever <u>set a fire</u> in order to cause damage or hurt someone?	NO 1 YES 5
CD4A9	CD11	Did you sometimes deliberately <u>damage property</u> , like a car or building, in other ways?	NO 1 YES 5
	CD12	Were you in quite a few <u>physical fights</u> when you were a child or teenager?	NO SKIP TO CD13 1 YES 5
CD4A2	A.	Were you sometimes the one who started them?	NO 1 YES 5
CD4A3	CD13	Did you ever <u>use a weapon</u> like a gun, knife, stick, or bottle or threaten someone with a weapon?	NO 1 YES 5
CD4A4	CD14	Did you ever physically <u>hurt someone on purpose</u> when you weren't fighting?	NO 1 YES 5
CD4A5	CD15	Did you <u>hurt animals on purpose</u> to amuse yourself (not when you were hunting or getting rid of pests in the house)?	NO 1 YES 5
BOX CD16 HOW MANY 5'S ARE CODED IN CD1 – CD15?			NONE .. SKIP TO *** 1 3 OR MORE 5

CD: Conduct Disorder

CD4A	CD17	You said you did a number of things when you were a youngster, things like (ITEMS CODED 5 IN CD1 - CD15). Was there a time when you did 3 or more of these things in the same year?	NO 1 YES 5
------	------	---	---------------------------

CD4RE	CD18	When was the last time you did any of those things?	AGE REC MONTH	__ __ __ __
-------	------	---	------------------	----------------

OTHERS CODE ACTUAL LAST MONTH AND SKIP TO CD18B.

IF CD16 CODED 3, GO TO CD18C.

CD18	B.	Have you done several of these things in the last 12 months? (SEVERAL = 3 OR MORE)	NO 1 YES 5
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CD4ON	CD18	C. How old were you the first time you did any of those things?	__ __ AGE
-------	------	---	-----------

BOX CD18D IF AGE IN CD18C WITHIN 2 YEARS OF AGE IN CD18, SKIP TO CD19.

CD4RM	CD18	E. Between (Age in CD18C/ the time) when you first did some of these things and (Age in CD18), the last time you did any of them, was there any full year when you did not do any of those things?	NO SKIP TO CD19 1 YES 5
-------	------	--	--

CD4RMO1 CD4RMT1	1.	Between what ages didn't you do anything like (LIST BEHAVIORS CODED 5 IN CD1 – CD15)?	FROM AGE TO AGE	__ __ __ __
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CD4RMO2 CD4RT2	2.	Any other years? IF “NO”, CODE 00 IN “FROM AGE”.	FROM AGE TO AGE	__ __ __ __
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CD4TM3	3.	DID R MENTION MORE THAN 2 REMISSIONS?	NO 1 YES 5
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CD: Conduct Disorder

CD4B CD4IM	CD19 Did the things you did like (SX coded 5 in CD1 – CD15) get you into trouble.... READ EACH AND CODE IN COLUMN.			
		<u>EVER</u>		<u>LAST YEAR</u>
		<u>NO</u>	<u>YES</u>	<u>NO</u> <u>YES</u>
	A. With the police?	1	5	1 5
	B. At school or work?	1	5	1 5
	C. At home?	1	5	1 5
	D. With people your age?	1	5	1 5
	E. IF NO 5 CODED IN COL. I OR IF CD18B CODED 66, SKIP TO CD20. In the last 12 months, did these behaviors cause you trouble (ITEMS CODED 5 IN COL. I)? CODE IN COL. II.			
CD4TNW	CD20 IF CD18 REC MONTH CODED 66, GO TO B.			
	Have you wanted to talk to a doctor or health professional about these behaviors in the last 12 months?	NOSKIP TO CD20B.....		1
		YES		5
CD4TNY	A. Did you do it?	NO		1
		YES SKIP TO NEXT****		5
CD4TN	B. Have you ever talked to a doctor or other health professional about these behaviors?	NO		1
		YES		5

AS: Antisocial Personality Disorder

The next questions are about your behavior **since your 15th birthday**.
Some of them are like the ones I asked you about before, but now we
are only talking about **after** your 15th birthday.

AS1	Since age 15, have you been in physical fights?	NOSKIP TO AS2 1
		YES..... 5

AS4A4	A. Were you sometimes the one who hit first?	NO 1
		YES5*

AS4A4	AS2 Have you sometimes used a stick, knife, gun, bottle, or bat to hurt someone? IF REQUIRED BY JOB, CODE 1 AND ASK A.	NO 1
		YES SKIP TO AS3.....5*

AS4A4	Have you sometimes threatened someone with one of those things? IF REQUIRED BY JOB, CODE 1.	NO 1
		YES5*

BOX AS3	IF NEVER MARRIED OR NEVER LIVED AS MARRIED (DM = 3, 4, 5, OR 6), SKIP TO AS4.
---------	---

AS4A4	AS3 Have you more than once either hit your (husband/ wife/partner) or thrown things that could have hurt that person? IF VOL ONLY ONCE, CODE AND SKIP TO AS4.	NOSKIP TO AS4 1
		IF VOL: ONLY ONCE 2
		YES..... 5

AS4A4	Were you sometimes the one to do this first?	NO 1
		YES5*

AS4A4	AS4 Have you more than once spanked, hit, or shaken a child hard enough so that there were bruises or pain the next day?	NO 1
		YES5*

I'm going to ask you now about doing things that people might think
would be dangerous for you or for others.

AS4A5	AS5 Since the AIDS epidemic began, have you sometimes had unprotected sex, that is without a condom, with someone who you thought could have the disease?	NO 1
		YES5*

AS4A5	AS6 Have you ever had sexual intercourse with at least 10 different people in a single year?	NO 1
		YES5*

AS: Antisocial Personality Disorder

	AS7	Have you ever owned a gun or had access to one?	NO SKIP TO AS8 1 YES 5
AS4A5		Has anyone been shot accidentally by you or with your gun?	NO 1 YES ... SKIP TO AS12 5*
AS4A5		Since you were 15, have you more than once fired a gun to scare someone?	NO 1 YES ... SKIP TO AS12 5*
AS4A5	AS8	Have you often taken chances when driving a car, motorcycle, or other vehicle – like speeding through city streets? IF NEVER DROVE, CODE AND SKIP TO AS11.	NO SKIP TO AS12 1 YES 5* NEVER DROVE 6
	AS9	Have you been the driver in an auto accident where someone was seriously hurt or a car was not driveable after the accident?	NO SKIP TO AS10 1 YES 5
AS4A5		A. Did that happen more than once?	NO 1 YES 5*
AS4A5	AS10	Have you often driven when you were high or drowsy on alcohol or drugs?	NO 1 YES 5*
AS4A5	AS11	Have you sometimes left a child under 6 without a grownup or teenager to look after them?	NO 1 YES 5*
AS4A1	AS12	Since you were 15, have you stolen things or money by holding someone up, or breaking into a car, house, or building, taking things from stores or construction sites, or stealing in any other way?	NO 1 YES 5*
AS4A1	AS13	Have you sometimes made money illegally , perhaps by selling things you knew were stolen, selling drugs, prostitution, providing false IDs, or any other way?	NO 1 YES 5*
AS4A1	AS14	Since age 15, have you sometimes intentionally destroyed or harmed someone's home or car, or a building, perhaps by breaking windows or spraying it with paint or setting it on fire?	NO 1 YES 5*
AS4A1	AS15	Have you ever intentionally annoyed or frightened someone by repeatedly following them or phoning them or showing up at their house?	NO 1 YES 5*

AS: Antisocial Personality Disorder

AS4A2	AS16	Now I want to ask you about ways in which you might have tried to con or fool someone. Have you sometimes pretended you were sick or injured to collect insurance, worker's compensation, or disability pay?	NO1 YES5*
AS4A2	AS17	Have you sometimes used an alias – that is, given a false name – so you couldn't be identified as the one who did something annoying or illegal?	NO1 YES5*
AS4A2	AS18	Have you sometimes pretended to have education or work experience you didn't have (IF MARRIED: pretended you were not married when you were or) or told other lies to make money or get a date or get something else you wanted?	NO1 YES5*
Now I want to ask you about doing things on impulse without making plans, or changing your plans frequently.			
AS4A3	AS19	Have you had times when you had no fixed address at all, or moved around to different places? IF ONLY ON VACATION, CODE NO.	NO1 YES5*
AS4A3	AS20	Have you walked off more than one job without giving notice?	NO1 YES5*
SKIP TO AS21A.			
AS4A3	AS21	Have you ever left your (wife/ husband/ partner) without warning – perhaps because you got interested in someone else or just felt bored or tied down?	NO SKIP TO AS221 YES ... SKIP TO AS235*
	A.	Have you ever had a close sexual relationship that lasted for some months?	NO SKIP TO AS22 1 YES 5
AS4A3	B.	Did you ever leave that person without warning or put that relationship at risk because you couldn't resist being attracted to others?	NO1 YES ... SKIP TO AS235*

AS: Antisocial Personality Disorder

AS4A3	AS22	Have you often moved out of an apartment or house shortly after you moved in because you changed your mind about it?	NO1 YES5*
Now I'd like to ask you about problems with meeting obligations and keeping your promises.			
AS4A6	AS23	Have you had a lot of trouble with debts, like having things repossessed, or being chased by collection agencies, or not being able to pay your rent?	NO1 IF VOL: ONLY ONCE.....2 YES5*
AS4A6	AS24	Since you first left school, have there been years when you did not work for several months, when you were not too physically ill to work, you had not retired, and you were not staying home to care for relatives or children? IF NEVER WORKED, CODE AND SKIP TO AS28.	NO1 NEVER WORKED.....2 YES5*
AS4A6	AS25	Have you several times quit your main job, without having enough savings to live on until you found another job?	NO1 IF VOL: ONLY ONCE.....2 YES ... SKIP TO AS27.....5*
AS4A6	AS26	Have you sometimes skipped child support payments or other support payments that you had agreed to take care of?	NO1 YES5*
AS4A6	AS27	Have you often been late to work or often not shown up at all on days when you weren't sick and didn't have any emergency?	NO1 YES5*
AS4A6	AS28	Have you sometimes borrowed \$20 or more and not paid it back?	NO1 YES5*

BOX AS29 IF TWO OR MORE BOXES MARKED ON ASP TALLY, CONTINUE.
OTHERS SKIP TO AS35.

AS30 Now I'd like to review some of these behaviors that you told me about. You said that since the age of 15 (**LIST SX MARKED ON TALLY**). How old were you the last time you were in any of these situations?

AGE REC
REC

1 2

AS: Antisocial Personality Disorder

	AS31	You said you've done the following things. After you did things like these, were you sorry about having hurt or upset someone?	NO 1 THEY NOT HURT/UPSET . 3 YES 5
AS4A7	A.	Did you feel the person was just getting what they deserve?	NO 1 YES 5
AS4A7	B.	Had the person treated you badly?	NO 1 YES 5
AS4A7	C.	Do you think the person would have done the same or worse to you?	NO 1 YES 5
AS4A7	D.	Was it the kind of person you have no use for?	NO 1 SOME WERE 3 YES 5

AS4A7	AS32		
AS4A7	AS33	You also said that you've done the following things [REVIEW ITEMS ENDORSED]. Are you sorry that you did things like these?	NO 1 YES 5

Why do you regret having done things like these?

EXAMPLE: _____

	B.	Have you tried to make up for what you did?	NO 1 YES 5
--	----	---	---------------------------

AS40N	AS34	How old were you the last time you did any of those things (LIST SX MARKED ON TALLY)?	MONTH _____ AGE _____
-------	------	---	--------------------------

BOX AS34A IF PRESENT IN THE CURRENT MONTH, CODE MONTH = 00 AND SKIP TO AS34B.

IF **NOT** IN LAST 12 MONTHS, CODE MONTH = 66, ENTER AGE, AND SKIP TO AS34D

OTHERS CODE ACTUAL LAST MONTH AND SKIP TO AS34B.

AS34	B.	Did you do these things only if you had been drinking or taking drugs?	NO 1 YES ..SKIP TO AS34D..... 5
------	----	--	--

AS: Antisocial Personality Disorder

AS34 C. Did you **sometimes** do them when you had been drinking or taking drugs? NO 1
YES 5

AS34 D. Did you do any of these things when you were 15 years old? **IF YES ENTER 15. IF NO:** How much older than 15 were you when you started them? ____ AGE

BOX AS34E IF AGE IN AS34D WITHIN 2 YEARS OF AGE IN AS34, SKIP TO AS35.

AS4RM AS34 F. Between (Age in AS34D/ the time) when you first did some of these things and (Age in AS34), the last time you did any of them, was there ever a 12-month period when you didn't do any of those things at all? NO SKIP TO AS35 1
YES 5

AS4RMO1 1. Between what ages did you do none of FROM AGE ____
AS4RMT1 them at all? TO AGE ____

AS4RMO2 2. Any other years? **IF "NO", CODE FROM AGE ____**
AS4RMTS **00 IN "FROM AGE".** TO AGE ____

AS4RM3 3. DID R MENTION MORE THAN 2 NO 1
REMISSIONS? YES 5

AS4TN AS35 Have you ever talked to a doctor or other health professional about these behaviors? NO 1
YES 5

AS4IM AS36 Did doing these things **ever** cause problems for you with family, friends, or work? NO SKIP TO AS37 1
YES 5

B. Did doing these things ever cause **serious** NO 1
problems for you with family, friends, or work for a YES 5
month or longer?

AS: Antisocial Personality Disorder

AS4IM	AS37 Have you ever been arrested?	NO SKIP TO FE1 1 YES 5
	A. How old were you the first time?	__ __ AGE
	B. How old were you the next time?	__ __ AGE
	IF NEVER AGAIN, CODE 00.	
	IF AGE MORE THAN 17, SKIP TO D.	
	C. Have you been arrested since your 18 th birthday?	NOSKIP TO IN1..... 1 YES 5
AS4IMY	D. Were you arrested in the last 12 months?	NO 1 YES 5
	E. Were you ever convicted?	NOSKIP TO IN1..... 1 YES 5
	F. Did you serve time?	NOSKIP TO IN1..... 1 YES 5
	G. How long did you serve in all?	__ __ __ UNITS
	IF LESS THAN 1 MONTH, CODE 01 MONTHS.	CODE UNITS:
		MONTHS 1
		YEARS 2
	H. Have you been in jail or prison in the last 12 months?	NO 1 YES 5

ADMINISTER IF:

SC6.1 AND SC6.3 = 5 **OR** SC6.2 AND SC6.3 = 5

SP1 (RB, PG 8) Earlier you mentioned having a time in your life when you felt very shy, afraid, or uncomfortable with other people or in social situations. Looking at page 8 in your booklet, was there ever a time in your life when you felt shy, afraid, or uncomfortable in the following situations?

	<u>NO</u>	<u>YES</u>
1. Meeting new people?.....	1	5
2. Talking to people in authority?.....	1	5
3. Speaking up in a meeting or class? (KEY PHRASE: speaking up at a meeting).....	1	5
4. Going to parties or other social gatherings? (KEY PHRASE: going to parties).....	1	5
5. Acting, performing, or giving a talk in front of an audience? (KEY PHRASE: performing in front of an audience).....	1	5
6. Taking an important exam or interviewing for a job, even though you were well prepared? (KEY PHRASE: taking an important exam).....	1	5
7. Working while someone watches?	1	5
8. Entering a room when others are already present?.....	1	5
9. Talking with people you don't know very well?	1	5
10. Expressing disagreement to people you didn't know very well? (KEY PHRASE: disagreeing with people).....	1	5

SP: Social Phobia

11.	Writing or eating or drinking while someone watches?.....	1	5
12.	Urinating in a public bathroom or using a bathroom away from home? (KEY PHRASE: using a public bathroom)	1	5
13.	Being in a dating situation? (KEY PHRASE: dating)	1	5
14.	Another situation where you could be the center of attention or where something embarrassing might happen?.....	1	5

BOX SP2	HOW MANY RESPONSES ARE CODED "1" IN SP1.1 - 14?
	ZERO, SKIP TO NEXT****1 ONE TO THREE, SKIP TO BOX SP3 INTRO 12 FOUR OR MORE, SKIP TO BOX SP3 INTRO 2.....3

BOX SP3	You had a fear of (KEY PHRASE OF ALL “YES”	NO SKIP TO SP3B1
INTRO 1	RESPONSES IN SP1). Can you remember your <u>exact</u> age the <u>very first</u> time you had a fear of this/ any of these situation(s)?	YES ...SKIP TO SP3A.....5

BOX SP3 You had a fear of a number of social or performance situations NOSKIP TO SP3B1

time you had a fear of one of these situations?

SP3A How old were you? **SKIP TO BOX SP6.** AGE

B. About how old were you? IF “All my life” OR “As long as I can remember”, PROBE: Was it before you first started school? IF NO, PROBE: Was it before you were a teenager?

AGE _____

CODE:

BEFORE STARTED SCL ... 4
BEFORE TEEN 12
NOT BEFORE TEEN..... 13

BOX SP6	Does SC6.2 = 5?	NO SKIP TO SP8 1
		YES 5

SP6A Earlier in the interview you mentioned having times when you avoided social or performance situations because of your fear. How old were you when you first started this avoidance?

IF “All my life” OR “As long as I can remember”, PROBE:

Was it before you first started school? **IF NO, PROBE:** Was it before you were a teenager?

__ __ AGE

CODE:

BEFORE STARTED SCL ... 4

BEFORE TEEN 12

NOT BEFORE TEEN 13

SP8 Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with this/ these situation(s), or thought you would have to be, did you ever have any of the following experiences? SKIP TO SP9 AFTER FIRST “YES”.

	<u>NO</u>	<u>YES</u>
1. Did you ever blush or shake?	1	5
2. Did you ever fear that you might lose control of your bowels or bladder?.....	1	5
3. Did you ever fear that you might vomit?	1	5

SP9 (RB, PG 9) When you were faced with (IF SP2 = NO 1
 “2”: KEY PHRASE this situation/ ALL OTHERS: YES 5
 these situations), did you ever have two or more of these reactions on page 9?

GO TO SP10 AFTER TWO “YES” RESPONSES.

	<u>NO</u>	<u>YES</u>
1. Did your heart ever pound or race?	1	5
2. Did you sweat?	1	5
3. Did you tremble?.....	1	5

4.	Did you feel sick to your stomach?	1	5
5.	Did you have a dry mouth?	1	5
6.	Did you have chills or hot flushes?	1	5
7.	Did you feel numbness or have tingling sensations?	1	5
8.	Did you have trouble breathing normally?	1	5
9.	Did you feel like you were choking?	1	5
10.	Did you have pain or discomfort in your chest?	1	5
11.	Did you feel dizzy or faint?	1	5
12.	Were you afraid you might die?	1	5
13.	Did you ever fear that you might lose control, go crazy, or pass out?	1	5
14.	Did you feel like you were distant from the situation, "not" really there, or like you were watching yourself in a movie?	1	5
15.	Did you feel that things around you were unreal or like a dream?	1	5

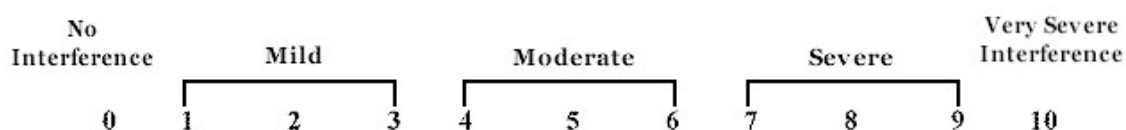
SP10	When you were in (IF SP2 = "2": this situation/ ALL OTHERS: these situations), were you ever afraid that you might have a panic attack?	NO SKIP TO SP11 1 YES 5
	A. Did you ever have a panic attack (in this situation/ one of these situations)?	NO 1 YES 5
SP11	Were you afraid that you might be trapped or unable to escape?	NO 1 YES 5
SP12	When you were in (IF SP2 = "2": this situation/ ALL OTHERS: these situations), were you afraid you might do something <u>embarrassing</u> or <u>humiliating</u> ?	NO 1 YES ... SKIP TO SP15 5
	A. Were you afraid that you might embarrass other people?	NO SKIP TO SP15 1 YES 5
SP13	Were you afraid that people might <u>look</u> at you, <u>talk</u> about you, or think negative things about you?	NO 1 YES ... SKIP TO SP15 5
SP14	Were you afraid that you might be the focus of attention?	NO 1 YES ... SKIP TO SP15 5
	A. What was it you feared most about (IF SP2 = "2": KEY PHRASE this situation/ ALL OTHERS: these situations)?	REAL DANGER 1 OTHER 5
	SPECIFY.	

SP15	Was your fear related to embarrassment about having a physical or mental health problem or disability?	NO SKIP TO SP16 1 YES 5
<p>Briefly, what was the health problem?</p> <p>INTERVIEWER: CIRCLE ALL THAT APPLY.</p>		
1.	MENTAL HEALTH PROBLEM	1
2.	ALCOHOL OR DRUG PROBLEM	2
3.	SPEECH, VISION, OR HEARING PROBLEM	3
4.	MOVEMENT OR COORDINATION PROBLEM	4
5.	FACIAL/ BODY DISFIGUREMENT OR WEIGHT/ BODY IMAGE PROBLEM	5
6.	BAD ODOR OR SWEATING	6
7.	PREGNANCY	7
8.	OTHER PHYSICAL HEALTH PROBLEM.....	8
SP16	How much did your fear (or avoidance) <u>ever</u> interfere with either your work, your social life, or your personal relationships: not at all, a little, some, a lot, or extremely?	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 EXTREMELY. 5
SP17	Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear of (IF SP2 = "2": this situation / ALL OTHERS: this/ these situations)?	NO 1 YES 5
SP18	When was the last time you either strongly feared or avoided (IF SP2 = "2": this situation/ any of these situations)?	PAST MONTH SKIP TO SP9..... 1 2-6 SKIP TO SP19 2 7-12 ... SKIP TO SP19 3 MORE THAN 12 4
A. How old were you the last time you either strongly feared or avoided (IF SP2 = "2": this situation/ ALL OTHERS: any of these situations)? _____ AGE		
SP19	What if you were faced with (IF SP2 = "2": this situation/ ALL OTHERS: any of these situations) <u>today</u> : How strong would your fear be: not at all, mild, moderate, severe, or very severe?	NOT AT ALLSKIP TO SP25 1 MILD .. SKIP TO SP25 2 MODERATE 3 SEVERE 4 VERY SEVERE 5

SP20	During the past 12 months, how often did you avoid (IF SP2 = "2": KEY PHRASE: this situation/ ALL OTHERS: any of these situations): all the time, most of the time, sometimes, rarely, or never?	ALL THE TIME 1 MOST THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5
------	---	---

BOX
SP20A

IF SP20= "5", SKIP TO SP25



SP21 (RB, PG 10) Think about the month or longer in the past 12 when your fear (or avoidance) of social or performance situations was most severe. Using the 0 to 10 scale on page 10 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your fear (or avoidance) of social or performance situations with each of the following activities during that time?

PROBE: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?

PROBE: You can use any number between 0 and 10 to answer.

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

DOES NOT APPLYN

B. Your ability to work?

DOES NOT APPLYN

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

DOES NOT APPLYN

D. Your social life?

DOES NOT APPLYN

BOX SP22	ARE ALL SP21A – D EITHER “0” OR “97”?	NO 1 YES ... SKIP TO SP25 5
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SP23 About how many days in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance). **PROBE:** You may use any number between 0 and 365. _____ DAYS

SP25 Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance) of (IF SP2 = “2”: KEY PHRASE: this situation/ ALL OTHERS: these situations)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

NO ... SKIP TO SP39.1 1
YES 5

A. How old were you the first time (you talked to a professional about your fear)? _____ AGE

SP36 Did you ever get treatment for your fear that you considered helpful or effective?

NOSKIP TO SP36C 1
YES 5

A. How old were you the first time (you got helpful treatment for your fear)? _____ AGE

B. How many professional did you ever talk to about your fear, up to and including the first time you got helpful treatment? **SKIP TO SP38.** _____ PROFESSIONALS

C. How many professional did you ever talk to about your fear? _____ PROFESSIONALS

SP38 Did you receive professional treatment for your fear at any time in the past 12 months?

NO 1
YES 5

SP39 Were you ever hospitalized overnight for your fear?

NO ... SKIP TO SP39.1 1
YES 5

A. How old were you the first time (you were hospitalized because of your fear)? _____ AGE

SP39.1 How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had a strong fear of social or performance situations? _____ RELATIVES

PT1	Now I would like to ask you about terrible, frightening, or horrible experiences you may have had at any time in your life. Have you ever been in military combat?	NOSKIP TO PT1.5.....1 YES5
-----	--	---

A. During your time in combat, were you ever....

	<u>NO</u>	<u>YES</u>
1. Held captive or tortured?	1	5
2. Wounded?	1	5
3. See someone seriously injured or killed?	1	5
4. Unexpectedly discover a dead body?.....	1	5

The next questions are for situations and events not related to military combat.

READ 5 – 7 BEGINNING WITH “Have you ever”....

	<u>NO</u>	<u>YES</u>
5. Have you ever been shot?	1	5
6. Have you ever been stabbed?	1	5
7. Been <u>mugged</u> or <u>threatened</u> with a weapon, or <u>experienced a break-in or robbery</u> ?	1	5
8. Been <u>raped or sexually assaulted</u> by a relative?	1	5
9. Been <u>raped or sexually assaulted</u> by someone not related to you?.....	1	5
10. Been <u>in a natural disaster</u> like a fire, flood, earthquake, tornado, mudslide or hurricane?	1	5
11. Learned you had been <u>exposed to radiation</u> , dioxin, <u>or any other dangerous materials</u> ?	1	5
12. <u>Experienced an unexpected</u> , sudden <u>death</u> of a close friend or relative?	1	5
13. Been <u>held captive, tortured, or kidnapped</u> ?	1	5

PT: Post-Traumatic Stress Disorder

- | | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| 14. Been <u>diagnosed with a life-threatening illness</u> ?..... | 1 | 5 |
| 15. Been <u>in a serious accident</u> ?..... | 1 | 5 |
| 16. <u>Seen someone</u> being seriously <u>injured or killed</u> ? | 1 | 5 |
| 17. Unexpectedly <u>discovered a dead body</u> ?..... | 1 | 5 |
| 18. Learned that any of these <u>terrible things</u> had <u>happened to a close friend or relative</u> when you were not there?..... | 1 | 5 |
| 19. Have you had any other experiences that were terrible, frightening, or horrible?
SPECIFY: _____
_____ | | |
| IF ONLY BOOK, MOVIE, OR TV PROGRAMS CODE 1 | 1 | 5 |

BOX PT1	IF NO 5'S IN PTA.1 – 19 , SKIP TO NEXT SECTION.
---------	--

- B. After a very frightening or horrible experience, NO 1
some people can't get it out of their minds. They YES 5
may lose interest in people or activities; they may
not sleep well; and they may become very jumpy
and easily startled or frightened. Did (any of these/this)
experience(s) have that effect on you?
IF NO, CODE 00 AND SKIP TO NEXT SECTION.
IF YES ENTER EVENT # IN PT1.C.

- C. Which one caused the most problems? **ENTER EVENT #.** ____ EVENT #

BOX PT2 ASK **PT2 – PT27** ABOUT EVENT IN **PT1B**. IF EVENT #14, EVENT =
“your combat experience like (ITEMS 14 CODED 5)”.

PT4ON	PT2	How old were you when (EVENT) happened? _____ AGE
PT4B1	PT3	After the (EVENT), did you <u>keep thinking about it</u> over and over <u>when you didn't want to?</u>1 5
PT4B2	PT4	Did you <u>keep having bad dreams or nightmares</u> about it?1 5
PT4B3	PT5	Did you ever suddenly <u>feel as though you were experiencing it all</u> <u>over again?</u>1 5
PT4B4	PT6	Did being reminded of it or being in a similar situation make you very upset or anxious? (SX: <u>get upset when you were reminded of it</u>)1 5
PT4B5	PT7	Did you notice that <u>your heart would pound, you would sweat, or</u> <u>become physically ill when you were reminded of it?</u>1 5
BOX PT8	IS A 5 CODED IN PT3 – PT7 ?	NO SKIP TO PT91 YES5

PT8 A. Did the period when you were having these reactions to
the (EVENT) last for a month or longer? **IF NO, SKIP TO PT9.**.....1 5

PT8 B. In the last 12 months, has there been a month or longer when
you had some of those problems because of (EVENT)?.....1 5

PT9 After (EVENT), did you try to avoid thinking or talking about it?1 5

PT10 Did you stay away from certain places, people, or activities to avoid
being reminded of it?1 5

PT11 Did you have amnesia for it – that is, forget all or part of it?.....1 5
IF NO, SKIP TO PT12.

A. Was this because you were injured or unconscious?1 5

PT12 After (EVENT), did you lose interest in activities that were once
important or enjoyable?1 5

PT13 Did you begin to feel more isolated or distant from other people?1 5

PT14 After it, did you find it more difficult to have love or affection for
other people?.....1 5

PT: Post-Traumatic Stress Disorder

		<u>NO</u>	<u>YES</u>
PT15	Did you begin to <u>feel that there was no point in planning for the future?</u>	1	5
<div> <div>BOX PT16</div> <div>ARE 3 OR MORE 5'S CODED IN PT9 – PT15?</div> <div> NO SKIP TO PT171 YES5 </div> </div>			
PT16	A. Was there a month or longer when you would have these feelings or behaviors because of (EVENT)? IF NO, SKIP TO PT17.	1	5
PT16	B. Was there a month or more in the last 12 months when (EVENT) made you act or feel in those ways?	1	5
PT17	After this experience was over, were you <u>having</u> more <u>trouble</u> than usual <u>falling asleep or staying asleep?</u>	1	5
PT18	Did you become more <u>irritable or short-tempered?</u>	1	5
PT19	Were you <u>having</u> more <u>trouble</u> than usual <u>keeping your mind on what you were doing?</u>	1	5
PT20	After it, did your concern about danger increase, and did you become much more careful than before? (SX: <u>were you concerned about danger</u>)	1	5
PT21	Did you become <u>jumpy or get easily startled</u> by ordinary noises or movements?	1	5
<div> <div>BOX PT22</div> <div>ARE 2 OR MORE 5'S CODED IN PT17 – PT21?</div> <div> NO SKIP TO PT231 YES5 </div> </div>			
PT22	A. After (EVENT), did you have a period of more than a month when you were (SX CODED 5 IN PT17 – PT21)? IF NO, SKIP TO PT23.	1	5
PT22	B. In the last 12 months, has there been a month or more when you had some of these problems because of (EVENT)?	1	5

BOX PT23 IF NO 5'S CODED IN **PT3 – PT21**, CODE PRB 1 AND GO TO NEXT SECTION.
OTHERS, PROBE: Did you tell a doctor about the feelings or behaviors you were having after
having experienced (**EVENT**)? CONTINUE PROBING.

PT23 When you told the doctor, what was the diagnosis? (What
did the doctor say was causing these feelings or behaviors?)

	<u>NO</u>	<u>YES</u>
1. Nerves, stress, anxiety, depression, mental illness?	1	5
2. Medication, drugs, and/or alcohol?	1	5
3. Physical illness and/or injury?	1	5
4. No definite diagnosis.	1	5

PT24 Did the feelings or behavior caused by (**EVENT**) NO..... 1
result in difficulties for you with family, friends, or YES.. SKIP TO PT24B 5
work at any time in the last 12 months?

A. Did the feelings or behavior caused by (**EVENT**) NO.....SKIP TO PT25..... 1
ever result in difficulties for you with family, friends, YES..... 5
or work?

B. Did the feelings or behavior caused by (**EVENT**) NO..... 1
ever result in **serious** difficulties for you with family, YES..... 5
friends, or work for **a month** or longer?

PT25 How soon after (**EVENT**) did you first have one of the problems
we talked about, like (**SX** CODED 5 IN **PT3 – PT7**,
PT9 – PT15, **PT17 – PT21**)? **SAME DAY = 00.**

____ UNITS
CODE:

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

PT26 How long did these reactions to the (EVENT) last?

____ _ UNITS

CODE:

DAYS 1

WEEKS 2

MONTHS..... 3

YEARS..... 4

PT27 How old were you the last time you had any
of these problems as a result of (EVENT)?AGE REC _____
MONTH _____

BOX PT27A IF PRESENT IN THE CURRENT MONTH, CODE MONTH = 00 AND SKIP TO PT27A.

IF **NOT** IN LAST 12 MONTHS, CODE MONTH = 66, AND ENTER AGE.

OTHERS CODE ACTUAL LAST MONTH AND SKIP TO PT27A.

IF REC AGE SAME AS AGE WHEN EVENT OCCURRED (PT2) OR ONLY 1 YEAR
GREATER, SKIP TO PT28.

A. Between (AGE IN E2/the time) when (EVENT) NO SKIP TO PT28 1
occurred and (REC AGE) when you last had problems YES 5
because of it, was there at least a full year when
(EVENT) did not cause you **any** of these problems?

B. Between what ages did (EVENT) not cause you FROM AGE _____
any of these problems at all? TO AGE _____

C. Any other years? IF "NO", CODE 00 IN "FROM FROM AGE _____
AGE" AND SKIP TO PT28. TO AGE _____

BOX PT27B DID R MENTION MORE THAN 2 REMISSIONS?

NO 1
YES 5

PT28 IF REC MONTH IN PT27 = 66, SKIP TO NEXT SECTION.

Was there any time in the last year when you wanted NO .. SKIP TO NEXT*** 1
to talk to a doctor or health professional about any YES 5
of the feelings or behaviors caused by (EVENT)?

A. Did you do it? NO 1
YES 5

EN: Environment

EN1	Did you live with both of your biological parents until you were sixteen?	NO 1 YES SKIP TO EN3 5 DK..... SKIP TO EN3 8 RF SKIP TO EN3 9
EN2	Why didn't you live with your biological parents? INTERVIEWER: CIRCLE ALL THAT APPLY. DO NOT READ LIST. (IF NEC: Did your biological mother/father die, were your parents separated or divorced, or was there some other reason?)	MOTHER DIED 1 FATHER DIED..... 2 PARENTS SEPARATED/ DIVORCED.... 3 PARENTS NEVER LIVED TOGETHER... 4 ADOPTED..... 5 WENT TO BOARDING SCHOOL 6 FOSTER CARE 7 LEFT HOME B/F AGE 16... 8 OTHER (SPECIFY) 9 DK 98 RF 99

What was this other reason: _____

EN3	Up until you were sixteen, were <u>you</u> ever away from home for six months or longer – either in foster care, with other relatives, in a boarding school, hospital, juvenile detention center, or elsewhere?	NO SKIP TO EN4 1 YES 5 DK..... SKIP TO EN4 8 RF SKIP TO EN4 9
-----	---	--

INTERVIEWER: CODE "NO" IF R VOLUNTEERS "RETURNED HOME ON WEEKENDS"
OR OTHER OCCASIONS DURING SIX-MONTH PERIOD.

A. Where did you go?

INTERVIEWER: CIRCLE ALL THAT APPLY

Living with other relatives ... 1
Boarding school 2
Hospital..... 3
Juvenile detention center.... 4
Foster home .. 5
Other..... 6

SPECIFY: _____

B. How old were you the first time you went away?

__ __ AGE

DK..... 98

RF 99

C. Altogether, how many months or years were you away from home up until you were sixteen?

____ UNITS

CODE UNITS:

MONTHS 1

YEARS 2

DK..... 98

RF 99

EN4 Who was the male head of your household for most of your childhood?

INTERVIEWER: IF R SAYS "FATHER", PROBE: Was that your biological father, step-father, adoptive father, or someone else?

INTERVIEWER: IF R SAYS IT CHANGED, PROBE: Who was the male head of your household for most of the time before you turned seventeen?

BIOLOGICAL FATHER 1

ADOPTIVE FATHER 2

STEP-FATHER (SPOUSE/
PARTNER OF MOTHER)... 3

OTHER..... 4

SPECIFY:

NO MALE IN HOUSE

.....SKIP TO EN6..... 5

DK.....SKIP TO EN6..... 8

RFSKIP TO EN6..... 9

A. How many years of school did (he/your father) complete? YEARS

YEARS

A.1 IF DK ASK..."Did he finish high school?"

NO SKIP TO EN5... 1

YES.....5

A.1.1 Did he attend college?

NO 1

YES.....5

DK98

RF99

EN5 How much of your childhood did (your father/ male head of household) either work for pay or work in a family business?
Would you say all of the time, most, some, a little, or not at all?

INTERVIEWER: IF NEC CLARIFY: Work for pay includes self-employment.

INTERVIEWER: IF R SAYS FATHER WAS A FARMER, CLARIFY:
Farming counts as working in a family business.

All..... 1
MOST 2
SOME 3
A LITTLE 4
NOT AT ALL..5
DK..... 8
RF 9

EN6 Who was the female head of your household for most of your childhood?

INTERVIEWER: IF R SAYS "MOTHER", PROBE: Was that your biological mother, step-mother, adoptive mother, or someone else?

INTERVIEWER: IF R SAYS IT CHANGED, PROBE: Who was the female head of your household for most of the time before you turned seventeen?

BIOLOGICAL MOTHER 1
ADOPTIVE MOTHER..... 2
STEP-MOTHER(SPOUSE/
PARTNER OF FATHER).... 3
OTHER..... 4

SPECIFY: _____

NO FEMALE IN HOUSE
..... SKIP TO EN8 5
DK..... SKIP TO EN8 8
RF SKIP TO EN8 9

A. How many years of school did (she/your mother) complete? ____ YEARS

A.1 IF DK ASK..."Did she finish high school?" NO SKIP TO EN7..... 1
YES.....5

A.1.1 Did she attend college? NO 1
YES.....5
DK98
RF99

EN7 How much of your childhood did the female head of your household either work for pay or work in a family business? Would you say all of the time, most, some, a little or not at all?

INTERVIEWER: IF NEC CLARIFY: Work for pay includes a job outside the home, self-employment, and any paid work she may have done at home.

INTERVIEWER: IF R SAYS MOTHER WAS A FARMER, CLARIFY: Farming counts as working in a family business.

All..... 1
MOST 2
SOME 3
A LITTLE 4
NOT AT ALL .. 5
DK..... 8
RF 9

EN8 During your childhood and adolescence, was there NO ... SKIP TO EN9 1
ever a period of six months or more when your family YES..... 5
received money from government assistance program DK SKIP TO EN9 8
like welfare, Aid to Families with Dependent Children, RF... SKIP TO EN9 9
General Assistance, or Temporary Assistance for
Needy Families?

A. About how many years between the time you were born and the time you turned 18 did your family receive money from a government assistance program? ____ YEARS
DK..... 98
RF 99

EN9	What woman spent the most time raising you?	BIOLOGICAL MOTHER 1 ADOPTIVE MOTHER 2 STEPMOTHER 3 FOSTER MOTHER 4 OTHER FEMALE REL 5 NANNY/BABYSITTER 6 NO WOMANSKIP TO EN12 7 OTHER 8
SPECIFY: _____		DKSKIP TO EN12 98 RFSKIP TO EN12 99
EN10	How emotionally close were you with her while you were growing up – very close, somewhat, not very, or not at all?	VERY 1 SOMEWHAT 2 NOT VERY 3 NOT AT ALL 4 DK 8 RF 9
EN11	A. How much love and affection did she give you – a lot, some, a little, or not at all?	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4 DK 8 RF 9
	B. How much effort did she put into watching over you and making sure you had a good upbringing - a lot, some, a little, or not at all?	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4 DK 8 RF 9
	C. How much did she stop you from doing the things that other kids your age were allowed to do – a lot, some, a little, or not at all?	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4 DK 8 RF 9

EN: Environment

D. How strict was she with her rules for you – a lot, some, a little, or not at all?	A LOT	1
	SOME	2
	A LITTLE	3
	NOT AT ALL ..	4
	DK.....	8
	RF	9

EN12 What man spent the most time raising you?

BIOLOGICAL FATHER.....	1
ADOPTIVE FATHER	2
STEPPFATHER.....	3
FOSTER FATHER.....	4
OTHER MALE REL.	5
NANNY/BABYSITTER.....	6
NO MAN	
.....SKIP TO EN15	7
OTHER	8

SPECIFY: _____

DK.....SKIP TO EN15	98
RF	99

EN13 How emotionally close were you with him while you were growing up – very close, somewhat, not very, or not at all?

VERY	1
SOMEWHAT..	2
NOT VERY	3
NOT AT ALL ..	4
DK.....	8
RF	9

EN14 A. How much love and affection did he give you – a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE.....	3
NOT AT ALL ..	4
DK.....	8
RF	9

B. How much effort did he put into watching over you and making sure you had a good upbringing - a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE.....	3
NOT AT ALL ..	4
DK.....	8
RF	9

EN: Environment

C. How much did he stop you from doing the things that other kids your age were allowed to do – a lot, some, a little, or not at all?	A LOT.....	1
	SOME	2
	A LITTLE.....	3
	NOT AT ALL ..	4
	DK.....	8
	RF	9
D. How strict was he with his rules for you – a lot, some, a little, or not at all?	A LOT	1
	SOME	2
	A LITTLE.....	3
	NOT AT ALL ..	4
	DK.....	8
	RF	9

EN15 How many different schools did you attend up to and including high school?
 ____ SCHOOLS

DK.....SKIP TO EN18 8
 RFSKIP TO EN18 9

BOX EN15

INTERVIEWER CHECKPOINT:

IF EN15 EQUALS "1" OR "2", SKIP TO EN181
 ALL OTHERS2

EN16 Some school systems have one school for kindergarten through eighth grade, while other systems have separate middle schools or junior high schools. Did your school system have a middle school or junior high school? IF R WAS IN MORE THAN ONE SCHOOL, SYSTEM, ONE WITH MIDDLE SCHOOL AND ONE WITHOUT, CODE "YES".	NO...SKIP TO EN18	1
	YES	5
	DK..SKIP TO EN18	8
	RF..SKIP TO EN18.....	9

EN17 Which grades were in this middle school or junior high school? RECORD ALL MENTIONS.	LESS THAN 5 TH GRADE 1 5 TH GRADE 2 6 TH GRADE 3 7 TH GRADE 4 8 TH GRADE 5 9 TH GRADE 6 GREATER THAN 9 TH 7 DK 8 RF 9
EN18 What was your religion growing up? CODE ALL THAT APPLY.	DK 98 RF 99

NONE

- 00 NO RELIGION-**SKIP TO EN20**
- 01 NO RELIGIOUS PREFERENCE

PROTESTANTISM

- 10 PROTESTANT, NO DENOMINATION MENTIONED
- 11 PROTESTANT, INTERDENOMINATIONAL (IF YOU GO TO TWO OR MORE PROTESTANT CHURCHES)
- 12 APOSTOLIC
- 13 ASSEMBLY OF GOD
- 14 BAPTIST (ALL TYPES)
- 15 BORN-AGAIN CHRISTIAN
- 16 BRETHREN
- 17 DISCIPLES OF CHRIST / CHRISTIAN CHURCH
- 18 CHRISTIAN REFORMED
- 19 CHURCH OF GOD
- 20 CONGREGATIONAL
- 21 EPISCOPALIAN OR ANGLICAN/CHURCH OF ENGLAND
- 22 EVANGELICAL
- 23 HOLINESS
- 24 JEHOVAH'S WITNESS
- 25 LUTHERAN
- 26 MENNONITE
- 27 METHODIST (ALL TYPES, INCLUDING UNITED BRETHREN)
- 28 MORMON, LATTER DAY SAINTS
- 29 NAZARENE
- 30 PENTECOSTAL
- 31 PRESBYTERIAN
- 32 QUAKER, SOCIETY OF FRIENDS
- 33 SALVATION ARMY
- 34 SANCTIFIED
- 35 SEVENTH DAY ADVENTIST
- 36 SPIRITUAL

EN: Environment

- 37 UNITARIAN
38 UNITED CHURCH OF CHRIST
39 PROTESTANT, OTHER (You mentioned a Protestant denomination that wasn't on the list. Please specify:)
-

CATHOLICISM

- 40 CATHOLIC, NO DENOMINATION MENTIONED
41 CATHOLIC, ROMAN
42 CATHOLIC, UKRANIAN
43 ORTHODOX (RUSSIAN, GREEK, SERBIAN)
44 CATHOLIC (ALL OTHERS)

JUDAISM

- 50 JEWISH, NO DENOMINATION MENTIONED
51 JEWISH ORTHODOX
52 JEWISH CONSERVATIVE
53 JEWISH REFORM
54 JEWISH RECONSTRUCTIONIST
55 JEWISH (ALL OTHERS)

EASTERN

- 60 BUDDHIST (ALL TYPES, INCLUDING ZEN)
61 HINDU
62 MUSLIM

OTHERS

- 70 RASTAFARIAN
71 AGNOSTIC OR ATHEIST-**SKIP TO EN20**

- 80 OTHER (You mentioned a religion which wasn't on the list. Please specify):
-

EN19 How important was religion in your life when you were growing up – very important, somewhat, not very, or not at all important?	
VERY IMPORTANT.....	1
SOMEWHAT IMPORTANT...	2
NOT VERY IMPORTANT...	3
NOT AT ALL IMPORTANT....	4
DK.....	8
RF	9

EN20	Were you raised mostly in a large city, suburbs of a large city, a small city, a town or village, or in a rural area?	LARGE CITY..1
		SUBURBS.....2
		SMALL CITY3
		TOWN/VILLAGE4
		RURAL AREA.....5
		(IF VOL) "MOVED AROUND"6
		DK8
		RF9

EN21	How many times while you were growing up did you move to a totally new neighborhood or town?	___ __ TIMES
		DK8
		RF9

Now I have some questions about smoking and pregnancy.

EN22	Did your mother smoke cigarettes during her pregnancy with you?	NO1
		YES5
		ADOPTED6

BOX EN22 IF R HAS NEVER SMOKED OR R HAS NEVER BEEN PREGNANT, SKIP TO EN24

ASK EN23 SERIES FOR EACH CHILD R HAS BEEN/ IS PREGNANT WITH.

EN23	Did you smoke cigarettes at all during <u>any</u> of your pregnancies?	NO SKIP TO EN241
		YES5
A.	Did you smoke cigarettes at all during your _____ pregnancy? READ ALL THAT APPLY.	FIRST1
		SECOND2
		THIRD.....3
		FOURTH.....4
		FIFTH5
		SIXTH6
		SEVENTH.....7
		EIGHTH8
		NINTH.....9
		TENTH.....10

The next questions are about smoking in your family before you were 18.

EN24 (Beside yourself) before you were 18 years old,
 did anyone who lived in your household smoke cigarettes? NO.....SKIP TO EN24B....1
 YES.....5

A. Who was this? Clarify biological/adoptive/foster/step mother or father.

	MOTHER
(RECORD ALL THAT APPLY)	FATHER
	ADOPTIVE/FOSTER MOTHER
*IF BROTHER(S) SISTER(S)	ADOPTIVE/FOSTER FATHER
PROBE	STEPMOTHER
Was your brother/sister who smoked	STEPFATHER
younger or older than you?	OLDER BROTHER(S)
	OLDER SISTER(S)
PROBE ONE TIME: Anyone else?	YOUNGER BROTHER(S)
	YOUNGER SISTER(S)
	GRANDPARENT(S)
	OTHER RELATIVE(S)
	SPOUSE
	UNRELATED PERSONS

IF MOTHER, FATHER, (OR ADOPTIVE/FOSTER/STEP) ASK FOR EACH:

A.1. Did he/she quit smoking before you were 18?

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

IF BROTHER(S) OR SISTER(S) ENDORSED:

A.2 How many younger brothers smoked before you were 18? ___ ___

A.3. How many older brothers smoked before you were 18? ___ ___

A.4 How many younger sisters smoked before you were 18? ___ ___

A.5. How many older sisters smoked before you were 18? ___ ___

ASK ONLY FOR THOSE SIBLINGS ENDORSED IN A.2-A.5

A.6. How many younger brothers quit smoking before you were 18? ____

A.7. How many older brothers quit smoking before you were 18? ____

A.8. How many younger sisters quit smoking before you were 18? ____

A.9. How many older sisters quit smoking before you were 18? ____

Before you were 18 years old, did any close relatives

NOT living in your household smoke cigarettes?

NO.....SKIP TO EN25....1

YES.....5

C. Who was this?

(RECORD ALL THAT APPLY)

MOTHER

FATHER

ADOPTIVE/FOSTER MOTHER

ADOPTIVE/FOSTER FATHER

*IF BROTHER(S) SISTER(S)

PROBE

STEPMOTHER

Was your brother/sister who smoked

STEPFATHER

younger or older than you?

OLDER BROTHER(S)

OLDER SISTER(S)

PROBE ONE TIME: Anyone else?

YOUNGER BROTHER(S)

YOUNGER SISTER(S)

GRANDPARENT(S)

OTHER RELATIVE(S)

SPOUSE

UNRELATED PERSONS

IF MOTHER, FATHER, (OR ADOPTIVE/FOSTER/STEP) OR OLDER BROTHER OR
SISTER ENDORSED, ASK FOR EACH:

A.1. Did he/she quit smoking before you were 18?

NO.....1

YES.....5

EN25 (Beside yourself) Before you were 18 years old, did anyone who lived in your household use smokeless tobacco or snuff?

NO.....SKIP TO EN25B....1

YES.....5

A. Who was this?

(RECORD ALL THAT APPLY)

11 MOTHER

12 FATHER

13 ADOPTIVE/FOSTER MOTHER

14 ADOPTIVE/FOSTER FATHER

*IF BROTHER(S) SISTER(S)

15 STEPMOTHER

PROBE

16 STEPFATHER

Was your brother/sister who used
smokeless tobacco/snuff
younger or older than you?

17 OLDER BROTHER(S)

18 OLDER SISTER(S)

19 YOUNGER BROTHER(S)

20 YOUNGER SISTER(S)

PROBE ONE TIME: Anyone else?

21 GRANDPARENT(S)

22 OTHER RELATIVE(S)

23 SPOUSE

24 UNRELATED PERSONS

The next series of questions ask about your childhood during three phases:
grades 1 through 6, grades 7 and 8, and high school.

EN26A1-C1 How many of your four best male friends smoked cigarettes during ____?		EN26A1 GRADES 1 - 6	EN26B1 GRADES 7 - 8	EN26C1 HIGH SCHOOL	
	NONE	1	1	1	
	ONE	2	2	2	
	TWO	3	3	3	
	THREE	4	4	4	
	FOUR	5	5	5	
	DIDN'T HAVE 4 BEST MALE FRIENDS	7	7	7	

BOX EN26 IF EN26 = "7", SKIP TO EN28

EN26A2-C2 How many of them used chewing tobacco or snuff?		EN26A2 GRADES 1 - 6	EN26B2 GRADES 7 - 8	EN26C2 HIGH SCHOOL	
	NONE	1	1	1	
	ONE	2	2	2	
	TWO	3	3	3	
	THREE	4	4	4	
	FOUR	5	5	5	

EN27A1-C1 How many of your four best female friends smoked cigarettes during _____?	NONE ONE TWO THREE FOUR DIDN'T HAVE 4 BEST FEMALE FRIENDS	EN27A1 GRADES 1 - 6	EN27B1 GRADES 7 - 8	EN27C1 HIGH SCHOOL	
		1	1	1	
		2	2	2	
		3	3	3	
		4	4	4	
		5	5	5	
		7	7	7	

BOX EN27 IF EN27 = "7", SKIP TO EN28

EN27A2-C2 How many of them used chewing tobacco or snuff?	NONE ONE TWO THREE FOUR	EN27A2 GRADES 1 - 6	EN27B2 GRADES 7 - 8	EN27C2 HIGH SCHOOL	
		1	1	1	
		2	2	2	
		3	3	3	
		4	4	4	
		5	5	5	

EN: Environment

	EN28A GRADES 1 - 6	EN28B GRADES 7 - 8	EN28C HIGH SCHOOL	
EN28A-C During _____, how many times per year did you attend religious services? TIMES	_____	_____	_____	

	EN29A1 GRADES 1 - 6	EN29B1 GRADES 7 - 8	EN29C1 HIGH SCHOOL	
EN29A1-C1 NO During _____, were you involved in after school activities such as sports clubs or teams? YES	1 5	1 5	1 5	
	EN29A2 GRADES 1 - 6	EN29B2 GRADES 7 - 8	EN29C2 HIGH SCHOOL	
EN29A2-C2 NO During _____, were you involved in other after school activities such as organizations, clubs, groups? YES	1 5	1 5	1 5	

	EN30A GRADES 1 - 6	EN30B GRADES 7 - 8	EN30C HIGH SCHOOL	
EN30A-C In _____, were your grades: better than average, about average, or below average?	1 2 3	1 2 3	1 2 3	
	BETTER THAN AVERAGE			
	ABOUT AVERAGE			
	BELOW AVERAGE			

EN: Environment

EN31	When you were in grades 1 through 6, were you usually one of the younger kids in your classroom, one of the older kids in your classroom, or about average in terms of age?	YOUNGER	1			
		OLDER	2			
		AVERAGE	3			
		(IF VOL) IT VARIED	4			
		DK	8			
		RF	9			

			GRADES 1 - 6			
EN32	When you were in grades 1 through 6, overall, who in your household was most responsible for keeping track of your activities and whereabouts? Was it your mother, father, grandmother, or someone else (specify) ?	MOTHER	1			
		FATHER	2			
		GRANDMOTHER	3			
		SOMEONE ELSE	4			
SPECIFY: _____						

		EN33A GRADES 1 - 6	EN33B GRADES 7 - 8		
EN33A-B	How often was there a specific time that you were expected to come home after school (when you were in _____). Was it all of the time, most of the time, sometimes, hardly ever, or never?	ALL TIME	1	1	
		MOST TIMES	2	2	
		SOMETIMES	3	3	
		HARDLY EVER	4	4	
		NEVER	5	5	

EN: Environment

		EN34A GRADES 1 - 6	EN34B GRADES 7 - 8		
EN34A-B	ALL TIME	1	1		
When you were in _____ grades, how often would your (mom/ dad/ mom and dad/ CARETAKE[S]) know if you came home an hour late on weekends? Was it all of the time, most of the time, sometimes, hardly ever, or never?	MOST TIMES	2	2		
	SOMETIMES	3	3		
	HARDLY EVER	4	4		
	NEVER	5	5		
	DID NOT COME HOME LATE	7	7		

		EN35A GRADES 1 - 6	EN35B GRADES 7 - 8		
EN35A-B	NO	1	1		
Were there some people your [mom/ dad/ mom and dad/ CARETAKER(S)] didn't allow you to be with (or play with) during _____ ?	YES	5	5		

EN36A When you were in grades 1-6, how often before you went out did you tell your
[mom/ dad/ mom and dad/ CARETAKER(S)] when you would be back?
 All of the time, most of the time, sometimes, hardly ever, or never?
 IF NEVER WENT OUT WITHOUT PARENTS/ CARETAKER, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 NEVER WENT OUT WITHOUT PARENTS/
 CARETAKER 7

EN36B When you were in grades 7-8, how often before you went out, did you tell your
[mom/ dad/ mom and dad/ CARETAKER(S)] when you would be back?
 All of the time, most of the time, sometimes, hardly ever, or never?
 IF NEVER WENT OUT WITHOUT PARENTS/ CARETAKER, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 NEVER WENT OUT WITHOUT PARENTS/
 CARETAKER 7

EN37A If your [mom/ dad/ mom and dad/ CARETAKER(S)] were not at home when
 you were in grades 1-6, how often did you leave a note for them about where you were
 going? All of the time, most of the time, sometimes, hardly ever, or never? IF
 SOMEONE WAS ALWAYS HOME WHEN YOUTH LEFT, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 SOMEONE WAS ALWAYS HOME WHEN
 YOUTH LEFT 7

EN37B If your [mom/ dad/ mom and dad/ CARETAKER(S)] were not at home when you were in grades 7-8, how often did you leave a note for them about where you were going? All of the time, most of the time, sometimes, hardly ever, or never? IF SOMEONE WAS ALWAYS HOME WHEN YOUTH LEFT, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 SOMEONE WAS ALWAYS HOME WHEN
 YOUTH LEFT 7

EN38A When you were in grades 1-6, how often did you check in with your [mom/ dad/ mom and dad/CARETAKER(S)] after school before going out again (for example, to meet your friends)? All of the time, most of the time, sometimes, hardly ever, or never? IF DID NOT GO OUT TO PLAY, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 SOMEONE WAS ALWAYS HOME 7

EN38B When you were in grades 7-8, how often did you check in with your [mom/ dad/ mom and dad/CARETAKER(S)] after school before going out again (for example, to meet your friends)? All of the time, most of the time, sometimes, hardly ever, or never? IF DID NOT GO OUT TO PLAY, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 SOMEONE WAS ALWAYS HOME 7

EN39A When you got home from school when you were in grades 1-6, how often was someone there within one hour? All of the time, most of the time, sometimes, hardly ever, or never? IF NEVER LEFT HOME ALONE AFTER SCHOOL, CODE 7.

ALL OF THE TIME 1
MOST TIMES 2
SOMETIMES 3
HARDLY EVER 4
NEVER 5
NEVER LEFT HOME ALONE AFTER SCHOOL ... 7

EN39B When you got home from school when you were in grades 7-8, how often was someone there within one hour? All of the time, most of the time, sometimes, hardly ever, or never? IF NEVER LEFT HOME ALONE AFTER SCHOOL, CODE 7.

ALL OF THE TIME 1
MOST TIMES 2
SOMETIMES 3
HARDLY EVER 4
NEVER 5
NEVER LEFT HOME ALONE AFTER SCHOOL ... 7

EN40A When you were in grades 1-6, if you were at home when your **[mom/ dad/ mom and dad/CARETAKER(S)]** were not, how often did you know how to get in touch with **(him/her/them)**? All of the time, most of the time, sometimes, hardly ever, or never? IF NEVER LEFT HOME ALONE WITHOUT SUPERVISION, CODE 9.

ALL OF THE TIME 1
MOST TIMES 2
SOMETIMES 3
HARDLY EVER 4
NEVER 5
NEVER LEFT HOME ALONE WITHOUT
SUPERVISION 7

EN40B When you were in grades 7-8, if you were at home when your
[mom/ dad/ mom and dad/CARETAKER(S)] were not, how often did you know
 how to get in touch with **(him/her/them)**? All of the time, most of the time, sometimes,
 hardly ever, or never? IF NEVER LEFT HOME ALONE WITHOUT
 SUPERVISION, CODE 9.

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5
 NEVER LEFT HOME ALONE WITHOUT
 SUPERVISION 7

EN41A When you were in grades 1-6, how often did you talk with your
[mom/dad/mom and dad/CARETAKER(S)] about your plans for the coming
 day, such as your plans about what would happen at school or what you were
 going to do with friends? All of the time, most of the time, sometimes, hardly
 ever, or never?

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5

EN41B When you were in grades 7-8, how often did you talk with your
[mom/dad/mom and dad/CARETAKER(S)] about your plans for the coming
 day, such as your plans about what would happen at school or what you were
 going to do with friends? All of the time, most of the time, sometimes, hardly
 ever, or never?

ALL OF THE TIME 1
 MOST TIMES 2
 SOMETIMES 3
 HARDLY EVER 4
 NEVER 5

HIGH SCHOOL ENVIRONMENT

The next set of questions asks about your childhood during high school.

EN42	When you were in high school, did you or others think you looked older than your age?	NO	1
		YES	5

A. **IF R IS FEMALE, ASK:** At what age did you have your first menstrual period? _____ AGE

EN43	Was smoking allowed on school grounds in your high school?	NO	1
		YES	5

NEIGHBORHOOD: HIGH SCHOOL EPOCH

The next questions are about the neighborhood that you lived in during high school. For each of the next statements, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

EN44 A. There was a lot of crime in your neighborhood.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

B. A lot of drug selling went on in your neighborhood.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

C. People in your neighborhood shared the same values.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

D. There were lots of street fights in your neighborhood.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

E. There were many empty or abandoned buildings in your neighborhood.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

F. People in your neighborhood often helped each other.

STRONGLY AGREE	1
SOMEWHAT AGREE	2
SOMEWHAT DISAGREE	3
STRONGLY DISAGREE	4
DK.....	8
REFUSE	9

G. There was a lot of graffiti in your neighborhood.

STRONGLY AGREE 1
 SOMEWHAT AGREE 2
 SOMEWHAT DISAGREE 3
 STRONGLY DISAGREE 4
 DK..... 8
 REFUSE 9

H. People in your neighborhood often visited each other's homes.

STRONGLY AGREE 1
 SOMEWHAT AGREE 2
 SOMEWHAT DISAGREE 3
 STRONGLY DISAGREE 4
 DK..... 8
 REFUSE 9

I. People moved in and out of your neighborhood often.

STRONGLY AGREE 1
 SOMEWHAT AGREE 2
 SOMEWHAT DISAGREE 3
 STRONGLY DISAGREE 4
 DK..... 8
 REFUSE 9

ADULT ENVIRONMENT

Now I'd like you to think about the present time.

EN45 Do you live alone? NO 1
 YES 5

BOX EN45 IF EN45 = "5", SKIP TO EN48.

EN46 How many people who live in your house smoke cigarettes? ____ PEOPLE

A. How many people who live in your house use other tobacco products or smokeless tobacco (e.g., Copenhagen, Kodiak, Redman, Skoal, Beech Nut)? ____ PEOPLE

EN47 How would you describe the smoking behavior of the spouse/
partner with whom you live?

- HE/ SHE SMOKES AND IS TRYING TO QUIT.....1
HE/ SHE SMOKES AND IS NOT TRYING TO QUIT2
HE/ SHE IS AN EX-SMOKER3
HE/ SHE HAS NEVER SMOKED4
(IF YOU) DO NOT LIVE WITH SPOUSE OR PARTNER.....7

EN48 Which statement best describes the rules about smoking
inside your home? Do not include decks, garages, or porches.

- Smoking is **not** allowed **anywhere** inside your home1
Smoking is allowed in **some places** or at **some times**.....2
Smoking **is** allowed **anywhere** inside the home.....3

- EN49 How many of your friends smoke cigarettes? NONE1
Would you say: none, a few, less than half, A FEW2
about half, or most or all? LESS THAN HALF3
ABOUT HALF4
MOST OR ALL5
NO FRIENDS (IF VOL)7
- A. How many of your friends use other NONE1
tobacco products or smokeless tobacco? A FEW2
Would you say: none, a few, less than half, LESS THAN HALF3
about half, or most or all? ABOUT HALF4
MOST OR ALL5
NO FRIENDS (IF VOL)7

BOX EN49 IF EN49 = 1 OR 7 **AND** EN49A=1 OR 7, SKIP TO EN51.
IF EN49 = 2, 3, 4, OR 5 **AND** EN49A= 1 OR 7, GO TO EN50 BUT **SKIP** EN50A.
IF EN49 = 1 OR 7 **AND** EN49A= 2, 3, 4, OR 5, GO TO EN50A.

- EN50 Do any of your **closest** friends smoke cigarettes? NO1
YES5
- A. Do any of your **closest** friends use other tobacco NO1
products or smokeless tobacco? YES5

EN51 What is your religion currently?
CODE ALL THAT APPLY.

DK..... 98
RF..... 99

NONE

- 00 NO RELIGION-**SKIP TO NEXT SECTION**
- 01 NO RELIGIOUS PREFERENCE

PROTESTANTISM

- 10 PROTESTANT, NO DENOMINATION MENTIONED
 - 11 PROTESTANT, INTERDENOMINATIONAL (IF YOU GO TO TWO OR MORE PROTESTANT CHURCHES)
 - 12 APOSTOLIC
 - 13 ASSEMBLY OF GOD
 - 14 BAPTIST (ALL TYPES)
 - 15 BORN-AGAIN CHRISTIAN
 - 16 BRETHREN
 - 17 DISCIPLES OF CHRIST / CHRISTIAN CHURCH
 - 18 CHRISTIAN REFORMED
 - 19 CHURCH OF GOD
 - 20 CONGREGATIONAL
 - 21 EPISCOPALIAN OR ANGLICAN/CHURCH OF ENGLAND
 - 22 EVANGELICAL
 - 23 HOLINESS
 - 24 JEHOVAH'S WITNESS
 - 25 LUTHERAN
 - 26 MENNONITE
 - 27 METHODIST (AL TYPES, INCLUDING UNITED BRETHREN)
 - 28 MORMON, LATTER DAY SAINTS
 - 29 NAZARENE
 - 30 PENTECOSTAL
 - 31 PRESBYTERIAN
 - 32 QUAKER, SOCIETY OF FRIENDS
 - 33 SALVATION ARMY
 - 34 SANCTIFIED
 - 35 SEVENTH DAY ADVENTIST
 - 36 SPIRITUAL
 - 37 UNITARIAN
 - 38 UNITED CHURCH OF CHRIST
 - 39 PROTESTANT, OTHER (PLEASE SPECIFY:)
-

CATHOLICISM

- 40 CATHOLIC, NO DENOMINATION MENTIONED
- 41 CATHOLIC, ROMAN
- 42 CATHOLIC, UKRANIAN
- 43 ORTHODOX (RUSSIAN, GREEK, SERBIAN)
- 44 CATHOLIC (ALL OTHERS)

JUDAISM

- 50 JEWISH, NO DENOMINATION MENTIONED
- 51 JEWISH ORTHODOX
- 52 JEWISH CONSERVATIVE
- 53 JEWISH REFORM
- 54 JEWISH RECONSTRUCTIONIST
- 55 JEWISH (ALL OTHERS)

EASTERN

- 60 BUDDHIST (ALL TYPES, INCLUDING ZEN)
- 61 HINDU
- 62 MUSLIM

OTHERS

- 70 RASTAFARIAN
- 71 AGNOSTIC OR ATHEIST-**SKIP TO NEXT SECTION**

80 OTHER (SPECIFY): _____

A. In the past 12 months, how many times did you attend religious services? _____ TIMES

B. How important is religion in your life – very important, somewhat, not very, or not at all important?

VERY IMPORTANT..... .1
SOMEWHAT.....2
NOT VERY..... 3
NOT AT ALL.....4
DK.....8
RF.....9

WE1 The next questions are about your work history. Please think about the first year you worked for six months or more at a paid job, whether it was full-time or part-time. How old were you at that time? (Your best estimate is fine.) **IF DK, PROBE:** Was it before you were 18? _____ YEARS OLD

BEFORE 1818
 IF VOL: "NEVER WORKED", SKIP TO NEXT SECTION.....997
 IF 18 OR OLDER, SKIP TO WE8.....
 DON'T KNOW after probe, SKIP TO NEXT SECTION.....998
 REFUSED, SKIP TO NEXT SECTION.....999

For the next several questions, please think about that period before you were 18 years old.

WE2 At any time during that period, did you work for pay as a freelancer or as self-employed: that is, doing one or a few tasks for people but not having a "Boss", like doing baby-sitting or mowing lawns? NO 1
 YES 5

WE3 At any time before you were 18 years old, did you work for pay as an employee: that is, you had an on-going relationship with a particular employer, for example, working in a restaurant or supermarket? NO 1
 YES 5

WE4 Did you have the opportunity to smoke at any of the places that you worked? NO 1
 YES 5

A. Did you smoke at work? NO 1
 YES 5

WE5 Thinking of the place that you worked the most before you were 18 years old, which of the following best describes the official smoking policy for work areas at that time?

1. Not allowed in any work areas.....1
 2. Allowed in some work areas.....2
 3. Allowed in all work areas.....3
 4. No official policy.....0
-

WE6 Thinking of the same workplace, which of the following best describes the official smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunchrooms at that time?

1. Not allowed in any public areas 1
 2. Allowed in some public areas 2
 3. Allowed in all public areas 3
 4. No official policy 0
-

WE7 At this job, how many of your co-workers smoked? NONE OF THEM 0
 A FEW OF THEM 1
 MOST OF THEM 2
 I WORKED ALONE 3

BOX WE8	IF R SAYS THEY ARE RETIRED OR UNEMPLOYED, SKIP TO NEXT SECTION.
---------	---

The next few questions are about smoking at your current place of employment (outside of your home).

WE9 Which of the following best describes your place of work's official smoking policy for work areas?

1. Not allowed in any work areas 1
 2. Allowed in some work areas 2
 3. Allowed in all work areas 3
 4. No official policy 0
-

WE10 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunchrooms?

1. Not allowed in any public areas. 1
2. Allowed in some public areas. 2
3. Allowed in all public areas. 3
4. No official policy. 0

WE11 How frequently are your workplace's official smoking policies violated?	OFTEN	1
	SOMETIMES.	2
	RARELY	3
	NEVER	4

WE12 How many of your co-workers smoke?	NONE OF THEM	0
	A FEW OF THEM	1
	MOST OF THEM	2
	I WORK ALONE	3

BOX WE13	IF NOT A CURRENT SMOKER, SKIP TO BOX WE16.
----------	--

WE14 Do you smoke during working hours?	NO	1
	YES	5

WE15 Within the past 12 months , has your employer offered any stop smoking programs or any other help to employees who want to quit smoking?	NO	1
	YES	5

BOX WE16	IF NEVER A DAILY SMOKER, SKIP TO NEXT ****.
----------	---

WE17 Were you ever turned down for a job or fired because you smoked?	NO	1
	YES	5

IN1 Are you currently: **CODE ALL THAT APPLY.**

- 1. Employed full-time 1
 - 2. Employed part-time..... 2
 - 3. Homemaker 3
 - 4. Student 4
 - 5. Retired 5
 - 6. Disabled and unable to work 6
 - 7. Out of work for less than one year 7
 - 8. Out of work for more than one year 8
-

IN2 In the last twelve months, how many months did you work for pay?
COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE,
CODE 00. IF LESS THAN 1 MONTH, CODE 01. _____ MONTHS

IN3 **HAND R CARD T.** Of all these income groups, please tell me which number **best** represents your income only before taxes from all sources (including wages and tips, social security, pension, child support, alimony, government assistance, etc) in the last 12 months?

None.....			00
\$1-\$192/week	\$1-\$833/month	\$1-\$9,999/year	01
\$193-\$384/week	\$834-\$1,666/month	10,000-\$19,999/year	02
\$385-\$576/week	\$1,667-\$2,499/month	\$20,000-\$29,999/year	03
\$577-\$769/week	\$2,500-\$3,333/month	\$30,000-\$39,999/year	04
\$770-\$961/week	\$3,334-\$4,166/month	\$40,000-\$49,999/year	05
\$962-\$1,442/week	\$4,167-\$6,249/month	\$50,000-\$74,999/year	06
\$1,443-\$1,923/week	\$6,250-\$8,333/month	\$75,000-\$99,999/year	07
\$1,924-\$2,884/week	\$8,334-\$12,499/month	\$100,000-\$149,999/year	08
\$2,885 or more/week	\$12,500 or more/month	\$150,000 or more/year	09

IN4 **HAND R CARD T.** Of all these income groups, please tell me which number **best** represents your total household income before taxes from all sources (including wages and tips, social security, pension, child support, alimony, government assistance, etc) in the last 12 months?

None 00

\$1-\$192/week	\$1-\$833/month	\$1-\$9,999/year 01
\$193-\$384/week	\$834-\$1,666/month	10,000-\$19,999/year 02
\$385-\$576/week	\$1,667-\$2,499/month	\$20,000-\$29,999/year 03
\$577-\$769/week	\$2,500-\$3,333/month	\$30,000-\$39,999/year 04
\$770-\$961/week	\$3,334-\$4,166/month	\$40,000-\$49,999/year 05
\$962-\$1,442/week	\$4,167-\$6,249/month	\$50,000-\$74,999/year 06
\$1,443-\$1,923/week	\$6,250-\$8,333/month	\$75,000-\$99,999/year 07
\$1,924-\$2,884/week	\$8,334-\$12,499/month	\$100,000-\$149,999/year 08
\$2,885 or more/week	\$12,500 or more/month	\$150,000 or more/year 09

IN5 How many people were supported on this **household income**, including yourself, in the last 12 months? __ __ PEOPLE

A. How many of these people are under 18 years of age? __ __ PEOPLE

IN6 How many people in your household supplied money to support your household (including yourself if IN3>0) in the last 12 months? __ __ PEOPLE
