

**SEMI STRUCTURED ASSESSMENT
OF COCAINE DEPENDENCE**

RESPONDENT'S ID#: _____ - _____

INTERVIEWER'S INITIALS: _____

DATE OF INTERVIEW: ____ / ____ / _____

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

TIME ENDED: ____ : ____ (USE 24 HOUR CLOCK)

DATE EDITED: ____ / ____ / _____

DATE ENTERED: ____ / ____ / _____

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TIME STARTED (USE 24 HOUR CLOCK) ____:____

RECORD ITEMS MARKED "t" ON THE TIMELINE.

A1 **RECORD SEX AS OBSERVED.** MALE 1
FEMALE 2

A2 How old are you? ____ / ____ AGE

A3 What is your birth date? ____ / ____ / ____
MO DAY YEAR

A4 Where were you born? CITY:

STATE:_____

A5 How many brothers and sisters do you have who have
the same biological father and mother as you, including any who died? **INCLUDE FULL**
SIBLINGS ONLY, NOT STEP, ____ BROTHERS
FOSTER, OR ADOPTED SIBLINGS. ____ SISTERS

A6 How many half brothers and sisters do you have who have
the same biological father as you, but not the same
biological mother? **INCLUDE HALF SIBLINGS WITH** ____ BROTHERS
THE SAME BIOLOGICAL FATHER. ____ SISTERS

A7 How many half brothers and sisters do you have who have
the same biological mother as you, but not the same
biological father? **INCLUDE HALF SIBLINGS WITH** ____ BROTHERS
THE SAME BIOLOGICAL MOTHER. ____ SISTERS

A8 **HAND R CARD A** Which of these racial or ethnic groups best describes you?

ALASKAN NATIVE/ESKIMO/ALEUT	10
AMERICAN INDIAN	20
ASIAN OR ASIAN-AMERICAN	30
BLACK/AFRICAN AMERICAN	40
LATINO OR HISPANIC	50
MIDDLE EASTERN	60
PACIFIC ISLANDER	70
WHITE, CAUCASIAN, EURO-AMERICAN NOT OF LATINO ORIGIN	80
BIRACIAL OR MULTIRACIAL (Specify):_____ ..	90
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A9 What is your current marital status: married,
widowed, separated, divorced, or never married?

MARRIED 1
WIDOWED 2
SEPARATED 3
DIVORCED 4
NEVER MARRIED
(SKIP TO A13) 5

A10 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 A10 IF R IS CURRENTLY MARRIED (A9=1) AND HAS BEEN MARRIED 1 TIME
(A10=01), SKIP TO A13.**

A11 How many times have you been divorced? _____ TIMES
IF NEVER, CODE 00 AND SKIP TO A12.

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

YEARS OF ALL DIVORCES

_____ YR *t*

_____ YR *t*

_____ YR *t*

_____ YR *t*

A12 How many times have you been widowed? _____ TIMES
IF NEVER CODE 00 AND SKIP TO A13.

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

YEARS WIDOWED

_____ YR *t*

_____ YR *t*

_____ YR *t*

_____ YR *t*

A13 Have you ever lived with someone (else) as though you were married? **DO NOT COUNT INDIVIDUALS R HAS MARRIED.**

NO . . . (SKIP TO A14) 1
YES 5

A. How many times did you live with someone as though you were married?

___ ___ TIMES

B. When did you (first/next/last) live with someone?

YEARS LIVED WITH SOMEONE

___ ___ ___ YR *t*

___ ___ ___ YR *t*

___ ___ ___ YR *t*

___ ___ ___ YR *t*

A14 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 A15.**

___ ___ CHILDREN

A. What is your (oldest/next/youngest) child's date of birth?

<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>STATE OF BIRTH</u>	
1. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
2. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
3. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
4. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
5. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
6. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
7. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
8. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
9. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5
10. ____/____/____ t	M F	_____	DECEASED 1
		__	ALIVE 5

BOX A14 IF CHILD IS DECEASED, SPECIFY CAUSE OF DEATH

CHILD #: __ __, CAUSE OF DEATH:

CHILD #: __ __, CAUSE OF DEATH:

CHILD #: __ __, CAUSE OF DEATH:

A15 How many children have you raised, whether or not you
(fathered/gave birth to) them? **INCLUDE ADOPTED,
STEP AND FOSTER CHILDREN**

___ ___ TOTAL
RAISED

___ ___ BIOLOGICAL

___ ___ ADOPTED

___ ___ STEP

___ ___ FOSTER

RELATIVE'S

___ ___ CHILD

A16 What is the highest grade in school you completed? **CODE** _____ **GRADE**
ACTUAL GRADE.

TECHNICAL SCHOOL OR 1 YEAR OF COLLEGE =13
2 YEARS OF COLLEGE =14
3 YEARS OF COLLEGE =15
4 YEARS OF COLLEGE: B.A., B.S. =16
GRADUATE: M.A., M.S. =17
DOCTORATE: J.D., M.D., Ph.D. =18

A17 What is the highest educational degree or diploma you hold?

NONE 00
ELEMENTARY OR JUNIOR HIGH 01
GED 02
H.S. DIPLOMA 03
VOCATIONAL TECH DIPLOMA 04
ASSOCIATE DEGREE 05
R.N. DIPLOMA 06
BACHELOR DEGREE. 07
MASTER DEGREE. 08
DOCTORATE: J.D., M.D., Ph.D. 09
OTHER 10

A18 When did you graduate from:

GED: _____ YR *t*
HIGH SCH: _____ YR
t
COLLEGE: _____ YR
t
GRAD: _____ YR *t*

B1	Now I have some questions about your physical health and medical history. At the present time, would you say your health is excellent, very good, good, fair, or poor?	EXCELLENT 1 VERY GOOD 2 GOOD 3 FAIR 4 POOR 5
----	--	--

B2	Has your health always been (ANSWER IN B1), or has it been better or worse?	NO, WORSE 1 NO, BETTER 2 YES, SAME 3 BOTH BETTER & WORSE . . . 4
----	--	---

B3	Has a doctor ever told you that you have:		<u>NO</u>	<u>YES</u>	<u>YEAR</u> <u>DIAGNOSED</u>
	1. High blood pressure?	1	5	_____	
	2. A brain injury or concussion?	1	5	_____	
	3. A stroke?	1	5	_____	
	4. Heart problems or heart attack?	1	5	_____	
	5. Hepatitis B or C?	1	5	_____	
	6. Cirrhosis or liver disease?	1	5	_____	
	7. Asthma?	1	5	_____	
	8. Diabetes?	1	5	_____	
	9. Cancer?	1	5	_____	
	SPECIFY: _____	1	5	_____	
	10. Tuberculosis?	1	5	_____	
	11. HIV/AIDS?				
	12. A sexually transmitted or venereal disease such as gonorrhea, syphilis, or chlamydia?	1	5	_____	
	SPECIFY: _____				
	_____	1	5	_____	
	13. Any other illness(es)?				
	SPECIFY:				

B4	Have you ever been knocked out or knocked unconscious?	NO 1 YES 5
----	--	-----------------------------------

B5	How many times have you been examined or treated in an emergency room? INCLUDE PREGNANCY.	___ __ TIMES
----	--	--------------

B6	How many times have you been in a hospital overnight (including surgery and pregnancy), <u>not including</u> psychiatric or substance abuse treatment?	___ __ TIMES
----	--	--------------

B7 How many times have you been an inpatient in a psychiatric unit where you stayed overnight? **IF NEVER CODE 00, SKIP TO B8.** _____ TIMES

SPECIFY:

CODE: _____

_____/_____
MO YEAR *t*

A. When was the first time you were treated as an inpatient?

B8 How many times have you been an inpatient in a chemical dependency program where you stayed overnight? **IF NEVER CODE 00, SKIP TO B9.** _____ TIMES

SPECIFY:

CODE: _____

_____/_____
MO YEAR *t*

A. When was the first time you were treated as an inpatient?

B9 How many times have you been an outpatient in a chemical dependency program? **IF NEVER CODE 00, SKIP TO B10.** _____ TIMES

SPECIFY:

CODE: _____

_____/_____
MO YEAR *t*

A. When was the first time you were treated as an outpatient?

B10 In the last 12 months, how many visits have you made for your physical or mental health to a:

- 1. Doctor or Clinic ___ ___ VISITS
- 2. Emergency Room ___ ___ VISITS
- 3. Dentist ___ ___ VISITS
- 4. Counselor ___ ___ VISITS
- 5. Other
Professional: _____

B11	Do you have health insurance?	NO ... (SKIP TO B12) 1
		YES 5
A.	What type of insurance do you have: Medicaid, Medicare, or private insurance?	Medicaid 1
		Medicare 2
		Private Insurance 3

B12

Have you ever taken any medications prescribed to you by a doctor for two weeks or longer:
(READ 1-6). DO NOT COUNT OTC.

1. To make you feel less nervous? NO. . . (SKIP TO B12.2) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)? NO. . . (SKIP TO B12.2). 1
YES. . . (CIRCLE MED) 5

CIRCLE MED: 1 2 3

2. To help you sleep? NO. . . (SKIP TO B12.3) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)? NO. . . (SKIP TO B12.3) 1
YES. . . (CIRCLE MED) 5

CIRCLE MED: 1 2 3

3. To feel less depressed? NO. . . (SKIP TO B12.4) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)? NO. . . (SKIP TO B12.4) 1
YES. . . (CIRCLE MED) 5

CIRCLE MED: 1 2 3

REPEAT IF NECESSARY: Have you ever taken any medications prescribed to you by a doctor for two weeks or longer:

4. To have more energy? NO... (SKIP TO B12.5) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)?

NO... (SKIP TO B12.5) 1
YES... (CIRCLE MED) 5

CIRCLE MED: 1 2 3

5. For alcohol or drug problems? NO... (SKIP TO B12.6) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)?

NO... (SKIP TO B12.6) 1
YES... (CIRCLE MED) 5

CIRCLE MED: 1 2 3

6. For any (other) emotional problem? NO... (SKIP TO B13) 1
YES 5

A. What did you take?

- 1. _____
- 2. _____
- 3. _____

CODE: ____ ____ ____
CODE: ____ ____ ____
CODE: ____ ____ ____

B. Are you currently taking (MED NAME)?

NO... (SKIP TO B13) 1
YES... (CIRCLE MED) 5

CIRCLE MED: 1 2 3

B13 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 had? NO... (SKIP TO B14) 1
YES 5

A. Did you do it? NO... (SKIP TO B14) 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other 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 _____ / _____
AGE REC _____ / _____
REC 1
2

B14 Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with alcohol or drugs? NO... (SKIP TO B15) 1
YES 5

A. Did you do it? NO... (SKIP TO B15) 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional:_____	1	5

C. How old were you the (first/last) time you talked to a health professional about any problems you might have had with alcohol or drugs? AGE ONS _____ / _____
AGE REC _____ / _____
REC 1
2

B15 **HAND R DRUG CARD.** Now I would like to ask you questions about your use of alcohol or drugs during the past month and over the course of your lifetime. Have you ever used (**READ A-J**). **CODE IN COLUMN I.**

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

B. **IF YES:** Do you think you have had a problem with (DRUG)? **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>
A. Tobacco	1	5	1	5	1	5
B. Alcohol - any use	1	5	1	5	1	5
C. Marijuana	1	5	1	5	1	5
D. Cocaine	1	5	1	5	1	5
E. Stimulants/Amphetamines/ Speed	1	5	1	5	1	5
F. Opiates/Heroin/Methadone	1	5	1	5	1	5
G. Sedatives/Barbiturates/ Tranquilizers	1	5	1	5	1	5
H. Hallucinogens	1	5	1	5	1	5
I. Solvents/Inhalants	1	5	1	5	1	5
J. PCP	1	5	1	5	1	5

Now I'm going to ask you some questions about using tobacco.

C1 Have you ever:	<u>NO</u>	<u>YES</u>	<u>ONS</u>	<u>REC</u>		
1. smoked a cigarette?	1	5	_/_	_/_	1	2
2. smoked a cigar?	1	5	_/_	_/_	1	2
3. smoked a pipe?	1	5	_/_	_/_	1	2
4. used chewing tobacco or snuff?	1	5	_/_	_/_	1	2

A. **IF YES:** How old were you the (first/last) time?

BOX C1 IF ALL CODED 1, SKIP TO D1, OTHERS CONTINUE.

C2 Over your lifetime, have you smoked a total of 100 cigarettes?	NO ... (SKIP TO D1)	1
	YES	5

C3 Have you ever smoked cigarettes daily for one month or more?	NO	1
	YES	5

C4 What is the largest number of cigarettes you have ever smoked in a 24-hour period? (1 PACK = 20 CIGARETTES) _____ CIGS

BEGIN SCORING ASTERISKED ITEMS ON TOBACCO TALLY SHEET.

C5 During the past year, how many days per week have you usually smoked cigarettes? IF NOT AS OFTEN AS ONCE A WEEK, CODE 0.	HAS NOT SMOKED IN PAST YEAR . . . (SKIP TO C6)8
	_____ DAYS

ND41

A. How many cigarettes do you usually smoke in a day? **IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TOBACCO TALLY SHEET** _____ CIGS*

B. How long have you smoked (# FROM A) cigarettes a day? _____ UNITS

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

C. How old were you the (first/last) time you smoked cigarettes at that rate?	AGE ONS	_/_
	AGE REC	_/_
	REC	

C6 On average over your lifetime, how many days per week did you usually smoke cigarettes when you were smoking regularly? **IF NOT AS OFTEN AS ONCE A WEEK, CODE 0.** _____ DAYS

ND41 A. On average over your lifetime, how many cigarettes did you usually smoke in a day (when you were smoking regularly)? **IF 20 OR MORE CIGS 2+DAYS PER WEEK, MARK TOBACCO TALLY SHEET.** _____ CIGS*

B. How long did you smoke (# **FROM A**) cigarettes a day? _____ UNITS

CODE UNITS:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

C. How old were you the (first/last) time you smoked cigarettes at that rate? AGE ONS _____/_____
AGE REC _____/_____
REC 1

2

Now I would like you to think about a period in your life, lasting a month or more, when you were smoking the most.

C7 How many days per week did you usually smoke cigarettes during that period? **IF NOT AS OFTEN AS ONCE A WEEK, CODE 0** _____ DAYS

ND41 A. During that time when you smoked the most, how many cigarettes did you usually smoke in a day? _____ CIGS*
IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TOBACCO TALLY SHEET

B. How long did you smoke (# **FROM A**) cigarettes a day? _____ UNITS

CODE UNITS:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

C. How old were you the (first/last) time you smoked that much? AGE ONS _____/_____
AGE REC _____/_____
REC 1

2

C8 During the period when you were smoking the most, how soon after waking did you smoke your first cigarette? **IF DK, CODE -999.** _____ MINUTES

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

C9 During the period when you were smoking the most, did you usually smoke more frequently during the first hours after waking than during the rest of the day?

NO 1
YES 5

C10 During the period when you were smoking the most, which cigarette would you have hated most to give up: the first one in the morning, after eating, while watching television, or some other one?

FIRST ONE IN MORNING . 5
ANY OTHERS 1

C11 During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden. For example, on airplanes, in movie theaters, or in "no smoking" areas?

NO 1
YES 5

C12 During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day?

NO 1
YES 5

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes.

ND45 C13 Did you ever chain smoke; that is, you smoked one cigarette right after another? NO. . . (SKIP TO C14) 1
YES 5*

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

B. What is the longest period of time you have chain smoked every day or nearly every day? _____ UNITS

CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

ND43 C14 Have you often smoked a lot more than you intended? NO 1
YES 5*

ND43	C15	Have you often run out of cigarettes sooner than you intended?	NO 1 YES 5*
ND41A	C16	After you had been smoking regularly, did you need to smoke more cigarettes to get an effect?	NO 1 YES 5*
ND41B	C17	After you had been smoking regularly, did smoking the same amount have less effect on you than before?	NO 1 YES 5*
	C18	Have you ever given up or greatly reduced important activities such as school, work, sports, or seeing friends or relatives because of your smoking?	NO. . . (SKIP TO C19) 1 YES 5*
ND46	A.	Did this happen 3 or more times?	NO 1 YES 5
	C19	Have you smoked in situations where it was dangerous to smoke. For example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids?	NO. . . (SKIP TO C20) 1 YES 5
	A.	Did this happen 3 or more times?	NO 1 YES 5
ND44	C20	Has there ever been a period of time when you wanted to stop or cut down on smoking?	NO. . . (SKIP TO C21) 1 YES 5*
	A.	How long did you want to stop or cut down on smoking? CODE LONGEST PERIOD. IF DK, CODE -9999.	_____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	1. IF DK:	Did this period last a month or more?	NO 1 YES 5
	C21	Have you ever tried to stop or cut down on smoking?	NO. . . (SKIP TO C23) 1 YES 5
ND44	A.	How many times did you try to stop or cut down? MARK TALLY IF 3 OR MORE TIMES. IF DK, CODE -9999.	_____ TIMES*

ND44

1. **IF DK:** Was it 3 or more times?

NO 1
YES 5*

B. Were you always able to quit for at least a month?

NO 5*
YES 1

	C22	Have you ever tried to quit or cut down on smoking and found that you could not?	NO, COULD STOP
			(SKIP TO C23) 1
			YES 5
ND44	A.	Were you unable to stop or cut down 3 or more times?	NO 1
			YES 5*

	C23	Have you ever had such a strong craving for a cigarette that it was hard to think of anything else?	NO. . . (SKIP TO C24) 1
			YES 5
	A.	Did you ever start smoking to satisfy your craving for a cigarette?	NO 1
			YES 5

	C24 Did you ever have a withdrawal from cigarettes when you stopped or cut down on smoking?	NO	1
		YES	5

C25 When you stopped or cut down on smoking, did you ever experience any of the following problems.

		<u>YES</u>		<u>NO</u>
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	

When you stopped or cut down on smoking:

	4. Did you have trouble concentrating?	1	5
	5. Were you restless or impatient?	1	5
	6. Did you have trouble sleeping?	1	5

When you stopped or cut down on smoking:

	7. Did your appetite increase or did you gain weight?	1	5
	A. IF YES: Did you gain as much as 10 lbs altogether?	1	5
	8. Did your heart rate slow down?	1	5

ND42A

BOX C25 HOW MANY 5'S ARE CODED IN C25.1-8?	NONE . . . (SKIP TO C27). .1
	1-3. 3
	4 OR MORE. 5*

	A. How old were you the (first/last) time you had any of these problems?	AGE ONS		___/___
		AGE REC		___/___
		REC		1 2

	B. Did these problems you had after stopping or cutting down on smoking bother you a lot?	NO	1
		YES	5

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

ND42B

	D. Have you ever smoked to keep from having any of these problems or to make them go away?	NO	1
		YES	5*

ND42B

	C26 Have you ever used nicotine gum or a nicotine patch to keep from having any of these problems (or to make them go away)?	NO	1
		YES	5*

	C27	Did smoking ever cause you any serious health problems such as cancer, emphysema, or a cough that wouldn't go away?	NO . . . (SKIP TO C28) 1 YES 5
ND47	A.	Did you continue to smoke after you knew it caused you health problems?	NO 1 YES 5*
ND47	C28	Have you continued to smoke when you had another serious illness that you knew was made worse by smoking. For example, asthma or heart trouble?	NO 1 YES 5*

C29	Has smoking ever caused you emotional problems like:		<u>NO</u>	<u>YES</u>
	1.	Feeling depressed or uninterested in things?	1	5
	2.	Having trouble concentrating or thinking clearly?	1	5
	3.	Feeling nervous and jittery?	1	5
	4.	Any other emotional problems?	1	5
		SPECIFY: _____	CODE: _____	
		_____	CODE: _____	

BOX C29 IF ALL ARE CODED 1, SKIP TO C30. OTHERS CONTINUE.

	A.	Did these problems interfere with your functioning at work, school, or home?	NO 1 YES 5
ND47	B.	Did you continue to smoke after you knew it caused any of these problems? REVIEW SX AS NEEDED.	NO 1 YES 5*

C30		Have you ever felt like you needed or were dependent on tobacco?	NO 1 YES 5
-----	--	--	-----------------------------------

C31	Did smoking ever cause problems for you 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

BOX C31 IF ALL CODED 1, SKIP TO C32. OTHERS CONTINUE.

A. Did you continue to smoke after it caused problems?

NO 1
YES 5

C34	Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you may have had with smoking or any efforts to quit?	NO. . .(SKIP TO C35) 1	
		YES 5	
A.	Did you do it?	NO. . .(SKIP TO C35) 1	
		YES 5	
B.	Did you talk to:		
		<u>NO</u>	<u>YES</u>
1.	A Medical Doctor / Psychiatrist	1	5
2.	Psychologist / Social worker / Counselor	1	5
3.	Nurse Practitioner	1	5
4.	Clergy	1	5
5.	Other Professional: _____	1	5
C.	How old were you the (first/last) time you talked to a health professional about any problems you had with smoking or any efforts to quit?	AGE ONS	___/___
		AGE REC	___/___
		REC	1 2

C35	Were you ever advised by a doctor to cut down or quit smoking?	NO 1
		YES 5

C36	Have you ever tried any type of treatment to help you quit smoking?	NO. . .(SKIP TO D1) 1
		YES 5
A.	Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?	NO 1
		YES 5
B.	Have you ever tried nicotine gum or a nicotine patch?	NO 1
		YES 5
C.	Have you ever tried nicotine-free cigarettes to quit or reduce your use of tobacco?	NO 1
		YES 5
D.	Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?	NO. . (SKIP TO E) 1
		YES. . . (SPECIFY) 5

SPECIFY:

E. How old were you the (first/last) time tried any type of treatment to help you quit smoking?

AGE ONS

___/___

AGE REC

___/___

REC

1 2

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

	.4

	.5

	.6

D5 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 drinks?

___ ___ ___ TOTAL
DRINKS

D6 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

D7 At what age did you begin to drink regularly; that is, drinking at least once a month for 6 months or more? **IF NEVER, CODE 00.** ____/____ AGE

A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? **IF NEVER, CODE 00 AND SKIP TO D8.** ____/____ AGE

1. **IF DK:** Was it before you were 15 years old? NO 1
YES 5

D8 (From that time when you began to drink regularly at (**AGE OF REGULAR DRINKING IN D7**) years old up to now), what is the longest period of time you have gone without even one drink? **IF LESS THAN ONE DAY, CODE 0000 DAYS** _____ UNITS

CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

D9 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 BOX D9) 1
YES 5

A. How old were you when this period began? ____/____ AGE

B. How long did this period last? _____ UNITS

CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

BOX D9	A.	CHECK NUMBER OF DRINKS IN D6.	0-2... (SKIP TO E1). .. 1
			3 OR MORE 5
	B.	ARE D7 AND D7A <u>BOTH</u> CODED 00?	NO 1
			YES... (SKIP TO E1) .. 5

AD41A D15 Did you ever become tolerant to alcohol; that is, you had to drink
more in order to feel an effect?

NO 1
YES 5*

D16 When you first started drinking, how many drinks did it take you to get an effect? _____ DRINKS

D17 After you had been drinking for some years, how many drinks did you usually need to get an effect? **CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.** _____ DRINKS

AD41B

BOX D17 A. DOES D17=5 DRINKS OR MORE (WOMEN) OR 6 DRINKS OR MORE (MEN)?	NO. . (SKIP TO D18) . . 1
	YES 5
B. WAS INCREASE 50% OR MORE FROM D16 TO D17? USE CARD D2.	NO 1
	YES 5*

D18 When you first started drinking, how many drinks did it take you to get drunk? _____ DRINKS

D19 After you had been drinking for some years, how many drinks did you usually need to get drunk? _____ DRINKS

AD41B

BOX D19 A. DOES D19=5 DRINKS OR MORE (WOMEN) OR 6 DRINKS OR MORE (MEN)?	NO. . . (SKIP TO D20) . . 1
	YES 5
B. WAS INCREASE 50% OR MORE FROM D18 TO D19? USE CARD D2.	NO 1
	YES 5*

D20 Have you ever given up or greatly reduced important activities like school, work, sports, or seeing friends or relatives because of your drinking? **NO. . . (SKIP TO D21) . . 1**
YES. 5

AD46

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

D21 Sometimes when people drink they do things that they otherwise would not have done. When you were drinking, did you ever ride in a car with a driver who had too much to drink? **NO. . . (SKIP TO D22) . . . 1**
YES 5

A. How many times have you ridden in a car with a driver who had too much to drink? **IF DK, CODE -9999.** _____ TIMES

1. **IF DK:** Was it 3 or more times? NO 1
YES 5

D22 Did you ever drive a car after having too much to drink? NO... (SKIP TO D25) ... 1
YES 5

A. How many times have you driven a car after having too much to drink? **IF DK, CODE -9999.** _____ TIMES

1. **IF DK:** Was it 3 or more times? NO 1
YES 5

D23 Has your drinking and driving ever resulted in your damaging your car or having an accident? **COUNT ALL ACCIDENTS, EVEN IF NOT REPORTED TO THE POLICE.** NO 1
YES 5

D24 Have you ever been arrested for drunk driving? NO..... 1
YES 5

D25 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 1
YES 5

D26 Did you ever get into arguments when you had been drinking? NO... (SKIP TO D27) ... 1
YES 5

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

D27 Did you ever get into physical fights while drinking? NO... (SKIP TO D28) .. 1
YES 5

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

D28 Did you ever hit a significant other or anyone in your family when you had been drinking? NO... (SKIP TO D29) ... 1
YES 5

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

D29	Now I would like to ask you about some other risky behaviors you might have engaged in while you were drinking. When you had a lot to drink, did you ever engage in sexual activity when you otherwise would not have?	NO. . .(SKIP TO D30) . . . 1 YES 5
A.	Did this happen 3 or more times?	NO 1 YES 5

D30	Did drinking ever make you careless about sex so you didn't protect yourself against AIDS or other sexually transmitted diseases, or protect (your partner/yourself) against pregnancy?	NO. . .(SKIP TO D31) . . . 1 YES 5
A.	Did this happen 3 or more times?	NO 1 YES 5

D31	When you were drinking did you ever put yourself in any other situation where you could have caused an accident or gotten hurt. For example, when driving a boat, using heavy machinery, using a gun, climbing or swimming?	NO. . . (SKIP TO D32). . . . 1 YES 5
A.	Did this happen 3 or more times?	NO 1 YES 5

D32	When you were drinking have you ever accidentally injured yourself; that is, had a bad fall or cut or burned yourself badly, been hurt in a traffic accident, or anything like that?	NO. 1 YES 5
-----	--	----------------------------------

AD44	D33	Has there ever been a period of time when you wanted to stop or cut down on drinking?	NO. . .(SKIP TO D34). . . 1 YES 5*
------	-----	---	---

A.	How long did you want to stop or cut down on drinking? IF DK, CODE -9999.	____ ____ ____ ____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
----	--	---

1. IF DK:	Did this period last a month or more?	NO 1 YES 5
------------------	---------------------------------------	-----------------------------------

D34 Have you ever tried to stop or cut down on drinking? NO... (SKIP TO D36) ... 1
YES 5

AD44 A. How many times did you try to stop or cut down? **MARK** _____ TIMES*
TALLY IF 3 OR MORE TIMES. IF DK, CODE -9999.

AD44 1. **IF DK:** Was it 3 or more times? NO 1
YES 5*

B. Were you always able to quit for at least a month? NO 5*
YES 1

D35 Have you ever tried to stop or cut down on drinking but found you NO, COULD STOP
could not? (SKIP TO D36) 1
YES 5

AD44 A. Were you unable to stop or cut down 3 or more times? NO 1
YES 5*

D36 Have you ever had such a strong craving for alcohol that you couldn't NO... (SKIP TO D37)... 1
think of anything else? YES 5

A. Did you ever start drinking to satisfy your craving for alcohol? NO..... 1
YES 5

D37 Did you ever have a withdrawal from alcohol when you stopped or cut down? NO. 1
YES 5

D38 When you stopped, cut down or went without 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

When you stopped or cut down on your drinking:

4. Did your heart beat fast or did you sweat?	1	5
5. Did you have nausea or vomiting?	1	5
6. Did you see or hear things that weren't there?	1	5

When you stopped or cut down on your drinking:

7. Were you fidgety or restless?	1	5
--	---	---

AD42A

**BOX D38 HOW MANY 5'S ARE CODED IN D38.1-7? NONE. . . (SKIP TO D40) 1
1. 3
2 OR MORE. 5***

A. How old were you the (first/last) time you had any of these problems?	AGE ONS	___/___
	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 functioning at work, school, or home?	NO.	1
	YES.	5

AD42B

D. Have you ever had a drink to keep from having any of these problems or to make them go away?	NO	1
	YES.	5*

AD42B

D39 Did you ever take any medication or drug to avoid any of these problems or to make them go away? **DO NOT COUNT**

ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.

SPECIFY: _____

CODE: _____

CODE: _____

D44 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. memory problems even when you weren't drinking (so, not counting blackouts)?	1	5
5. any other physical health problems?	1	5

SPECIFY: _____ **CODE:** ____ _

BOX D44 IF ALL CODED 1, SKIP TO D45. OTHERS CONTINUE.

AD47 A. Did you continue to drink knowing that drinking caused you to have health problems? NO 1
YES 5*

AD47 D45 Have you continued to drink when you knew you had any (other) serious physical illness or condition that might be made worse by drinking? NO . . . (SKIP TO D46) . . 1
YES 5*

A. What illness or condition? _____ CODE: ____ _
_____ CODE: ____ _

B. Did drinking make your illness or condition worse? NO 1
YES 5

D46	Has drinking ever caused you emotional problems like:		<u>NO</u>	<u>YES</u>
	1. feeling depressed or uninterested in things?	1		5
	2. feeling paranoid or suspicious of people?	1		5
	3. having trouble thinking clearly?	1		5
	4. feeling jumpy or easily startled or nervous?	1		5
	5. hearing, seeing, or smelling things that weren't really there?	1		5

BOX D46 IF ALL ARE CODED 1, SKIP TO D47. OTHERS CONTINUE.

	A. Did these problems interfere with your functioning at work, school, or home?	NO	1
		YES	5
AD47	B. Did you continue to drink after you knew it caused you any of these problems? REVIEW SX AS NEEDED.	NO.	1
		YES	5*

D47	Did you ever think that you were an excessive drinker or think that you drank too much for your own good?	NO.	1
		YES	5

D48	Have you ever felt guilty about drinking?	NO.	1
		YES	5

D49	Have you ever felt like you needed or were dependent on alcohol?	NO	1
		YES	5

D50	Did using alcohol cause problems for you 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

BOX D50 IF ALL ARE CODED 1, SKIP TO D51. OTHERS CONTINUE.

A.	Did you continue to drink after it caused problem(s)?	NO.	1
		YES	5

D51	Did using alcohol ever keep you from taking care of children or doing household chores?	NO.	1
		YES	5

D52	Did using alcohol ever cause you to miss work, to lose a raise or promotion, or to get fired?	NO.	1
		YES	5

D53	Did using alcohol ever cause you to miss school, do poorly on tests or homework, or be suspended or expelled?	NO.	1
		YES	5

BOX D54 IF ANY MARKS ON ALCOHOL TALLY, CONTINUE. OTHERS SKIP TO D55.

D54 I'd like to review the experiences and problems you had with alcohol. You told me **(REVIEW SX). HAND R ALCOHOL TALLY.**

A. When was the (first/last) time that you had any of these experiences?

AGE ONS ___/___
AGE REC ___/___
REC 1 2

AD4

BOX D55 COUNT THE NUMBER OF BOXES CHECKED ON TALLY SHEET.

OF BOXES CHECKED: ___

IF 1 BOX: SKIP TO D56.

IF 2 BOXES: SKIP TO D55B.

IF 3 OR MORE BOXES: CONTINUE.

D55 A. Was there ever a time in your life when you had 3 (or more) of these experiences or problems in the same year? **SX MUST BE FROM 3 DIFFERENT BOXES.**

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

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER. SKIP TO C.

B. Was there ever a time in your life when you had 2 (or more) of these experiences or problems in the same year? **SX MUST BE FROM 2 DIFFERENT BOXES.**

NO . . . (SKIP TO D56) 1
YES 5

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER.

C. How old were you the (first/last) time you had these experiences or problems occur in the same year?

AGE ONS ___/___
AGE REC ___/___
REC 1 2

D56	Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with drinking?	NO. . . (SKIP TO D57) . . . 1 YES 5
	A. Did you do it?	NO. . . (SKIP TO D57) . . . 1 YES 5
	B. Did you talk to:	
		<u>NO</u> <u>YES</u>
	1. A Medical Doctor / Psychiatrist	1 5
	2. Psychologist / Social worker / Counselor	1 5
	3. Nurse Practitioner	1 5
	4. Clergy	1 5
	5. Other Professional: _____	1 5
	C. How old were you the (first/last) time you talked to a health professional about any problems you might have had with drinking?	AGE ONS ___/___ AGE REC ___/___ REC 1 2

D57	Has a doctor or other health professional ever spoken to you about any problem you might have had with alcohol?	NO. 1 YES 5
-----	---	----------------------------------

D58	Were you ever advised by a doctor to cut down or quit drinking?	NO. 1 YES 5
-----	---	----------------------------------

D59	Have you ever been treated for a problem with alcohol?	NO. . . (SKIP TO E1). 1 YES 5
-----	--	--

D60	Have you ever attended AA or another self help group to help you quit or cut down on drinking?	NO 1 YES 5
-----	--	-----------------------------------

A.	Were you ever treated in an alcohol or drug treatment program to help you quit or cut down on drinking?	NO 1 YES 5
----	---	-----------------------------------

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

E1 Have you ever used cocaine or crack? NO... (SKIP TO F1) 1
YES... 5

A. How many times in your life have you used cocaine? _____TIMES
IF DK, CODE -9999.

1. **IF DK:** Would you say 11 or more times? NO... 1
YES... 5

E2 How old were you the (first/last) time you used cocaine? AGE ONS _____/_____
IF DK, CODE -99. AGE REC _____/_____
REC 1 2

A. **IF DK:** Did you use cocaine before you were 15? NO... 1
YES... 5

E3 Have you ever injected cocaine? NO... (SKIP TO E5).. 1
YES... 5

A. How many times? _____TIMES

B. How old were you the (first/last) time you injected cocaine? AGE ONS _____/_____
AGE REC _____/_____
REC 1
2

E4 Have you ever shared a needle? NO... (SKIP TO E5) 1
YES... 5

A. How many times? _____TIMES

B. How old were you the (first/last) time you shared a needle? AGE ONS _____/_____
AGE REC _____/_____
REC 1
2

E5 What are all the (other) ways you have taken cocaine? ORAL 1
CIRCLE ALL THAT APPLY. SMOKE 2
SNORT 3
OTHER 4

BOX E6 CHECK E1A. IF COCAINE WAS USED LESS THAN 11 TIMES SKIP TO F1. OTHERS CONTINUE.

E6 Did you ever use cocaine at least once a week for one month or more? NO. 1
YES. 5

E7 Did you ever use cocaine daily or almost daily? NO. . (SKIP TO E8) 1
YES. 5

A. What is the longest period you used cocaine almost every day? **IF LESS THAN 2 WEEKS, SKIP TO E10.** _____
UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

B. How old were you the (first/last) time you used cocaine almost every day for two weeks? AGE ONS
____/____
AGE REC
____/____
REC 1
2

E8 Think about the time when you were using cocaine the most. During that period, how many days per month did you use cocaine? _____ DAYS PER MONTH

E9 How long did that period last? _____
UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

E10 During that period of heaviest use, how much cocaine did you use on an average day?

SPECIFY:

CODE: ___ ___ ___

E11 How old were you when that period started?

___/___ AGE

E12 From the time that you began using cocaine up to now, what is the longest period of time you have gone without using cocaine at all?

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

E13 Have you ever stayed high on cocaine for a whole day or more?

NO. . (SKIP TO E14) 1
YES... 5

A. Did this happen 3 or more times?

NO. 1
YES... 5

B. How old were you the (first/last) time you stayed high on cocaine for a whole day or more?

AGE ONS ___/___
AGE REC ___/___
REC 1 2

E14 During that period of heaviest use, how much money did you spend on cocaine?

SPECIFY:

CODE: _____

E15 What was the most you ever spent on a cocaine "run"?

SPECIFY:

CODE: _____

E16 Have you stolen things or money in order to pay for cocaine?

NO. 1
YES 5

E17 Did you ever sell drugs in order to pay for cocaine?

NO 1
YES 5

E18	Have you ever traded sex for cocaine?	NO	1
		YES	5
<hr/>			
E19	Did you ever get a salary advance or a pay day loan in order to pay for cocaine?	NO	1
		YES	5
<hr/>			
E20	When you first started using cocaine, did you find that you got higher or stayed higher longer than other people who would use the same amount of cocaine?	NO.	1
		YES.	5

BEGIN SCORING ASTERISKED ITEMS ON COCAINE TALLY SHEET

E21	Have you ever used cocaine in larger amounts than you intended?	NO. . .(SKIP TO E22).	1
		YES.	5
CD43	A. Did this happen 3 or more times?	NO.	1
		YES.	5*
	B. How old were you the (first/last) time?	AGE ONS	___/___
		AGE REC	___/___
		REC	1 2
<hr/>			
E22	Have you ever continued to use cocaine for more hours or days than you intended?	NO. . .(SKIP TO E23).	1
		YES.	5
CD43	A. Did this happen 3 or more times?	NO.	1
		YES.	5*
	B. How old were you the (first/last) time?	AGE ONS	___/___
		AGE REC	___/___
		REC	1 2
<hr/>			
CD43	E23 Have you ever gone on binges or “runs” when you stayed high on cocaine for 2 days or more?	NO. . .(SKIP TO E24).	1
		YES.	5*
	A. Did this happen 3 or more times?	NO.	1
		YES.	5
	B. How old were you the (first/last) time?	AGE ONS	___/___
		AGE REC	___/___
		REC	1 2

CD45	E24	Was there ever a period when a great deal of your time was spent getting cocaine, using cocaine, or getting over its effects?	NO. . (SKIP TO E25) 1 YES. 5*
	A.	How long did this period last? CODE THE LONGEST PERIOD. IF DK, CODE -9999.	_____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	1.	IF DK: Did this period last a month or more?	NO. 1 YES. 5
	B.	How old were you the (first/last) time?	AGE ONS _____/ AGE REC _____/ REC 1 2
CD41A	E25	After you had been using cocaine regularly, did you ever need larger amounts of cocaine to get an effect?	NO. 1 YES. 5*
CD41B	E26	After you had been using cocaine regularly, did you ever find that using the same amount of cocaine had less effect on you than before?	NO. 1 YES. 5*
	E27	Did your use of cocaine ever become so regular that you would not change when or how much you used no matter what you were doing or where you were?	NO. . (SKIP TO E28) 1 YES. 5
	A.	Did this period last a month or more?	NO. 1 YES. 5
	B.	How old were you the (first/last) time you used cocaine that regularly?	AGE ONS _____/ AGE REC _____/ REC 1 2
CD46	E28	Have you ever given up or greatly reduced important activities such as school, work, sports, or seeing friends or relatives because of your cocaine use?	NO. . (SKIP TO E29) 1 YES. 5*
	A.	Did this happen 3 or more times?	NO 1 YES 5

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

AGE ONS
AGE REC
REC

___/___
___/___
1 2

E29	Have you ever been arrested or had trouble with the police because of cocaine?	NO. . (SKIP TO E30) 1 YES. 5
	A. How many times were you in trouble with the police? IF LESS THAN 3 TIMES, SKIP TO B. IF DK, CODE -9999.	----- TIMES
	1. IF DK: Was it 3 or more times?	NO. 1 YES. 5
	B. How old were you the (first/last) time?	AGE ONS ___/___ AGE REC ___/___ REC 1 2
	C. Did you continue to use cocaine after you realized it was causing you trouble with the police?	NO 1 YES. 5

E30	Did you ever get into any physical fights while using cocaine?	NO. . (SKIP TO E31).. 1 YES. 5
	A. Did this happen 3 or more times?	NO. 1 YES. 5
	B. How old were you the (first/last) time?	AGE ONS ___/___ AGE REC ___/___ REC 1 2

E31	When you were using cocaine, did you ever put yourself in a situation where you could have caused an accident or gotten hurt. For example, when driving a car or boat, using heavy machinery, using a gun, climbing or swimming?	NO. . . (SKIP TO E32) 1 YES. 5
	A. Did this happen 3 or more times?	NO. 1 YES. 5
	B. How old were you the (first/last) time?	AGE ONS ___/___ AGE REC ___/___ REC 1 2

C. How old were you the (first/last) time you tried to stop or cut down on cocaine?

AGE ONS
AGE REC
REC

___/___
___/___
1 2

E37	Did you ever have a withdrawal or “crash” from cocaine when you stopped or cut down?	NO	1
		YES	5

E38 When you stopped or cut down on your cocaine use, did you ever experience any of the following problems.

NO YES

1. Did you feel depressed? 1 5

2. Did you feel restless or unable to sit still? 1 5

3. Did you feel tired or fatigued? 1 5

When you stopped or cut down on your cocaine use:

4. Did you have trouble sleeping? 1 5

5. Did you sleep too much? 1 5

6. Did you feel slowed down? 1 5

When you stopped or cut down on your cocaine use:

7. Did you have an increase in appetite? 1 5

8. Did you have nightmares? 1 5

CD42A

BOX E38 HOW MANY 5'S ARE CODED IN E38.1-8? NONE . . . (SKIP TO E40) . . . 1
1 3
2 OR MORE 5*

A. How old were you the (first/last) time you had any of these problems?	AGE ONS	___/___
	AGE REC	___/___
	REC	1 2

B. Did these problems you had after stopping or cutting down on your cocaine use bother you a lot?	NO	1
	YES	5

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

CD42B

D. Have you ever used cocaine to keep from having any of these problems or to make them go away?	NO	1
	YES	5*

CD42B E39 Did you ever use alcohol or any other drug to keep from having any of these problems or to make yourself feel better when coming down from the effects of cocaine? NO... (SKIP TO E40) 1
 YES... (SPECIFY) 5*

SPECIFY: _____

CODE: _____

E40 Did using cocaine cause you to have health problems? For example:

	<u>NO</u>	<u>YES</u>
a. Weight loss?	1	5
b. Chest pain or heart problems?	1	5
c. Seizures?	1	5
d. Cough or pneumonia?	1	5
e. Sexual difficulties?	1	5
f. Any other health problems?	1	5

CODE: _____

SPECIFY: _____

CODE: _____

BOX E40 IF ALL ARE CODED 1, SKIP TO E41. OTHERS CONTINUE.

A. How old were you the (first/last) time you had any of these problems?	AGE ONS	____/____
	AGE REC	____/____
	REC	1 2

CD47 B. Did you continue to use cocaine knowing it caused health problems? NO 1
 YES 5*

CD47 E41 Did using cocaine ever cause you to have an overdose? NO... (SKIP TO E42) 1
 YES 5*

A. Did you get medical treatment afterwards?	NO	1
	YES	5

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

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

AGE ONS
AGE REC
REC

___/___
___/___
1 2

E42	Has your use of cocaine ever caused you emotional problems like:		<u>NO</u>	<u>YES</u>
	1. Feeling depressed or uninterested in things?	1		5
	2. Feeling anxious?	1		5
	3. Feeling paranoid or suspicious of people?	1		5
	4. Having trouble concentrating or thinking clearly?	1		5
	5. Hearing, seeing, or smelling things that weren't really there?	1		5
	6. Feeling bugs crawling on your skin that weren't really there?	1		5
	7. Feeling angry, or acting aggressive or violent?	1		5
	8. Feeling suicidal or attempting suicide?	1		5

BOX E42 IF ALL ARE CODED 1, SKIP TO E43. OTHERS CONTINUE.

	A. Did these problems interfere with your functioning at work, school, or home?	NO	1
		YES	5
CD47	B. Did you continue to use cocaine after you knew it caused any of these problems? REVIEW SX AS NEEDED.	NO	1
		YES	5*

E43	Have you ever felt like you needed or were dependent on cocaine?	NO.	1
		YES.	5

E44	Did using cocaine ever cause problems for you 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

BOX E44 IF ALL ARE CODED 1, SKIP TO E45. OTHERS CONTINUE.

A.	Did you continue to use cocaine after it caused problem(s)?	NO.	1
		YES.	5

E45	Did using cocaine ever keep you from taking care of children or doing household chores?	NO. 1
		YES. 5

E46	Did using cocaine ever cause you to miss work, to lose a raise or promotion, or to get fired?	NO. 1
		YES. 5

E47	Did using cocaine ever cause you to miss school, do poorly on tests or homework, or be suspended or expelled?	NO. 1
		YES. 5

BOX E48 IF ANY MARKS ON COCAINE TALLY, CONTINUE. OTHERS SKIP TO E50.

E48 I'd like to review the experiences and problems you had with cocaine. You told me **(REVIEW SX). HAND R COCAINE TALLY.**

A. When was the (first/last) time you had any of these experiences or problems? **IF AGE ONS WITHIN 2 YEARS OF AGE REC, SKIP TO BOX E49.**

AGE ONS ___/___
 AGE REC ___/___
 REC 1 2

B. Was there ever a full year between (ONS) and (REC) that you had none of these experiences or problems with cocaine?

NO. . (SKIP TO BOX E49) . . . 1
 YES. 5

1. Between what ages did you not have any of these experiences or problems with cocaine? **IF MORE THAN ONE PERIOD OF REMISSION, CODE AGES OF THE LONGEST.**

AGE ONS ___/___
 AGE REC ___/___
 REC 1 2

CD4

BOX E49 COUNT THE NUMBER OF BOXES CHECKED ON TALLY SHEET.

OF BOXES CHECKED: ___

IF 1 BOX: SKIP TO E50.

IF 2 BOXES: SKIP TO E49B.

IF 3 OR MORE BOXES: CONTINUE.

E49 A. Was there ever a time in your life when you had 3 (or more) of these experiences or problems in the same year. **SX MUST BE 3 FROM DIFFERENT BOXES.**

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

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER. SKIP TO C.

B. Was there ever a time in your life when you had 2 (or more) of these experiences or problems in the same year? **SX MUST BE FROM 2 DIFFERENT BOXES.**

NO. . (SKIP TO E50) 1
 YES 5

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER.

	C. How old were you the (first/last) time you had these experiences or problems occur in the same year?	AGE ONS AGE REC REC	____/____ ____/____ 1 2
<hr/>			
E50	Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with cocaine?	NO. . . (SKIP TO E51)	1 5
	A. Did you do it?	NO. . . (SKIP TO E51)	1 5
	B. Did you talk to:	<u>NO</u> <u>YES</u>	
	1. A Medical Doctor / Psychiatrist	1 5	
	2. Psychologist / Social worker / Counselor	1 5	
	3. Nurse Practitioner	1 5	
	4. Clergy	1 5	
	5. Other Professional: _____ . . .	1 5	
	C. How old were you the (first/last) time you talked to a health professional about any problems you might have had with cocaine?	AGE ONS AGE REC REC	____/____ ____/____ 1 2
<hr/>			
E51	Has a doctor or other health professional ever spoken to you about any problem you might have had with cocaine?	NO.	1 5
<hr/>			
E52	Were you ever advised by a doctor to cut down or quit using cocaine?	NO.	1 5
<hr/>			
E53	Have you ever been treated for a problem with cocaine?	NO. . . (SKIP TO F1).	1 5
<hr/>			
E54	Have you ever attended AA, NA or another self help group to help you quit or cut down on cocaine?	NO	1 5
	A. Were you ever treated in an alcohol or drug treatment program to help you quit or cut down on your cocaine use?	NO	1 5

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

AGE ONS
AGE REC
REC

___/___
___/___
1 2

F1 Have you ever used marijuana? NO... (SKIP TO G1) 1
 YES 5

A. How many times in your life have you used marijuana? _____ TIMES
IF DK, CODE -9999.

1. **IF DK:** Would you say 21 or more times? NO 1
 YES 5

F2 How old were you the (first/last) time you used marijuana? AGE ONS _____/
IF DK, CODE -99. AGE REC _____/
 REC 1 2

A. **IF DK:** Did you use marijuana before you were 15? NO 1
 YES 5

BOX F3 CHECK F1A. IF MARIJUANA WAS USED LESS THAN 21 TIMES SKIP TO G1. OTHERS CONTINUE.

F3 Did you ever use marijuana at least once a week for one month or more? NO 1
 YES 5

F4 Did you ever use marijuana daily or almost daily? NO... (SKIP TO F5) 1
 YES 5

A. What was the longest period of time you used marijuana almost every day? **IF LESS THAN 2 WEEKS, SKIP TO F5.** _____ UNITS
CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

B. How old were you the (first/last) time you used marijuana almost every day for at least two weeks? AGE ONS _____/
 AGE REC _____/
 REC 1 2

F5 Think about the period when you were using marijuana the most. During that period, how many days per month did you use marijuana? _____ DAYS PER MONTH

F6 How long did that period last? _____ UNITS

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

F7 During that period of heaviest use, how much marijuana did you use on an average day?

SPECIFY:

CODE: _____

F8 How old were you when that period started? _____/____

AGE

F9 From the time that you began using marijuana up to now, what is the longest period of time you have gone without using marijuana at all?

_____ UNITS

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

F10 Have you ever stayed high from marijuana for a whole day or more?

NO... (SKIP TO F11) 1
 YES 5

A. Did this happen 3 or more times?

NO 1
 YES 5

F11 When you first started using marijuana, did you find that you got higher or stayed higher longer than other people who would use the same amount of marijuana?

NO 1
 YES 5

BEGIN SCORING ASTERISKED ITEMS ON MARIJUANA TALLY SHEET.

DD43

F12 Have you ever used marijuana in larger amounts than you intended?

NO 1
 YES 5*

A. Did this happen 3 or more times?

NO 1
 YES 5

DD43

F13 Have you ever continued to use marijuana for more hours or days than you intended?

NO 1
 YES 5*

A. Did this happen 3 or more times?

NO 1

YES 5

DD45	F14	Was there ever a period when a great deal of your time was spent getting marijuana, using marijuana, or getting over its effects?	NO. . . (SKIP TO F15) 1 YES 5*
	A.	How long did this period last? IF DK, CODE -9999.	_____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	1.	IF DK: Did this period last for a month or more?	NO 1 YES 5
DD41A	F15	After you had been using marijuana regularly, did you ever need larger amounts of marijuana to get an effect?	NO 1 YES 5*
DD41B	F16	After you had been using marijuana regularly, did you ever find that using the same amount of marijuana had less effect on you than before?	NO 1 YES 5*
	F17	Did your use of marijuana ever become so regular that you would not change when or how much you used no matter what you were doing or where you were?	NO. . . (SKIP TO F18) 1 YES. 5
	A.	Did you use marijuana like that for a month or more?	NO. 1 YES. 5
DD46	F18	Have you ever given up or greatly reduced important activities such as school, work, sports, or seeing friends or relatives because of your marijuana use?	NO. . . (SKIP TO F19) 1 YES 5*
	A.	Did this happen 3 or more times?	NO 1 YES 5
	F19	Have you ever been arrested or had trouble with the police because of marijuana?	NO. . (SKIP TO F20) 1 YES 5
	A.	How many times were you in trouble with the police? IF LESS THAN 3 TIMES, SKIP TO B. IF DK, CODE -9999.	_____ TIMES
	1.	IF DK: Was it 3 or more times?	NO 1 YES 5

B. Did you continue to use marijuana after you realized it was causing you trouble with the police? NO 1
 YES 5

F20 When you were using marijuana, did you ever put yourself in a situation where you could have caused an accident or gotten hurt. For example, when driving a car or boat, using heavy machinery, using a gun, climbing or swimming? NO... (SKIP TO F21) 1
 YES 5

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

F21 When you were using marijuana, did you ever accidentally injure yourself; that is you had a bad fall, cut or burned yourself badly, been hurt in a traffic accident, or anything like that? NO... (SKIP TO F22) 1
 YES 5

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

DD44 F22 Has there ever been a period of time when you wanted to stop or cut down on marijuana? NO... (SKIP TO F23) 1
 YES 5*

A. How long did you want to stop or cut down on using marijuana? _____ UNITS
CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

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

F23 Have you ever tried to stop or cut down on marijuana? NO... (SKIP TO F25) 1
 YES... 5

DD44 A. How many times did you try to stop or cut down? _____ TIMES*
MARK TALLY IF 3 OR MORE TIMES. IF DK, CODE -9999.

DD44 1. **IF DK:** Was it 3 or more times? NO 1
 YES 5*

B. Were you always able to quit for at least a month?

NO 5*
YES 1

F24	Have you ever tried to stop or cut down on marijuana but found you could not?	NO, COULD STOP (SKIP TO F25) 1 YES, COULD NOT STOP . . 5
DD44	A. Were you unable to stop or cut down 3 or more times?	NO 1 YES 5*

F25	Have you ever had such a strong craving for marijuana that you couldn't think of anything else?	NO . . (SKIP TO F26) 1 YES 5
	A. Did you ever start using marijuana to satisfy your craving?	NO 1 YES 5

F26	Did you ever have a withdrawal from marijuana when you stopped or cut down?	NO	1
		YES	5

F27 When you stopped or cut down on your marijuana use, did you ever experience any of the following problems.

	<u>NO</u>	<u>YES</u>
1. did you feel irritable or anxious?	1	5
2. have trouble sleeping?	1	5
3. have tremors?	1	5

When you stopped or cut down on your marijuana use:

4. did you sweat?	1	5
5. have nausea or vomiting?	1	5
6. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level?	1	5

DD42A

BOX F27	HOW MANY 5'S ARE CODED IN F27.1-6?	NONE... (SKIP TO F29)... 1 1 OR MORE..... 5*
----------------	---	---

A. How old were you the (first/last) time you had any of these problems?	AGE ONS	___/___
	AGE REC	___/___
	REC	1 2

B. Did these problems you had after stopping or cutting down on your marijuana use bother you a lot?	NO	1
	YES	5

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

DD42B

F28	Have you ever used marijuana to keep from having any of these problems or to make them go away?	NO	1
		YES	5*

F29 Did using marijuana cause you to have any serious health problems such as a chronic cough? NO... (SKIP TO F30) 1
YES... (SPECIFY) 5

SPECIFY: _____
—

CODE: ____ _

DD47

A. Did you continue to use marijuana knowing it caused health problems? NO 1
YES 5*

F30 Has your marijuana use ever caused you emotional problems like:

	<u>NO</u>	<u>YES</u>
1. Feeling depressed or uninterested in things?	1	5
2. Feeling paranoid or suspicious of people?	1	5
3. Having trouble concentrating or thinking clearly?	1	5
4. Hearing, seeing, or smelling things that weren't really there?	1	5
5. Not wanting to do anything?	1	5

BOX F30 IF ALL ARE CODED 1, SKIP TO F31. OTHERS CONTINUE.

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

DD47

B. Did you continue to use marijuana after you knew it caused you any of these problems? **REVIEW SX AS NEEDED.** NO 1
YES 5*

F31 Have you ever felt like you needed or were dependent on marijuana? NO 1
YES... 5

F32	Did using marijuana cause problems for you 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

BOX F32 IF ALL ARE CODED 1, SKIP TO F33. OTHERS CONTINUE.
--

A.	Did you continue to use marijuana after it caused problem(s)?	NO.	1
		YES.	5

F33	Did using marijuana ever keep you from taking care of children or doing household chores?	NO.	1
		YES	5

F34	Did using marijuana ever cause you to miss work, to lose a raise or promotion, or to get fired?	NO.	1
		YES	5

F35	Did using marijuana ever cause you to miss school, do poorly on tests or homework, or be suspended or expelled?	NO.	1
		YES	5

BOX F36 IF ANY MARKS ON MARIJUANA TALLY, CONTINUE. OTHERS SKIP TO F38.

F36 I'd like to review the experiences and problems you had with marijuana. You told me (**REVIEW SX**). **HAND R MARIJUANA TALLY.**

A. When was the (first/last) time that you had any of these experiences or problems?

AGE ONS ___/___
 AGE REC ___/___
 REC 1 2

BOX F37 COUNT THE NUMBER OF BOXES CHECKED ON TALLY SHEET.

OF BOXES CHECKED: _____

IF 1 BOX: SKIP TO F38.

IF 2 BOXES: SKIP TO F37B.

IF 3 OR MORE BOXES: CONTINUE.

DD4

F37 A. Was there ever a time in your life when you had 3 (or more) of these experiences in the same year? **SX MUST BE 3 FROM DIFFERENT BOXES.**

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

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER. SKIP TO C.

B. Was there ever a time in your life when you had 2 (or more) of these experiences in the same year? Which ones? **SX MUST BE FROM 2 DIFFERENT BOXES**

NO... (SKIP TO F38) 1
 YES..... 5

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER.

C. How old were you the (first/last) time you had these experiences or problems occur within the same year?

AGE ONS ___/___
 AGE REC ___/___
 REC 1 2

F38	Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with marijuana?	NO... (SKIP TO F39)	1
		YES	5
	A. Did you do it?	NO... (SKIP TO F39)	1
		YES	5
	B. Did you talk to:	<u>NO</u> <u>YES</u>	
	1. A Medical Doctor / Psychiatrist	1	5
	2. Psychologist / Social worker / Counselor	1	5
	3. Nurse Practitioner	1	5
	4. Clergy	1	5
	5. Other Professional: _____	1	5
	C. How old were you the (first/last) time you talked to a health professional about any problems you might have had with marijuana?	AGE ONS AGE REC REC	____/____ ____/____ 1 2
F39	Has a doctor or other health professional ever spoken to you about any problem you might have had with marijuana?	NO	1
		YES	5
F40	Were you ever advised by a doctor to cut down or quit using marijuana?	NO	1
		YES	5
F41	Have you ever been treated for a problem with marijuana?	NO... (SKIP TO G1)	1
		YES	5
F42	Have you ever attended AA, NA or another self help group to help you quit or cut down on marijuana?	NO	1
		YES	5
	A. Were you ever treated in an alcohol or drug treatment program to help you quit or cut down on your marijuana use?	NO	1
		YES	5
	B. How old were you the (first/last) time you were treated?	AGE ONS AGE REC REC	____/____ ____/____ 1 2

HAND R DRUG CARD.

		<i>STIM SED OP PCP HAL SOL COMB OTH</i>								
G1	Besides marijuana and cocaine, 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?	NO	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5
			5							

BOX G1 IF ALL CODED 1, SKIP TO H1. OTHERS CONTINUE FOR EACH DRUG CODED 5.

A. How many times in your life have you used (DRUG)? **IF DK, CODE -9999.** TIMES _____

1. IF DK: Would you say 11 or more times?	NO	1	1	1	1	1		1	1
		1							
	YES	5	5	5	5	5	5	5	5

G2 How old were you the (first/last) time you used (DRUG)? **IF DK, CODE -99.** AGE ONS _____

AGE REC _____

REC _____

A. IF DK: Did you use (DRUG) before you were 15?	NO	1	1	1	1	1		1
		1	1					
	YES	5	5	5	5	5	5	5
		5						

BOX G2 IF ONLY USED HALLUCINOGENS OR SOLVENTS, SKIP TO G5.

		<i>STIM SED OP PCP HAL SOL COMB OTH</i>							
G3	Have you ever injected (DRUG)? IF NO TO ALL, SKIP TO G5.	NO	1	1	1	1	X		X
			1	1					
		YES	5	5	5	5	X	X	5
			5						

A. How many times? TIMES _____

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

AGE ONS _____

AGE REC _____

REC _____

G4 Have you ever shared a needle?

NO. . . (SKIP TO G7) 1
YES 5

A. How many times?

____TIMES _____

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

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

2 1

G5 What are all the (other) ways you have taken (DRUG)? **CIRCLE ALL THAT APPLY.**

	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
	1	1	1	1	1	X	1	1
ORAL	2	2	2	2	2	2	2	2
SMOKE	3	3	3	X	X	X	3	3
SNORT	4	4	4	4	X	X	4	4
UNDER SKIN	5	5	5	5	5	5	5	5
OTHER	6	6	6	6	6	6	6	6
INJECTED ONLY								

G6 Of all the drugs you have used, which one was your favorite (including marijuana and cocaine)? **DO NOT COUNT ALCOHOL.**

SPECIFY:

CODE: _____

BOX G6 IF R USED ONLY 1 DRUG IN G1 AND NEVER USED COCAINE, SKIP TO BOX G8. OTHERS CONTINUE.

G7 Have you ever used 2 or more drugs together other than with marijuana or alcohol? **INCLUDE COCAINE.**

NO. . . (SKIP TO BOX G8) 1
YES. . . (SPECIFY) 5

1a. _____ and 1b. _____ CODE1a: ___ ___ ___ CODE1b: ___

2a. _____ and 2b. _____ CODE2a: ___ ___ ___ CODE2b: ___

BOX G7 CHECK G1A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO H1. IF USED STIMULANTS, SEDATIVES, OPIATES, PCP AND/OR HALLUCINOGENS 11 OR MORE TIMES, CONTINUE.

IF USED SOLVENTS, COMBINATIONS OR OTHER DRUGS 11 OR MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN "OTHER" COLUMN.

RECORD DRUG: _____ CODE: _____

STIM SED OP PCP HAL OTH

G8 Did you ever use (DRUG) at least once a week for one month or more? NO 1 1 1 1 1 1
YES 5 5 5 5 5 5

G9 Did you ever use (DRUG) daily or almost daily? **IF NO, SKIP TO G10.** NO 1 1 1 1 1 1
YES 5 5 5 5 5 5

A. **IF YES:** What is the longest period you used (DRUG) almost every day? **IF LESS THAN 2 WEEKS, SKIP TO G10.** DAYS ____ ____ ____ ____ ____
____ WEEKS ____ ____ ____ ____ ____
____ ____ MTHS ____ ____ ____

YEARS ____ ____ ____ ____ ____

B. How old were you the first time you used (DRUG) almost every day for two weeks?

AGE ONS ____ ____ ____ ____ ____

AGE REC ____ ____ ____ ____ ____

REC ____ ____ ____ ____ ____

G10 Think about the time when you were using (DRUG) the most. During that period, how many days per month did you use (DRUG)? DAYS ____ ____ ____ ____ ____

G11 How long did that period last? DAYS ____ ____ ____ ____ ____
____ WEEKS ____ ____ ____ ____ ____
____ ____ MTHS ____ ____ ____

YEARS ____ ____ ____ ____ ____

G12 During that period of heaviest use, how much (DRUG) did you use on an average day?

SPECIFY:

CODE: ____ ____ ____ ____ ____

G13 How old were you when that period started? AGE ____ ____ ____ ____ ____

G14 From the time that you began using (DRUG) up to now, what is the longest period of time you have gone without using (DRUG) at all?

DAYS ____ ____ ____ ____ ____
 ____ WEEKS ____ ____ ____ ____ ____
 ____ ____ MTHS ____ ____ ____
 ____ ____ ____
 YEARS ____ ____ ____ ____ ____

G15 Have you ever stayed high from (DRUG) for a whole day or more? **IF NO, SKIP TO G16.**

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

A. **IF YES:** Did this happen 3 or more times?

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

G16 When you first started using (DRUG), did you find that you got higher or stayed higher longer than other people who would use the same amount of (DRUG)?

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

BEGIN SCORING ASTERISKED ITEMS ON DRUG TALLY SHEET

DD43 G17 Have you ever used (DRUG) in larger amounts than you intended? **IF NO, SKIP TO G18.**

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

A. **IF YES:** Did this happen 3 or more times?

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

DD43 G18 Have you ever used (DRUG) for more hours or days than you intended? **IF NO, SKIP TO G19.**

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

A. **IF YES:** Did this happen 3 or more times?

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

DD45 G19 Was there ever a period when a great deal of your time was spent getting (DRUG), using (DRUG), or getting over its effects? **IF NO, SKIP TO G20.**

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

A. How long did this period last? **IF DK, CODE - 9999.**

DAYS ____ ____ ____ ____ ____
 ____ WEEKS ____ ____ ____ ____ ____
 ____ ____ MTHS ____ ____ ____
 ____ ____ ____
 YEARS ____ ____ ____ ____ ____

1. **IF DK:** Did this period last for a month or more?

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

G27	When you were using (DRUG), did you ever accidentally injure yourself, that is you had a bad fall, cut or burned yourself badly, been hurt in a traffic accident, or anything like that? IF NO, SKIP TO G28.	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
A.	IF YES: Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

DD44	G28	Has there ever been a period of time when you wanted to stop or cut down on (DRUG)? IF NO, SKIP TO G29.	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5*
	A.	How long did you want to stop or cut down on (DRUG)?	DAYS	___	___	___	___	___	___
			WEEKS	___	___	___	___	___	___
			MTHS	___	___	___	___	___	___
			YEARS	___	___	___	___	___	___
	B.	Did this happen 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5
	G29	Have you ever tried to stop or cut down on (DRUG)? IF NO, SKIP TO G31.	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5
DD44	A.	How many times did you try to stop or cut down? MARK TALLY IF 3 OR MORE TIMES. IF DK, CODE -9999.	TIMES	___	___	___	___	___	___
				___*					
DD44	1.	IF DK: Was it 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5*
	B.	Were you always able to quit for at least a month?	NO	5	5	5	5	5	5*
			YES	1	1	1	1	1	1
	G30	Have you ever tried to stop or cut down on (DRUG) but found that you couldn't? IF NO (COULD STOP), SKIP TO G31.	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5
DD44	A.	IF YES: Were you unable to stop or cut down 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5*
	G31	Have you ever had such a strong craving for (DRUG) that it was hard to think of anything else? IF NO, SKIP TO G32.	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5
	A.	Did you ever start using (DRUG) to satisfy your craving?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5

G32	Did you ever have a withdrawal from (DRUG) when you stopped or cut down?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

BOX G33 IF ONLY USED PCP AND/OR HALLUCINOGENS, SKIP TO G35.

G33 When you stopped or cut down on your (DRUG) use, did you ever experience any of the following problems. (NO=1, YES=5)

	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>
1. Did you feel depressed?	---		---	---
2. Did you feel restless?	---	---		---
3. Did you feel tired, sleepy, or weak?	---			---
4. Did you have trouble sleeping?	---	---	---	---

When you stopped or cut down on your (DRUG) use:

5. Did you sleep too much?	---			---
6. Did you feel slowed down, like you could hardly move?	---			---
7. Did you have an increase in appetite?	---			---
8. Did you have nightmares?	---			---

When you stopped or cut down on your (DRUG) use:

9. Did you have diarrhea?			---	---
10. Did your eyes run?			---	---
11. Did your nose run?			---	---
12. Did you have muscle pains?			---	---
13. Did you yawn?			---	---
14. Were your pupils dilated or were your eyes sensitive to light?			---	---
15. Did you have goose bumps, or did you get the chills?			---	---

When you stopped or cut down on your (DRUG) use:

16. Did your heart race?			---	---
17. Did you sweat?			---	---
18. Did you have a fever?			---	---
19. Did you have nausea, or did you vomit?			---	---
20. Did you feel nervous, tense, or irritable?			---	---

When you stopped or cut down on your (DRUG) use:

21. Did your hands shake?			---	---
22. Did you tremble or twitch?			---	---
23. Did you have seizures?			---	---
24. Did you see, hear, or feel things that weren't really there?			---	---
25. Did you have headaches?			---	---
26. Did you experience dizziness?			---	---

DD42A

BOX G33	HOW MANY 5'S ARE CODED IN STIM?	NONE... (SKIP TO G35)... . 1 1..... 3 2 OR MORE..... 5*
	HOW MANY 5'S ARE CODED IN SED?	NONE... (SKIP TO G35)... . 1 1..... 3 2 OR MORE..... 5*
	HOW MANY 5'S ARE CODED IN OP?	NONE... (SKIP TO G35)... . 1 1-2..... 3 3 OR MORE..... 5*
	HOW MANY 5'S ARE CODED IN OTH?	NONE... (SKIP TO G35)... . 1 1 OR MORE..... 5*

STIM SED OP OTH

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

DD42B	G34	Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?	NO	1	1	1	1
			YES	5	5	5	5*

STIM SED OP PCP HAL OTH

DD42B	G35	Did you ever use alcohol or any other drug to make yourself feel better when coming down from the effects of (DRUG)? IF NO, SKIP TO G36.	NO	1	1	1	1	1
			1					
			YES	5	5	5	5	5
			5*					

SPECIFY: _____ **CODE:** ___ ___ ___ ___ ___

G36	Did using (DRUG) cause you to have any serious health problems? IF NO, SKIP TO G37.	NO	1	1	1	1	1	
		1						
		YES	5	5	5	5	5	5

SPECIFY: _____ **CODE:** ___ ___ ___ ___ ___

DD47	A. IF YES: Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	1	1	1
		1					
		YES	5	5	5	5	5
		5*					

G37	Did using (DRUG) ever cause you to have hepatitis? IF NO, SKIP TO G38.	NO	1	1	1	1	1	
		1						
		YES	5	5	5	5	5	5

DD47	A. IF YES: Did you continue to use (DRUG) knowing it caused hepatitis?	NO	1	1	1	1	1
		1					
		YES	5	5	5	5	5
		5*					

G38 Did using (DRUG) ever cause you to have an infection?
IF NO, SKIP TO G39.
SPECIFY: _____

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

CODE: ____ ____ ____ ____ ____

DD47 A. **IF YES:** Did you continue to use (DRUG) knowing it caused the infection?

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

G39 Did using (DRUG) ever cause you to have an overdose?
IF NO, SKIP TO G40.

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

A. **IF YES:** Did you get medical treatment afterwards?

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

DD47 1. Did this happen 3 or more times?

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

G40 Has your use of (DRUG) ever caused you emotional problems like:

1. Feeling depressed or uninterested in things?

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

2. Feeling paranoid or suspicious of people?

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

3. Having trouble concentrating or thinking clearly?

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

4. Hearing, seeing, or smelling things that weren't really there?

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

5. Not wanting to do anything?	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5

BOX G40	IF ALL ARE CODED 1, SKIP TO G41. OTHERS CONTINUE.
----------------	--

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

DD47	B. Did you continue to use (DRUG) after you knew it caused any of these problems? REVIEW SX AS NEEDED.	NO	1	1	1	1	1
		1					
		YES	5	5	5	5	5
		5*					

G41	Have you ever felt like you needed or were dependent on (DRUG)?	NO	1	1	1	1	1
		1					
		YES	5	5	5	5	5

G42 Did using (DRUG) cause problems for you with:

1. family	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5
2. friends	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5
3. work	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5
4. school	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5
5. other situations	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5

BOX G42 IF ALL ARE CODED 1, SKIP TO G43. OTHERS CONTINUE.

A. Did you continue to use (DRUG) after it caused problem(s)?	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5

G43 Did using (DRUG) ever keep you from taking care of children or doing household chores?	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5

G44 Did using (DRUG) ever cause you to miss work, to lose a raise or promotion, or to get fired?	NO	1	1	1	1	1	
	1						
	YES	5	5	5	5	5	5

G45 Did using (DRUG) ever cause you to miss school, do poorly on tests or homework, or be suspended or expelled?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

BOX G46 IF ANY MARKS ON DRUG TALLY, CONTINUE. OTHERS SKIP TO G48.

STIM SED OP PCP HAL OTH

G46 I'd like to review the experiences and problems you had with (DRUG). You told me **(REVIEW SX). HAND R DRUG TALLY.**

A. When was the (first/last) time you had any of these experiences or problems?

AGE ONS ____ - ____ - ____ - ____

 AGE REC ____ - ____ - ____ - ____

 REC ____ - ____ - ____ - ____

<p>BOX G47 COUNT THE NUMBER OF <u>BOXES</u> CHECKED ON TALLY SHEET.</p>	<p># OF BOXES CHECKED:</p> <p>____ - ____ - ____ - ____ ____</p>
	<p><u>IF 1 BOX:</u> SKIP TO G48.</p>
	<p><u>IF 2 BOXES:</u> SKIP TO G47B.</p>
	<p><u>IF 3 OR MORE BOXES:</u> CONTINUE.</p>

STIM SED OP PCP HAL OTH

DD4

G47 A. Was there ever a time in your life when you had 3 (or more) of these experiences or problems in the same year. **SX MUST BE 3 FROM DIFFERENT BOXES. IF NO, SKIP TO B.**

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

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER. SKIP TO C.

B. Was there ever a time in your life when you had 2 (or more) of these experiences or problems in the same year? **MUST BE FROM 2 DIFFERENT BOXES. IF NO, SKIP TO G48.**

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

1. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER.

C. How old were you the (first/last) time you had these experiences or problems occur in the same year?

AGE ONS ____ ____ ____ ____

AGE REC ____ ____ ____ ____

REC ____ ____ ____ ____

G48 Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with these drugs? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO... (SKIP TO G49) 1
YES 5

A. Did you do it? NO... (SKIP TO G49) 1
YES 5

B. Did you talk to: NO YES

1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional: _____	1	5

C. How old were you the (first/last) time you talked to a health professional about any problems you might have had with these drugs? AGE ONS _____/_____
AGE REC _____/_____
REC _____ 1
2

G49 Has a doctor or other health professional ever spoken to you about any problem you might have had with these drugs? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO..... 1
YES 5

G50 Were you ever advised by a doctor to cut down or quit using these drugs? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO..... 1
YES 5

G51 Have you ever been treated for a problem with these drugs? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO... (SKIP TO H1) 1
YES 5

G52 Have you ever attended AA, NA or tried another self help to help you quit or cut down on using these drug use? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO 1
YES 5

A. Were you ever treated in an alcohol or drug treatment program to help you quit or cut down your drug use? **DO NOT INCLUDE MARIJUANA OR COCAINE.** NO 1
YES 5

B. How old were you the (first/last) time you were treated for using these drugs? **DO NOT INCLUDE MARIJUANA OR COCAINE.**

AGE ONS

___/___

AGE REC

___/___

REC

1

2

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

H1 Have you ever had a period of time lasting two weeks or more when nearly every day you felt sad, depressed, or empty? NO 1
YES 5

H2 Have you ever had a period of time lasting two weeks or more when you lost interest or enjoyment in most things, or got no pleasure from things which usually made you happy? NO 1
YES 5

BOX H2 IF H1 AND H2 BOTH CODED 1, SKIP TO I1. OTHERS CONTINUE.

H3 Think about the time in your life that stands out as the most severe period of feeling depressed, uninterested in things or empty most of the day, nearly everyday.

A. When did it begin? _____ / _____
MO YEAR

B. So you were _____ years old? _____ / _____ AGE

DEP4A C. How long did this episode last?

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

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

MOST SEVERE EPISODE

BEGIN SCORING ASTERISKED ITEMS ON DEPRESSION TALLY SHEET.

DEP4A1 H4 Were you feeling depressed, sad, empty or blue most of the day, nearly every day, for 2 weeks or more? NO 1
YES 5*

DEP4A1 A. Did you feel irritable most of the day, nearly every day, for 2 weeks or more? NO 1
YES 5*

DEP4A2 B. Did you lose interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks or more? NO 1
YES 5*

During this most severe episode when you were _____ years old . . .			MOST SEVERE EPISODE
DEP4A2	H5	Were you much less interested in things or less able to enjoy sex or other pleasurable activities?	NO 1 YES 5*
DEP4A3	H6	A. Did you have a change in appetite? 1. Increase or decrease?	NO .. (SKIP TO B) ... 1 YES 5* INCREASE 2 DECREASE 3 BOTH 4
DEP4A3	B.	Did you gain or lose weight when you were not trying to? 1. Gained or lost weight?	NO .. (SKIP TO H7) ... 1 YES 5* GAINED 2 LOST 3 BOTH 4
	C.	What was your weight before the (gain/loss)? IF BOTH, CODE THE MORE SIGNIFICANT CHANGE.	_____ LBS
	D.	What was your weight after the (gain/loss)?	_____ LBS
	E.	Over what period of time did you (gain/lose) this amount of weight?	_____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

During this most severe episode when you were _____ years old . . .		MOST SEVERE EPISODE
H7	Did you have more trouble sleeping than usual?	NO . . . (SKIP TO F) . . . 1 YES 5
	A. Were you unable to fall asleep?	NO . . . (SKIP TO C) . . . 1 YES 5
DEP4A4	B. Was this for at least one hour?	NO 1 YES 5*
DEP4A4	C. Did you wake up in the middle of the night and have trouble going back to sleep?	NO 1 YES 5*
	D. Did you wake up too early in the morning?	NO . . . (SKIP TO F) . . . 1 YES 5
DEP4A4	E. Was this at least one hour earlier than usual?	NO 1 YES 5*
DEP4A4	F. Did you sleep much more than usual?	NO 1 YES 5*
DEP4A5	H8 Were you so fidgety or restless that you had a hard time keeping still?	NO . . (SKIP TO H9) . . . 1 YES 5
	A. Was it so bad that other people noticed?	NO 1 YES 5*
DEP4A5	H9 Did you talk or move much more slowly than is normal for you?	NO . . (SKIP TO H10) . . 1 YES 5
	A. Was it so bad that other people noticed?	NO 1 YES 5*
DEP4A6	H10 Did you feel a loss of energy or were you more tired than usual?	NO 1 YES 5*
DEP4A7	H11 Did you feel guilty, that everything was your fault, or that you were a bad person?	NO 1 YES 5*
DEP4A7	H12 Did you feel that you were a failure or worthless?	NO 1 YES 5*

During this most severe episode when you were _____ years old . . .			MOST SEVERE EPISODE
DEP4A8	H13	Did you have more difficulty than usual thinking, or concentrating?	NO 1 YES 5*
DEP4A8	H14	Did you have problems making decisions?	NO 1 YES 5*
DEP4A9	H15	Did you have thoughts of dying, or taking your life, or wishing you were dead?	NO . . .(SKIP TO B) 1 YES 5*
DEP4A9	A.	Did you make a plan for committing suicide?	NO 1 YES 5*
DEP4A9	B.	Did you (ever) try to kill yourself?	NO 1 YES 5*

BOX H15	COUNT THE BOXES MARKED ON TALLY SHEET H	# OF BOXES: _____ <u>IF LESS THAN 5 BOXES:</u> SKIP TO H17. <u>IF 5 OR MORE BOXES:</u> CONTINUE TO H16.
----------------	--	--

H16	You told me you experienced the following (REVIEW SX) . HAND R TALLY H. A. Did you feel (depressed/uninterested/empty/ irritable) <u>and</u> have some of these problems nearly every day, for at least 2 weeks? B. Which ones?	NO . (SKIP TO H17) . 1 YES 5 CIRCLE THE SYMPTOMS THAT CLUSTER.
-----	--	---

BOX H16A	IS BOX A OR BOX B ON THE TALLY SHEET CIRCLED? ARE 5 OR MORE BOXES ON THE TALLY SHEET CIRCLED?	NO 1 YES 5 NO 1 YES 5
-----------------	--	--

During this most severe episode when you were _____ years old . . .		MOST SEVERE EPISODE
H17	Were you treated by a doctor, or other professional for this episode of depression?	NO . . . (SKIP TO H19) . . . 1 YES 5
H18	During this episode, were you prescribed medicine for depression (or were you already taking medicine for depression)? A. What medication? 1. _____ — 2. _____ —	NO . . . (SKIP TO H19) . . . 1 YES 5 CODE: _____ CODE: _____
H19	Did this episode of depression cause problems for you with: 1. family 2. friends 3. work 4. school 5. other situations	<u>NO</u> <u>YES</u> 1 5 1 5 1 5 1 5 1 5
H20	During the 6 weeks before <u>this</u> episode of feeling (depressed/uninterested/empty/irritable) began, did you quit or cut down on smoking?	NO 1 YES 5
H21	During the 6 weeks before <u>this</u> episode of feeling (depressed/uninterested/empty/irritable) began, how many days a week did you <u>typically</u> drink alcohol? HAND R CARD D1.	_____ DAYS

BOX H21 IF 0 OR 1 DAYS, SKIP TO H22. OTHERS CONTINUE.

A.	On the days you drank, how many drinks would you <u>typically</u> have in a day?	_____ DRINKS
B.	During the 6 weeks before this episode began, what was the <u>largest</u> number of drinks you had in one day?	_____ DRINKS

BOX H21B IF 4 DRINKS OR LESS, SKIP TO H22. OTHERS CONTINUE.

C. Did you drink at least 5 drinks 2 or more times a week during the 6 weeks before this episode began?

NO	1
YES	5



During this most severe episode when you were _____ years old . . .	MOST SEVERE EPISODE
<p>H22 HAND R DRUG CARD. During the 6 weeks before <u>this</u> episode of feeling (depressed/uninterested/empty/irritable) began, did you use any of these street drugs or abuse any prescription drugs?</p> <p>A. Which ones? CODE THE THREE USED MOST.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>B. During that time, on average, how many days per week did you take (DRUG)?</p> <p>C. What is the <u>average</u> number of times you used (DRUG) on those days you used?</p> <p>D. During the 6 weeks before this episode began, what was the <u>largest</u> number of times you used (DRUG) in one day?</p> <p>E. On how many days during that 6-week period did you use (DRUG) (# IN D) times in a day? (6 WEEKS = 42 DAYS)</p>	<p>NO . . . (SKIP TO H23) . . . 1 YES 5</p> <p>CODE: ____ ____ ____</p> <p>CODE: ____ ____ ____</p> <p>CODE: ____ ____ ____</p> <p>DRUG 1: ____ DAYS DRUG 2: ____ DAYS DRUG 3: ____ DAYS</p> <p>DRUG 1: ____ AVG DRUG 2: ____ AVG DRUG 3: ____ AVG</p> <p>DRUG 1: ____ MAX DRUG 2: ____ MAX DRUG 3: ____ MAX</p> <p>DRUG 1: ____ DAYS DRUG 2: ____ DAYS DRUG 3: ____ DAYS</p>

During this most severe episode when you were _____ years old . . .	MOST SEVERE EPISODE
<p>H23 Did <u>this</u> episode of feeling (depressed/uninterested/empty/irritable) begin within 6 weeks of starting or changing the dose of a prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?</p> <p>A. What medication?</p> <p>1. _____</p> <p>—</p> <p>2. _____</p> <p>—</p>	<p>NO. . . (SKIP TO H24) . . . 1 YES. 5</p> <p>CODE: _____</p> <p>CODE: _____</p>
<p>H24 Did this episode of feeling (depressed/uninterested/empty/irritable) begin within 6 months of learning about the death of someone close to you?</p> <p>RELATIONSHIP:</p> <p>_____</p> <p>DATE OF DEATH: ____ ____ / ____ ____ ____ MO YEAR</p>	<p>NO. . . (SKIP TO H25) . . . 1 YES. . . (SPECIFY) 5</p>
<p>H25 Did this episode of feeling (depressed/uninterested/empty/irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?</p> <p>SPECIFY: _____</p>	<p>NO. (SKIP TO BOX H26) . . . 1 YES. . . (SPECIFY) 5</p> <p>CODE: _____</p>
BOX H26 IF R IS MALE SKIP TO H27. OTHERS CONTINUE.	
<p>H26 Did this episode of feeling (depressed/uninterested/empty/irritable) begin around the time of a childbirth, miscarriage, or abortion?</p> <p>A. Did it begin between the 2 weeks before to 6 weeks after the (birth/miscarriage/abortion)?</p>	<p>NO. . . (SKIP TO H27) . . . 1 YES 5</p> <p>NO. 1 YES 5</p>

H27 Did you ever have an episode of depression that came out of the blue. NO... (SKIP TO H28) ... 1
YES 5

A. In other words, did you ever have an episode of depression that did not follow the death of a loved one, did not follow daily or (almost daily) use of alcohol or drugs, did not follow a serious physical illness, and did not follow a change in prescription medicines (**IF FEMALE:** and was not around the time of childbirth, miscarriage, or abortion)? **IF MORE THAN ONE ADDITIONAL CLEAN EPISODE, HAVE R PICK THE MOST SEVERE ONE**

B. How old were you then? ___/___ AGE

C. During this episode: **COUNT ONLY IF MORE THAN USUAL:**

	<u>NO</u>	<u>YES</u>
1. Were you depressed?	1	5
2. Were you irritable?	1	5
3. Did you lose interest in pleasurable activities?	1	5
4. Did you have a change your appetite or weight?	1	5
A. IF YES: Was this an increase?	1	5
B. IF YES: A Decrease?	1	5
5. Did you have any trouble sleeping?	1	5
6. Did you sleep too much?	1	5
7. Were you more restless?	1	5
8. Were you more slowed down than usual?	1	5
9. Did you have a loss of energy or were you more tired than usual?	1	5
10. Did you feel guilty or bad about yourself?	1	5
11. Did you have difficulty thinking or concentrating?	1	5
12. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide?	1	5

BOX H27C IF FIVE OR MORE CODED 5 IN C.1-12, CONTINUE. OTHERS SKIP TO H28.

D. For how long were at least 5 of these problems present nearly every day, including feeling (depressed/uninterested in things/irritable)? **REVIEW SX AS NECESSARY. IF LESS THAN 2 WEEKS, SKIP TO H28.**

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

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

____ / ____
MO YEAR

H28 What is the longest episode you've ever had when for 2 weeks or more you felt (depressed/uninterested/empty/irritable) and had a number of problems like losing interest in pleasurable activities, feeling restless or having sleep difficulties, and having difficulty thinking or concentrating?

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

H29 How many episodes of depression lasting a week or longer (such as the one(s) we have been talking about) have you had over your lifetime, including the one(s) we already talked about?

____ EPISODES

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

AGE ONS ____/
AGE REC ____/
REC 1 2

H30 Did your depression cause problems for you 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

H31 Has there ever been a time when you wanted to talk to a doctor or other health professional about your depression?

NO... (SKIP TO H32) ... 1
YES 5

A. Did you do it?

NO... (SKIP TO H32) ... 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional:_____	1	5

H32 Were you ever treated by a doctor, or other professional for depression? NO. . . (SKIP TO I1) . . . 1
YES 5

H33 Were you ever prescribed medicine for depression? NO. . . (SKIP TO H34) . . 1
YES 5

A. What medication?

1. _____ CODE: ____ _

2. _____ CODE: ____ _

H34 Were you ever hospitalized for depression? NO. . .(SKIP TO I1). . . . 1
YES 5

A. For how long?

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

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

MAN4A I1 A. 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? **DO NOT COUNT RECOVERY FROM DEPRESSION BACK TO NORMAL MOOD.** NO 1
YES 5

MAN4A B. 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 . (SKIP TO BOX I1C).. 1
YES 5

C. Were you depressed and irritable at this time? NO 1
YES 5

BOX I1C IF I1A AND I1B ARE CODED 1, SKIP TO J1. OTHERS CONTINUE.

I2 Think about your most severe episode of feeling extremely hyper, elated, or irritable that lasted 4 days or longer.

A. When did it begin? _____ / _____
MO YEAR

B. So you were _____ years old? ____/____ AGE

C. How long did that episode last?
____ UNITS CODE
UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

During this most severe episode when you were ____ years old . . .		MOST SEVERE EPISODE
MAN4B6	I3 Were you much more active than usual?	NO 1 YES 5
MAN4B6	I4 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	I5 Were you much more talkative than usual, or did you feel pressure to keep talking?	NO 1 YES 5
MAN4B4	I6 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	I7 Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities? SPECIFY: _____ _____ —	NO . . . (SKIP TO I8) . . . 1 YES . . . (SPECIFY) 5
MAN4B2	I8 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? B. How many hours do you usually get per night?	NO . . . (SKIP TO I9) . . 1 YES 5 _____ HOURS _____ HOURS
MAN4B5	I9 Did your attention keep jumping from one thing to another much more than is usual for you?	NO 1 YES 5

MAN4B7

I10 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 I10) 1
YES. . .(SPECIFY) 5

BOX I10 HOW MANY 5s ARE CODED IN I3-I10?

**QUESTIONS
CODED 5: ____**

IF 0 -2: SKIP TO J1.

**IF 3 OR MORE:
CONTINUE**

I11 You told me that while you were feeling (hyper/elated/irritable), you also experienced (**LIST SX CODED 5 IN I3-I10**).

A. For how long were (at least) 3 of these problems present nearly every day, including feeling (hyper/elated/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 YEAR

I12 What is the longest episode you've ever had when you felt (hyper/elated/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

I13 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

I14 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

I15 Has there ever been a time when you wanted to talk to a doctor or other health professional about these experiences? NO... (SKIP TO I16) .. 1
YES 5

A. Did you do it? NO... (SKIP TO I16) .. 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional:_____	1	5

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

I16 Were you ever treated by a doctor, or other professional for an episode when you felt (hyper/elated/irritable)? NO . (SKIP TO J1) ... 1
YES 5

I17 Were you ever prescribed medication for these experiences? NO... (SKIP TO I18) .. 1
YES 5

A. What medication?

1. _____	CODE: ___ ___ ___
2. _____	CODE: ___ ___ ___

MAN4A/D

I18 Were you hospitalized for these experiences? NO . (SKIP TO J1) ... 1
YES 5

A. For how long?

_____	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.

J1 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 J2) 1
YES . . .(SPECIFY) 5

A. What did you hear?

SPECIFY:

NO. 1
YES 5

B. Did this only occur while you were using drugs or alcohol?

J2 Did you ever see things that other people could not see or have visions when you were completely awake? NO. . . (SKIP TO J3) 1
YES. . . (SPECIFY) 5

A. What did you see?

SPECIFY: _____

NO. 1
YES 5

B. Did this only occur while you were using drugs or alcohol?

J3 Did you ever feel that people were out to get you or trying to hurt you? NO. . .(SKIP TO BOX J3) . 1
YES . . .(SPECIFY) 5

A. What did you think?

SPECIFY:

NO. 1
YES 5

B. Did this only occur while you were using drugs or alcohol?

BOX J3 IF ALL CODED 1 IN J1-J3 SKIP TO K1. OTHERS CONTINUE.

J8 Were you ever prescribed medicine for these experiences?

NO... (SKIP TO K1) 1

YES 5

A. What medication?

1.

CODE: ___ ___ ___

2.

CODE: ___ ___ ___

Now I am going to ask you some questions about suicide.

K1 Have you ever thought about killing yourself? NO... (SKIP TO K2) 1
YES 5

A. How many days in a row did these thoughts last? **IF DK,** _____ UNITS
CODE -9999. CODE LONGEST PERIOD.
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

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

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

C. How old were you the (first/last) time you had these thoughts? AGE ONS _____/
AGE REC _____/
REC 1 2

K2 Have you ever tried to kill yourself? NO... (SKIP TO K7) 1
YES 5

A. How many times? _____ TIMES

B. How old were the (first/last) time? AGE ONS _____/
AGE REC _____/
REC 1 2

Think about your most serious suicide attempt.

K3 How did you try to kill yourself?

SPECIFY: _____

CODE: _____

K4 Did you receive medical care after you tried to kill yourself? NO 1
YES 5

K5 Were you admitted to a hospital after the attempt? NO 1
YES 5

K6 Did you try to kill yourself:	<u>NO</u>	<u>YES</u>
1. While feeling depressed?	1	5
2. While you had been drinking?	1	5
3. While you had been using drugs?	1	5
4. While having strange thoughts or experiences, or while seeing visions?	1	5

K7 (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 L1) 1
YES 5

A. How many times?

TIMES _____

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

AGE ONS ___/___
AGE REC ___/___
REC 1 2

AT4A1	L1	Let me ask you about what you were like in your first few years at school, say from age 6 to age 10. During this period, was there ever at least 6 months when	6 MONTH DURATION	
			<u>NO</u>	<u>YES</u>
AT4A1H	1	you were <u>often</u> easily distracted if anything else was going on nearby?	1	5
AT4A1G	2.	you were <u>often</u> losing things like assignments or books or other things you needed?	1	5
AT4A1A	3.	you <u>often</u> didn't pay close attention to details or made <u>a lot</u> of careless mistakes?	1	5
AT4A1I	4.	you <u>often</u> forgot what your were supposed to be doing or what you had planned to do?	1	5
AT4A1F	5.	you <u>often</u> disliked or avoided doing things that required a lot of concentration?	1	5
AT4A1E	6.	you <u>often</u> had difficulty organizing tasks and activities?	1	5
AT4A1C	7.	people <u>often</u> said that you did not seem to be listening when they spoke to you?	1	5
AT4A1D	8.	you <u>often</u> failed to follow through on instructions and left work unfinished even when you knew what you were supposed to do and meant to do it?	1	5
AT4A1B	9.	you <u>often</u> quickly lost interest in games you were playing or in work you were doing at home or school?	1	5

BOX L1	HOW MANY 5'S ARE CODED IN L1.1-9?	0-2. . (SKIP TO L6) 1 3 OR MORE . . 2
---------------	--	--

L2	How old were you the (first/last) time you were having problems such as (SX IN L1.1-9)? IF DK, CODE -99.	AGE ONS AGE REC REC	____/____ ____/____ 1 2
A.	IF DK: Did some of these things begin before you were 7?	NO YES	1 5

L3	Did these difficulties get you into trouble with:	<u>NO</u>	<u>YES</u>
	1. family	1	5
	2. friends	1	5
	3. school	1	5
	4. other situations	1	5

L4	Did you or a parent ever talk to a doctor about your trouble completing things or paying attention?	NO	1
		YES	5

L5	Were you ever given any medication to improve your ability to pay attention?	NO. . . (SKIP TO L6)	1
		YES	5
	A. What medications?		
	1. _____	CODE: ____ _	
	_____	CODE: ____ _	
	_ 2. _____		

	—		
	1. IF DK: Do you think you took Dexadrine, Cylert, or Ritalin?	DK	9
		YES	5

AT4A2	L6	Now I'd like to ask you some more questions about what you were like in your first few years at school, say from age 6 to age 10. During this period, was there ever at least 6 months when	6 MONTH DURATION	
			<u>NO</u>	<u>YES</u>
AT4A2E	1.	you <u>often</u> were "on the go", hardly ever taking time to rest?	1	5
AT4A2C	2.	you were <u>often</u> climbing on things or running around, when you were not supposed to?	1	5
AT4A2A	3.	you <u>often</u> fidgeted and squirmed in your seat?	1	5
AT4A2B	4.	you <u>often</u> got up from your seat when you were not supposed to at dinner, school, religious services or other places?	1	5
AT4A2F	5.	you were <u>often</u> very talkative, a lot more talkative than most children?	1	5
AT4A2I	6.	you <u>often</u> interrupted other people when they were talking?	1	5
AT4A2G	7.	you <u>often</u> blurted out answers before people had finished asking questions?	1	5
AT4A2D	8.	it was difficult for you to play or do things quietly?	1	5
AT4A2H	9.	you <u>often</u> had more trouble than most children with waiting for your turn, for instance when you were playing a game or standing in line?	1	5
AT4A2I	10.	you <u>often</u> tried to break into games or other activities that were already underway?	1	5

BOX L6	HOW MANY 5'S ARE CODED IN L6.1-10?	0-2. (SKIP TO M1). 1 3 OR MORE . . . 2
---------------	---	---

L7	How old were you the (first/last) time you had problems such as being too active, fidgety or impatient? IF DK, CODE -99.	AGE ONS AGE REC REC	____/____ ____/____ 1 2
A.	IF DK: Did some of these things begin before you were 7?	NO YES	1 5

L8	Did these difficulties get you into considerable trouble with:	<u>NO</u>	<u>YES</u>
	1. family	1	5
	2. friends	1	5
	3. school	1	5
	4. other situations	1	5

L9	Did you or a parent ever talk to a doctor because of your being overly fidgety or active?	NO	1
		YES	5

L10	Were you ever given any medication to make you less active or fidgety?	NO. . . (SKIP TO M1)	1
		YES	5

A. What medications?

1.		CODE: ___ ___ ___
	_____	CODE: ___ ___ ___
2.		

1.	IF DK: Do you think you took Dexadrine, Cylert, or Ritalin?	DK	9
		YES	5

BEGIN SCORING ASTERISKED ITEMS ON TALLY SHEET M.

Now I'd like to ask you some questions about when you were a child or teenager.

M1 Did you ever skip school for an entire day? NO. . . (SKIP TO M2) 1
YES 5

A. In the school year that you skipped the most, how many times did you skip school for an entire day? **IF ONLY SKIPPED SCHOOL 1 TIME, SKIP TO M2. IF DK, CODE -9999.** _____ TIMES

1. **IF DK:** Did this ever happen twice or more in 1 year? NO . . . (SKIP TO M2) . . . 1
YES 5

CD4A15 B. How old were you the first time you skipped school twice in one year? **MARK TALLY A IF AGE ONSET BEFORE 13. IF DK, CODE -99.** ____/____ AGE*

1. **IF DK:** Do you think it was before your 13th birthday or was it later than that? UNDER 13 1*
13-14 2
15-17 3
18 OR OLDER 4

CD4A15 M2 Were you ever suspended from school? NO. . . (SKIP TO M3) . . . 1
YES. . . (SPECIFY) 5*

SPECIFY: _____ **CODE:** _____

A. How old were you the first time? **IF DK, CODE -99.** ____/____AGE

1. **IF DK:** Was it before you were 15? NO 1
YES 5

CD4A15 M3 Were you ever expelled from school? NO. . . (SKIP TO M4) . . . 1
YES. . . (SPECIFY) 5*

SPECIFY: _____ **CODE:** _____

A. How old were you the first time? **IF DK, CODE -99.** ____/____AGE

1. **IF DK:** Was it before you were 15?

NO 1

YES 5

CD4A11	M4	Before the age of 15, did you often cheat on schoolwork, on exams, in games or anything like that?	NO 1 YES 5*
CD4A1	M5	Before the age of 15, did you ever pick on smaller children or threaten or tease those who were too scared to fight you?	NO 1 YES 5*
	M6	Did you ever stay out much later at night than you had permission?	NO... (SKIP TO M7) ... 1 YES 5
	A.	How many times did you do this? IF DK, CODE -9999.	_____ TIMES
	1.	IF DK: Was it 3 or more times?	NO 1 YES 5
CD4A13	B.	How old were you the first time you stayed out much later at night than you had permission? MARK TALLY A IF AGE ONSET BEFORE 13. IF DK, CODE -99.	___/___ AGE*
	1.	IF DK: Do you think it was before your 13th birthday or was it later than that?	UNDER 13 1* 13-14 2 15-17 3 18 OR OLDER 4
	M7	Did you ever sneak out of the house at night after your parents thought you had gone to bed?	NO... (SKIP TO M8) ... 1 YES 5
	A.	How many times did you do this? IF DK, CODE -9999.	_____ TIMES
	1.	IF DK: Did this happen 3 or more times?	NO..... 1 YES 5
CD4A13	B.	How old were you the first time? MARK TALLY A IF AGE ONS LESS THAN 13. IF DK, CODE -99.	___/___ AGE*
	1.	IF DK: Do you think it was before your 13th birthday or was it later than that?	UNDER 13 1* 13-14 2 15-17 3 18 OR OLDER 4

CD4A14	M8	Did you ever run away from home and stay away at least overnight?	NO. . .(SKIP TO M9) . . . 1 YES 5*
	A.	Did you do that more than once?	NO. 1 VOL ONLY TO AVOID ABUSE . 3 YES 5
	B.	Did you return to live at home again after you ran away?	NO. 1 YES 5
	C.	When you ran away, what is the longest you stayed away from home?	____ _ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	D.	How old were you the first time? IF DK, CODE -99.	____/____AGE
		1. IF DK: Was it before you were 15?	NO. 1 YES 5

	1.	IF DK: Was it before you were 15?	NO 1 YES 5
	M9	Were you in a few physical fights?	NO. . . (SKIP TO M10) . . . 1 YES 5
	A.	How many physical fights were you in?	_____ FIGHTS
CD4A2	B.	Were you sometimes the one who started them?	NO. 1 YES 5*
CD4A3	M10	Did you ever use a weapon like a gun, knife, or stick in a fight, or threaten someone with a weapon?	NO. 1 YES 5*
CD4A4	M11	Did you ever physically hurt someone on purpose when you weren't fighting?	NO. 1 YES 5*
CD4A5	M12	Did you ever hurt animals on purpose (not when you were hunting or getting rid of pests in the house)?	NO. 1 YES 5*
CD4A11	M13	Did you sometimes play tricks on people or tell them lies to make them give you something or do what you wanted?	NO. 1 YES. 5*
CD4A11	M14	Did you sometimes get out of doing what you were supposed to do by lying or fooling people?	NO. 1 YES 5*
CD4A12	M15	Did you find or steal someone else's credit card and use it, or did you ever forge someone else's name on a check?	NO. 1 YES 5*
CD4A12	M16	Did you ever shoplift, that is take things worth \$10 or more from a store without paying for them?	NO. . . (SKIP TO M17) . . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
CD4A12	M17	Did you ever take things from someone's unlocked car or that were in someone's yard or on their porch?	NO. . . (SKIP TO M18). . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5

Before age 15...

CD4A12 M18 Did you ever take money or other things without permission from someone's purse or wallet? NO. . . (SKIP TO M19) . . . 1
YES 5*

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

CD4A6 M19 Did you ever grab someone's purse or wallet or threaten to hurt them if they didn't give you their money, jewelry, jacket or shoes? NO. 1
YES 5*

CD4A10 M20 Did you ever break into a locked car, house, school, or store? NO. 1
YES 5*

M21 Did you ever set a fire you were not supposed to? NO. . . (SKIP TO M22) . . 1
YES 5

CD4A8 A. Did you do this with the intention to damage property? NO. 1
YES 5*

CD4A9 M22 Did you ever damage or destroy someone's property on purpose (other than by fire setting)? NO 1
YES 5*

CD4A7 M23 Have you ever physically forced or verbally threatened anyone into any sexual activity? NO. 1
YES 5*

Now I'd like to ask you about problems you may have had with the law.

M24 Were you ever detained by the police? NO. . . (SKIP TO M25) . . 1
YES 5

A. How many times did this happen? _____ TIMES

B. How old were you the first time? ____/____AGE

M25 Were you ever arrested? NO. . . (SKIP TO M26) . . 1
YES 5

A. How many times did this happen? _____ TIMES

B. How old were you the first time?

___/___AGE

BOX M26 IF ANY MARKS ON TALLY SHEET M PART A, CONTINUE. OTHERS SKIP TO M29.

M26 You said you did a number of things when you were a child or teenager. You told me **(REVIEW ITEMS ON TALLY SHEET)**.

A. Did doing these things ever cause problems for you 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

B. How old were you the (first/last) time you did any of these things?

AGE ONS	___/___
AGE REC	___/___
REC	1 2

BOX M27 IF 3 OR MORE STATEMENTS MARKED ON TALLY SHEET M PART A, CONTINUE, OTHERS SKIP TO M29.

CD4A

M27 Was there ever a time in your life when you did 3 or more of these things in the same year?

NO... (SKIP TO M29) .. 1
 YES 5

A. Which ones?

CIRCLE THE SYMPTOMS THAT CLUSTER.

M28 How old were you the (first/last) time you did 3 or more of these things in the same year?

AGE ONS	___/___
AGE REC	___/___
REC	1 2

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.

M29 Have you been in a physical fight? NO. . . .(SKIP TO M30). . . 1
YES 5

A. How many physical fights have you been in? **MARK** _____ FIGHTS*
TALLY B IF 3 OR MORE TIMES.

ASP4A4 1. **IF DK:** Was it 3 or more times? NO 1
YES 5*

B. Were you sometimes the one who hit first? NO. 1
YES 5

M30 Have you ever used a knife, gun, bottle, or other weapon to hurt someone? NO OR ONLY AS
REQUIRED BY JOB
(SKIP TO M31). 1
YES 5

ASP4A4 A. Did this happen 3 or more times? NO. 1
YES 5*

M31 Have you ever threatened someone with a knife, gun, bottle, or other weapon? NO OR ONLY AS
REQUIRED BY JOB
(SKIP TO M32). 1
YES 5

ASP4A4 A. Did this happen 3 or more times? NO. 1
YES 5*

ASP4A4 M32 Have you ever hit your (husband/wife/girlfriend/boyfriend/partner) or thrown things that could have hurt (him/her)? NO. . (SKIP TO M33). . . 1
VOL: ONLY ONCE
(SKIP TO M33) 3
YES 5*

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

ASP4A4 M33 Have you ever been in physical fights with your (husband/wife/girlfriend/boyfriend/partner)? NO. . .(SKIP TO M34). . . 1
YES 5*

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

B.	Were you sometimes the one to do this first?	NO.	1
		YES	5*

Since age 15...

M34	Have you often felt irritable or angry?	NO.	1
		YES	5

ASP4A3	M35	Have you had times when you had no fixed address at all, or moved around to different places?	NO OR ONLY ON VACATION.	1
			YES	5*

ASP4A3	M36	Were you ever homeless?	NO.	1
			YES	5*

ASP4A6	M37	Have you had trouble with debts, like having things repossessed or being bothered by collection agencies, or not being able to pay your rent?	NO.	1
			YES	5*

ASP4A6	M38	Have you sometimes borrowed \$20 or more and not paid it back?	NO.	1
			YES	5*

M39	Have you ever deliberately written bad checks?	NO. . . (SKIP TO M40) . .	1
		YES	5

ASP4A1	A.	Did this happen 3 or more times?	NO.	1
			YES	5*

ASP4A6	M40	Have you ever skipped child support payments or other support payments?	NO.	1
			YES	5*

ASP4A3	M41	Have you ever run out of money for food for yourself or your family because you had spent the food money on yourself or on going out, or on drugs or alcohol?	NO.	1
			YES	5*

Now I want to ask you about ways in which you might have tried to con or fool someone, since age 15.

ASP4A2	M42	Have you ever pretended you were sick or injured to collect insurance, worker's compensation, or disability pay?	NO. . (SKIP TO M43) . . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
<hr/>			
ASP4A2	M43	Have you ever pretended to have education or work experience you didn't have or (IF MARRIED: pretended you were not married when you were or) told other lies to make money or get a date or get something else you wanted?	NO. . . (SKIP TO M44) . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
<hr/>			
ASP4A2	M44	Have you ever used an alias, that is given a false name so you couldn't be identified as the one who did something annoying or illegal?	NO. . . (SKIP TO M45) . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
<hr/>			
ASP4A1	M45	Have you stolen things or money?	NO. . . (SKIP TO M46). . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
<hr/>			
ASP4A1	M46	Have you sometimes made money illegally, perhaps by selling things you knew were stolen, providing false IDs, or any other way?	NO. . . (SKIP TO M47) . . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5
<hr/>			
ASP4A5	M47	Have you ever been paid for having sex with someone?	NO. . . (SKIP TO M48) . . 1 YES 5*
	A.	Did this happen 3 or more times?	NO. 1 YES 5

Since age 15...

	M48	Have you ever sold drugs?	NO... (SKIP TO M49) .. 1 YES 5*
ASP4A1	A.	Did this happen 3 or more times?	NO..... 1 YES 5
ASP4A5	M49	Have you ever traded sex for drugs?	NO... (SKIP TO M50) .. 1 YES 5*
	A.	Did this happen 3 or more times?	NO..... 1 YES 5
ASP4A3	M50	Did you ever get a salary advance or a pay day loan in order to pay for drugs?	NO 1 YES 5*
ASP4A1	M51	Have you ever intentionally destroyed someone's property?	NO... (SKIP TO M52). .. 1 YES 5*
	A.	Did this happen 3 or more times?	NO..... 1 YES 5
	M52	Have you ever been arrested?	NO... (SKIP TO M53) .. 1 YES 5
	A.	How old were you the first time you were arrested since age 15?	___ / ___ AGE
	B.	How many times have you been arrested? MARK TALLY B IF 3 OR MORE TIMES.	ARRESTS* --- --- ---
	1.	IF DK: Was it 3 or more times?	NO..... 1 YES 5
	C.	Were you ever convicted?	NO... (SKIP TO M53) .. 1 YES 5
ASP4A1	D.	Were you ever convicted of a felony?	NO... 1 YES 5*
	E.	Did you serve time?	NO... (SKIP TO M53). .. 1 YES 5
	F.	How long did you serve in all?	_____ UNITS CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

Since age 15...

M53 Have you ever done anything (else) that you could have been arrested for, even if you weren't caught? NO... (SKIP TO M54) .. 1
YES 5

ASP4A1 A. Did this happen 3 or more times? NO 1
YES 5*

The next set of questions are about your employment history.

ASP4A3 M54 What is the longest period of time that you have stayed at one job? _____ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

ASP4A3 M55 Have you often been late to work or absent? NO..... 1
YES 5*

ASP4A3 M56 Have you ever quit your main job, without having enough savings to live on until you found another job? NO..... 1
YES 5*

ASP4A3 M57 Have you ever walked off a job without giving notice? NO..... 1
YES 5*

M58 Have you ever been fired or been asked to resign? NO..... 1
YES 5

M59 Have you ever been unemployed for more than 3 months? NO... (SKIP TO M60) .. 1
YES 5

A. For how long? _____ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

M60 Have you ever been responsible for a child for at least a month?
IF R HAS CHILDREN CODE YES SILENTLY. NO... (SKIP TO M66) .. 1
YES 5

ASP4A5 M61 Have you ever left a child under 6 at home alone? NO..... 1
YES 5*

ASP4A4 M62 Have you ever spanked, hit, or shaken a child hard enough so that there were bruises or pain the next day? NO. 1
YES 5*

ASP4A4 M63 Has the Division of Family Services (DFS) ever seen how your children were doing? NO. . . (SKIP TO M65). . . 1
YES. . . (SPECIFY) 5*

SPECIFY:

A. How many times has DFS seen how your children were doing? _____ TIMES

M64 OMITTED

M65 Were your children ever placed in foster care? NO. . . (SKIP TO M66) 1
YES 5

SPECIFY:

A. How many times have your children been placed in foster care? _____ TIMES

The next set of questions are about your relationships.

M66 How old were you when you first had sexual intercourse (voluntarily)? **IF NEVER CODE 00 AND SKIP TO M67.** _____ / _____ AGE

A. How many sexual partners have you had in your life? **IF LESS THAN 10, SKIP TO M67.** _____ NUMBER

ASP4A3 1. **IF MORE THAN 10:** Have you ever had sexual intercourse with at least 10 people in a single year? NO. 1
YES 5*

M67 Have you ever had a close sexual relationship that lasted for some months? NO. . . (SKIP TO M70) . . . 1
YES 5

ASP4A3 M68 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. 1
YES 5*

ASP4A5	M69	Did you ever leave that person without warning or put that relationship at risk because you couldn't resist being attracted to others?	NO. 1 YES 5*
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M70	Have you ever been unfaithful to any person in a romantic or love relationship; that is, when you had an affair or one-night stand?	NO. . .(SKIP TO M71) . . . 1 YES 5
A.	Did this happen 3 or more times?	NO. 1 YES 5

Now I am going to ask you about doing things that people might think would be dangerous for you or for others.

ASP4A5	M71	Have you ever had unprotected sex, that is without a condom, with someone who you thought could have a disease (like AIDS or syphilis or another STD)?	NO. . .(SKIP TO M71B). . . 1 YES 5*
	A.	How many times? IF DK, CODE -9999.	_____ TIMES
	1.	IF DK: Was it 10 or more times?	NO. 1 YES 5
	B.	Have you ever had a sexually transmitted disease?	NO. . . (SKIP TO M72) . . 1 YES. . . (SPECIFY) 5
		SPECIFY: _____	CODE: _____
		_____	CODE: _____

ASP4A5	M72	Have you ever taken chances when driving - like speeding or driving recklessly?	NO 1 YES 5*
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M73	Have you ever been the driver in an auto accident where someone was seriously hurt or a car was not drivable after the accident?	NO. 1 YES 5
-----	--	----------------------------------

ASP4A5 M74 Have you ever taken chances where you or someone else might get physically hurt? For example, playing with fireworks or guns in a reckless manner.

NO. . . (SKIP TO M75) . . . 1
YES. . . (SPECIFY) 5*

SPECIFY:

	M75	Have you ever owned a gun or had access to one?	NO... (SKIP TO M76) 1 YES 5
ASP4A5	C.	Has anyone been shot accidentally by you?	NO 1 YES. 5*
	D.	Has anyone been shot accidentally with your gun?	NO 1 YES. 5
ASP4A5	E.	Have you ever fired a gun to scare someone?	NO 1 YES 5*
ASP4A4	M76	Have you ever intentionally annoyed or frightened someone by repeatedly following them or phoning them or showing up at their house?	NO . . . (SKIP TO M77) . . 1 YES 5*
	A.	Did they have to take legal action against you?	NO 1 YES 5
ASP4A7	M77	Have you often felt that others were to blame for your troubles or your mistakes?	NO 1 YES 5*
ASP4A7	M78	Have you often ignored the feelings of others in order to do what you wanted?	NO 1 YES 5*

BOX M79 IF ANY MARKS ON TALLY SHEET M PART B, CONTINUE. OTHERS SKIP TO N1.

M79 You said you did a number of things since your 15th birthday.
 You told me (**REVIEW ITEMS ON TALLY SHEET**).

A. Did doing these things ever cause problems for you 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

B. How old were you the (first/last) time you did any of these things?

AGE ONS	___/___
AGE REC	___/___
REC	1 2

ASP4A7

BOX M80 IF ANY ASTERISKED ITEMS MARKED ON TALLY SHEET M PART B, CONTINUE. OTHERS SKIP TO BOX M81.

M80 You told me (**REVIEW ASTERISKED ITEMS MARKED ON TALLY SHEET**).

A. After you did things like that, were you sorry about having hurt or upset someone?

NO	1
THEY WERE NOT HURT OR UPSET .	3
YES	5

B. Did you feel the person was just getting what they deserved?

NO	1
YES	5

C. Had the person treated you badly?

NO	1
YES	5

D. Do you think the person would have done the same or worse to you?

NO	1
YES	5

E. Was it the kind of person you have no use for?

NO	1
SOMETIMES	3
YES	5

BOX M81 IF ANY ITEMS WITHOUT ASTERISKS MARKED ON TALLY SHEET M PART B, CONTINUE. OTHERS SKIP TO M82.

M81 You told me (**REVIEW ITEMS WITHOUT ASTERISKS MARKED ON TALLY SHEET**).

A. Are you sorry that you did these things? NO. . .(SKIP TO C) 1
YES 5

B. Why do you regret having done that? **RECORD EXAMPLE AND CODE.**

EXAMPLE:

PRACTICAL CONSEQUENCES ONLY
(GOT INTO TROUBLE, OTHERS RETALIATED).(SKIP TO M82) . 5
EMPATHY (SOMEONE ELSE SUFFERED) 1
MORTALITY (BAD, UNFAIR, WRONG) 2
OTHER (SPECIFY) _____ . . .(SKIP TO M82)3

C. Have you tried to make up for what you did? NO. 1
YES. . . (SPECIFY) 5

SPECIFY:

M82 Did you do these things only if you had been drinking or taking drugs? NO. 1
YES. . . (SKIP TO M84) . . 5

M83 Did you sometimes do them when you had been drinking or using drugs. NO. 1
YES 5

M84 Has there ever been a time when you wanted to talk to a doctor or other health professional about your doing any of these things? NO. . .(SKIP TO N1) 1
YES 5

A. Did you do it? NO. . .(SKIP TO N1) 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional: _____	1	5

C. How old were you the (first/last) time you talked to a health professional about your doing any of these things? AGE ONS _____/_____
AGE REC _____/_____
REC 1 2

PG4	N1	Have you ever gambled, bet, bought a lottery ticket, or used a slot machine?	NO... (SKIP TO O1) 1 YES 5
	A.	Have you done these things more than 5 times in a single year?	NO... (SKIP TO O1) 1 YES 5
PG4A1	N2	Have you ever spent a lot of time thinking about ways to get money together so you could gamble?	NO 1 YES. 5
PG4A1	N3	Have you sometimes kept thinking over and over about times you won or lost?	NO 1 YES 5
PG4A1	N4	Have you often spent a lot of time planning your bets, or studying the odds when you should have been doing other things?	NO 1 YES 5
PG4A5	N5	Have you sometimes used gambling as a way of getting out of a bad mood, for instance when you felt nervous, sad or down?	NO 1 YES 5
PG4A2	N6	Over time, did you have to increase the amount you would gamble in order to keep it exciting?	NO 1 YES 5
PG4A6	N7	Have you often gone back to the place where you lost money to try to win it back?	NO 1 YES 5
PG4A4	N8	Did quitting or cutting down on gambling make you feel restless or irritable?	NO 1 YES 5
PG4A3	N9	Have you ever tried to quit or cut down on your gambling without being able to?	NO... (SKIP TO N10) . . . 1 YES 5
	A.	How many times did you try to quit or cut down? IF DK, CODE -9999.	_____ TIMES
	1.	IF DK: Did this happen 3 or more times?	NO 1 YES 5
PG4A7	N10	Have you often tried to keep family or friends from knowing how much you gambled?	NO 1 YES 5
PG4A8	N11	Have you ever raised gambling money by writing a bad check, stealing, cashing someone else's check, or in some other illegal way?	NO 1 YES 5
PG4A10	N12	Has your gambling ever put you in such financial trouble that you had to get help with living expenses from friends, family, or welfare?	NO 1 YES 5
PG4A9	N13	Have you ever been in danger of losing a job or not getting a job you wanted because of your gambling?	NO 1 YES 5

<p>BOX N13 HOW MANY 5s ARE CODED IN N2-N13?</p>	<p>QUESTIONS CODED 5:</p> <p>_____</p> <p>IF 0 - 3: SKIP TO O1.</p> <p>IF 4 OR MORE:</p> <p>CONTINUE</p>
--	--

PG4A9 N14 Did gambling ever cause problems for you 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

N15 How old were you the first time gambling caused you one of these problems?

AGE ONS	___/___
AGE REC	___/___
REC	1 2

N16 Has there ever been a time when you wanted to talk to a doctor or other health professional about any problems you might have had with gambling?

NO... (SKIP TO N17) ...	1
YES	5

A. Did you do it?

NO... (SKIP TO N17) ...	1
YES	5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional: _____	1	5

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

AGE ONS	___
/___	
AGE REC	
___/___	
REC	1
2	

N17 Have you ever been to Gamblers Anonymous?

NO	1
YES	5

SP4A O1 Some people have a strong fear of doing certain things in front of people. These fears are stronger than the feelings that most people have.

Have you ever had a <u>strong</u> fear of:	<u>NO</u>	<u>YES</u>
1. starting or keeping up conversations?	1	5
2. talking to people you don't know well?	1	5
3. speaking to your teachers, boss or other people in authority?	1	5
4. speaking in public or answering questions in a meeting or a class?	1	5
5. eating or drinking in public?	1	5
6. going to parties?	1	5
7. writing while someone watches?	1	5
8. using public restrooms? (inability to perform, not fear of germs)	1	5

BOX O1 IF ALL CODED 1, SKIP TO P1. OTHERS CONTINUE.

A. Could you tell me about (this/these) fears?

SPECIFY:

B. Is this fear due to a physical condition (like stuttering)?	NO	1
	YES	5

SP4D	O2	Did you almost always try to avoid that situation?	NO	1
			YES	5

SP4B	A.	When you had to be in that situation, did you almost always feel extremely nervous or panicky?	NO	1
			YES	5

SP4C	O3	Did you ever think that your fear was excessive or unreasonable?	NO	1
			YES	5

SP4E

O4 Did these fears interfere 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

BOX O4 IF ALL CODED 1, SKIP TO O7. OTHERS CONTINUE.
--

O5 About how long did these fears interfere with your functioning?

____ _ UNITS

CODE UNITS:

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

O6 How old were you the (first/last) time these fears interfered with your functioning?

AGE ONS ___/___

AGE REC ___/___

REC 1 2

SP4E

O7 Have you been very upset with yourself for having any of these fears?

NO. . . (SKIP TO O10) . . 1

YES 5

O8 About how long did your fear make you upset with yourself?

____ _ UNITS

CODE UNITS:

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

O9 How old were you the (first/last) time these fears made you upset with yourself?

AGE ONS ___/___

AGE REC ___/___

REC 1 2

O10 Has there ever been a time when you wanted to talk to a doctor or other health professional about these fears? NO... (SKIP TO O11) .. 1
YES 5

A. Did you do it? NO... (SKIP TO O11) .. 1
YES 5

B. Did you talk to: NO YES

1. A Medical Doctor / Psychiatrist 1 5

2. Psychologist / Social worker / Counselor 1 5

3. Nurse Practitioner 1 5

4. Clergy 1 5

5. Other Professional: _____ 1 5

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

O11 Were you ever treated by a doctor, or other professional for these fears? NO... (SKIP TO O13) . 1
YES 5

O12 Were you ever prescribed medication because of these fears? NO... (SKIP TO O13) .. 1
YES 5

A. What medication?

1. CODE: ____ ____ ____

CODE: ____ ____ ____
—

2. _____
—

O13 Did you ever drink or use drugs because of these fears? NO 1
YES 5

AGP4A	P1	Some people have a fear of being in certain places or situations where they feel it would be difficult to leave easily or to get help if they suddenly became panicky. Have you ever had an fear like that?	NO. . . (SKIP TO Q1) . . . 1 YES 5
-------	----	---	---

AGP4A	P2	Did you feel this way about:	<u>NO</u>	<u>YES</u>
		1. going outside of the house alone?	1	5
		2. being in a crowd?	1	5
		3. standing in a line?	1	5
		4. being on a bridge or in a tunnel?	1	5
		5. traveling in a car, bus or train?	1	5
		6. being in an elevator?	1	5

BOX P2 IF ANY ARE CODED 5, SKIP TO P3. OTHERS CONTINUE.

A.	What situation did you have in mind when you said some situations made you unreasonably afraid?	NONE. . . (SKIP TO Q1) 1 ANY. . . (SPECIFY) . . . 5
----	---	--

SPECIFY: _____

AGP4B	P3	Did you try to avoid these situation(s) or stop going places because of your fear?	NO 1 YES 5
-------	----	--	-----------------------------------

P4 OMITTED

AGP4B	P5	When you had to be in one of these situations, did you almost always feel extremely nervous, panicky, or dizzy?	NO 1 YES 5
-------	----	---	-----------------------------------

AGP4B	P6	When you had to be in one of these situations, did you need someone to be with you?	NO 1 YES 5
-------	----	---	-----------------------------------

BOX P6 IF P3, P5, AND P6 ARE ALL CODED 1, SKIP TO Q1. OTHERS CONTINUE.

P7	How old were you the (first/last) time you had this fear?	AGE ONS	___/___
		AGE REC	___/___
		REC	1 2

P8	Have you been <u>very</u> upset with yourself for having any of these fears?	NO 1 YES 5
----	--	-----------------------------------

P9 Did these fears cause problems for you 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

P10 Has there ever been a time when you wanted to talk to a doctor or other health professional about these fears? NO... (SKIP TO P11) .. 1
YES 5

A. Did you do it? NO... (SKIP TO P11) .. 1
YES 5

B. Did you talk to:

	<u>NO</u>	<u>YES</u>
1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional: _____	1	5

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

P11 Were you ever treated by a doctor, or other professional for these fears? NO... (SKIP TO P13) 1
YES 5

P12 Were you ever prescribed medication because of this fear? NO... (SKIP TO P13) .. 1
YES 5

A. What medication?

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

P13 Did you ever drink or use drugs because of this fear?

NO 1

YES 5

PAN4A	Q1	Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky in situations when most people would not be afraid or anxious?	NO . . . (SKIP TO R1) 1 YES 5
	Q2	Have you ever had 4 attacks within a four-week period?	NO 1 YES 5
PAN4A2A	Q3	After having an attack, was there a month or more when you worried a lot about having an attack?	NO 1 YES 5
PAN4A2B	Q4	Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy?	NO . . . (SKIP TO Q5) 1 YES 5
	A.	Did you think that for a month or longer?	NO 1 YES 5
PAN4A2C	Q5	Did having an attack like this cause you to stop doing anything that you used to do or stop going places you used to go?	NO . . . (SKIP TO Q6) 1 YES 5
	A.	Did you stop doing things or going places for a month or longer?	NO 1 YES 5
PAN4A2C	Q6	After having an attack like this, did you begin to need someone to go with you?	NO . . . (SKIP TO Q7) 1 YES 5
	A.	Did that last for a month or longer?	NO 1 YES 5

PAN4A1 AGPAN4A1	Q7 During <u>one</u> of your worst attacks, did you have...	<u>NO</u>	<u>YES</u>
PAN4A1.4	1. Shortness of breath or feeling that you were being smothered?	1	5
PAN4A1.1	2. Your heart pounding or racing?	1	5
PAN4A1.8	3. Dizziness, light-headedness, or feeling faint?	1	5
PAN4A1.6	4. Chest tightness or pain?	1	5
PAN4A1.12	5. Numbness or tingling in your face, feet, or fingers?	1	5
PAN4A1.5	6. A choking sensation?	1	5
PAN4A1.2	7. Sweating?	1	5
PAN4A1.3	8. Shaking or trembling?	1	5
PAN4A1.13	9. Hot flashes, or chills?	1	5
PAN4A1.9	10. A feeling that things were unreal or that you were watching yourself from outside your body?	1	5
PAN4A1.11	11. A fear that you might die?	1	5
PAN4A1.10	12. A fear that you were going crazy or losing control?	1	5
PAN4A1.7	13. Nausea or discomfort in your stomach or abdomen?	1	5

BOX Q7 IF 4 OR MORE ARE CODED 5 IN Q7.1-13, CONTINUE. OTHERS SKIP TO R1.

PAN4A1 AGPAN4A1	Q8 How many of these episodes have you had? _____ EPISODES		
	A. IF DK: Was it 3 or more?	NO	1
		YES	5

BOX Q8 IF ONLY 1 EPISODE, SKIP TO R1. OTHERS CONTINUE.

PAN4A	Q9 How long did an attack usually last?		
		LESS THAN 5 MIN ..(GO TO Q10)	1
		5 MIN TO 5 HRS. . . .(GO TO Q10)	2
		MORE THAN 5 HRS,	
		LESS THAN 1 DAY. (GO TO Q10)	3
		1-2 DAYS	4
		3 DAYS OR LONGER	5
	A. Have any of these attacks lasted less than a day?	NO	1
		YES	5

PAN4A1	Q10	During several of your attacks, did these problems such as:	NO	.....	1
AGPAN4A1		(SX CODED IN Q7) begin suddenly, and get worse in the	YES	.....	5
		first 10 minutes of the attacks?			

BOX Q11 CHECK SECTION O, QUESTION #1. ARE ANY 5s CODED IN O1.1-7?	NO... (SKIP TO BOX Q12) .. 1 YES 5
--	---

PAN4D	Q11	Did you have attacks like that when you were	NO	.....	1
		(SITUATIONS CODED 5 IN O1.1-7)?	YES	.....	5

BOX Q12 CHECK SECTION P, QUESTION #2. ARE ANY 5s CODED IN P2.1-5?	NO... (SKIP TO Q13) 1 YES 5
--	--

PAN4D	Q12	Did you have attacks like that when you were	NO	.....	1
		(SITUATIONS CODED 5 IN P2.1-5)?	YES	.....	5

Q13	Did being in any (other) particular situations make it likely that	NO ... (SKIP TO Q14) 1
	you would have an attack?	YES ... (SPECIFY) 5

SPECIFY: _____

Q14	Did these attacks come out of the blue, that is you had these	NO	.....	1
	attacks at times when you had no reason to expect one?	YES	.....	5

Q15	How old were you the (first/last) time you had one of these	AGE ONS	___/___
	sudden attacks of feeling frightened or anxious?	AGE REC	___/___
		REC	1 2

BOX Q15 IF DK AND R IS UNDER 40, CODE Q15A "YES" WITHOUT ASKING. IF DK AND R IS 40 OR OLDER, ASK A. OTHERS SKIP TO Q16.
--

A.	IF DK: Would you say that the first time was before	NO	.....	1
	you were 40?	YES	.....	5

Q16	Have you ever been nervous or anxious much of the time	NO	.....	1
	between attacks?	YES	.....	5

Q17 Did these attacks ever interfere 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

Q18 Has there ever been a time when you wanted to talk to a doctor or other health professional about these attacks?

NO... (SKIP TO Q19) 1
YES 5

A. Did you do it?

NO... (SKIP TO Q19) 1
YES 5

B. Did you talk to:

NO YES

1. A Medical Doctor / Psychiatrist	1	5
2. Psychologist / Social worker / Counselor	1	5
3. Nurse Practitioner	1	5
4. Clergy	1	5
5. Other Professional: _____ ...	1	5

C. How old were you the (first/last) time you talked to a health professional about these attacks?

AGE ONS

___/___

AGE REC

___/___

REC

2

1

Q19 Were you ever treated by a doctor, or other professional for these attacks?

NO... (SKIP TO Q21) 1
YES 5

Q20 Were you ever prescribed medication because of these attacks?

NO... (SKIP TO Q21) 1
YES 5

A. What medication?

1. _____
2. _____

CODE: _____

CODE: _____

Q21 Did you ever drink or use drugs because of these attacks?

NO 1

YES 5

PT4A1 Now I would like to ask you about frightening, or horrible experiences you may have had at any time in your life.

PT4A2 R1 Have you ever been in military combat? NO... (SKIP TO R3) 1
YES 5

R2 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

During your time in combat, did you ever:

3. See someone seriously injured or killed?	1	5
4. Unexpectedly discovering a dead body?	1	5

The next questions are for situations and events not related to military combat.

R3 Have you ever:

	<u>NO</u>	<u>YES</u>
1. Been threatened with a weapon?	1	5
2. Been shot?	1	5
3. Been stabbed?	1	5
4. Been mugged or robbed?	1	5
5. Been raped or sexually assaulted by a relative?	1	5
6. Been raped or sexually assaulted by someone not related to you?	1	5
7. Been in a natural disaster like a fire, flood, earthquake, tornado, mudslide or hurricane?	1	5
8. Learned you had been exposed to radiation, dioxin, or any other dangerous materials?	1	5
9. Experienced an unexpected, sudden death of a close friend or relative?	1	5
10. Been held captive, tortured or kidnapped?	1	5
11. Been diagnosed with a life threatening illness?	1	5
12. Been in a serious accident?	1	5
13. Seen someone being seriously injured?	1	5
14. Seen someone killed?	1	5
15. Unexpectedly discovered a dead body?	1	5
16. Have you had any other experiences that were terrible, frightening, or horrible? SPECIFY: _____	1	5

BOX R3 IF ALL CODED 1 IN R1, R2 AND R3, SKIP TO S1. OTHERS CONTINUE.

R4 After a frightening or horrible experience some people can't get it out of their minds. They may lose interest in other people or activities, they may not sleep well, and they may become jumpy and easily startled or frightened. Did any of these experiences have that effect on you? NO 1
YES 5

BOX R5 IF ONLY 1 EVENT CODED IN R2 AND R3, CODE R5 SILENTLY AND SKIP TO R6.

R5 Which event was the most disturbing to you? R2 2
CIRCLE R2 OR R3 AND WRITE EVENT NUMBER. R3 3
REFER TO THIS EVENT THROUGHOUT SECTION.

EVENT # ____

PTS4A R6 When this most disturbing event occurred, did you feel intense fear, helplessness, or horror? NO... (SKIP TO S1) 1
2 YES 5

R7 When did this (EVENT) occur? ____ / ____
MO YEAR

BEGIN SCORING ASTERISKED ITEMS ON PTSD TALLY SHEET.

I am going to ask you some questions about that period when you were having the most intense feelings or experiences about (EVENT)

PTS4B1 R8 Did you keep thinking about it over and over even when you didn't want to? NO 1
YES 5*

PTS4B2 R9 Did you have bad dreams or nightmares again and again about (EVENT)? NO 1
YES 5*

PTS4B3 R10 Did you ever suddenly feel as though you were experiencing it all over again? NO 1
YES 5*

PTS4B4 R11 Did you feel very upset when you were reminded of (EVENT) or when you were in a similar situation? For example, on the anniversary of (EVENT). NO 1
YES 5*

PTS4B5 R12 Did things that reminded you of (EVENT) make you sweat, tense up, breathe hard, tremble, or respond in some other physical way? NO 1
YES 5*

BOX R12 IF R8-R12 ALL CODED 1, SKIP TO R14. OTHERS CONTINUE.

R13 Did the period when you were having these reactions to the
(EVENT) last for a month or longer?

NO 1
YES 5

During that period when you were having the most intense feelings or experiences about (EVENT):

PTS4C1 R14 Did you ever try to avoid thinking or having feelings about (EVENT)? NO 1
YES 5*

PTS4C2 R15 Did you stay away from certain places, people or activities to avoid being reminded of (EVENT)? NO 1
YES 5*

PTS4C3 R16 Did you find that you sometimes could not remember important things about (EVENT)? NO 1
YES 5*

PTS4C4 R17 During that period of time, did you lose interest in some things or stop doing some things that had been important to you before (EVENT) happened? NO 1
YES 5*

PTS4C5 R18 Did you feel more cut off, distant, or isolated from people than before (EVENT) happened? NO 1
YES 5*

PTS4C6 R19 Were there times when you believed you had lost your ability to experience emotions that you had before (EVENT) happened? For example, did you feel you couldn't have love or affection for other people? NO 1
YES 5*

PTS4C7 R20 Did you begin to feel that there was no point in planning for the future? NO 1
YES 5*

BOX R20 IF R14-R20 ALL CODED 1, SKIP TO R22. OTHERS CONTINUE.

R21 Did the period when you were having these reactions to the (EVENT) last for a month or longer? NO 1
YES 5

During that period when you were having the most intense feelings or experiences about (EVENT):

PTS4D
1 R22 Did you have more trouble falling asleep or staying asleep than
before (EVENT)? NO 1
YES 5*

PTS4D
2 R23 Did you find that you got irritated or lost your temper more easily
that before (EVENT)? NO 1
YES 5*

PTS4D
3 R24 Were there times when you had more trouble concentrating than
before (EVENT)? ~~NO~~ 1
YES 5*

PTS4D
5 R25 Were there times when unexpected noise, movement, or touch
startled you more than before (EVENT)? NO 1
YES 5*

PTS4D
4 R26 Were you more watchful or extremely aware of things around you?
For example, were you more aware of certain sounds, smells, or
sights? NO 1
YES 5*

BOX R26 IF R22-R26 ALL CODED 1, SKIP TO R28. OTHERS CONTINUE.

R27 Did the period when you were having these reactions to the
(EVENT) last for a month or longer? NO 1
YES 5

PTS4E R28 You have told me about different experiences you had after the (EVENT). You told me **(REVIEW SX). HAND R PTSD TALLY SHEET.**

A. How long did these reactions last?

___ ___ ___ UNITS

CODE UNITS:

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

B. How soon after (EVENT) did you begin to experience these things? **CODE IMMEDIATELY AS 1 DAY.**

___ ___ ___ UNITS

CODE UNITS:

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

C. How old were you the (first/last) time you had any of these problems as a result of any frightening or distressing experience?

AGE ONS

___/___

AGE REC

___/___

REC

1

2

R29 Did these experiences interfere 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

Now I'd like to ask you some questions about your childhood. These questions concern your home environment at that time.

SHOW CARD S.

S1 With whom did you live for the major part of the time when you were growing up? CODE: ____
IF OTHER (CODE 06, 07, 08 OR 12), SPECIFY:

BOX S1	<u>NO</u>	<u>YES</u>
IS A MOTHER FIGURE PRESENT FOR CODING?	1	5
IS A FATHER FIGURE PRESENT FOR CODING?	1	5
IF NO TO EITHER, OMIT QUESTIONS FOR PARENT FIGURE. REMIND R, AS NEEDED, WHO THE MOTHER AND FATHER FIGURES ARE.		

S2 What is the highest educational degree or diploma held by your biological mother?

NONE	00
ELEMENTARY OR JUNIOR HIGH	01
GED	02
H.S. DIPLOMA	03
VOCATIONAL TECH DIPLOMA	04
ASSOCIATE DEGREE	05
R.N. DIPLOMA	06
BACHELOR DEGREE	07
MASTER DEGREE	08
DOCTORATE: J.D., M.D., Ph.D.	09
OTHER	10
DON'T KNOW	99

S3 Was your biological mother: **CODE ONLY ONE CHOICE. EMPLOYMENT TAKES PRIORITY.**

EMPLOYED FULL-TIME	1
EMPLOYED PART-TIME	2
HOMEMAKER	3
STUDENT	4
RETIRED	5
DISABLED AND UNABLE TO WORK	6
OUT OF WORK	7
DON'T KNOW	9

S4	Before you were 16, was there a time when you did not live with your biological mother?	NO. . . (SKIP TO S8) 1 YES 5
----	---	---

S5	For how long did you live apart from your biological mother?	<p style="text-align: right;">____ _ UNITS</p> CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 NEVER LIVED w/ MOM 8
----	--	---

A.	At what ages were you living apart from your biological mother? CIRCLE ALL THAT APPLY.	INFANT 00 1 01 2 02 3 03 4 04 5 05 6 06 7 07 8 08 9 09 10 10 11 11 12 12 13 13 14 14 15 15 NEVER LIVED w/ MOM . . . 98 DON'T KNOW 99
----	---	---

B.	Why were you living apart?	CODE: ____ _
	_____	CODE: ____ _

S6	Was there a woman who took your mother's place in raising you before you were 16?	NO. . . (SKIP TO S8) 1 YES 5
----	---	---

A.	What relationship was that person to you? CIRCLE ALL THAT APPLY.	FOSTER MOTHER 1 ADOPTIVE MOTHER 2 GRANDMOTHER 3 OTHER FEMALE RELATIVE . . . 4 _____ - STEPMOTHER 5 NONE OF THE ABOVE 6
----	---	---

S7 What is the highest educational degree or diploma held by (PERSON IN S6A)?

NONE	00
ELEMENTARY OR JUNIOR HIGH	01
GED	02
H.S. DIPLOMA	03
VOCATIONAL TECH DIPLOMA	04
ASSOCIATE DEGREE	05
R.N. DIPLOMA	06
BACHELOR DEGREE	07
MASTER DEGREE	08
DOCTORATE: J.D., M.D., Ph.D.	09
OTHER	10
DON'T KNOW	99

S8 What is the highest educational degree or diploma held by your biological father?

NONE	00
ELEMENTARY OR JUNIOR HIGH	01
GED	02
H.S. DIPLOMA	03
VOCATIONAL TECH DIPLOMA	04
ASSOCIATE DEGREE	05
R.N. DIPLOMA	06
BACHELOR DEGREE	07
MASTER DEGREE	08
DOCTORATE: J.D., M.D., Ph.D.	09
OTHER	10
DON'T KNOW	99

S9 Was your biological father: **CODE ONLY ONE CHOICE. EMPLOYMENT TAKES PRIORITY.**

EMPLOYED FULL-TIME	1
EMPLOYED PART-TIME	2
HOMEMAKER	3
STUDENT	4
RETIRED	5
DISABLED AND UNABLE TO WORK	6
OUT OF WORK	7
DON'T KNOW	9

S10	Before you were 16, was there a time when you did not live with your biological father?	NO... (SKIP TO S14) 1 YES 5
-----	---	--

S11	For how long did you live apart from your biological father?	____ _ UNITS CODE UNITS:
-----	--	------------------------------------

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4
NEVER LIVED w/ DAD	8

A. At what ages were you living apart from your biological father? **CIRCLE ALL THAT APPLY.**

INFANT	00
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09
10	10
11	11
12	12
13	13
14	14
15	15
NEVER LIVED w/ DAD	98
DON'T KNOW	99

B. Why were you living apart?

CODE: ____ _

CODE: ____ _

S12	Was there a man who took your father's place in raising you before you were 16?	NO... (SKIP TO S14) 1 YES 5
-----	---	--

A. What relationship was that person to you? **CIRCLE ALL THAT APPLY.**

FOSTER FATHER	1
ADOPTIVE FATHER	2
GRANDFATHER	3
OTHER MALE RELATIVE	4

 -
 STEPFATHER 5
 NONE OF THE ABOVE 6

S13 What is the highest educational degree or diploma held by (PERSON IN S12A)?

NONE	00
ELEMENTARY OR JUNIOR HIGH	01
GED	02
H.S. DIPLOMA	03
VOCATIONAL TECH DIPLOMA	04
ASSOCIATE DEGREE	05
R.N. DIPLOMA	06
BACHELOR DEGREE	07
MASTER DEGREE	08
DOCTORATE: J.D., M.D., Ph.D.	09
OTHER	10
DON'T KNOW	99

The next set of questions refer to the home that you were living in for the major part of the time when you were growing up. **HOME IN S1.**

S14 What religion were you raised in?

SPECIFY: _____ **CODE:** ____ _

A. As a child, how many times a year did you attend _____ TIMES
religious services?

S15 What is your current religious preference?

SPECIFY: _____ **CODE:** ____ _

A. In the past twelve months, how many times did you _____ TIMES
attend religious services?

S16 Before you were 16, was your (MOTHER FIGURE)
ever away from home a lot due to any of the following
reasons? **READ OPTIONS:**

	<u>NO</u>	<u>YES</u>
WORK (MORE THAN 40HRS/WEEK)	1	5
MILITARY SERVICE	1	5
ILLNESS (E.G., HOSPITALIZED)	1	5
IMPRISONMENT	1	5
MARITAL SEPARATION / DIVORCE / DESERTION	1	5
OTHER (SPECIFY: _____)	1	5

S17	Before you were 16, was your (FATHER FIGURE) ever away from home <u>a lot</u> due to any of the following reasons? READ OPTIONS:	<u>NO</u>	<u>YES</u>
	WORK (MORE THAN 40HRS/WEEK)	1	5
	MILITARY SERVICE	1	5
	ILLNESS (E.G., HOSPITALIZED)	1	5
	IMPRISONMENT	1	5
	MARITAL SEPARATION / DIVORCE / DESERTION	1	5
	OTHER (SPECIFY: _____)	1	5

		<u>MOTHER</u>	<u>FATHER</u>
S18	<u>Overall</u> , was your relationship with (MOTHER FIGURE/ FATHER FIGURE) excellent, good, fair, or poor?	EXCELLENT 1	1
		GOOD 2	2
		FAIR 3	3
		POOR 4	4

		<u>MOTHER</u>	<u>FATHER</u>
S19	Some parents are strict with their children. They have lots of rules or don't allow the children to do things that most of their friends can. Before you were 16, was your (MOTHER FIGURE / FATHER FIGURE) too strict, just about right, or not strict enough?	TOO STRICT 1	1
		ABOUT RIGHT 2	2
		NOT STRICT ENOUGH 3	3
		NOT INVOLVED. 4	4

		<u>MOTHER</u>	<u>FATHER</u>
S20	What was the <u>usual</u> way in which your (MOTHER FIGURE / FATHER FIGURE) punished you? SPECIFY AND CODE SILENTLY	NON-PHYSICAL: SCOLD, ISOLATE, FINE, REMOVE PRIVILEGES 1	1
	MOM: _____	PHYSICAL, MILD 2	2
	DAD: _____	PHYSICAL, HARSH . . . 3	3
		DID NOT PUNISH 4	4

		<u>MOTHER</u>	<u>FATHER</u>
S21	Did your (MOTHER FIGURE / FATHER FIGURE) ever physically punish you, for example by spanking or hitting you? IF NO, SKIP TO S23.	NO 1	1
		YES 5	5
	A. IF YES: Did your (MOTHER FIGURE / FATHER FIGURE) do this often?	NO 1	1
		YES 5	5
	B. IF YES: Did your (MOTHER FIGURE / FATHER FIGURE) ever physically punish you so hard that you hurt the next day?	NO 1	1
		YES 5	5

S23 Were you ever physically injured or hurt as a child by an adult? Examples of such injuries would include being hit so hard you developed bruises. NO... (SKIP TO S24) 1
YES 5

A. Did these injuries ever need medical attention from a doctor or hospital? NO 1
YES 5

B. Who was the person who caused this injury?

SPECIFY: _____ CODE: ____ ____ ____

S24 Did the Division of Family Services (DFS) or any other state or private agency ever see how you were doing in the home you lived in as a child? NO... (SKIP TO S26) 1
YES... (SPECIFY) 5

SPECIFY:

A. How many times did this happen? _____ TIMES

S25 OMITTED

S26 Were you ever placed in foster care? NO... (SKIP TO S27) 1
YES... (SPECIFY) 5

SPECIFY:

A. How many times did this happen? _____ TIMES

**BOX S27 IF R LIVED IN A SINGLE-PARENT FAMILY, SKIP TO S31. OTHERS
CONTINUE.**

S27 Overall, how would you rate your (PARENT FIGURES') (marriage/relationship) before you were 16 -- excellent, good, fair, or poor? EXCELLENT 1
GOOD 2
FAIR 3
POOR 4

S28 Did your (PARENT FIGURES) argue or fight in front of you? NO... (SKIP TO S29) 1
YES 5

A. Did this happen often? NO 1
YES 5

S29 Did either of your (PARENT FIGURES) ever hit the other? NO... (SKIP TO S30) 1
YES 5

A. Did you ever see it happen? NO 1
YES 5

S30 How much conflict and tension was there in your household before you were 16 -- a lot, some, a little, or none? A LOT 1
SOME 2
A LITTLE 3
NONE 4

Now I'd like to ask a few questions about early sexual experience.

- S31 Before you were 16 years old, were there any sexual contacts between you and anyone other than a family member who was 5 or more years older than you were? By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.
- NO . . .(SKIP TO S32) 1
YES 5
- A. Did this happen more than once? NO 1
YES, MORE THAN ONCE . . . 5
- B. Did this include sexual intercourse? NO 1
YES 5
- C. Was this always with your consent? NO 1
YES. . . (SKIP TO E) 5
- D. How many persons forced you to have sexual contact? # PERPETRATORS ___ ___
- E. Before you were 16 years old, how old were you when you first had (forced) sexual contact (with your consent) with someone 5 or more years older than you? AGE ONS FORCED ___/___
AGE ONS
CONSENSUAL___/___
- F. Before you were 16 years old, how old were you the last time you had (forced) sexual contact with someone 5 or more years older than you (with your consent)? AGE REC FORCED ___/___
AGE REC
CONSENSUAL___/___
-

S32 Before you were 16 years old, were there any sexual contacts between you and any family members, like a parent or step-parent, grandparent, uncle, aunt, brother, sister, or cousin? (By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.)

NO . . . (SKIP TO S33) 1
YES 5

A. Was there sexual contact with:

	<u>NO</u>	<u>YES</u>
1. A parent or grandparent?	1	5
2. Another grownup?	1	5
3. Another child?	1	5

B. Did this happen more than once? NO 1
YES, MORE THAN ONCE . . . 5

C. Did this include sexual intercourse? NO 1
YES 5

D. Was this always with your consent? NO 1
YES 5

E. Before you were 16, how old were you when you first had (forced) sexual contact (with your consent) with a family member? AGE ONS FORCED ___/___
AGE ONS
CONSENSUAL ___/___

F. Before you were 16 years old, how old were you the last time you had (forced) sexual contact (with your consent) with a family member? AGE REC FORCED ___/___
AGE REC
CONSENSUAL ___/___

S33 Since you turned 16, have you experienced any forced sexual contacts? NO . . . (SKIP TO S34) 1
YES 5

A. Was this ever forced intercourse? NO 1
YES 5

S34 When you were a teenager, did you or others think you looked older than your age? NO 1
YES 5

IF R IS FEMALE, ASK:

A. At what age did you have your first menstrual period? ___/___ AGE

Now I would like to ask you questions about the places you lived in when you were growing up.

S35 How many homes/apartments did you live in before you were 16? **IF DK, CODE -99.** _____ HOMES

A. **IF DK:** Was it more than 5? NO... (SKIP TO S36) 1
YES 5
DK 9

1. **IF DK:** Was it more than 10? NO 1
YES 5

S36 Before you were 16, was the home that you lived in (the longest) in a large metropolitan area (at least 100,000), a suburb of a large city, a small city, a small town, or out in the country? **IF 2 HOMES TIE FOR LONGEST LIVED IN, CODE THE LARGEST.** LARGE CITY (>100,000) 1
SUBURB OF LARGE CITY 2
SMALL CITY (25,000-100,000) 3
SMALL TOWN (<25,000) 4
RURAL 5

S37 Before you were 16, was your family financially better off, about average, or worse off than other families in your community? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

Now I would like to ask you about the neighborhood you lived in when you were growing up.

S38 Before you were 16, was the neighborhood that you lived in safe, about average, or not as safe as other neighborhoods? SAFE 1
ABOUT AVERAGE 2
NOT AS SAFE 3

S39 Before you were 16, was your neighborhood better off, about average, or worse off than other neighborhoods? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

S40 Before you were 16, were drugs easily available in your neighborhood? NO 1
YES 5

The next set of questions are about the neighborhood that you currently live in.

S41 Is your current neighborhood safe, about average, or not as safe as other neighborhoods? SAFE 1
ABOUT AVERAGE 2
NOT AS SAFE 3

S42 Is your current neighborhood better off, about average, or worse off than other neighborhoods? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

S43 Are drugs easily available in your current neighborhood? NO 1
YES 5

The next set of questions are about the schools you attended through the eighth grade. This includes elementary school and junior high school.

S44 How many schools did you attend through the eighth grade? _____ SCHOOLS

S45 What was the name of the (first/next/last) school you attended?

SCHOOL #1:

NAME: _____

CITY: _____ **STATE:** _____

- A. Was this a public or private school? PUBLIC 1
PRIVATE 2
- B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #2:

NAME: _____

CITY: _____ **STATE:** _____

- A. Was this a public or private school? PUBLIC 1
PRIVATE 2
- B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #3:

NAME: _____

CITY: _____ **STATE:** _____

- A. Was this a public or private school? PUBLIC 1
PRIVATE 2
- B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #4:

NAME: _____

CITY: _____ **STATE:** _____

- A. Was this a public or private school? PUBLIC 1
PRIVATE 2

B.	Was this school better off, about average, or worse off than most schools?	BETTER OFF	1
		ABOUT AVERAGE	2
		WORSE OFF	3

S46	Were there gangs in your school?	NO	1
		YES	5

S47	Did you miss a lot of school?	NO. . . (SKIP TO S48)	1
		YES. . . (SPECIFY)	5

SPECIFY:

S48	Overall, how do you think you did in school compared to other students: better, about average, or not as well?	BETTER	1
		ABOUT AVERAGE	2
		NOT AS WELL	3

S49	Did you ever attend special education classes in school?	NO	1
		YES	5

S51 What was the name of the (first/next/last) high school you attended?

SCHOOL #1:

NAME: _____

CITY: _____ **STATE:** _____

A. Was this a public or private school? PUBLIC 1
PRIVATE 2

B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #2:

NAME: _____

CITY: _____ **STATE:** _____

A. Was this a public or private school? PUBLIC 1
PRIVATE 2

B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #3:

NAME: _____

CITY: _____ **STATE:** _____

A. Was this a public or private school? PUBLIC 1
PRIVATE 2

B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

SCHOOL #4:

NAME: _____

CITY: _____ **STATE:** _____

A. Was this a public or private school? PUBLIC 1
PRIVATE 2

B. Was this school better off, about average, or worse off than most schools? BETTER OFF 1
ABOUT AVERAGE 2
WORSE OFF 3

S52	Were there gangs in your high school?	NO	1
		YES	5

S53	Did you ever join a gang?	NO	1
		YES	5

S54	Did you miss a lot of school when you were in high school?	NO. . . (SKIP TO S55)	1
		YES. . . (SPECIFY)	5

SPECIFY:

S55	Overall, how do you think you did in high school compared to other students: better, about average, or not as well?	BETTER	1
		ABOUT AVERAGE	2
		NOT AS WELL	3

S56	Did you ever attend special education classes in high school?	NO	1
		YES	5

T1 Are you currently: **CODE ONLY ONE CHOICE. EMPLOYMENT TAKES PRIORITY.**

EMPLOYED FULL-TIME	1
EMPLOYED PART-TIME	2
HOMEMAKER.	3
STUDENT.	4
RETIRED.	5
DISABLED AND UNABLE TO WORK.	6
OUT OF WORK FOR LESS THAN A YEAR.	7
OUT OF WORK FOR MORE THAN A YEAR.	8

T2 In the past 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

T3 **HAND R CARD T** What is your current household gross income?

\$0-\$77/week	\$0-\$333/month	\$0-\$3,999/year	01
\$78-\$135/week	\$334-\$583/month	\$4,000-6,999/year	02
\$136-\$192/week	\$584-\$833/month	\$7,000-9,999/year	03
\$193-\$384/week	\$834-\$1,666/month	\$10,000-\$19,999/year	04
\$385-\$576/week	\$1,667-\$2,499/month	\$20,000-\$29,999/year	05
\$577-\$769/week	\$2,500-\$3,333/month	\$30,000-\$39,999/year	06
\$770-\$961/week	\$3,334-\$4,166/month	\$40,000-\$49,999/year	07
\$962-\$1,442/week	\$4,167-\$6,249/month	\$50,000-\$74,999/year	08
\$1,443-\$1,923/week	\$6,250-\$8,333/month	\$75,000-\$99,999/year	09
\$1,924-\$2,884/week	\$8,334-\$12,499/month	\$100,000-\$149,999/year	10
\$2,885 or more/week	\$12,500 or more/month	\$150,000 or more/year	11
REFUSED			98
DON'T KNOW			99

T4	In the last 12 months, what were your sources of income?	<u>NO</u>	<u>YES</u>
	A. Paid job, salary, or business?	1	5
	B. Welfare, public assistance, or AFDC?	1	5
	C. Social security, disability, or Workmens's Compensation?	1	5
	D. Unemployment compensation?	1	5
	E. Alimony or child support?	1	5
	F. Selling or trading goods, or bartering?	1	5
	G. Winnings from gambling or betting?	1	5
	H. Spouse, family or friend?	1	5
	I. Prostitution or trading sex?	1	5
	J. Other illegal or possible illegal activity besides prostitution?	1	5
	K. Anything else? SPECIFY: _____	1	5

T5 Including yourself, how many people were supported on this income in the last 12 months? **IF 1 PERSON, SKIP TO T6.** _____ PEOPLE

A. How many of these people are under 18 years of age? _____ PEOPLE

T6	In the past 12 months, did anyone in your household, including yourself, receive:	<u>NO</u>	<u>YES</u>
	A. Food Stamps?	1	5
	B. WIC (women, infants, and children)?	1	5
	C. Low-Income Home Energy Assistance?	1	5
	D. Free or reduced price school breakfast or lunch?	1	5
	E. Public or subsidized housing?	1	5

TIME ENDED (USE 24 HOUR CLOCK) _____:_____

U: INTERVIEWER COMMENTS