

## CONTENTS

A	DEMOGRAPHICS.....	3
B	MEDICAL HISTORY .....	7
C	SCREENER QUESTIONS.....	12
D	TOBACCO .....	21
E	ALCOHOL.....	31
F	MARIJUANA .....	51
G	DRUGS .....	59
H	EATING DISORDERS.....	67
I	DEPRESSION .....	70
M	ANTISOCIAL PERSONALITY.....	89
N	SUICIDAL BEHAVIOR.....	102
O	POST-TRAUMATIC STRESS DISORDER .....	104
P	GAD.....	108
R	SOCIAL PHOBIA.....	111
S	AGORAPHOBIA.....	113
T	PANIC.....	116
U	GAMBILING.....	
-	ADHD .....	
W	SUBJECT COMMENTS .....	
X	INTERVIEWER OBSERVATIONS.....	

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**SHIPLEY INSTITUTE OF LIVING VOCABULARY SCALE  
ANSWER FORM**

**INSTRUCTIONS:** In the test below, the first word in each line is printed in capital letters. Opposite it are four other words. Circle the **one word** that means the **same thing**, or most nearly the same thing as the first word. If you don't know, guess. Be sure to circle the **one word** in each line that means the same thing as the first word.

**EXAMPLE:**

	<b>LARGE</b>	Red	Big	Silent	Wet
1.	TALK	Draw	Eat	Speak	Sleep
2.	PERMIT	Allow	Sew	Cut	Drive
3.	PARDON	Forgive	Pound	Divide	Tell
4.	COUCH	Pin	Eraser	Sofa	Glass
5.	REMEMBER	Swim	Recall	Number	Defy
6.	TUMBLE	Drink	Dress	Fall	Think
7.	HIDEOUS	Silvery	Tilted	Young	Dreadful
8.	CORDIAL	Swift	Muddy	Leafy	Hearty
9.	EVIDENT	Green	Obvious	Skeptical	Afraid
10.	IMPOSTOR	Conductor	Officer	Look	Pretender
11.	MERIT	Deserve	Distrust	Fight	Separate
12.	FASCINATE	Welcome	Fix	Stir	Enchant
13.	INDICATE	Defy	Excite	Signify	Bicker
14.	IGNORANT	Red	Sharp	Uninformed	Precise
15.	FORTIFY	Submerge	Strengthen	Vent	Deaden
16.	RENOWN	Length	Head	Fame	Loyalty
17.	NARRATE	Yield	Buy	Associate	Tell
18.	MASSIVE	Bright	Large	Speedy	Low
19.	HILARITY	Laughter	Speed	Grace	Malice
20.	SMIRCHED	Stolen	Pointed	Remade	Soiled
21.	SQUANDER	Tease	Belittle	Cut	Waste
22.	CAPTION	Drum	Ballast	Heading	Ape
23.	FACILITATE	Help	Turn	Strip	Bewilder
24.	JOCOSE	Humorous	Paltry	Fervid	Plain
25.	APPRISE	Reduce	Strew	Inform	Delight
26.	RUE	Eat	Lament	Dominate	Cure
27.	DENIZEN	Senator	Inhabitant	Fish	Atom
28.	DIVEST	Dispossess	Intrude	Rally	Pledge
29.	AMULET	Charm	Orphan	Dingo	Pond
30.	INEXORABLE	Untidy	Involatile	Rigid	Sparse
31.	SERRATED	Dried	Notched	Armed	Blunt
32.	LISSOM	Moldy	Loose	Supple	Convex
33.	MOLLIFY	Mitigate	Direct	Pertain	Abuse
34.	PLAGIARIZE	Appropriate	Intend	Revoke	Maintain
35.	ORIFICE	Brush	Hole	Building	Lute
36.	QUERULOUS	Maniacal	Curious	Devout	Complaining
37.	PARIAH	Outcast	Priest	Lentil	Locker
38.	ABET	Waken	Ensue	Incite	Placate
39.	TEMERITY	Rashness	Timidity	Desire	Kindness
40.	PRISTINE	Vain	Sound	First	Level

PLACE SUBJECT ID STICKER HERE

**SHIPLEY INSTITUTE OF LIVING SCALES  
PART II**

**INSTRUCTIONS:** Complete the following by telling the interviewer either a number or a letter for each dash (\_\_\_). Do the items in order, but don't spend too much time on any one item.

- 1. 1 2 3 4 5 \_\_\_
- 2. white black      short long      down \_\_\_
- 3. AB              BC              CD              D\_\_\_
- 4. Z Y X W V U \_\_\_
- 5. 12321          23432          34543          456 \_\_\_ \_
- 6. NE / SW      SE / NW      E / W          N / \_\_\_
- 7. escape      scape      cape          \_ \_ \_ \_
- 8. oh ho          rat tar          mood \_ \_ \_ \_
- 9. A Z B Y C X D \_\_\_
- 10. tot tot          bard drab          537 \_ \_ \_ \_
- 11. mist is          wasp as          pint in          tone \_\_\_
- 12. 57326          73265          32657          26537          \_ \_ \_ \_ \_
- 13. knit in          spud up          both to          stay \_\_\_
- 14. Scotland      Landscape      scapegoat      \_ \_ \_ \_ \_ e e
- 15. surgeon      1234567      snore          17635          rogue \_ \_ \_ \_ \_
- 16. tam tan      rib rid          rat raw          hip \_ \_ \_ \_
- 17. tar pitch throw      saloon bar rod      fee tip end      plank \_ \_ \_ \_ \_ meals
- 18. 3124          82              73              154              46              13
- 19. lag leg          pen pin          big bog          rob \_ \_ \_ \_
- 20. two w          four r          one o          three e

**Vocabulary**

# Correct \_\_\_\_\_

# Items Not Attempted \_\_\_\_\_ / 4 = Correction Factor \_\_\_\_\_

# Correct + Correction Factor = Vocabulary Raw Score \_\_\_\_\_

**Abstraction**

# Correct \_\_\_\_\_ \* 2 = Abstraction Raw Score \_\_\_\_\_

**Summary Scores**

V: Raw \_\_\_\_\_ T \_\_\_\_\_ A: Raw \_\_\_\_\_ T \_\_\_\_\_ TOTAL: Raw \_\_\_\_\_ T \_\_\_\_\_

CQ: \_\_\_\_\_ AQ: \_\_\_\_\_ Est. IQ: \_\_\_\_\_

<b>A1</b>	<b>Gender</b>		<b>9</b>
<b>A2</b>	<b>Height</b>		<b>-9 / -99</b>
A3	How much do you weigh?	___ ___ LBS	
	A. What is the most you have <u>ever</u> weighed (when you were not pregnant)?	___ ___ LBS	
	B. How old were you when you first weighed (# LBS. IN A) (when you were not pregnant)?	___ AGE	
A4	How old are you now?	___ AGE	
A5	What is your birth date?	__-99 / __-99 / ___-9999	
A6	Omitted		
A7			<b>9</b>
A8	Racial group		<b>-99</b>
	<b>IF OTHER, SPECIFY:</b> _____		
	C. What is your religious preference?		<b>-99</b>
	1. Does your religion have rules forbidding the use of any alcohol?		<b>9</b>
	D. In the past twelve months, how many times did you attend religious services?		<b>9</b>
<b>*A9.1</b>	Has your marital status changed since the last interview?	YES...(SKIP to A13) .....1 NO .....2	
A9	Are you presently married or are you widowed, separated, divorced?	MARRIED.....1 WIDOWED...(CODE YR) .....2 ___ ___ YEAR <i>t</i> SEPARATED .....3 DIVORCED.....4 NEVER MARRIED.....5	
	<b>CODE RELIGIOUS ANNULMENT AS DIVORCED. CODE LEGAL ANNULMENT AS NEVER MARRIED.</b>		
A10	Since the last interview, have you ever lived with someone (else) for at least a year as though you were married? <b>DO NOT COUNT INDIVIDUALS R HAS MARRIED.</b>	YES.....1 NO .....2	

---

A11 Since the last interview have you gotten legally married? YES.....1  
NO .....2

**IF NO, CODE 00 AND SKIP TO A13. IF YES, ASK NUMBER OF TIMES.**

\_\_\_ \_\_ TIMES

YEARS OF ALL MARRIAGES

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

ASPFGN

A12 (Have you ever been/How many times have you been divorced? **IF NEVER, CODE 00.**)

\_\_\_ \_\_ TIMES

YEARS OF ALL DIVORCES

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

\_\_\_ \_\_ \_\_ \_\_ YR *t*

ASPFGN

A13 (Other than when you separated just before a divorce,) have you and your partner(s) ever separated for 3 days or longer because of not getting along?

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

YES.....5

ASPFGN

A. How many times did you separate? **COUNT ALL MARRIAGE AND LIVE-IN SITUATIONS.**

\_\_\_ \_\_ TIMES

B. How old were you the last time you separated?

AGE REC: \_\_\_/\_\_\_

REC: 1 2 3 4 5

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**BOX A14 IF R IS MALE, SKIP TO A14C.**

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A14 Have you been pregnant since the last interview? NO. . . . .(SKIP TO A15)..... 1  
**IF NEVER, SKIP TO A15.** YES.....5

A. Are you currently pregnant? YES.....1  
 NO .....2

B. How many stillbirths and miscarriages have you had since the last interview? \_\_\_\_\_ NUMBER

C. How many children have you had since the last interview?

**RECORD SEX AND DOB OF CHILDREN BORN SINCE LAST INTERVIEW.**

	DATE OF BIRTH				DATE OF BIRTH		
	SEX	MO	YEAR		SEX	MO	YEAR
a b	M F	____/	_____ t	M F	____/	_____ t a b	
a b	M F	____/	_____ t	M F	____/	_____ t a b	
a b	M F	____/	_____ t	M F	____/	_____ t a b	
a b	M F	____/	_____ t	M F	____/	_____ t a b	

A15 Have you completed additional schooling that could lead to a degree since the last interview? NO. . . . .(SKIP TO A16)..... 1  
 YES.....5

If yes, ask for the highest grade completed \_\_\_\_\_

- HS..... 12
- TECHNICAL SCHOOL OR 1 YR COLLEGE..... 13
- 2 YRS COLLEGE ..... 14
- 3 YRS COLLEGE ..... 15
- 4 YRS COLLEGE: B.A., B.S. .... 16
- GRADUATE: M.A., M.S., J.D., M.D., Ph.D. .... 17

**IF A15 IS 12 OR LESS, ASK B. OTHERS SKIP TO D.**

A. Do you have a high school diploma? **9**

B. Did you pass a high school equivalency test (GED)? NO.....1  
 YES.....5

C. Did you graduate from the last school you attended? **9**

D. When did you graduate from (highest education received)?  
 GED: \_\_\_\_\_ YR  
 COLLEGE: \_\_\_\_\_ YR  
 GRAD: \_\_\_\_\_ YR  
 OTHER: \_\_\_\_\_ YR

E. Are you currently in school, in a program leading to a degree? NO.....1  
 YES.....5

---

A16 Now I want to ask you about work for pay. In the past \_\_\_\_\_ MONTHS  
 twelve months, how many months have you been  
 employed? **COUNT SELF-EMPLOYMENT OR  
 SALARIED. IF NONE, CODE 00 AND SKIP TO  
 A17B. IF LESS THAN 1 MONTH, CODE 01.**

---

A17 Are you employed now? NO. . . . . (SKIP TO B) ..... 1  
 YES.....5

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

B. What is your current household gross income? CODE: \_\_\_\_ \_\_\_\_

**HAND R CARD A3.**

\$0-\$192/week . . . . .	\$0-\$833/month	\$0-\$9,999/year ..... 01
\$193-\$384/week . . . . .	\$834-\$1,666/month	\$10,000-\$19,999/year ..... 02
\$385-\$576/week . . . . .	\$1,667-\$2,499/month	\$20,000-\$29,999/year ..... 03
\$577-\$769/week . . . . .	\$2,500-\$3,333/month	\$30,000-\$39,999/year ..... 04
\$770-\$961/week . . . . .	\$3,334-\$4,166/month	\$40,000-\$49,999/year ..... 05
\$962-\$1,442/week. . . . .	\$4,167-\$6,249/month	\$50,000-\$74,999/year ..... 06
\$1,443-\$1,923/week . . . . .	\$6,250-\$8,333/month	\$75,000-\$99,999/year ..... 07
\$1,924-\$2,884/week . . . . .	\$8,334-\$12,499/month	\$100,000-\$149,999/year..... 08
\$2,885 or more/week . . . . .	\$12,500 or more/month	\$150,000 or more/year ..... 09

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A18. Has your occupation changed since the last  
 interview? NO.....1  
 YES . . (IF YES, ASK A18a).....5

A18a.What is your current occupation? \_\_\_\_\_  
**SPECIFY AND CODE LATER**

---

B1	Now I have some questions about your physical health and medical history. First, 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? A. Please explain: _____	NO, WORSE.....	1
		NO, BETTER.....	2
		YES, SAME . . (SKIP TO B3) .....	5
		BOTH BETTER & WORSE.....	6

B3	Has a doctor ever told you that you have (had):	YEAR		
		NO	YES	DIAGNOSED
1.	High blood pressure?.....	1	5	_____
2.	Migraine headaches?.....	1	5	_____
3.	A brain injury or concussion?.....	1	5	_____
4.	Been unconscious for longer than 5 min? .....	1	5	_____
5.	Epilepsy or have had a seizure?.....	1	5	_____
6.	Meningitis or encephalitis? .....	1	5	_____
7.	A stroke?.....	1	5	_____
8.	Heart disease?.....	1	5	_____
9.	Liver disease?.....	1	5	_____
10.	Thyroid disease?.....	1	5	_____
11.	Asthma?.....	1	5	_____
12.	Diabetes?.....	1	5	_____
13.	Cancer? <b>SPECIFY:</b> _____	1	5	_____
14.	HIV/AIDS? .....	1	5	_____
15.	A sexually transmitted disease?.....	1	5	_____
16.	Any other illness(es)?_____	1	5	_____
17.	Other?_____	1	5	_____

**B3a.** In your lifetime, how many fractures have you had? (List up to 4 most severe in order) \_\_\_\_\_

\***B3a.1** Date of injury: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
 What? \_\_\_\_\_  
 How? \_\_\_\_\_

\***B3a.2** Date of injury: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
 What? \_\_\_\_\_  
 How? \_\_\_\_\_

\***B3a.3** Date of injury: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
 What? \_\_\_\_\_  
 How? \_\_\_\_\_

\***B3a.3** Date of injury: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
 What? \_\_\_\_\_  
 How? \_\_\_\_\_

B4 A. Since the last interview, how many times have you been in a hospital overnight (including surgery and pregnancy), excluding psychiatric or substance abuse treatment? \_\_\_\_\_ TIMES

Please tell me about your hospital stays since the last interview, starting with the most recent one.

<u>YEAR</u>	<u>LENGTH OF STAY (DAYS)</u>	<u>REASON FOR HOSPITALIZATION</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN &amp; SPECIALITY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B4 B. Since the last interview, how many times have you had surgery when you did not have to stay in a hospital overnight (that is, outpatient surgery)? \_\_\_\_\_ TIMES

C. Since the last interview, how many times have you been examined or treated in the emergency room because of an accident or injury? \_\_\_\_\_ TIMES

B5 In the last 6 months, how many visits have you made to a doctor, clinic, or emergency room for your physical health? **DO NOT COUNT CHIROPRACTORS.** \_\_\_\_\_ VISITS

B6 A. Have you ever taken any prescription medications for two weeks or longer . . (READ 1-7) **IF YES, ASK: What did you take? DO NOT COUNT OTC.**

	<u>NO</u>	<u>YES</u>	<u>MEDICATIONS</u>	<u>CODE #1</u>	<u>CODE #2</u>	<u>CODE #3</u>
1. To make you feel less nervous?..	1	5	_____	_____	_____	_____
2. To help you sleep?.....	1	5	_____	_____	_____	_____
3. To feel less depressed?.....	1	5	_____	_____	_____	_____
4. For headaches?.....	1	5	_____	_____	_____	_____
5. To have more energy?.....	1	5	_____	_____	_____	_____
6. For birth control?.....	1	5	_____	_____	_____	_____
7. Containing steroids?.....	1	5	_____	_____	_____	_____

**IF ALL ARE CODED 1, SKIP TO B6B.8.  
FOR EVERY 5 CODED IN B6A.1-7, ASK B6B.1-7, AND ASK B6B.8.**

B. In the last 30 days, have you taken any prescription medications for two weeks or longer . . .  
**IF YES, ASK:** What did you take? **DO NOT COUNT OTC.**

	<u>NO</u>	<u>YES</u>	<u>MEDICATIONS</u>	<u>CODE #1</u>	<u>CODE #2</u>	<u>CODE #3</u>
1. To make you feel less nervous?..	1	5	_____	_____	_____	_____
2. To help you sleep?.....	1	5	_____	_____	_____	_____
3. To feel less depressed?.....	1	5	_____	_____	_____	_____
4. For headaches?.....	1	5	_____	_____	_____	_____
5. To have more energy?.....	1	5	_____	_____	_____	_____
6. For birth control?.....	1	5	_____	_____	_____	_____
7. Containing steroids?.....	1	5	_____	_____	_____	_____
8. For anything else? .(SPECIFY)	1	5	_____	_____	_____	_____

**IF YES, SPECIFY REASON(S):** \_\_\_\_\_ **B6B.8: CODE #4** \_\_\_\_\_ **CODE #5** \_\_\_\_\_

B7 Since the last interview, have you ever had any emotional problems or times that stand out as particularly troubling or upsetting during your life? NO. . . . (SKIP TO B8) ..... 1  
YES ..... 5

**IF YES:** Would you tell me about this?

B8 Since the last interview, have you ever spoken to a professional about any emotional problems you might have had? NO. . . . (SKIP TO B9) ..... 1  
 YES..... 5

- A. Did you speak to a ...? NO YES
- 1. Psychiatrist ..... 1 5
  - 2. Psychologist ..... 1 5
  - 3. Social worker..... 1 5
  - 4. Counselor ..... 1 5
  - 5. Other medical doctor ..... 1 5
  - 6. Nurse practitioner..... 1 5
  - 7. Clergy ..... 1 5
  - 8. Other: \_\_\_\_\_ 1 5

B9 Since the last interview, how many times have you been an inpatient in a psychiatric hospital or ward or in a chemical dependency program where you stayed over night? \_\_\_\_\_ TIMES

A. When was the last time you were treated as an inpatient? \_\_\_\_\_ / \_\_\_\_\_ t  
 MO YEAR

REASON FOR TREATMENT CODES

1= Psychiatric (non-alcohol or drug)  
 2= Alc/Drug Treatment  
 3= Combined Psychiatric & A/D Txmnt

Please tell me about your inpatient stays since the last interview, starting with the most recent one:

<u>YEAR</u>	<u>LENGTH OF STAY (DAYS)</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN &amp; SPECIALITY</u>
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____

B10 Since the last interview, have you ever received outpatient treatment for psychiatric, emotional, or chemical dependency problems? This includes any visits to a psychiatrist, psychologist, therapist, or counselor.

NO . . . (SKIP TO BOX B11) ..... 1  
 YES ..... 5

**CODES FOR NUMBER OF VISITS**

1= 1-10 visits  
 2= 11-20 visits  
 3= more than 20 visits

**REASON FOR TREATMENT CODES**

1= Psychiatric (non-alcohol or drug)  
 2= Alc/Drug Treatment  
 3= Combined Psychiatric & A/D Txmnt

Please tell me about your outpatient treatment, since the last interview, starting with the most recent one:

<u>YEAR</u>	<u>LENGTH OF STAY (DAYS)</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN &amp; SPECIALITY</u>
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____
_____	_____	_____	1 2 3	_____	_____

<b>BOX B11</b>	<b>A. IS R CURRENTLY IN TREATMENT?</b>	<b>NO</b> .....1
		<b>YES</b> .....5
	<b>B. DOES R VOLUNTEER MORE THAN 4 SEPARATE OUTPATIENT TREATMENT PROGRAMS SINCE THE LAST INTERVIEW?</b>	<b>NO</b> .....1
		<b>YES</b> .....5



(5)	D3	Since (date of last interview), have you smoked a total of 100 cigarettes?	NO.....1 YES.....5
		In your lifetime, have you...	
		D3b. smoked a total of 50 cigars?	NO.....1 YES.....5
		D3c. smoked a total of 50 pipes?	NO.....1 YES.....5
		D3d. used chewing tobacco at least 50 times?	NO.....1 YES.....5
		D3e. used snuff at least 50 times?	NO.....1 YES.....5

**IF SUBJECT HAS NOT USED CIGARETTES MORE THAN 100 TIMES SINCE AGE AT TIME OF LAST INTERVIEW AND HAS NEVER USED CHEW OR SNUFF, SKIP TO ALCOHOL SCREENER.**

**IF SUBJECT HAS NOT USED CIGARS/PIPES OR CHEW OR SNUFF AT LEAST 50 TIMES IN THEIR LIFETIME, SKIP TO ALCOHOL SCREENER.**

**OTHERS COMPLETE TOBACCO SECTION AFTER FINISHING ENTIRE SCREENING SECTION.**

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**ALCOHOL**

(1)	E1	Now I would like to ask you some questions about your use of alcoholic beverages. Have you ever had a drink of alcohol?	NO.....1 YES.....5
		A. So, you have not had even one full drink of alcohol?	NEVER.....1 YES, HAD A DRINK.....5

---

**IF NEVER HAD A DRINK OF ALCOHOL, SKIP TO THE MARIJUANA SCREENER SECTION.**

**OTHERS GO TO E3.**

(2) E3 Did you have any drink containing alcohol in the last week? NO...(SKIP TO BOX E3).....1  
YES.....5

B. Did you have anything to drink today? NO.....1  
YES.....5

**BOX E3 IF R DRANK THIS WEEK (E3=5), CODE E3C SILENTLY. OTHERS CONTINUE.**

C. When was the last time you had a drink containing alcohol? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO YEAR

**IF DK DATE, ASK:**

AGE REC: \_\_\_\_\_/\_\_\_\_\_  
REC: 1 2 3 4 5

**IF DRANK SINCE (DATE OF LAST INTERVIEW) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, COMPLETE ALCOHOL SECTION AFTER COMPLETING ENTIRE SCREENER SECTION.**

---

**MARIJUANA**

(1) F1 Have you ever used marijuana or hashish? NO.....1  
YES.....5

**IF NEVER USED MARIJUANA, SKIP TO DRUG SCREENER SECTION**

**OTHERS CONTINUE TO F1A.**

A. How many times? \_\_\_\_\_ TIMES

**IF FEWER THAN 21 TIMES, CODE B “NO” SILENTLY. OTHERS CONTINUE.**

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

C. Did you ever use marijuana at least 11 times in a single year? NO.....1  
YES.....5

(2) F2 How old were you the first time you used marijuana? AGE ONS: \_\_\_/\_\_\_ t  
 ONS: 1 2 3 4 5

B. How old were you the first time you used marijuana? AGE REC: \_\_\_/\_\_\_ t  
 REC: 1 2 3 4 5

**IF USED MARIJUANA SINCE AGE AT LAST INTERVIEW AND F1C=5, COMPLETE MARIJUANA SECTION AFTER COMPLETING ENTIRE SCREENER SECTION.**

**OTHER DRUGS**

G1		1	2	3	4	5	6	7	8	9
		<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
Have you ever used any illegal 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? <b>IF USED A DRUG, CIRCLE SPECIFIC DRUG ON TALLY SHEET.</b>	NO	1	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5	5

**BOX G1: IF ALL NO, SKIP TO EATING DISORDER SCREENER SECTION. OTHERS CONTINUE FOR EACH DRUG CODED 5.**

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

NO 1 1 1 1 1 1 1 1 1 1

1. **IF DK, ASK:** Would you say 5 or more times? YES 5 5 5 5 5 5 5 5 5 5

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

AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**IF USED ANY DRUG 5 OR MORE TIMES SINCE LAST INTERVIEW, COMPLETE DRUG SECTION AFTER COMPLETING ENTIRE SCREENER SECTION. CODE DRUGS OTHER THAN COCAINE AND STIMULANTS AS OTHER. RECORD "OTHER" \_\_\_\_\_.**

**EATING DISORDER**

ANR3RA H1 Did you ever lose a lot of weight on purpose, or while you were growing up, did you keep your weight down on purpose? NO.....(SKIP TO H9).....1  
 ANR4A YES.....5

A. When was the last time you lost a lot of weight on purpose or kept your weight down on purpose? \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 MO YEAR

ANR3RC H2 ANR4C Did you ever feel fat, even though your family or friends were very concerned that you had become much too thin? NO.....(GO TO H2A).....1 YES.....5

H2.1 When was the last time you felt fat even though your family and friends were concerned you were too thin? \_\_\_\_\_/\_\_\_\_\_  
MO YEAR

A. Was there a period of time when people thought you were thin, but you were very dissatisfied with yourself because you were not thin enough? NO.....1 YES.....5

H2A.1 When was the last time when people thought you were thin but you were dissatisfied with yourself? \_\_\_\_\_/\_\_\_\_\_  
MO YEAR

ANR3RC ANR4C H9 BUL3RE BUL4D Were you ever greatly concerned about eating too much, looking fat, or gaining too much weight? NO.....1 YES.....5

A. Have you ever been treated for an eating disorder? NO.....(SKIP TO H10).....1 YES.....(SPECIFY).....5

**SPECIFY:** \_\_\_\_\_

\_\_\_\_\_

\*H10.1 When did this last occur? \_\_\_\_\_/\_\_\_\_\_  
MO YEAR

**IF H1, H2, H9, OR H10 ARE YES AND THE AGE OF RECENCY IS AFTER THE LAST INTERVIEW, COMPLETE EATING DISORDER SECTION AFTER COMPLETEING ENTIRE SCREENING SECTION.**

**SUICIDE**

N1 Have you ever thought about killing yourself? NO.....(SKIP TO N2).....1 YES.....5

A. Did those thoughts persist for at least 7 days in a row? NO.....1 YES.....5

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

C. What were you going to do?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. How old were you when you (first/last) had these AGE ONS: \_\_\_/\_\_\_  
thoughts? AGE REC: \_\_\_/\_\_\_

---

N2 Have you ever tried to kill yourself? NO.....(SKIP TO N12).....1  
YES.....5

A. How many times? \_\_\_\_\_TIMES

B. How old were you the (first/last) time? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

---

N12 (Other than when you tried to take your own life,) did you ever NO.....(SKIP TO BOX).....1  
hurt yourself on purpose, for example, by cutting or burning YES.....5  
yourself?

C. How many times? \_\_\_\_\_TIMES

D. How old were you the (first/last) time? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**IF YES TO N1 OR N2 AND THE AGE OF RECENCY IS AFTER THE LAST INTERVIEW, COMPLETE THE SUICIDE SECTION AFTER COMPLETING THE ENTIRE SCREENER SECTION.**

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**PTSD**

PTS3RA O1 Have you ever experienced or witnessed something that is so NO.....1  
PTS4A1 horrible that it would be distressing or upsetting to almost YES.....5  
anyone? **IF YES, RECORD EVENT AND CODE.**

**EVENT 1.** \_\_\_\_\_ CODE: \_\_\_ \_\_\_  
\_\_\_\_\_

EVENT 2. \_\_\_\_\_  
\_\_\_\_\_ CODE: \_\_\_\_

EVENT 3. \_\_\_\_\_  
\_\_\_\_\_ CODE: \_\_\_\_

**IF ONLY ONE EVENT, SKIP TO B.  
OTHERS CONTINUE.**

A. Which event was the most disturbing to you? EVENT: 1 2 3  
**CIRCLE EVENT NUMBER AND REFER TO THIS  
EVENT THROUGHOUT SECTION.**

PTS4A2

B. When this most disturbing event occurred, did you feel  
intense fear, helplessness, or horror? NO.....1  
YES.....5

C. When did this (EVENT) occur? \_\_\_\_\_/\_\_\_\_\_  
MO YEAR

1. How old were you then? AGE: \_\_\_\_

D. Was there ever a period of time lasting one month or  
longer when you had strong feelings or thoughts about  
(EVENT), which made you anxious or upset? NO.....1  
YES.....5

1. When did this start? \_\_\_\_\_/\_\_\_\_\_  
MO YEAR

2. So, that was when you were \_\_\_\_ years old? AGE: \_\_\_\_

**IF D.1/D.2 OCCURRED AFTER THE AGE AT LAST INTERVIEW, COMPLETE PTSD SECTION  
AFTER COMPLETING THE ENTIRE SCREENING SECTION.**

**GAD**

Now I would like to ask you about long periods of feeling  
worried or anxious.

P1 Have you ever been anxious, worried, nervous or “on edge”  
about events or activities (e.g., school, work, finances) more  
days than not for at least 6 months? NO.....1  
YES.....5

**IF NO, SKIP TO SCREENER FOR SOCIAL PHOBIA. IF  
YES, GO TO P1A.**

A. Please describe the different things you worried about.

EXAMPLES:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

GAD3RB/C  
GAD4D

**B. ARE THERE 2 OR MORE WORRIES?**

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

**IF THERE ARE LESS THAN 2 WORRIES, SKIP TO SOCIAL PHOBIA SCREENERS (R1).**

GAD3RB  
GAD3RC

C. Did being worried, anxious or on edge interfere with your life?

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

GAD3RF  
GAD4F

**SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GAD3RA  
GAD4A

D. Did people around you, such as family and friends, tell you that you worried far too much about these problems?

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

GAD3RA  
GAD4A

1. Have you ever thought that you worried far too much about these problems?

NO.....(SKIP TO R1).....1  
YES.....5

GAD4B

E. Did you find it difficult to control your worrying for a period lasting 6 months or longer?

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

**IF P1.E=5 COMPLETE GAD SECTION AFTER COMPLETING ENTIRE SCREENING SECTION.**

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**SOCIAL PHOBIA**

(P7) SP3RA SP4A	R1	Have you ever had a <u>strong</u> and <u>persistent</u> fear of:	<u>NO</u>	<u>YES</u>
		1. starting or keeping up conversations or talking to people you don't know well?	1	5
		2. speaking to your teachers, boss or other people in authority?	1	5
		3. speaking in public or answering questions in a meeting or a class?	1	5
		4. eating or drinking in public?	1	5
		5. writing while someone watches?	1	5
		6. using public restrooms? (inability to perform, not fear of germs)	1	5

**IF ANY OF R1.1-6 IS CODED 5, COMPLETE SOCIAL PHOBIA SECTION AFTER COMPLETING ENTIRE SCREENING SECTION.**

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**AGORAPHOBIA**

	S1	Some people have a fear of being in certain places or situations where they feel it would be difficult to leave easily. Have you ever had a period of time when you had a fear like that (that you might become panicky and wouldn't be able to leave easily if that happened)?	NO.....1	YES.....5
--	----	---	----------	-----------

AGP3RA  
AGP4A

**IF YES, COMPLETE AGORAPHOBIA SECTION AFTER COMPLETING ENTIRE SCREENING SECTION.**

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**PANIC**

	T1	Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky?	NO.....1	YES.....5
--	----	--	----------	-----------

(O1)  
PAN3RA/E  
PAN4A  
AGPAN3RA  
AGPAN4A1

**IF YES, COMPLETE PANIC SECTION AFTER COMPLETING ENTIRE SCREENING SECTION.**

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**GAMBLING**

	U1	Have you ever gambled, bet, bought a lottery ticket, or used a slot machine? <b>IF NO, GO TO 1<sup>ST</sup> SECTION CHECKED ON SCREENER CHECK SHEET.</b>	NO.....1	YES.....5
	A.	Have you done these things more than 5 times in your life? <b>IF NO, GO TO 1<sup>ST</sup> SECTION CHECKED ON SCREENER CHECK SHEET.</b>	NO.....1	YES.....5

**IF U1.A=5, COMPLETE GAMBLING SECTION.**

**TOBACCO SECTION**

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR TOBACCO USE. NOTE TO INTERVIEWER: CIGARS AND PIPES (AND OTHER FORMS OF INHALED TOBACCO) SHOULD BE CODED UNDER OTHER.**

				<b>CIGS</b>	<b>OTHER*</b>	<b>CHEW*</b>	<b>SNUFF*</b>
(1 & 6)	D4	A. When you were using (tobacco product) regularly, how many days per week did you usually use (tobacco product)?	DAYS	___	___	___	___
		<b>IF NOT AS OFTER AS ONCE A WEEK, CODE 0.</b>					
ND45(=20)		B. How much of the (tobacco product) did you usually use in a day?		___	___	___	___
		<b>FOR CHEW OR SNUFF RECORD IN PINCHES.</b>					
		C. For about how long did you use (tobacco product) at this rate?	#	___	___	___	___
			<b>UNITS</b>	___	___	___	___
			<b>CODE UNITS:</b>				
			DAYS.....				1
			WEEKS.....				2
			MONTHS.....				3
			YEARS.....				4
		D. How old were you the (first/last) time you used (tobacco product) at that rate?	AGE ONS:	___/___	___/___	___/___	___/___
			ONS:	___	___	___	___
			AGE REC:	___/___	___/___	___/___	___/___
			REC:	___	___	___	___

Think about the period lasting a month or more when you used (tobacco product) the most.

(7)	D5	During this period when you were using (tobacco product) the most, about how many minutes after you woke up did you first use (tobacco product)? IF DK, ASK A. OTHERS SKIP TO D6.	MINS	___	___	___	___
		A. IF DK: Was it usually (READ OPTIONS)?		___	___	___	___
		<b>WITHIN 5 MINUTES</b>	<b>1</b>				
		<b>WITHIN 6-30 MINUTES</b>	<b>2</b>				
		<b>WITHIN 31-60 MINUTES</b>	<b>3</b>				
		<b>MORE THAN ONE HOUR</b>	<b>4</b>				

**TOBACCO SECTION**

			<b>CIGS</b>	<b>OTHER*</b>	<b>CHEW*</b>	<b>SNUFF*</b>		
(8)	D6	During the period when you used (tobacco product) the most, did you <u>usually</u> use (tobacco product) more frequently during the first hours after waking than during the rest of the day?	NO	1	1	1	1	
			YES	5	5	5	5	
(9)	D7	During the period when you were using (tobacco product) the most, did you usually find it difficult to keep from using (tobacco product) in places where it was forbidden; for example, on airplanes, in movie theaters, in “no smoking” sections of restaurants or office buildings, or perhaps in situations where someone asked you not to?	NO	1	1	1	1	
			YES	5	5	5	5	
	D8	During the period when you were using (tobacco product) the most, which 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	5	5	5
			ANY OTHERS		1	1	1	1
	D9	During the period when you were using (tobacco product) the most, were there times you used (tobacco product) even when you were so ill that you had to be in bed most of the day?	NO	1	1	1	1	
			YES	5	5	5	5	

**IF ONLY USES SMOKELESS TOBACCO, SKIP TO D10A.1.**



**TOBACCO SECTION**

			<b>CIGS</b>	<b>OTHER*</b>	<b>CHEW*</b>	<b>SNUFF*</b>
(12) ND46	D11	Have you <u>often</u> given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to use (tobacco product)? <b>IF NO SKIP TO D12.</b>	NO YES	1 5*	1 5*	
	<b>*D11A.</b>	How old were you the (first/last) time you used (tobacco product) at that rate?		AGE ONS: ___/___ ONS: ___ AGE REC: ___/___ REC: ___	___/___ ___ ___/___ ___	
(13) ND43	D12	Have you <u>often</u> used (tobacco product) a lot more than you intended or for more days in a row than you intended? <b>IF NO SKIP TO D12A.</b>	NO YES	1 5*	1 5*	1 5*
	<b>D12.1</b>	How old were you the (first/last) time you used (tobacco product) at that rate?		AGE ONS: ___/___ ONS: ___ AGE REC: ___/___ REC: ___	___/___ ___ ___/___ ___	___/___ ___ ___/___ ___
ND43	D12A	Have you <u>often</u> found that you've run out of (tobacco product) sooner than you intended? <b>IF NO SKIP TO D13.</b>	NO YES	1 5*	1 5*	1 5*
	<b>*D12A.1</b>	How old were you the (first/last) time that happened?		AGE ONS: ___/___ ONS: ___ AGE REC: ___/___ REC: ___	___/___ ___ ___/___ ___	___/___ ___ ___/___ ___

**IF ONLY USED SMOKELESS TOBACCO, SKIP TO D14.**

**TOBACCO SECTION**

			<b>CIGS</b>	<b>OTHER*</b>	<b>CHEW*</b>	<b>SNUFF*</b>		
(14) ASP3RC7 ASP4A5	D13	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? <b>IF NO SKIP TO D14.</b>	NO	1	1			
			YES	5	5			
		A. Did this happen a total of 3 or more times?	NO	1	1			
			YES	5	5			
		B. Did this ever happen 3 or more times in any 12-month period?	NO	1	1			
YES	5		5					
(15) ND44	D14	Have you often wanted to quit or cut down on your (tobacco product) use? <b>IF NO SKIP TO D14D.</b> <b>SPECIFY (DO NOT COUNT PREGNANCY):</b>	NO	1	1	1	1	
			YES	5*	5*	5*	5*	
		*D14.1 How old were you the (first/last) time that happened?		AGE ONS:	___/___	___/___	___/___	___/___
				ONS:	___	___	___	___
				AGE REC:	___/___	___/___	___/___	___/___
				REC:	___	___	___	___
		A. Have you ever tried to quit using (tobacco product)?	NO	1	1	1	1	
			YES	5*	5*	5*	5*	
		B. How many times did you try to quit?	TIMES	___	___	___	___	
		C. Were you always able to stop or cut down when you tried to? <b>IF YES, SKIP TO D15.</b>	NO	1	1	1	1	
YES	5		5	5	5			
1. Was this for at least 1 month?	NO	1	1	1	1			
	YES	5	5	5	5			

**TOBACCO SECTION**

			<b>CIGS</b>	<b>OTHER*</b>	<b>CHEW*</b>	<b>SNUFF*</b>
ND44	D. Have you 3 or more times found that you were unable to stop or cut down on using (tobacco product) for at least 1 month? <b>IF NO SKIP D15.</b>	NO	1	1	1	1
		YES	5*	5*	5*	5*
	<b>*D14D1</b> How old were you the (first/ last) time that happened?	AGE ONS:	___/___	___/___	___/___	___/___
		ONS:	___	___	___	___
		AGE REC:	___/___	___/___	___/___	___/___
		REC:	___	___	___	___

(16) D15 Since you began using (tobacco product) regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit? **IF NEVER, CODE 000 DAYS. IF LESS THAN ONE DAY, CODE 001 DAY.**

\_\_\_ \_\_ \_\_ UNITS

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

<b>BOX D15 IF D15=000 DAYS, SKIP TO D17.          OTHERS CONTINUE.</b>
--

(23)	A. Have you ever attended a class or group for people trying to quit or reduce their use of (tobacco product)?	NO	1	1	1	1
		YES	5	5	5	5
	B. Have you ever tried nicotine gum or a nicotine patch (to quit or reduce you use of (tobacco product))?	NO	1	1	1	1
		YES	5	5	5	5
	C. Have you ever tried nicotine-free cigarettes (to quit or reduce your use of (tobacco product))?	NO	1	1	1	1
		YES	5	5	5	5
	D. Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?	NO	1	1	1	1
		YES	5	5	5	5

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

**TOBACCO SECTION**

(17) D16 I'm going to ask you about some problems that you might have had when you stopped using (tobacco) or used less (tobacco) than usual. Think about the time when you had the most problems when you went without tobacco or had less than usual. **CODE IN COLUMN I.**

AGE ONS:                    \_\_\_/\_\_\_  
 ONS:    1    2    3    4    5  
 AGE REC:                    \_\_\_/\_\_\_  
 REC:    1    2    3    4    5

I-SX  
 II-CLSTR  
 III-24HRS

	During that time:		(SX)		(CLSTR)		(24 HRS)	
			COL. I		COL.II		COL.III	
			<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1.	Were you irritable, angry, or frustrated?.....	1	5	1	5	1	5	
2.	Were you nervous or anxious?.....	1	5	1	5	1	5	
3.	Were you restless?.....	1	5	1	5	1	5	
4.	Did you have trouble concentrating?.....	1	5	1	5	1	5	
5.	Did your heart slow down?.....	1	5	1	5	1	5	
6.	Did you feel down or depressed?.....	1	5	1	5	1	5	
7.	Did you have such a strong desire for (tobacco product that you couldn't think of anything else?.....	1	5	1	5	1	5	
8.	Did your appetite increase or did you gain weight?.....	1	5	1	5	1	5	
9.	Did you have trouble sleeping?.....	1	5	1	5	1	5	

<b>BOX D16 HOW MANY 5'S CODED IN COLUMN I?</b>	<b>NONE.....(SKIP TO D17).....1</b>
	<b>1-3.....(SKIP TO B).....2</b>
	<b>4 OR MORE.....3</b>

**TOBACCO SECTION**

ND42A

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

1. Which ones?

**CODE IN COLUMN II.**

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

AGE ONS:                    \_\_\_/\_\_\_  
ONS:        1    2    3    4    5  
AGE REC:                    \_\_\_/\_\_\_  
REC:        1    2    3    4    5

**FOR EACH 5 CODED IN D16.1-7 COL. I, ASK B.**

B. Did (SX) last for at least 24 hours? NO.....1  
**CODE IN COL. III. ONLY COUNT SYMPTOMS THAT LAST FOR MOST WAKING HOURS.** YES.....5

C. Did the problems you had after quitting or cutting down on (tobacco) use often interfere with your work, school, or household responsibilities? NO.....1  
YES.....5

ND42B

D. Did you start using (tobacco) again or use other sources of nicotine to avoid having the problems that quitting might cause? NO.....1  
YES.....5\*

**TOBACCO SECTION**

(18)	D17	Has using (tobacco) ever made you nervous or jittery or caused you any other emotional or mental problem?  A. Did feeling nervous, jittery or having other emotional or mental problems from using (tobacco) interfere with your functioning? SPECIFY: _____	NO.....(SKIP TO D18).....1 YES.....5  NO.....(SKIP TO D18).....1 YES.....(SPECIFY).....5
ND47		B. Did you continue to use (tobacco) after you knew it caused you problems like these?  *B1. How old were you the (first/last) time?	NO.....(SKIP TO D18).....1 YES.....5*  AGE ONS:                    ___/___ ONS:            1    2    3    4    5 AGE REC:                    ___/___ REC:            1    2    3    4    5
<hr/>			
(19)	D18	Has using (tobacco) caused you any health problem such as a problem with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem? SPECIFY: _____	NO.....(SKIP TO D19).....1 YES.....(SPECIFY).....5  CODE: ___ ___ ___
ND47		A. Did you continue to use (tobacco) after you knew it caused you (this/these) health problem(s)?  *A1. How old were you the (first/last) time?	NO.....(SKIP TO D19).....1 YES.....5*  AGE ONS:                    ___/___ ONS:            1    2    3    4    5 AGE REC:                    ___/___ REC:            1    2    3    4    5
(20)	D19	Have you continued to use (tobacco) when you had another serious illness that you knew was made worse by using (tobacco)? SPECIFY: _____	NO.....(SKIP TO D19).....1 YES.....(SPECIFY).....5  CODE: ___ ___ ___
		*D19.1. How old were you the (first/last) time?	AGE ONS:                    ___/___ ONS:            1    2    3    4    5 AGE REC:                    ___/___ REC:            1    2    3    4    5

**TOBACCO SECTION**

(21)	D20	A. After you had been using (tobacco) regularly for some time, did you need to increase your daily use to feel comfortable?	NO.....1 YES.....(SKIP TO C).....5
		B. After you had been using tobacco, regularly, did you come to need more (tobacco) each day?	NO.....(SKIP TO D).....1 YES.....5*
ND41A		C. Was this 50% more?	NO.....1 YES...(SKIP TO BOX D21).....5
		*D20C.1 How old were you the (first/last) time?	AGE ONS:                    ___/___ ONS:            1    2    3    4    5 AGE REC:                    ___/___ REC:            1    2    3    4    5
ND41B		D. After you had been using (tobacco) for some time, did you find that (tobacco) had less effect on you than before?	NO.....1 YES.....5*
		*D20D.1 How old were you the (first/last) time?	AGE ONS:                    ___/___ ONS:            1    2    3    4    5 AGE REC:                    ___/___ REC:            1    2    3    4    5

---

**ALCOHOL SECTION**

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR ALCOHOL USE.**

(3) E4 A. Think about your use of alcohol over the past 6 \_\_\_\_\_ WEEKS months. How many weeks in the past 6 months have been weeks in which you drank alcohol? **IF EVERY WEEK, CODE 26. IF 00, SKIP TO E5.**

**B.**

**REFER TO CARD E1 FOR THE DEFINITION OF A STANDARD DRINK. IF OTHER, RECORD SPECIFIC DRINK NAME.**

	<u>BEER</u>	<u>WINE</u>	<u>LIQUOR</u>	<u>OTHER</u> (SPECIFY DRINK)
M	-9	-9	-9	-9 _____
Tu	-9	-9	-9	-9 _____
W	-9	-9	-9	-9 _____
Th	-9	-9	-9	-9 _____
F	-9	-9	-9	-9 _____
Sa	-9	-9	-9	-9 _____
Su	-9	-9	-9	-9 _____

**ALCOHOL SECTION**

E4C. I'd like you to think about the week in the last 6 \_\_\_\_\_ DAYS  
 months when you drank the most. How many days  
 did you drink during that week?

**IF R VOLUNTEERS THAT NO WEEK STANDS OUT  
 AS THE HEAVIEST (I.E., TYPICAL= HEAVIEST),  
 CODE 0 AND SKIP TO E5.**

D. How many drinks did you have on a typical day \_\_\_\_\_ DRINKS  
 during that week?

E. During what month did a week like that (last) occur? \_\_\_\_\_ / \_\_\_\_\_  
 MO YEAR

(4)	E5	At what age did you begin to drink regularly; that is, drinking at least once a month for 6 months or more? <b>IF NEVER, CODE 00.</b>	<b>9</b>	
	A.	How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet?	<b>-9</b>	
	1.	Was it before you were 15 years old?	<b>9</b>	
	B.	Did you get drunk more than once before you were 15 years old?	<b>9</b>	

**BOX E5 IF D3=5, CONTINUE. OTHERS SKIP TO E6.**

C. When drinking, did you almost always smoke cigarettes at the same time? NO.....1  
 YES.....5  
**COUNT TOBACCO ONLY.**

(5) E6 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

**\*E.6.1** When did your period of heaviest drinking occur? AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

A. In the past 6 months, what is the largest number of drinks you've drunk in a 24-hour period? \_\_\_\_\_ DRINKS

**ALCOHOL SECTION**

**BOX E7 IF E6=3 DRINKS OR FEWER (LIFETIME),  
SKIP TO F1.**

- (6) E8 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.....1  
YES.....5
- A. Think about those periods of time when you drank the most. What was the largest number of drinks that you would drink during that time? \_\_\_\_\_ DRINKS
- B. So, during this period you drank at least (# FROM A) drinks? NO.... (RE-ASK A) ...1  
YES.....5
- C. How old were you when this period began? AGE ONS:  
ONS:1 2 3 4 5
- D. How long did this period last? \_\_\_\_\_ WEEKS

- (20) E9 (After you started drinking regularly,) did you ever become tolerant to alcohol; that is, you drank a great deal more in order to get an effect, or found you could no longer get high on the amount you used to drink? NO....(SKIP TO E) ...1  
YES.....5
- A1. When you first started drinking regularly, how many drinks did it take you to get an effect? \_\_\_\_\_ DRINKS
- A2. After you had been drinking for some years, how many drinks did you usually need to get an effect? \_\_\_\_\_ DRINKS
- CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.**
- B. How old were you the (first/last) time you needed (# IN A2) drinks to get an effect? AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

**C. WAS THE INCREASE IN A2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE?** NO ... (SKIP TO E) .. 1  
YES..... 5

**D. WAS INCREASE 50% OR MORE? CHECK CARD E2.** NO..... 1  
YES . (SKIP TO E10) 5

AD3RA7  
AD41A  
ADICD4

- E. Did you ever find you could drink a lot more before you got drunk? NO. . (SKIP TO E10)..1  
YES.....5
- F1. When you first started drinking regularly, how many drinks did it take you to get drunk? \_\_\_\_\_ DRINKS

**ALCOHOL SECTION**

E9.F2. After you had been drinking for some years, how many drinks did it take you to get drunk? \_\_\_ \_\_\_ \_\_\_ DRINKS  
**CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.**

G. How old were you the (first/last) time you needed (# IN F2) drinks to get drunk?  
 AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

<b>H. WAS THE INCREASE IN F2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE?</b>	<b>NO. .(SKIP TO E10) . 1</b> <b>YES..... 5</b>
<b>I. WAS INCREASE 50% OR MORE? CHECK CARD E2.</b>	<b>NO..... 1</b> <b>YES..... 5</b>

AD3RA7  
AD41B  
ADICD4

(9)  
AD3RA2/B  
AD44  
ADICD2

E10 Have you 3 or more times wanted to stop or cut down on drinking?  
**DO NOT COUNT DIETING OR PREGNANCY.**  
 NO...(SKIP TO B) ....1  
 YES.....5

A. How old were you the (first/last) time?  
 AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

B. Have you ever tried to stop or cut down on drinking?  
**COUNT ANY REASON.**  
 NO.. (SKIP TO E12) .1  
 YES.....5

AD3RA2  
ALCFGNB1

C. Were you always able to stop or cut down when you tried to?  
 NO, UNABLE.....1  
 YES.. (SKIP TO E11) .5

AD44  
ADICD2

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

AD44  
ADICD2

1. Was it 3 or more times?  
 NO.....1  
 YES.....5

E. How old were you the (first/last) time?  
 AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

**ALCOHOL SECTION**

(21) ALCFGNB2	E11 Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made any rules <u>to control</u> your drinking?	<b>9</b>	
	A. How old were you the first time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b>	
(13) ALCFGNB1	E12 Have you ever started drinking at times you <u>promised</u> yourself that you wouldn't, or have you ever drunk more than you intended? For example, when you decided to drink 2 drinks and ended up drinking 4 or more?	NO.....1 YES.....5	
	A. Have you ever continued drinking for more days in a row than you intended?	NO.. (SKIP TO E13)...1 YES.....5	
	B. How old were you the (first/last) time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b>  AGE REC: <b>-9 / -99</b> REC: <b>9</b>	
AD3RA1/B AD43 ADICD2	C. Did this happen 3 or more times?	NO.....1 YES.....5	
	*C1.How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5  AGE REC:___/___ REC: 1 2 3 4 5	
(14)	E13 Have you ever started drinking and become drunk when you didn't want to?	NO. (SKIP TO E14)...1 YES.....5	
	A. How old were you the (first/last) time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b>  AGE REC: <b>-9 / -99</b> REC: <b>9</b>	
AD3RA1/B AD43 ADICD2	B. Did this happen 3 or more times?	NO.....1 YES.....5	
	*B1.How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5  AGE REC:___/___ REC: 1 2 3 4 5	

**ALCOHOL SECTION**

(22) E14 Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives? NO.. (SKIP TO E15)...1  
YES... (SPECIFY).....5

**SPECIFY:** \_\_\_\_\_

\_\_\_\_\_

	A. How old were you the (first/last) time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b> AGE REC: <b>-9 / -99</b> REC: <b>9</b>
AD3RA5/B AD46 ADICD5	B. Did this happen 3 or more times or for a month or more?	NO.....1 YES.....5
	<b>*B1.</b> How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5 AGE REC:___/___ REC: 1 2 3 4 5

(15) E15 Has there ever been a period of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else? NO.. (SKIP TO E16)...1  
YES.....5

AD3RA3 AD45 ADICD5	A. Did this period last for a month or more or did you have 3 or more periods like that?	NO.. (SKIP TO E16)...1 YES.....5
	B. How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5 AGE REC:___/___ REC: 1 2 3 4 5

**ALCOHOL SECTION**

(12) E16 Have you ever gone on binges or benders when you kept on drinking for 2 days or more without sobering up, except for sleeping? NO.. (SKIP TO E17)..1  
YES.....5

A. Did you neglect some of your usual responsibilities then? NO.. (SKIP TO E17)..1  
YES.....5

AD3RA4/B  
ADICD5  
ALCFGNA4

B. How many binges like that have you had? \_\_\_\_\_ TIMES  
**IF 3 OR MORE, SKIP TO C. IF DK, ASK B1. OTHERS SKIP TO C.**

AD3RA4/B  
ADICD5  
ALCFGNA4

1. Did you go on binges 3 or more times? NO .....1  
YES.....5

C. How old were you the (first/last) time (you binged and neglected your responsibilities)?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**IF FEWER THAN 3 BINGES, CODE E16.D=1 SIENTLY.**

AA4A1

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

(31)  
ALCFGNA3

E17 Have you ever had blackouts, that is when you did not pass out while drinking, but you drank enough so that the next day you could not remember things you had said or done? NO...SKIP TO E21)...1  
YES.....5

A. How old were you the (first/last) time? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

B. How many blackouts have you had from drinking? \_\_\_\_\_ TIMES  
**IF DK, ASK E17B.1.**

1. Did you have 3 or more blackouts? NO .....1  
YES.....5

(10)	E18 Did you ever need a drink just after you had gotten up (that is, before breakfast)?	<b>9</b>	
ALCFGNB3	A. Did you ever <u>take</u> a drink just after you had gotten up?	<b>9</b>	
	B. How old were you the (first/last) time you took (needed) a drink just after you had gotten up?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b> AGE REC: <b>-9 / -99</b> REC: <b>9</b>	

**ALCOHOL SECTION**

	C. Did this happen 3 or more times?	<b>9</b>	
(11) ADICD1	E19 In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else?	<b>9</b>	
	A. How old were you the (first/last) time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b> AGE REC: <b>-9 / -99</b> REC: <b>9</b>	
(19) ALCFGNB4	E20 Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol?	<b>9</b>	
	A. How old were you the first time?	AGE ONS: <b>-9 / -99</b> ONS: <b>9</b>	
(36) AD3RA4/B AA3RA2 AA4A2	E21 Have you used alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol? <b>PROBE FOR AMOUNTS OF ALC/DRUGS AND REASON THOUGHT DANGEROUS.</b>  <b>SPECIFY:</b> _____  _____	NO...(SKIP TO E22)..1 YES.... (SPECIFY)....5	
	A. What medication(s) or drug(s)?  _____  _____	CODE: _____ CODE: _____	
	B. How old were you the (first/last) time you mixed alcohol and drugs when you knew it was dangerous?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5	
AA4A2	C. Did this happen 3 or more times in any 12-month period?	NO.....1 YES.....5	
ADICD6	D. Did you have any harmful effects from mixing alcohol and (DRUG)?  <b>SPECIFY:</b> _____  _____		

**ALCOHOL SECTION**

(30) E22 When you were drunk, did you ever drive a car, motorcycle or boat; use a knife, power equipment or gun; cross against traffic; climb or swim; or put yourself in any other situation where you might have gotten hurt? NO...(SKIP TO E23)..1  
YES.....5

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

AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

AD3RA4/B  
AA3RA2/B  
ASP3RC7  
ASP4A5

B. How many times has this happened? **IF 3 OR MORE, SKIP TO C. IF FEWER THAN 3, SKIP TO E23. IF DK, ASK B1.**

\_\_\_ \_\_ TIMES

AD3RA4/B  
AA3RA2/B  
ASP3RC7  
ASP4A5

1. Did this happen 3 or more times?

NO...(SKIP TO E23)..1  
YES.....5

AA4A2

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

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

(27)  
ALCFGNC2

E23 Have you ever been arrested for drunk driving?

NO...(SKIP TO E24)..1  
YES.....5

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

AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

AD3RA4/B  
AA3RA2/B  
ASP3RC7  
ASP4A5

B. How many times has this happened? **IF 3 OR MORE, SKIP TO C. IF FEWER THAN 3, SKIP TO E24. IF DK, ASK B1.**

\_\_\_ \_\_ TIMES

AD3RA4/B  
AA3RA2/B  
ASP3RC7  
ASP4A5

1. Did this happen 3 or more times?

NO...(SKIP TO E24)...1  
YES.....5

AA4A3

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

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

**ALCOHOL SECTION**

(27)  
ALCFGNC2

E24 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... (SKIP TO E25)..1  
YES.....5

ASP3RC7

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

AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

AD3RA4/B  
AA3RA2/B

B. How many times has this happened? **IF 3 OR MORE, SKIP TO C. IF FEWER THAN 3, SKIP TO E25. IF DK, ASK B1.**

\_\_\_ \_\_ TIMES

AD3RA4/B  
AA3RA2/B

1. Did this happen 3 or more times?

NO...SKIP TO E25)...1  
YES.....5

AA4A2

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

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

(23)  
AD3RA4/B

E25 Has your drinking or being drunk or hung over often interfered with your work, school, household, or child care responsibilities?

NO... (SKIP TO E26)..1  
YES....(SPECIFY).....5

**SPECIFY:** \_\_\_\_\_

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

AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

AA4A1

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

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

**ALCOHOL SECTION**

		COL I		AGE	COL II	
		<u>NO</u>	<u>YES</u>	<u>ONS</u>	<u>NO</u>	<u>YES</u>
(17) ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B	E26A 1. Did your drinking ever result in objections from or problems with your family, friends, doctors, clergy, or people at work or school?	1	5	<b>-99</b>	<b>9</b>	
ALCFGND3 AD3RA6	2. Have you ever lost friends on account of your drinking?	1	5	<b>-99</b>	<b>9</b>	
ALCFGNC3 AD3RA6 AA3RA1/B	3. Did your drinking ever cause you to have problems at work or school?	1	5	<b>-99</b>	<b>9</b>	
	4. Did you ever get into arguments when you had been drinking?	1	5	<b>-99</b>	<b>9</b>	
ALCFGNC4	5. Did you ever hit things or throw something when you had been drinking?	1	5	<b>-99</b>	<b>9</b>	
ALCFGNC4	6. Did you ever hit a significant other or anyone in your family when you had been drinking?	1	5	<b>-99</b>	<b>9</b>	
ALCFGNC4	7. Did you ever hit anyone else when you had been drinking without getting into a fight?	1	5	<b>-99</b>	<b>9</b>	
ALCFGNC4	8. Did you ever get into physical fights while drinking?	1	5	<b>-99</b>	<b>9</b>	
<p><b>IF ANY 5 IS CODED IN COL. I, CONTINUE. OTHERS SKIP TO E27.</b></p> <p>B. How old were the last time any of these happened (REVIEW SX CODED 5 IN COL. I)?</p> <p align="right">AGE REC: <b>-9 / -99</b> REC: <b>9</b></p>						
AA4A4	C. Did any of these experiences happen 3 or more separate times in any 12-month period?				NO .....1 YES.....5	

**ALCOHOL SECTION**

(24)	E27	Did your drinking cause serious or repeated problems in any marriage or love relationship?	NO.. (SKIP TO E28)...1 YES.....5
	A.	How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5 AGE REC:___/___ REC: 1 2 3 4 5
AA4A4	B.	Did this happen 3 or more times in any 12-month period?	NO.....1 YES.....5
AD3RA6	C.	Did you continue to drink knowing it caused these problems?	NO.....1 YES.....5

(28) ALCFGNC1	E28	Have you ever been arrested or detained by the police even for a few hours because of drunk behavior (other than for drunk driving)?	NO...SKIP TO E29)...1 YES.....5
	A.	How old were you the (first/last) time?	AGE ONS:___/___ ONS: 1 2 3 4 5 AGE REC:___/___ REC: 1 2 3 4 5
AD3RA6	B.	How many times has this happened? <b>IF 3 OR MORE, SKIP TO C. IF FEWER THAN 3, SKIP TO E29. IF DK, ASK B1.</b>	___ __ TIMES
AD3RA6	1.	Did this happen 3 or more times?	NO.. (SKIP TO E29) ..1 YES.....5
AA4A3	C.	Did this happen 3 or more times in any 12-month period?	NO.....1 YES.....5

**ALCOHOL SECTION**

(29)	<p>E29 Have you ever accidentally injured yourself when you were drinking; that is, had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?</p> <p style="margin-left: 40px;">A. How old were you the (first/last) time?</p>	<p>NO.. (SKIP TO E31)...1 YES.....5</p> <p>AGE ONS:___/___ ONS: 1 2 3 4 5</p> <p>AGE REC:___/___ REC: 1 2 3 4 5</p>
AD3RA4/B ADICD6 AA3RA2	<p style="margin-left: 40px;">B. How many times has this happened? <b>IF 3 OR MORE, SKIP TO C. IF FEWER THAN 3, SKIP TO E31. IF DK, ASK B1.</b></p>	<p style="margin-left: 40px;">_____ TIMES</p>
AD3RA4/B ADICD6 AA3RA2	<p style="margin-left: 40px;">1. Did this happen 3 or more times?</p>	<p>NO...(SKIP TO E31)...1 YES.....5</p>
AA4A2	<p style="margin-left: 40px;">C. Did this happen 3 or more times in any 12-month period?</p>	<p>NO.....1 YES.....5</p>

(16) E30 OMITTED.

(35) ALCFGNA2	<p>E31 There are several health problems that can result from long stretches of drinking. Did drinking ever cause you to have...</p> <p style="margin-left: 40px;">1. liver disease or yellow jaundice?</p> <p style="margin-left: 40px;">2. stomach disease or make you vomit blood?</p> <p style="margin-left: 40px;">3. pancreatitis?</p> <p style="margin-left: 40px;">4. damage to your heart (cardiomyopathy)?</p> <p style="margin-left: 40px;">5. your feet tingle or feel numb for many hours?</p> <p style="margin-left: 40px;">6. memory problems even when you weren't drinking (so, not counting blackouts)?</p> <p style="margin-left: 40px;">7. any other physical health problems? <b>IF YES, SPECIFY.</b></p> <p style="margin-left: 40px;"><b>SPECIFY:</b>_____</p> <p><b>IF ALL CODED 1, SKIP TO E32. OTHERS CONTINUE.</b></p> <p style="margin-left: 40px;">A. How old were you when you first found out that drinking had given you any of these health problems?</p>	<p style="text-align: center;"><u>NO</u>    <u>YES</u></p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>1        5</p> <p>AGE ONS:___/___ ONS: 1 2 3 4 5</p>
AD3RA6 AD47 ADICD6 AA3RA1	<p style="margin-left: 40px;">B. Did you continue to drink knowing that drinking caused you to have health problems?</p>	<p>NO.....1 YES.....5</p>
	<p style="margin-left: 40px;">*B1. When did your period of heaviest drinking occur?</p>	<p>AGE ONS:___/___ ONS: 1 2 3 4 5</p> <p>AGE REC:___/___ REC: 1 2 3 4 5</p>

**ALCOHOL SECTION**

(36)  
AD3RA6  
AD47  
ADICD6  
AA3RA1

E32 Have you ever continued to drink when you knew you had any (other) serious physical illness or condition that might be made worse by drinking? NO...(SKIP TO E33)...1  
YES.....5

A.What illness or condition? CODE: \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_

B. How old were you the (first/last) time? AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

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

(37)

E33 Has drinking ever caused you emotional or psychological problems like: NO YES

1. feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning? 1 5

2. feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning? 1 5

3. having such trouble thinking clearly for more than 24 hours that it interfered with your functioning? 1 5

4. feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships? 1 5

5. hearing, seeing, or smelling things that weren't really there? 1 5

**IF ALL ARE CODED 1, SKIP TO E34. OTHERS CONTINUE.**

AD3RA6  
AD47  
ADICD6  
AA3RA1

A. Did you continue to drink after you knew it caused you any of these problems? NO... (SKIP TO E34)..1  
YES.....5

B. How old were you the (first/last) time? AGE ONS:\_\_\_/\_\_\_  
ONS: 1 2 3 4 5

AGE REC:\_\_\_/\_\_\_  
REC: 1 2 3 4 5

**ALCOHOL SECTION**

(25) ALCFGND1	E34 Did you ever think that you were an excessive drinker or think that you drank too much for your own good?	NO. . . .(SKIP TO E35) 1 YES.....5
	A. How old were you the first time you thought that?	AGE ONS:___/___ ONS: 1 2 3 4 5
(26) ALCFGND5	E35 Have you ever felt guilty about drinking?	NO.(SP to BOX E36) ..1 YES.....5
	A. How old were you the first time?	AGE ONS:___/___ ONS: 1 2 3 4 5

(18) E36 OMITTED.

**IF NO MARKS ON TALLY SHEETS A, B, AND C, SKIP TO MARIJUANA SECTION. OTHERS CONTINUE.**

(32) E37 People who cut down, stop, or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover.

ALCFGNA1

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

		I	II	III	IV
			(DSM3R)	(DSM4)	(ICD)
II-AD3R	1. Did you have the shakes (hands trembling)?	1 5	1 5	1 5	<b>9</b>
III-AD4	2. Were you unable to sleep?	1 5	1 5	1 5	<b>9</b>
IV-AICD	3. Did you feel anxious?	1 5	1 5	1 5	
	4. Did you feel depressed or irritable?	1 5	1 5		
	5. Did your heart beat fast or did you sweat?	1 5	1 5	1 5	<b>9</b>
	6. Did you have nausea or vomiting?	1 5	1 5	1 5	<b>9</b>
	7. Did you feel physically weak?	1 5	1 5		<b>9</b>
	8. Did you have headaches?	1 5	1 5		<b>9</b>
	9. Did you see or hear things that weren't there?	1 5	1 5	1 5	<b>9</b>
	10. Were you fidgety or restless?	1 5		1 5	<b>9</b>

**BOX E37 IF NO 5'S CODED IN COLUMN I, SKIP TO E38. IF R HAD SHAKES (E37.1= 5), ASK A. IF NO SHAKES (E37.1=1), SKIP TO B.**

**ALCOHOL SECTION**

A. How old were you the (first/last) time you had the shakes (hands trembling)?

AGE ONS: **-9 / -99**  
ONS: **9**

AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

AD3RB

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

**IF ONLY ONE SX IS CODED 5 IN E37.1-10, SKIP TO H. OTHERS CONTINUE.**

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

AD3RA8  
AD42A  
ADICD3

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

E. How old were you the (first/last) time these problems occurred together? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

AD3RB

F. How many times did you have problems like these (occur together)? **IF DK, ASK F1. OTHERS SKIP TO G.** \_\_\_\_\_ TIMES

AD3RB

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

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

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

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

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

AGE ONS: **-9 / -99**  
ONS: **9**  
AGE REC: **-9 / -99**  
REC: **9**

AD3RA9/B  
AD42B  
ADICD3

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

**ALCOHOL SECTION**

**\*I.1.** How old were you the (first/last) time these problems occurred together?

AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

	<p>J. Did you ever take any medication or drug to avoid any of these problems (or to make them go away)?  <b>DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.</b></p> <p><b>SPECIFY:</b> _____          _____</p>	<p>NO ..... 1          YES... (SPECIFY).....5</p> <p>CODE: _____          CODE: _____</p>
--	--	---

(33)  
 AD3RA8  
 AD42A  
 ADICD3  
 ALCFGNAI

E38 When you stopped, cut down, or went without drinking, did you ever have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?

NO... (SKIP TO E39).1  
 YES.....5

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

AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

AD3RB

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

\_\_\_ \_\_ TIMES

1. Did this occur 3 or more times?

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

AD3RA9/B  
 AD42B  
 ADICD3

C. On 3 or more different occasions have you taken a drink to keep from having fits, seizures, or convulsions or to make them go away?

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

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

AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

**ALCOHOL SECTION**

D. Did you ever take any medication or drug to avoid having fits, seizures, or convulsions (that occurred because you went without drinking) or to make them go away? NO .....1  
 YES.....5  
**DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.**

**SPECIFY:** \_\_\_\_\_ CODE: \_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_

(34)  
 AD3RA8  
 AD42A  
 ADICD3  
 ALCFGNA1

E39 When you stopped, cut down, or went without drinking, did you ever have the DT's, that is, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there? NO.. (SKIP TO E43)...1  
 YES.....5

A. How old were you the (first/last) time this happened? AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

AD3RB

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

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

AD3RA9/B  
 AD42B  
 ADICD3

C. On 3 or more different occasions have you taken a drink to keep from having the DT's or to make them go away? NO....SKIP TO D) .....1  
 YES.....5

1. How old were you the (first/last) time this happened? AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

D. Did you ever take any medication or drug to avoid the DT's or to make them go away? NO .....1  
 YES 5  
**DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.**

**SPECIFY:** \_\_\_\_\_ CODE: \_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_

**ALCOHOL SECTION**

(8) E43 (Since (AGE OF REGULAR DRINKING IN E5)), what is the longest period of time you have gone without drinking? \_\_\_\_\_ MONTHS  
**IF LESS THAN 3 MONTHS, SKIP TO E44.**

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

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

PERIOD 1: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ t  
 MO YEAR MO YEAR

PERIOD 2: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ t  
 MO YEAR MO YEAR

PERIOD 3: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ t  
 MO YEAR MO YEAR

PERIOD 4: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ t  
 MO YEAR MO YEAR

(38) E44 Have you ever brought up any problem you might have had with drinking with any professional? NO....SKIP TO E45) . 1  
 YES..... 5

- A. Did you talk with:
- |   |   |   |
|---|---|---|
| 1.a psychiatrist?                         | 1 | 5 |
| 2.another medical doctor?                 | 1 | 5 |
| 3.a psychologist?                         | 1 | 5 |
| 4.another mental health professional?     | 1 | 5 |
| 5.a member of the clergy?                 | 1 | 5 |
| 6.another professional? (IF YES, SPECIFY) | 1 | 5 |

**SPECIFY:** \_\_\_\_\_

B. How old were you the (first/last) time you brought up any problem you had with drinking? AGE ONS: \_\_\_/\_\_\_  
 ONS: 1 2 3 4 5

AGE REC: \_\_\_/\_\_\_  
 REC: 1 2 3 4 5

C. With whom did you speak first? CODE: \_\_\_  
**RECORD CODE (1-6)**

**ALCOHOL SECTION**

(39)

**REFER TO B9 BEFORE ASKING**

E45 Have you ever been treated for a drinking problem? NO ...(SKIP TO D)... 1  
YES..... 5

- |    |   | <u>NO</u> | <u>YES</u> |
|----|---|-----------|------------|
| A. | Were you treated:   |           |            |
|    | 1. at AA or another self-help group?                                    | 1         | 5          |
|    | 2. at an outpatient alcohol program?                                    | 1         | 5          |
|    | 3. at an outpatient program for something other than alcohol?           | 1         | 5          |
|    | 4. at an inpatient alcohol program?                                     | 1         | 5          |
|    | 5. when you were an inpatient for medical complications due to alcohol? | 1         | 5          |
|    | 6. at any other place or program?                                       | 1         | 5          |

**SPECIFY:**

\_\_\_\_\_

B. How old were you the (first/last) time you were treated? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

C. Where were you first treated? **RECORD CODE** CODE: \_\_\_  
**(1-6) AND THEN SKIP TO F1, p. 46.**

D. Did you ever attend a self-help group (like AA) for your drinking? NO. . (SKIP TO NEXT CHECKED SECTION).... 1  
YES..... 5

1. How old were you the (first/last) time you attended a self-help group for your drinking? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**MARIJUANA SECTION**

(2) F2C. How many times did you use marijuana in the last 12 months?  
**IF MORE THAN 20 TIMES, CODE C1.1 AND C.1 5  
 AND SKIP TO F3. OTHERS SKIP TO D.**

- |   |   |
|---|---|
| 1. Did you use marijuana at least 21 times during the past 12 months?   | NO.....1<br>YES.....(SKIP TO F3).....5  |
| 2. Did you use marijuana at least 11 times during the past 12 months?   | NO .....1<br>YES.....(SKIP TO F3).....5 |
| D. Did you ever use marijuana at least once a week for a month or more? | NO.....1<br>YES .....5                  |

**BOX F2 IF F1C.2 IS CODED 1, SKIP TO G.  
 OTHERS CONTINUE.**

(3)  
DRFGNC

F3 What was the longest period of time you used marijuana almost every day?

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

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

- |   |  |
|---|--|
| A. How old were you the (first/last) time you used marijuana almost every day for at least two weeks?                                       | AGE ONS: ___/___<br>ONS: 1 2 3 4 5<br><br>AGE REC: ___/___<br>REC: 1 2 3 4 5               |
| B. Please think about the period when you were using marijuana the most. During that period, how many days per month did you use marijuana? | ___ ___ DAYS   |
| C. During that period of heaviest use, how much marijuana did you use on an average day?  | ___ ___ UNITS<br><b>CODE UNITS:</b><br>HITS .....2<br>JOINTS/CIGS.....3<br>PIPEFULS .....4 |
| D. How old were you when that period started?   | AGE: ___ ___   |
| E. How long did that period last?   | ___ ___ MONTHS   |

**MARIJUANA SECTION**

(4) DRFGNC	F4 Have you ever stayed high from marijuana for a whole day or more?	<b>9</b>
	A. How old were you the (first/last) time you stayed high from marijuana for a whole day or more?	AGE ONS: <b>-99</b> ONS: <b>9</b> AGE REC: <b>-99</b> REC: <b>9</b>

(5) DD3RA3/B DD45 DDICD5	F5 Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?  <b>*F5A.</b> How old were you when that period started/ended?	NO.....1 YES .....5  AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
-----------------------------------	---	--

(6)	F6 Because of your marijuana use, did you ever experience any of the following: <b>CODE IN COLUMN I.</b>	COL. I      COL. II			
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning? .....	1	5	1	5
	2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?	1	5	1	5
	3. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships? .....	1	5	1	5
	4. Decreased contact with friends or family?	1	5	1	5
	5. Hearing, seeing, or smelling things that weren't really there? .....	1	5	1	5

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

DD3RA6/B DD47 DDICD6 DA3RA1/B	A. Did you continue to use marijuana after you knew it caused this? <b>CODE IN COLUMN II.</b>  <b>*F6A1.</b> How old were you when that period started/ended?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
--	---	--

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

DA4A4	B. Did you have decreased contact with friends or family 3 or more times in any 12-month period?	NO.....1 YES .....5
-------	--	------------------------

**MARIJUANA SECTION**

(7)  
DD3RA2  
DD44  
DDICD2

F7 Have you often wanted to stop or cut down on marijuana?

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

**\*F7.1** How old were you when that period started/ended?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

DD3RA2

A. Have you ever tried to stop or cut down on marijuana but found you couldn't? **IF NEVER TRIED TO STOP/CUT DOWN, CODE NO.**

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

**IF NO, COULD STOP (OR NEVER TRIED), SKIP TO F8. OTHERS CONTINUE.**

DD44  
DDICD2

B. Were you unable to stop or cut down 3 or more times?

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

(8)  
DD3RA1/B  
DD43  
DDICD2

F8 Have you often used marijuana more frequently or in larger amounts than you intended to?

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

**\*F8A.** How old were you when that period started/ended?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

(9)  
DD3RA7  
DD41  
DDICD4

F9 Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?

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

**\*F9A.** How old were you when that period started/ended?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**MARIJUANA SECTION**

(10)	F10	When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems <u>for most of the day for 2 days or longer?</u> Did you..... <b>CODE IN COLUMN I.</b>	COL. I		COL. II	
			<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
		1. feel nervous, tense, restless or irritable?.....	1	5	1	5
		2. have trouble sleeping? .....	1	5	1	5
		3. tremble or twitch? .....	1	5	1	5
		4. sweat or have a fever? .....	1	5	1	5
		5. have nausea or vomiting? .....	1	5	1	5
		6. have diarrhea or stomach aches?.....	1	5	1	5
		7. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level?	1	5	1	5

**BOX F10A IF NO 5'S CODED IN F10.1-7, SKIP TO F11. OTHERS CONTINUE.**

A. Have you ever used marijuana to keep from having any of these problems (or to make them go away)?

NO. . . (SKIP TO BOX F10B) 1  
YES ..... 5

B. Did this happen 3 or more times?

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

**\*F10B.1.** How old were you when that period started/ended?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**BOX F10B IF ONLY ONE 5 CODED IN COL. I, SKIP TO F11. OTHERS CONTINUE.**

C. Did these problems ever occur together?

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

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

**\*F10D.1.** How old were you when that period started/ended?

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

DD3RA9/B  
DD42B  
DDICD3

DD3RA8  
DD42A  
DDICD3  
DRFGNA

**MARIJUANA SECTION**

DD3RB                      E. How many times did you have problems like that                      \_\_\_ \_\_\_ TIMES  
 DA3RA                      (when they occurred together)?

DD3RB                      F. What was the longest time these problems occurred                      \_\_\_ \_\_\_ DAYS  
 together?

	G. Did these problems interfere with your functioning at work, school, or home?	<b>9</b>
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(11) ASP3RC7 ASP4A5	F11	Have you ever been under the effects of marijuana when it increased your chances of getting hurt, for instance, when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming?	NO.....(SKIP TO B)..... 1 YES ..... 5
---------------------------	-----	--	--

DD3RA4/B DA3RA2/B		A. Have you been in situations like these 3 or more times?	NO. . . . (SKIP TO B)..... 1 YES ..... 5
----------------------	--	--	---

DA4A2		1. Did this happen 3 or more times in any 12-month period?	NO..... 1 YES ..... 5
-------	--	--	--------------------------

	B. Did marijuana ever cause you to have any accidental injuries like a bad fall, cutting or burning yourself, or being hurt in a traffic accident?	NO.....(SKIP TO F12)..... 1 YES ..... 5
--	--	--

DD3RA6/B DDICD6 DA3RA1/B		C. Did this happen 3 or more times?	NO. . . . (SKIP TO F12)..... 1 YES ..... 5
--------------------------------	--	-------------------------------------	---

DA4A2		1. Did this happen 3 or more times in any 12-month period?	NO..... 1 YES ..... 5
-------	--	--	--------------------------

(12)	F12	Did your marijuana use ever cause you to have problems with your friends or family?	NO.....(SKIP TO F13)..... 1 YES ..... 5
------	-----	---	--

DA4A4		A. Did this happen 3 or more times in any 12-month period?	NO..... 1 YES ..... 5
-------	--	--	--------------------------

DD3RA6 DA3RA1		B. Did you continue to use marijuana after you realized it was causing these problems?	NO..... 1 YES ..... 5
------------------	--	--	--------------------------

	F13	Have you ever been arrested or had any other trouble with the police because of your marijuana use?	NO . . . . (SKIP TO F14)..... 1 YES. . . . .(SPECIFY)..... 5
--	-----	---	---

**SPECIFY:** \_\_\_\_\_  
 \_\_\_\_\_



**MARIJUANA SECTION**

**BOX F22 IF 2+ BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO F23.**

(22) F22 Since the age of (ONS), has there ever been a period of time lasting 3 months or longer when you did not use marijuana at all? NO. . . .(SKIP TO F23)..... 1  
YES .....5

A. When did that/these occur? FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
MO YEAR MO YEAR  
**IF R HAD MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.** FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
MO YEAR MO YEAR  
FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
MO YEAR MO YEAR  
FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
MO YEAR MO YEAR

(18) F23 Did you ever bring up any problems you might have had with marijuana with any professional? NO.....(SKIP TO F24)..... 1  
YES .....5

A. To whom did you speak first? CODE: \_\_\_

1. A psychiatrist
2. Another medical doctor
3. A psychologist
4. Another mental health professional
5. A member of the clergy
6. Other: **SPECIFY:** \_\_\_\_\_

B. How old were you the (first/last) time you brought up problems with marijuana with a professional? AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

**MARIJUANA SECTION**

**REFER TO B9 BEFORE ASKING**

F24 Have you ever been treated for a problem with marijuana? NO . . . . .(SKIP TO D) .... 1  
YES .....5

A. Were you ever treated at:

	<u>NO</u>	<u>YES</u>
1. NA or another self-help group? . . . . .	1	5
2. outpatient drug program? . . . . .	1	5
3. outpatient, other? . . . . .	1	5
4. inpatient drug program? . . . . .	1	5
5. inpatient for medical complications due to marijuana use? . . . . .	1	5
6. other? <b>(IF YES, SPECIFY)</b> . . . . .	1	5

**SPECIFY:** \_\_\_\_\_

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

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

C. Where were you first treated? **RECORD CODE (1-6).** CODE: \_\_\_\_

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

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

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

AGE ONS: \_\_\_/\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_  
REC: 1 2 3 4 5

---

**DRUG SECTION**

**YOU MENTIONED YOU HAD USED (DRUG(S)) SINCE THE LAST INTERVIEW. I WOULD LIKE TO ASK YOU MORE QUESTIONS ABOUT YOUR USE OF (DRUG(S)).**

<b>C. Did you use (DRUG) more than once before you were 15?</b>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>

**IF NEVER USED COCAINE, SKIP TO F.**

G1D. When you first started using cocaine, did you find that you got higher or stayed high longer than other people who would use the same amount of cocaine?

NO 1  
YES 5

E. Did you ever use alcohol to make yourself feel better when coming down from the effects of cocaine?

NO 1  
YES 5

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

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

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

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

1. How many times? \_\_\_\_\_ TIMES

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

AGE ONS: \_\_\_\_\_/\_\_\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_\_\_/\_\_\_\_\_  
REC: 1 2 3 4 5

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

**IF R USED ONLY 1 DRUG, SKIP TO BOX G2. OTHERS CONTINUE.**

**DRUG SECTION**

I. Have you ever used 2 or more drugs together  
(other than with marijuana and/or alcohol)?

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

1a. \_\_\_\_\_ b. \_\_\_\_\_ CODE: \_\_\_\_\_ CODE: \_\_\_\_\_  
2a. \_\_\_\_\_ b. \_\_\_\_\_ CODE: \_\_\_\_\_ CODE: \_\_\_\_\_

**ASK ONE COLUMN AT A TIME.**

COC STIM SED OP OTH

FGNDRC	G2	What is the longest period you used (DRUG) almost every day? <b>IF NEVER ALMOST EVERY DAY, CODE 0 DAYS. IF USED DAILY FOR 1 MONTH OR LONGER, CODE G2A "YES" SILENTLY.</b>	DAYS	__	__	9	9	__	
			WEEKS	__	__	9	9	__	
			MONTHS	__	__	9	9	__	
			YEARS	__	__	9	9	__	
			A. Did you ever use (DRUG) at least once a week for one month or more?	NO	1	1	9	9	1
			YES	5	5	9	9	5	
			B. Think about the time when you were using (DRUG) the most. During that period, how many days per month did you use (DRUG)?	DAYS PER MO	__	__	-9	-9	__
			1. How long did that period last?	MONTHS	__	__	-9	-9	__
			2. During that period of heaviest use, how many times did you use (DRUG) on an average day?	TIMES PER DAY	__	__	-9	-9	__
			3. How old were you when that period started?	AGE ONS	__	__	-9	-9	__
(3) FGNDRC	G3	Have you ever stayed high from (DRUG) for a whole day or more?	NO	9	9	9	9	9	
YES			9	9	9	9	9		
		A. <b>IF YES:</b> Did this happen 3 or more times?	NO	9	9	9	9	9	
			YES	9	9	9	9	9	
	G4	OMITTED							

**DRUG SECTION**

(5) DDICD1	G5	Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else?	NO	9	9	9	9	9
			YES	9	9	9	9	9
	A. <b>IF YES:</b> How old were you the (first/last) time?	AGE ONS	-99	-99	-99	-99	-99	
		ONS	9	9	9	9	9	
		AGE REC	-99	-99	-99	-99	-99	
		REC	9	9	9	9	9	

				1	2	3	4	5
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(6) DD3RA3/B DD45 DDICD5 FGNDRC	G6	Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects?	NO	1	1	9	9	1
			YES	5	5	9	9	5
	*G6A. How old were you the (first/last) time?	AGE ONS:	___	___	-99	-99	___	
		ONS:	___	___	9	9	___	
AGE REC:		___	___	-99	-99	___		
REC:		___	___	9	9	___		

**DRUG SECTION**

			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(7) DD3RA2 DD44 DDICD2	G7 Have you <u>often</u> wanted to stop or cut down on (DRUG)?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	<b>*G7.1.</b> How old were you the (first/last) time?	AGE ONS:	___	___	<b>-99</b>	<b>-99</b>	___
		ONS:	___	___	9	9	___
		AGE REC:	___	___	<b>-99</b>	<b>-99</b>	___
		REC:	___	___	9	9	___
DD3RA2	A. Have you ever tried to stop or cut down on (DRUG) but found that you couldn't?	YES	1	1	9	9	1
		NO	5	5	9	9	5
	<b>IF NO (COULD STOP), SKIP TO G8. OTHERS CONTINUE.</b>						
DD44 DDICD2	B. Were you unable to stop or cut down 3 or more times?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	<b>*G7B.1.</b> How old were you the (first/last) time?	AGE ONS:	___	___	<b>-99</b>	<b>-99</b>	___
		ONS:	___	___	9	9	___
		AGE REC:	___	___	<b>-99</b>	<b>-99</b>	___
		REC:	___	___	9	9	___
<hr/>							
(8) DD3RA7 DD41 DDICD4	G8 Did you ever need larger amounts of (DRUG) to get effect or find that you could no longer get high on the amount you used to use?	YES	1	1	9	9	1
		NO	5	5	9	9	5
	<b>*G8A.</b> How old were you the (first/last) time?	AGE ONS:	___	___	<b>-99</b>	<b>-99</b>	___
		ONS:	___	___	9	9	___
		AGE REC:	___	___	<b>-99</b>	<b>-99</b>	___
		REC:	___	___	9	9	___
<hr/>							
DD44 DDICD2	G9 Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	<b>SPECIFY:</b> _____ _____						
DD3RA5/B DD46 DDICD5	A. <b>IF YES:</b> Did this happen 3 or more times or for a month or more?	YES	1	1	9	9	1
		NO	5	5	9	9	5
	<b>*G9A.1.</b> How old were you the (first/last) time?	AGE ONS:	___	___	<b>-99</b>	<b>-99</b>	___
		ONS:	___	___	9	9	___
		AGE REC:	___	___	<b>-99</b>	<b>-99</b>	___
		REC:	___	___	9	9	___

**DRUG SECTION**

(10)  
DD3RA1  
DD43  
DDICD2

			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
G10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO	1	1	9	9	1
		YES	5	5	9	9	5

*G10A.	How old were you the (first/last) time?	AGE ONS:	___	___	-99	-99	___
		ONS:	___	___	9	9	___
		AGE REC:	___	___	-99	-99	___
		REC:	___	___	9	9	___

(11) G11 People who stop, cut down, or go without drugs after using drugs steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. When you stopped, cut down, or went without (DRUG), did you ever experience any of the following problems for most of the day for 2 days or longer? (NO=1, YES=5)

**ASK G11A-F ONE COLUMN AT A TIME.  
REPEAT STEM OFTEN.**

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

**DRUG SECTION**

**CONTINUE ASKING ONE COLUMN AT A TIME.**

**FOR EACH DRUG COLUMN:**

**IF ALL CODED 1, GO TO NEXT DRUG COLUMN.**

**IF ONLY ONE CODED 5, SKIP TO E.**

**IF TWO OR MORE 5'S CODED, CONTINUE.**

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
DD3RA8 DD42A DDICD3	B. Was there ever a time when 2 or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)? <b>REVIEW SX AS NEEDED. IF NO, SKIP TO C.</b>	NO	1	1	9	9	1
		YES	5	5	9	9	5
	1. <b>IF YES:</b> Did these problems occur <u>together</u> for 2 days or longer? <b>IF NO, SKIP TO C.</b>	NO	1	1	9	9	1
		YES	5	5	9	9	5
	2. <b>IF YES:</b> How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
		ONS	__	__	9	9	__
		AGE REC	__	__	-99	-99	__
		REC	__	__	9	9	__
DD3RB	C. Did you have any of these problems 3 or more times?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	D. Did these problems interfere with your functioning at work, school, or home?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	E. Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	<b>IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO G12.</b>						
	1. <b>IF YES:</b> How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
		ONS	__	__	9	9	__
		AGE REC	__	__	-99	-99	__
		REC	__	__	9	9	__
DD3RA9/B DD42B DDICD3	2. Did you do that 3 or more times?	NO	1	1	9	9	1
		YES	5	5	9	9	5
	*E2.1. How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
		ONS	__	__	9	9	__
		AGE REC	__	__	-99	-99	__
		REC	__	__	9	9	__

**DRUG SECTION**

			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(12B-D)	G12	Did using (DRUG) cause you to have any other problems like:						
	A.	an overdose?	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA6/B		1. <b>IF YES:</b> Did you require medical treatment afterwards?	NO	1	1	9	9	1
DD47			YES	5	5	9	9	5
DDICD6		2. <b>IF YES:</b> Did this happen 3 or more times? (overdose that required medical treatment)	NO	1	1	9	9	1
DA3RA1/B			YES	5	5	9	9	5
		<b>G12A.(2.1).</b> How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
			ONS	__	__	9	9	__
			AGE REC	__	__	-99	-99	__
			REC	__	__	9	9	__
	B.	hepatitis?	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA6/B		1. <b>IF YES:</b> Did you continue to use (DRUG) knowing it caused hepatitis?	NO	1	1	9	9	1
DD47			YES	5	5	9	9	5
DDICD6		<b>G12B1.1.</b> How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
DA3RA1			ONS	__	__	9	9	__
			AGE REC	__	__	-99	-99	__
			REC	__	__	9	9	__
	C.	other serious health problems? <b>SPECIFY:</b>	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA6		1. <b>IF YES:</b> Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	9	9	1
DD47			YES	5	5	9	9	5
DDICD6		<b>G12C1.1.</b> How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
DA3RA1			ONS	__	__	9	9	__
			AGE REC	__	__	-99	-99	__
			REC	__	__	9	9	__

**DRUG SECTION**

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(13A-C)	G13	A. Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your (DRUG) use?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		B. Did you ever get into any physical fights while using (DRUG)?	NO	1	1	9	9	1
			YES	5	5	9	9	5
<b>BOX G13 IF A AND B ARE BOTH CODED 1, SKIP TO G14. OTHERS CONTINUE.</b>								
DA4A4		C. Did (this/either of these experiences) happen 3 or more times in any 12-month period?	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA6 DA3RA1		D. Did you continue to use (DRUG) after you realized it was causing you any problem?	NO	1	1	9	9	1
			YES	5	5	9	9	5
<hr/>								
(13D)	G14	Did you ever have trouble with the police because of (DRUG)? <b>IF NO, SKIP TO G15.</b>	NO	1	1	9	9	1
			YES	5	5	9	9	5
DA4A3	A.	<b>IF YES:</b> Did this happen 3 or more times in any 12-month period?	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA6 DA3RA1	B.	Did you continue to use (DRUG) after you realized it was causing you trouble with the police?	NO	1	1	9	9	1
			YES	5	5	9	9	5
<hr/>								
			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(12A)	G15	Have you accidentally injured yourself when you were using (DRUG); that is had a bad fall, cut or burned yourself badly, got hurt in a traffic accident, or anything like that? <b>IF NO, SKIP TO G16.</b>	NO	1	1	9	9	1
			YES	5	5	9	9	5
		A. <b>IF YES:</b> Did this happen 3 or more times?	NO	1	1	9	9	1
			YES	5	5	9	9	5
DD3RA4/B DDICD6 DA3RA2/B		B. <b>IF YES:</b> Did this happen 3 or more times in any 12-month period?	NO	1	1	9	9	1
DA4A2			YES	5	5	9	9	5
<hr/>								

**DRUG SECTION**

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(14) DD3RA4/B	G16	Has your being high on (DRUG) or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities? <b>IF NO, SKIP TO G17.</b>	NO	1	1	9	9	1
			YES	5	5	9	9	5
		<b>IF YES, SPECIFY:</b>						
		_____						
		_____						
DA4A1		A. <b>IF YES:</b> Did this happen 3 or more times in any 12-month period?	NO	1	1	9	9	1
			YES	5	5	9	9	5
(16) DD3RA4/B DA3RA2/B ASP3RC7 ASP4A5	G17	Have there been 3 or more times when you have been under the influence of (DRUG) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing; or swimming? <b>IF NO, SKIP TO G18.</b>	NO	1	1	9	9	1
			YES	5	5	9	9	5
DA4A2		A. <b>IF YES:</b> Did this happen 3 or more times in any 12-month period?	NO	1	1	9	9	1
			YES	5	5	9	9	5
(15)	G18	Has your use of (DRUG) ever caused you emotional or psychological problems like:						
		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		2. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		3. Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		4. Hearing, seeing, or smelling things that weren't really there?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		5. Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	9	9	1
			YES	5	5	9	9	5
		<b>IF ALL ARE CODED 1, SKIP TO G19. OTHERS CONTINUE.</b>						

**DRUG SECTION**

DD3RA6  
DD47  
DDICD6  
DA3RA1

		1	2	3	4	5
		<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>
A. Did you continue to use (DRUG) after you knew it caused any of these problems? <b>REVIEW SX AS NEEDED.</b>	NO	1	1	9	9	1
	YES	5	5	9	9	5

*G18A.1 How old were you the (first/last) time?	AGE ONS	__	__	-99	-99	__
	ONS	__	__	9	9	__
	AGE REC	__	__	-99	-99	__
	REC	__	__	9	9	__

(22)		1	2	3	4	5	
		<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>	
G22	Since the age of (ONS), has there ever been a period of time lasting 3 months or longer when you did <u>not</u> use (DRUG) at all? <b>FOR EACH YES, ASK A.</b>	NO	1	1	9	9	1
		YES	5	5	9	9	5

A. When did (that/these) occur?

	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	;	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>
COC	__	/	__	/	__	;	__	/	__	/	__
	__	/	__	/	__	;	__	/	__	/	__
STIM	__	/	__	/	__	;	__	/	__	/	__
	__	/	__	/	__	;	__	/	__	/	__
SED	-99	/	-9999	TO	-99	/	-9999	;	-99	/	-9999
	-99	/	-9999	TO	-99	/	-9999	;	-99	/	-9999
OP	-99	/	-9999	TO	-99	/	-9999	;	-99	/	-9999
	-99	/	-9999	TO	-99	/	-9999	;	-99	/	-9999
OTH	__	/	__	/	__	;	__	/	__	/	__
	__	/	__	/	__	;	__	/	__	/	__

**DRUG SECTION**

(17) G23 Have you ever brought up any problem you might have had with drugs with any professional? NO..... (SKIP TO G24).....1  
YES.....5

A. Did you speak with:

	<u>NO</u>	<u>YES</u>
1. A psychiatrist? .....	1	5
2. Another medical doctor? .....	1	5
3. A psychologist? .....	1	5
4. Another mental health professional? .....	1	5
5. A member of the clergy? .....	1	5
6. Anyone else? <b>SPECIFY:</b> _____ .....	1	5

**IF ALL ARE CODED 1, SKIP TO G24.  
OTHERS CONTINUE.**

B. How old were you the (first/last) time you brought up any problem you had with drugs? AGE ONS:     \_\_\_/\_\_\_  
ONS:     1 2 3 4 5  
AGE REC:     \_\_\_/\_\_\_  
REC:     1 2 3 4 5

C. With whom did you speak first? **RECORD CODE (1-6).** CODE: \_\_\_

(18) G24 Have you ever been treated for a problem with drugs? NO.....(SKIP TO D) .....1  
YES.....5

A. Were you treated:

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

FGNDRB  
FGNDRB

**SPECIFY:** \_\_\_\_\_

B. How old were you the (first/last) time you were treated for a drug problem? AGE ONS:     \_\_\_/\_\_\_  
ONS:     1 2 3 4 5  
AGE REC:     \_\_\_/\_\_\_  
REC:     1 2 3 4 5

C. Where were you treated first? **RECORD CODE (1-6).** CODE: \_\_\_

D. Did you ever attend a self-help group (like NA) (like NA) because you had a problem with drugs? NO .....1  
YES.....5

1. How old were you the (first/last) time you attended a self-help group for drug AGE ONS:     \_\_\_/\_\_\_  
ONS:           1 2 3 4 5  
AGE REC:     \_\_\_/\_\_\_  
REC:           1 2 3 4 5



**EATING DISORDER SECTION**

**YOU MENTIONED THAT YOU HAD PURPOSELY LOST WEIGHT OR WERE GREATLY CONCERNED ABOUT YOUR WEIGHT. I WOULD LIKE TO ASK YOU SOME MORE QUESTIONS ABOUT THESE FEELINGS.**

ANR3A H3 After purposely losing weight, what is the lowest weight \_\_\_\_\_ LBS  
ANR4A you ever dropped to?

**IF DK, ASK:**

A. Did friends say you were too thin or skeleton-like? NO.....1  
YES.....5

\*H3.1 How do you judge your current weight Normal/Healthy .....1  
Underweight.....2  
Overweight.....3

\*H3.2 If you could choose any body weight, what would you choose for yourself? \_\_\_\_\_ LBS

ANR3RA H4 How tall were you at that time? \_\_\_\_\_  
ANR4A FT IN

H5 How old were you? AGE \_\_\_\_\_

<b>BOX H5</b>	<b>A. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE.</b>	<b>SMALL..... 2</b>
		<b>MEDIUM ..... 3</b>
		<b>LARGE ..... 4</b>
	<b>B. CONSULT TABLE. IS WEIGHT IN H3 LESS THAN TABLE ENTRY?</b>	<b>NO..... (SKIP TO H11) ..... 1</b>
		<b>YES..... 5</b>

\*FOR WOMEN: Subtract one pound for each year R's age was under 25.

MEN	Small Frame	Medium Frame	Large Frame	*WOMEN	Small Frame	Medium Frame	Large Frame
5'2"	99	105	113	4'10"	80	86	95
5'3"	101	108	116	4'11"	83	88	97
5'4"	104	111	119	5'0"	85	91	100
5'5"	107	113	122	5'1"	87	94	102
5'6"	109	116	125	5'2"	91	96	104
5'7"	112	119	129	5'3"	93	99	108
5'8"	116	124	133	5'4"	95	102	110
5'9"	119	127	136	5'5"	97	104	113
5'10"	124	130	139	5'6"	101	109	117
5'11"	127	134	144	5'7"	104	112	120
6'0"	130	138	148	5'8"	108	116	124
6'1"	134	142	152	5'9"	111	119	127
6'2"	137	145	156	5'10"	114	122	131
6'3"	141	150	160	5'11"	118	126	135
6'4"	144	154	164	6'0"	121	129	139

**EATING DISORDER SECTION**

ANR3RB ANR4B	H6	At that time, were you intensely afraid of gaining weight or becoming fat?	NO..... 1 YES..... 5
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ANR4C	A.	At that time (when you lost the most weight on purpose), did you, yourself, think that you were so thin that your health was in danger?	NO..... 1 YES..... 5
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**BOX H7 IF R IS MALE, SKIP TO H8.**

ANR3RD ANR4D	H7	While you were losing weight did your period stop for 3 or more cycles in a row (when you were not pregnant or taking hormones, like estrogen)?	NO..... 1 YES..... 5
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H8	Was there a medical disorder that caused your weight loss? <b>IF R VOLUNTEERS ANOREXIA, CODE NO.</b>	NO..... 1 YES..... (SPECIFY) ..... 5
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**SPECIFY:** \_\_\_\_\_

BUL3RD BUL4D	H11	Did you go on eating binges an average of twice a week for at least 3 months?	NO . . (SKIP TO II, p. 71) ..... 1 YES..... 5
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BUL3RB BUL4A2	H12	During these binges, were you afraid you could not stop eating or that your eating was out of control?	NO..... 1 YES..... 5
------------------	-----	--	-------------------------

BUL4RC BUL4B	H13	Did you do anything to prevent weight gain from your binge eating, such as:	<u>NO</u>	<u>YES</u>
		1. making yourself vomit? .....	1	5
		2. taking laxatives or diuretics?.....	1	5
		3. dieting strictly? .....	1	5
		4. fasting?.....	1	5
		5. exercising vigorously?.....	1	5
		6. taking enemas?.....	1	5
		7. anything else? <b>IF YES: SPECIFY</b> .....	1	5

**SPECIFY:** \_\_\_\_\_

**BOX H13 IF H13.1-7 ALL CODED 1, SKIP TO II. OTHERS CONTINUE.**

**EATING DISORDER SECTION**

H14 How old were you the (first/last) time you went on eating binges and tried to prevent weight gain from the binges?

AGE ONS:            \_\_\_/\_\_\_  
ONS:     1   2   3   4   5  
AGE REC:            \_\_\_/\_\_\_  
REC:     1   2   3   4   5

**BOX H15 IF BOX H5B = 1 (WT. EQUAL OR MORE THAN TABLE ENTRY), SKIP TO II. OTHERS CONTINUE.**

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BUL4E     H16 Did you only have eating binges during those periods we talked about when (people thought you were too thin/you had lost a lot of weight on purpose)?

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

---

**DEPRESSION SECTION**

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

DEPRDCA I1 Have you ever had a period of time lasting at least one week when you were bothered most of the day, nearly every day, by feeling depressed, sad, blue, or irritable? NO.....1  
YES .....5

I2 Have you ever had a period of time lasting at least one week when you lost interest or enjoyment in almost everything, even things you usually liked to do? NO.....1  
YES .....5

**BOX I2 IF I1 AND I2 BOTH CODED 1, SKIP TO J1, p. 90. OTHERS CONTINUE.**

I3 During the past 30 days, have you been feeling depressed, uninterested in things, or unable to enjoy almost everything most of the day, nearly everyday, for at least one week? NO.....(SKIP TO I4) .....1  
YES .....5

A. For how long have you felt this way? \_\_\_\_\_ WEEKS

**BOX I3 SKIP TO I5.**

I4 Please tell me about the time in your life that stands out as the most severe period of feeling depressed, uninterested in things or irritable most of the day, nearly everyday. When did it begin? \_\_\_\_\_ / \_\_\_\_\_  
MO YEAR

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. So you were \_\_\_\_\_ years old? AGE: \_\_\_\_\_

**IF MOST SEVERE DEPRESSION OCCURRED PRIOR TO LAST INTERVIEW SKIP TO I34. OTHERS CONTINUE TO I4B.**

B. How long did that episode last? \_\_\_\_\_ WEEKS

**BOX I4**

A. DOES A CURRENT EPISODE EXIST (I3=5)? NO . . (SKIP TO I5).....1  
YES.....5

B. IS THE EPISODE IN I4 THE CURRENT EPISODE? NO . . (SKIP TO I5) .....1  
YES.....5

C. IS THIS EPISODE CLEAN (BOX I13A=5)? NO . . (GO TO I5).....1  
YES . (SKIP TO I34).....5

**DEPRESSION SECTION**

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

	<p align="center"><b>CURRENT EPISODE (PAST MONTH)</b></p>	<p align="center"><b>MOST SEVERE EPISODE</b></p>
<p>(31) I5 During the 6 weeks before <u>this</u> episode of feeling (depressed/uninterested/irritable) began, how many days a week did you <u>typically</u> drink alcohol?</p> <p>A. On the days you drank, how many drinks would you <u>typically</u> have in a day?</p>	<p align="center">DAYS: ____</p> <p align="center"><b>IF 0 OR 1, SKIP TO I6. OTHERS CONTINUE.</b></p> <p align="center">DRINKS: ____</p>	<p align="center">DAYS: ____</p> <p align="center"><b>IF 0 OR 1, SKIP TO I6. OTHERS CONTINUE.</b></p> <p align="center">DRINKS: ____</p>
<p>DEP3RB1 DEP4D</p> <p><b>CODE SILENTLY:</b> B. TYPICALLY 3+ (WOMAN) OR 5+ (MAN) DRINKS FOR 4+ DAYS/WEEK?</p>	<p>NO.....1 YES... (SKIP TO I6) .....5*</p>	<p>NO.....1 YES... (SKIP TO E) .....5</p>
<p>C. During the 6 weeks before this episode began, what was the <u>largest</u> number of drinks you had in one day?</p>	<p align="center">DRINKS: ____</p> <p align="center"><b>IF 4 OR FEWER, SKIP TO I6.</b></p>	<p align="center">DRINKS: ____</p> <p align="center"><b>IF 4 OR FEWER, SKIP TO I6.</b></p>
<p>DEP3RB1 DEP4D</p> <p>D. Did you drink at least 5 drinks 2 or more times a week during the 6 weeks before this episode began?</p>	<p>NO.....1 YES.....5*</p> <p align="center"><b>SKIP TO I6.</b></p>	<p>NO... (SKIP TO I6).....1 YES .....5</p>
<p>E. <b>MOST SEVERE ONLY:</b> Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that <u>did not follow</u> a time when you had been drinking daily or almost daily (or heavily)?</p>		<p>NO... (SKIP TO I11).....1* YES .....5</p>
<p>F. When did this episode begin?</p> <p>1. How old were you?</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>BOX I5. IF EPISODE OCCURRED PRIOR TO AGE AT TIME OF LAST INTERVIEW, SKIP TO I11.</b></p> </div>	<p align="center">____/____ MO YEAR</p> <p>AGE:____ GO TO BOX I5.</p>

**DEPRESSION SECTION**

**REMINDR WHICH EPISODE AS NEEDED.**

**IF DIDN'T USE MJ OR DRUGS SINCE LAST INTERVIEW, SKIP TO I7.**

(30)  
DEP3RB1  
DEP4D

I6 During the 6 weeks before this episode of feeling (depressed/ uninterested/irritable) began, did you use any of these street drugs or abuse any prescription drugs?

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

B. During that time, on average, how many days per week did you take (DRUG) daily or almost daily?

C. What is the average number of times you used (DRUG) on those days you used?

D. During the 6 weeks before this episode began, what was the largest number of times you used (DRUG) in one day?

E. On how many days during that 6-week period did you use (DRUG) that much (# IN D) in a day?

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

G. When did this episode begin?

1. How old were you?

**CURRENT EPISODE (PAST MONTH)**

NO. . . . (SKIP TO I7).....1  
YES. . . . (SPECIFY) .....5  
1: \_\_\_\_\_ \_ \_ \_ \_  
2: \_\_\_\_\_ \_ \_ \_ \_  
3: \_\_\_\_\_ \_ \_ \_ \_

NO. . . . (SKIP TO D) .....1  
YES. . . . (SPECIFY) .....5\*

CIRCLE DRUG: 1 2 3

DRUG 1: \_\_\_ DAYS  
DRUG 2: \_\_\_ DAYS  
DRUG 3: \_\_\_ DAYS

DRUG 1: \_\_\_ AVG  
DRUG 2: \_\_\_ AVG  
DRUG 3: \_\_\_ AVG

DRUG 1: \_\_\_ MAX  
DRUG 2: \_\_\_ MAX  
DRUG 3: \_\_\_ MAX

DRUG 1: \_\_\_ DAYS  
DRUG 2: \_\_\_ DAYS  
DRUG 3: \_\_\_ DAYS

**SKIP TO I7.**

**BOX I6.  
IF EPISODE  
OCCURRED PRIOR  
TO AGE AT TIME OF  
LAST INTERVIEW,  
SKIP TO I11.**

**MOST SEVERE EPISODE**

NO. . . . (SKIP TO I7) ..... 1  
YES. . . . (SPECIFY) ..... 5  
1: \_\_\_\_\_ \_ \_ \_ \_  
2: \_\_\_\_\_ \_ \_ \_ \_  
3: \_\_\_\_\_ \_ \_ \_ \_

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

CIRCLE DRUG: 1 2 3

DRUG 1: \_\_\_ DAYS  
DRUG 2: \_\_\_ DAYS  
DRUG 3: \_\_\_ DAYS

DRUG 1: \_\_\_ AVG  
DRUG 2: \_\_\_ AVG  
DRUG 3: \_\_\_ AVG

DRUG 1: \_\_\_ MAX  
DRUG 2: \_\_\_ MAX  
DRUG 3: \_\_\_ MAX

DRUG 1: \_\_\_ DAYS  
DRUG 2: \_\_\_ DAYS  
DRUG 3: \_\_\_ DAYS

**IF I6A=1, SKIP TO I7.  
OTHERS CONTINUE.**

NO. . . .(SKIP TO I11) ..... 1\*  
YES ..... 5

\_\_\_ / \_\_\_  
MO YEAR

AGE: \_\_\_ GO TO BOX I6

**DEPRESSION SECTION**

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(29) DEP3RB1 DEP4D</p> <p>I7 Did <u>this</u> episode of feeling (depressed/uninterested/irritable) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?</p> <p>A. <b>MOST SEVERE ONLY:</b> Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a change in prescription medicines and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . . (SKIP TO I8).....1 YES. . . .(SPECIFY) .....5*</p> <p>1. _____ _ _ _ _ 2. _____ _ _ _ _</p> <p align="center"><b>SKIP TO I8.</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>BOX I7 IF EPISODE OCCURRED PRIOR TO AGE AT LAST INTERVIEW, SKIP TO I11.</b></p> </div>	<p>NO. . . . (SKIP TO I8) ..... 1 YES. . . .(SPECIFY) ..... 5</p> <p>1. _____ _ _ _ _ 2. _____ _ _ _ _</p> <p>NO. . . .(SKIP TO I11) ..... 1* YES ..... 5</p> <p align="center">_____/_____ MO YEAR</p> <p>AGE: ____ GO TO BOX I7</p>

**DEPRESSION SECTION**

<b>REMINDR WHICH EPISODE AS NEEDED.</b>	<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
<p>(28) DEP3RB2 DEP4E</p> <p>I8 A. Did this episode of feeling (depressed/uninterested/irritable) begin within 6 months of learning about the death of someone close to you?</p> <p>B. <b>MOST SEVERE ONLY:</b> Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that <u>did not follow</u> the death of someone close to you, was <u>not</u> after a time when you had a change in prescription medicines, and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>C. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . . (SKIP TO I9)..... 1 YES. . . (SPECIFY) ..... 5*</p> <p>RELATIONSHIP: _____</p> <p>DATE OF DEATH: _____/_____/_____                   MO      YEAR</p> <p align="center"><b>SKIP TO I9.</b></p> <div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> <p><b>BOX I7 IF EPISODE OCCURRED PRIOR TO AGE AT LAST INTERVIEW, SKIP TO I11.</b></p> </div>	<p>NO. . . .(SKIP TO I9) ..... 1 YES. . . (SPECIFY) ..... 5</p> <p>RELATIONSHIP: _____</p> <p>DATE OF DEATH: _____/_____/_____                   MO      YEAR</p> <p>NO. . . .(SKIP TO I11) ..... 1* YES ..... 5</p> <p>_____/_____/_____                   MO      YEAR</p> <p>AGE:____ GO TO BOX <b>B</b></p>

**DEPRESSION SECTION**

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(26) DEP3RB1 DEP4D</p> <p>I9 Did <u>this</u> episode of feeling (depressed/uninterested/irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?</p> <p>A. <b>MOST SEVERE ONLY:</b> Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a serious physical illness, was <u>not</u> after the death of someone close to you, was <u>not</u> after a change in medication, and <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . (SKIP TO BOX I10) ....1 YES. . . .(SPECIFY) .....5*</p> <p align="center"><b>SKIP TO BOX I10.</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>BOX I7 IF EPISODE OCCURRED PRIOR TO AGE AT LAST INTERVIEW, SKIP TO I11</b></p> </div>	<p>NO. . (SKIP TO BOX I10) ... 1 YES. . . (SPECIFY) ..... 5</p> <p align="right">CODE: _ _ _ _</p> <p>NO. . . (SKIP TO I11) ..... 1* YES ..... 5</p> <p align="right">_ _ _ / _ _ _ _ MO YEAR</p> <p>AGE: _ _ _ GO TO BOX <b>I9</b></p>

**DEPRESSION SECTION**

**BOX I10 IF R IS MALE OR HAS NEVER BEEN PREGNANT, SKIP TO I12. OTHERS CONTINUE.**

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(27) I10 Did this episode of feeling (depressed/uninterested/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>B. <b>MOST SEVERE ONLY:</b> Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> around the time of childbirth, miscarriage, or abortion; was <u>not</u> after a time when you had a serious physical illness; was <u>not</u> after the death of someone close to you; was <u>not</u> after a change in medication; and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>C. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . (SKIP TO I12) .....1            YES.....5</p> <p>NO.....1            YES.....5*</p> <p align="center"><b>SKIP TO I12.</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>BOX I7              IF EPISODE OCCURRED PRIOR TO AGE AT LAST INTERVIEW, SKIP TO I12.</b></p> </div>	<p>NO. . . (SKIP TO I12) ..... 1            YES ..... 5</p> <p>NO. . . (SKIP TO I12) ..... 1            YES ..... 5</p> <p>NO. . . (SKIP TO I11) ..... 1*            YES ..... 5</p> <p align="center">             ____ / ____              MO            YEAR           </p> <p align="center">             AGE: ____              GO TO BOX I10           </p>

**DEPRESSION SECTION**

**I11 IF NO CLEAN EPISODE EXISTS, CONTINUE THE SECTION ASKING ABOUT THE MOST SEVERE EPISODE CODED IN I4. REMIND R WHICH EPISODE TO FOCUS ON AS FREQUENTLY AS NEEDED.**

I'd like to (return to/focus on) the most severe episode of feeling (depressed/uninterested/irritable) when you were \_\_\_\_ years old (**CHECK I4A**).

During this current episode . . . During this most severe episode when you were ____ years old . . .	<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
(3B/4C) DEP3RA1 DEP4A1 DEPICDB1 FGNA  I12 Were you feeling depressed, sad, or blue most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+	NO.....1 YES.....5+
(3C/4D) DEP3RA2 DEP4A2 DEPICDB2  A. Had you lost interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+	NO.....1 YES.....5+
	<b>IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.</b>	<b>IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.</b>
DEP3RA1 DEP4A1  B. Did you feel irritable most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+	NO.....1 YES.....5+

<b>BOX I13</b>	<b>A. IS EPISODE CLEAN? (DIRTY=ANY * IN I5-I10)</b>	<b>NO, DIRTY.....1 YES, CLEAN.....5</b>	<b>NO, DIRTY.....1 YES, CLEAN.....5</b>
	<b>B. DOES R ENDORSE LOW MOOD, LOSS OF INTEREST, OR IRRITABILITY? (I12, I12A, OR I12B CODED 5)</b>	<b>NO, DENIES.....1 YES, ENDORSES.....5</b>	<b>NO, DENIES.....1 YES, ENDORSES.....5</b>
	<b>C. IS MOST SEVERE EPISODE ALSO CURRENT?</b>		<b>NO.....1 YES. . . (SKIP TO I34) .....5 N/A.....9</b>

**DEPRESSION SECTION**

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

During this current episode . . . During this most severe episode when you were _____ years old . . .		<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
(5) DEP3RA3 DEP4A3 DEPICDC7 RDCB1	I14 A. Did you have a change in appetite (that was not due to pregnancy, a physical condition, or dieting)?	NO.....(SKIP TO B) ..... 1 YES ..... 5+	NO .....(SKIP TO B) ..... 1 YES..... 5+
FGNB1	1. Increase or decrease?	INCREASE..... 2 DECREASE..... 3 BOTH..... 4	INCREASE..... 2 DECREASE..... 3 BOTH..... 4
DEP3RA3 DEP4A3 DEPICDC7 RDCB1	B. Did you gain or lose weight when you were not trying to (that was not due to pregnancy, a physical condition, or dieting)?	NO..... (SKIP TO I15) ..... 1 YES ..... 5+	NO ..... (SKIP TO I15) ..... 1 YES..... 5+
FGNB1	1. Gained or lost weight?	GAINED..... 2 LOST ..... 3 BOTH..... 4	GAINED..... 2 LOST ..... 3 BOTH..... 4
DEP3RA3 DEP4A3 RDCB1	C. What was your weight before the (gain/loss)? <b>IF BOTH, CODE THE MORE SIGNIFICANT CHANGE.</b>	_____ LBS	_____ LBS
DEP3RA3 DEP4A3 RDCB1	D. What was your weight after the (gain/loss)?	_____ LBS	_____ LBS
DEP3RA3 DEP4A3 RDCB1	E. Over what period of time did you (gain/lose) this amount of weight?	_____ WEEKS	_____ WEEKS

**DEPRESSION SECTION**

During this current episode . . . During this most severe episode when you were _____ years old . . .		<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>	
(6) DEPICDD6 RDCB2 FGNB2	I15 Did you have more trouble sleeping than usual?	NO . . . . (SKIP TO F) ..... 1 YES ..... 5	NO . . . . (SKIP TO F) ..... 1 YES ..... 5	
	A. Were you unable to fall asleep?	NO . . . . (SKIP TO C) ..... 1 YES ..... 5	NO . . . . (SKIP TO C) ..... 1 YES ..... 5	
	DEP3RA4 DEP4A4	B. Was this for at least one hour?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+
	DEP3RA4 DEP4A4	C. Did you wake up in the middle of the night and have trouble going back to sleep?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+
		D. Did you wake up too early in the morning?	NO . . . . (SKIP TO F) ..... 1 YES ..... 5	NO . . . . (SKIP TO F) ..... 1 YES ..... 5
	DEP3RA4 DEP4A4	E. Was this at least one hour earlier than usual?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+
DEP3RA4 DEP4A4 DEPICDD6 RDCB2 FGNB2	F. Did you sleep much more than usual?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	
(7) DEP3RA5 DEP4A5 DEPICDC5 RDCB4 FGNB4	I16 Were you so fidgety or restless that other people could have noticed?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	
(8) DEP3RA5 DEP4A5 DEPICDC5 RDCB4 FGNB4	I17 Were you moving or speaking so slowly that other people could have noticed?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	
(9) DEP3RA2 DEP4A2 FGNB5 RDCB5	I18 Were you much less interested in things or less able to enjoy sex or other pleasurable activities?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	
(10) DEP3RA6 DEP4A6 DEPICDB3 RDCB3 FGNB3	I19 Were you feeling a loss of energy or were you more tired than usual?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	
(11) DEP3RA7 DEP4A7 DEPICDC2 RDCB6 FGNB6	I20 Were you feeling excessively guilty or that you were a bad person?	NO ..... 1 YES ..... 5+	NO ..... 1 YES ..... 5+	

**DEPRESSION SECTION**

During this current episode... During this most severe episode when you were ____ years old...	<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
(12) DEP3RA7 DEP4A7 DEPICDC1 RDCB6 FGNB6  I21 Were you feeling that you were a failure or worthless?	NO..... 1 YES..... 5+	NO..... 1 YES..... 5+
(13) DEP3RA8 DEP4A8 DEPICDC4 RDCB7 FGNB7  I22 Were you having more difficulty than usual thinking, concentrating, or making decisions?	NO..... 1 YES..... 5+	NO..... 1 YES..... 5+
(14) DEP3RA9 DEP4A9 DEPICDC3 RDCB8 FGNB8  I23 Did you have thoughts of dying, or taking your life, or wishing you were dead? <b>DO NOT COUNT THINKING ABOUT THE DEATH OF A RECENTLY DECEASED OR DYING LOVED ONE.</b>	NO..... 1 YES..... 5+	NO..... 1 YES..... 5+
DEP3RA9 DEP4A9 DEPICDC3  A. Did you make a plan for committing suicide?	NO..... 1 YES..... 5+	NO..... 1 YES..... 5+
DEP3RA9 DEP4A9 DEPICDC3  B. Did you try to kill yourself?	NO..... 1 YES..... 5+	NO..... 1 YES..... 5+

	<p align="center"><b>BOX I24 COUNT THE BOXES MARKED ON TALLY SHEET I</b></p>	<p># OF BOXES: _____</p> <p><b><u>IF FEWER THAN 4 BOXES: GO BACK TO I4 AND ASK ABOUT THE MOST SEVERE EPISODE.</u></b></p> <p><b><u>IF ONLY 4 BOXES: SKIP TO I26.</u></b></p> <p><b><u>IF 5 OR MORE BOXES: CONTINUE TO BOX I25.</u></b></p>	<p># OF BOXES: _____</p> <p><b><u>IF FEWER THAN 4 BOXES: CHECK # OF BOXES IN CURRENT EPISODE. IF ALSO FEWER THAN 4 IN CURRENT, SKIP TO I34. IF 4 OR MORE IN CURRENT, RECONCILE WITH SUBJECT AND RECODE BOX I13 AS NECESSARY.</u></b></p> <p><b><u>IF ONLY 4 BOXES: SKIP TO I26.</u></b></p> <p><b><u>IF 5 OR MORE BOXES: CONTINUE TO BOX I25.</u></b></p>
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**DEPRESSION SECTION**

	<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
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**BOX I25 IF R DENIES LOW MOOD, LOSS OF INTEREST, AND IRRITABILITY (BOX I13B=1),  
SKIP TO I25B. OTHERS CONTINUE.**

<p>(16) ENDORSES MOOD</p> <p>I25 A. You told me you experienced the following <b>(REVIEW HEADINGS OF BOXES ENDORSED)</b>. Did you feel (depressed/uninterested/irritable) and have experiences from 4 or more other groups of problems nearly every day, for at least 2 weeks?</p>	<p>NO..... (SKIP TO I26) ..... 1 YES ..... 5</p> <p align="center"><b>IF YES: Which ones?</b></p> <p align="center"><b>CIRCLE MOOD AND SX THAT CLUSTER.</b> <b>NOTE: BOX A OR BOX B MUST BE INCLUDED.</b></p> <p align="center"><b>SKIP TO D.</b></p>	<p>NO ..... (SKIP TO I26) ..... 1 YES..... 5</p> <p align="center"><b>IF YES: Which ones?</b></p> <p align="center"><b>CIRCLE MOOD AND SX THAT CLUSTER.</b> <b>NOTE: BOX A OR BOX B MUST BE INCLUDED.</b></p> <p align="center"><b>SKIP TO D.</b></p>
<p>DENIES MOOD</p> <p>B. You told me that during this episode you experienced <b>(REVIEW HEADINGS OF BOXES ENDORSED)</b>. During this episode, did you have experiences from 4 or more of these groups of problems nearly every day, for at least two weeks?</p>	<p>NO..... (SKIP TO I26) ..... 1 YES ..... 5</p> <p align="center"><b>IF YES: Which ones?</b></p> <p align="center"><b>CIRCLE SX THAT CLUSTER.</b></p>	<p>NO ..... (SKIP TO I26) ..... 1 YES..... 5</p> <p align="center"><b>IF YES: Which ones?</b></p> <p align="center"><b>CIRCLE SX THAT CLUSTER.</b></p>
<p>C. During this period, did you also feel depressed or uninterested, (or irritable) in most things most of the day, nearly every day for at least 2 weeks?</p>	<p>NO..... (SKIP TO I26) ..... 1 YES ..... 5</p>	<p>NO ..... (SKIP TO I26) ..... 1 YES..... 5</p>
<p>D. When did this episode begin (when you had these experiences nearly every day)?</p>	<p align="center">___ ___ / ___ ___ t MO YEAR</p>	<p align="center">___ ___ / ___ ___ t MO YEAR</p>
<p>DEP3RA DEP4A DEPICDA RDCC FGNC</p> <p>E. For how long did you feel (depressed/uninterested/irritable) and have experiences from at least 4 other groups of problems nearly every day?</p>	<p align="center">___ ___ ___ WEEKS</p>	<p align="center">___ ___ ___ WEEKS</p>

**DEPRESSION SECTION**

		<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
(17) DEP4E RDCD	I26 During this episode, did you see or hear things that other people could not see or hear, that is, did you have hallucinations?	<div style="border: 1px solid black; padding: 2px;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____
DEP4E RDCD	A. During this episode, did you have beliefs or ideas that you later found out were <u>not</u> true?	<div style="border: 1px solid black; padding: 2px;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____
		<b>IF ANY 5 IN I26 OR I26A CONTINUE. OTHERS SKIP TO I27.</b>	
	B. Did these (beliefs/ideas/hallucinations) occur before your (depressed mood/loss of interest/irritability)?	NO..... (SKIP TO D)..... 1 YES ..... 5	NO ..... (SKIP TO D)..... 1 YES..... 5
	C. How long before your (depressed mood/loss of interest/irritability) began did you have these (beliefs/ideas/hallucinations)?	_____ DAYS	_____ DAYS
	D. Did you keep having these (beliefs/ideas/hallucinations) after your mood came back to normal?	NO.. (SKIP TO BOX I26)..... 1 YES ..... 5 EPISODE ONGOING..... 6	NO . (SKIP TO BOX I26)..... 1 YES..... 5 EPISODE ONGOING..... 6
		<b>IF ONGOING, SKIP TO BOX I26.</b>	<b>IF ONGOING, SKIP TO BOX I26.</b>
DEP3RC RDCD4	E. How long did they last after your mood came back to normal?	_____ DAYS	_____ DAYS
<b>BOX I26 DID EXAMPLES IN I26 AND I26A HAVE CONTENT THAT WAS ENTIRELY CONSISTENT WITH THEMES OF PERSONAL INADEQUACY, GUILT, POVERTY, PUNISHMENT, ILLNESS, OR CATASTROPHE?</b>		NO..... 1 YES ..... 5	NO ..... 1 YES ..... 5

**DEPRESSION SECTION**

		<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
(19)	I27 During this episode, were you seen by a doctor, or other professional?	NO..... (SKIP TO I31) ..... 1 YES .....(SPECIFY) ..... 5  _____  _____	NO ..... (SKIP TO I31) ..... 1 YES.....(SPECIFY) ..... 5  _____  _____
(20)	I28 During this episode, were you prescribed medicine for depression (or were you already taking medicine for depression)?	NO..... 1 YES .....(SPECIFY) ..... 5  1. _____ 2. _____	NO ..... 1 YES.....(SPECIFY) ..... 5  1. _____ 2. _____
(21)	I29 During this episode, did you receive ECT (shock treatments)?	NO..... 1 YES ..... 5	NO ..... 1 YES..... 5
(22) RDCC	I30 During this episode, were you hospitalized for depression?  A. For how long?	NO..... (SKIP TO I31) ..... 1 YES ..... 5  _____ DAYS	NO ..... (SKIP TO I31) ..... 1 YES..... 5  _____ DAYS
(23)	I31 During this episode, were you (working/going to school) full-time?  A. What was your major responsibility during this episode?	NO..... 1 YES .... (SKIP TO I32) ..... 5  PART-TIME JOB ..... 1 HOME ..... 2 PART-TIME SCHOOL..... 3 OTHER: _____ ..4	NO ..... 1 YES.... (SKIP TO I32) ..... 5  PART-TIME JOB..... 1 HOME..... 2 PART-TIME SCHOOL ..... 3 OTHER: _____ .4

**DEPRESSION SECTION**

(24) DEP4C	I32 Did you have trouble functioning in this role?	NO..... (SKIP TO D)..... 1	NO ..... (SKIP TO D)..... 1
		YES ..... 5	YES..... 5
	A. Did something happen as a result of poor functioning?	NO..... 1	NO ..... 1
		YES .....(SPECIFY) ..... 5	YES.....(SPECIFY) ..... 5
_____		_____	_____
_____		_____	_____
RDCE	B. Did anyone notice you had trouble functioning? (If no one was around, could someone have noticed this?)	NO..... 1	NO ..... 1
		YES ..... 5	YES..... 5
DEP4C RDCE	C. Were you completely unable to function in this role for at least 2 days in a row?	NO..... 1	NO ..... 1
		YES ..... 5	YES..... 5
	D. Was your functioning in any other area of your life affected? (MINOR ROLE DYSFUNCTION)	NO..... 1	NO ..... 1
		YES .....(SPECIFY) ..... 5	YES.....(SPECIFY) ..... 5
_____		_____	_____
_____		_____	_____

(25) <b>BOX I33 RATE FUNCTIONING:</b>	<b>INCAPACITATED --</b>	<b>INCAPACITATED.....5</b>	<b>INCAPACITATED.....5</b>
	<b>(I32C=5) COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2+ DAYS , OR</b>	<b>IMPAIRED.....4</b>	<b>IMPAIRED.....4</b>
	<b>(I30A=2+) HOSPITALIZED 2+ DAYS , OR</b>	<b>NEITHER.....1</b>	<b>NEITHER.....1</b>
	<b>(I29=5) ECT , OR</b>		
	<b>(I26 OR I26A=5) PSYCHOTIC SYMPTOMS.</b>		
	<b>IMPAIRED --</b>		
	<b>(I32B=5 AND I32C=1) A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE.</b>		
		<b>GO BACK TO I4 AND ASK ABOUT MOST SEVERE EPISODE.</b>	

**DEPRESSION SECTION**

(32)  
CLEAN

I34 Have you had at least one other severe episode when you were (depressed/uninterested in things/irritable) for at least one week 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.**

NO... (SKIP TO I35)..... 1  
YES..... 5

A. How old were you then? AGE: \_\_\_\_ IF PRIOR TO LAST INTERVIEW SKIP TO I35.

B. During this episode:

<b>COUNT ONLY IF MORE THAN USUAL:</b>	<u>NO</u>	<u>YES</u>
1. Were you depressed ( <b>IF AGE IN A&lt;18:</b> or irritable)?.....	1	5
2. Did you lose interest in pleasurable activities?.....	1	5
3. Did you have an increase or decrease in your appetite or weight? .....	1	5
4. Did you have any sleep difficulty or did you sleep too much?.....	1	5
5. Were you either more restless or more slowed down than usual? .....	1	5
6. Did you have a loss of energy or were you more tired than usual?.....	1	5
7. Did you feel excessively guilty or bad about yourself?.....	1	5
8. Did you have difficulty thinking or concentrating? .....	1	5
9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide?.....	1	5

**IF FIVE OR MORE CODED 5 IN B.1-9 (INCLUDING B.1 AND/OR B.2), CONTINUE. OTHERS SKIP TO E.**

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

D. When did this episode begin (when you had these experiences together nearly every day)? \_\_\_\_\_ / \_\_\_\_\_ t  
MO YEAR

E. Did you have trouble managing your work, school, or household responsibilities? NO..... 1  
YES... (SPECIFY)..... 5

**SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_

F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode? NO... (SKIP TO I35)..... 1  
YES... (SPECIFY)..... 5

<b>SPECIFY:</b>	<u>NO</u>	<u>YES</u>	
1. Received professional help..	1	5	
2. Medications: _____	1	5	CODE: ____
_____			CODE: ____
3. ECT (shock treatment).....	1	5	
4. Hospitalized.....	1	5	

**DEPRESSION SECTION**

(33)  
DIRTY

I35 Have you had at least one other severe episode when you were (depressed/uninterested in things/irritable) for at least one week that may have followed the death of a loved one, daily (or almost daily) use of alcohol or drugs, a serious physical illness, or a change in prescription medicines (**IF FEMALE:** or childbirth, miscarriage, or abortion)? **IF MORE THAN ONE ADDITIONAL DIRTY EPISODE, HAVE R PICK THE MOST SEVERE ONE.**

NO. . . (SKIP TO I36) ..... 1  
YES..... 5

A. How old were you then? AGE: \_\_\_\_ \_\_\_\_ **IF PRIOR TO LAST INTERVIEW SKIP TO I36.**

B. During this episode:

<b>COUNT ONLY IF MORE THAN USUAL:</b>	<u>NO</u>	<u>YES</u>
1. Were you depressed ( <b>IF AGE IN A&lt;18:</b> or irritable)? .....	1	5
2. Did you lose interest in usually pleasurable activities? .....	1	5
3. Did you have an increase or decrease in your appetite or weight? .....	1	5
4. Did you have any sleep difficulty or did you sleep too much?.....	1	5
5. Were you either more restless or more slowed down than usual? .....	1	5
6. Did you have a loss of energy or were you more tired than usual?.....	1	5
7. Did you feel excessively guilty or bad about yourself? .....	1	5
8. Did you have difficulty thinking or concentrating? .....	1	5
9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide?.....	1	5

**IF FIVE OR MORE CODED 5 IN B.1-9 (INCLUDING B.1 AND/OR B.2), CONTINUE. OTHERS SKIP TO E.**

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

D. When did this episode begin (when you had these experiences together nearly every day)? \_\_\_\_\_ / \_\_\_\_\_ t  
MO YEAR

E. Did you have trouble managing your work, school, or household responsibilities? NO ..... 1  
YES. . . (SPECIFY)..... 5

**SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_

F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode? NO. . . (SKIP TO I36)..... 1  
YES.....(SPECIFY) ..... 5

<b>SPECIFY:</b>	<u>NO</u>	<u>YES</u>	
1. Received professional help..	1	5	
2. Medications: _____	1	5	CODE: ____
_____			CODE: ____
3. ECT (shock treatment).....	1	5	
4. Hospitalized.....	1	5	

**DEPRESSION SECTION**

(32F/33F) I36 How many episodes of depression lasting a week or longer (such as the one(s) we have been talking about) have you had over your lifetime, including the one(s) we already talked about? \_\_\_\_\_ NUMBER

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

AGE ONS:    \_\_\_/\_\_\_    *t*  
 ONS:        1 2 3 4 5  
 AGE REC:    \_\_\_/\_\_\_    *t*  
 REC:        1 2 3 4 5

**IF ANY 5 CODED IN I28, I29, I34F.2/3, OR I35F.2/3, CODE I37 "YES" SILENTLY:**

(35) I37 Were you ever treated for depression with medication or ECT (shock treatment)? NO. ....(SKIP TO M1) ..... 1  
 YES..... 5

A. Did you ever feel high or were you overactive following treatment for depression with medication or ECT? NO ..... 1  
 YES..... 5

com. **BOX I38    IF R HAD 1+ BOX PROBLEM WITH ALC, MJ, OR DRUG, CONTINUE. OTHERS SKIP TO M.**

DEPRESSION SECTION

I38 FOR EACH EPISODE OF DEPRESSION, ASK A.

A. You said you had an episode of feeling (depressed/sad/down/blue/irritable) that started at (AGE).

IF 3R PROBLEMS ENDORSED FOR ALC/MJ/DRUG, ASK 1. OTHERS SKIP TO 2.

CLUSTERIN G PER EPISODE

1. Around the time this episode of feeling (depressed/sad/down/blue/irritable) began, were you having problems with (ALC / MJ / DRUG)? IF NO, CONTINUE TO 2.

IF YES, RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHER EPISODES, SKIP TO I38B.

HEAVY USE PER EPISODE WHEN NOT CLUSTERIN G

2. Around the time this episode of feeling (depressed/sad/down/blue/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily? IF NO, RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHERS, SKIP TO I38B.

IF YES, RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHER EPISODES, SKIP TO I38B.

B. So, according to the information you've given about depressions since the last interview, have...

CLUSTERIN G FOR ALL EPISODES

1. ... your episodes of feeling (depressed/sad/down/blue/irritable) (NEVER / SOMETIMES / ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?

NEVER ..... 1 SOMETIMES ..... 3 ALWAYS (SKIP TO J1, p.90).5

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERIN G

2. ... your episodes (that did not start when you were having problems with alcohol or drugs) (NEVER / SOMETIMES / ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?

NEVER ..... 1 SOMETIMES ..... 3 ALWAYS..... 5

**ANTISOCIAL SECTION**

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SOME ADULT BEHAVIORS.**

**A/D PROBE: Did this ever happen when you were under the influence of alcohol (or drugs)?**

**IF YES: Did this only happen when you were under the influence of alcohol (or drugs)?**

**ONLY ALC/DRUGS = 3  
NEVER ALC/DRUGS = 5  
BOTH = 6**

<b>M1</b>	<b>9</b>
<b>M1A</b>	<b>9</b>
<b>M1B</b>	<b>-9</b>
<b>M2</b>	<b>9</b>
<b>M2A</b>	<b>-9</b>
<b>M3</b>	<b>9</b>
<b>M3A</b>	<b>9</b>
<b>M3B</b>	<b>9</b>
<b>M3B1: Onset</b>	<b>-9</b>
<b>M3B1: Regency</b>	<b>-9</b>
<b>M3C</b>	<b>9</b>
<b>M3C1</b>	<b>-9</b>
<b>M3C2</b>	<b>-9</b>
<b>M4</b>	<b>9</b>
<b>M4A</b>	<b>9</b>
<b>M4B</b>	<b>-9</b>
<b>M5</b>	<b>9</b>
<b>M5A</b>	<b>9</b>
<b>M5B</b>	<b>-9</b>
<b>M6</b>	<b>9</b>
<b>M6A</b>	
<b>A1.</b>	<b>-9</b>
<b>A2.</b>	<b>-9</b>
<b>A3.</b>	<b>-9</b>

**ANTISOCIAL SECTION**

CD3RA11  
CD4A2  
CDICD10

B. Have you 3 or more times started physical fights?

NO(SKIP TO D)..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 A,B  
BOTH A/D & CLEAN..... 6 A,B

ASP3RB3  
FGNASPF

C. At what age did you (first/last) start fights with persons other than siblings?

- C1. UNRELATED TO ALC/DRUGS.
- C2. IN CONTEXT OF ALC/DRUGS.
- C3. RECENCY.

AGE ONS:     \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC:     \_\_\_/\_\_\_

ASP3RC3  
ASP4A4  
FGNASPF  
DSICDB4

D. (Even though you didn't start fights,) since your 15th birthday, have you been in 3 or more physical fights (other than in combat or as part of your job)?

NO . . . . (SKIP TO M7) ..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 B  
BOTH A/D & CLEAN..... 6 B

**DO NOT COUNT FIGHTS WITH SIBLINGS  
UNLESS SOMEONE WAS HURT.**

- E. How old were you the (first/last) time?
  - E1. UNRELATED TO ALC/DRUGS.
  - E2. IN CONTEXT OF ALC/DRUGS.
  - E3. RECENCY.

AGE ONS:     \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC:     \_\_\_/\_\_\_

(12) CDICD3	<b>M7</b>	<b>9</b>
	<b>M7A.</b>	<b>-9</b>
(13) CDICD1 FGNASPF	<b>M8</b>	<b>9</b>
	<b>M8A.</b>	<b>-9</b>
(14) CD4A1 CDICD22	<b>M9</b>	<b>9</b>
	<b>M9A.</b>	<b>-9</b>

**ANTISOCIAL SECTION**

(15)  
CD3RA8  
CD4A5  
CDICD14

M10 Did you ever hurt or injure a pet or any other animal on purpose?  
**SPECIFY:** \_\_\_\_\_

NO.....(SKIP TO M11) ..... 1  
YES . . . . (SPECIFY) .....5 A,B

A. How many times? \_\_\_\_\_ TIMES

ASP3RB6

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

AGE ONS: \_\_\_\_/\_\_\_\_

AGE REC: \_\_\_\_/\_\_\_\_

(4)  
CD3RA3

M11 Throughout your life have you told a lot of lies?

NO.....1  
ALC/DRUGS ONLY .....3  
YES, CLEAN..... 5A  
BOTH A/D & CLEAN..... 6A

CD3RA3  
CD4A11  
CDICD9

A. Did you often lie to get your own way, or to get out of trouble?

NO.....1  
ALC/DRUGS ONLY .....3  
YES, CLEAN..... 5A  
BOTH A/D & CLEAN..... 6A

B. Have you ever used an alias or a false name?  
**EXCLUDE MINORS USING FALSE ID TO BUY ALCOHOL OR ENTER A BAR.**

NO...(SKIP TO BOX M11) ..1  
ALC/DRUGS ONLY .....3  
YES, CLEAN.....5  
BOTH A/D & CLEAN.....6

CD3RA3  
CD4A11  
CDICD9

B1. Did you ever do this to take advantage of a person or a situation?

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

**BOX M11 IF M11, M11A, AND M11B.1 ARE ALL CODED 1, SKIP TO M12. OTHERS CONTINUE.**

ASP3RB10  
ASP3RC6  
ASP4A2

C. How old were you when you (first/last) (told a lot of lies / used an alias to take advantage of someone)?

AGE ONS: \_\_\_\_/\_\_\_\_

C1. UNRELATED TO ALC/DRUGS.

AGE ONS A/D: \_\_\_\_/\_\_\_\_

C2. IN CONTEXT OF ALC/DRUGS.

AGE REC: \_\_\_\_/\_\_\_\_

C3. RECENCY.

CDICD5  
DSICDB6

M12 When something went wrong that was your fault, did you usually try to get out of it by blaming others?

NO.....(SKIP TO M13) ..... 1  
ALC/DRUGS ONLY .....3  
YES, CLEAN.....5  
BOTH A/D & CLEAN.....6

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

AGE ONS: \_\_\_\_/\_\_\_\_

A1. UNRELATED TO ALC/DRUGS.

AGE ONS A/D: \_\_\_\_/\_\_\_\_

A2. IN CONTEXT OF ALC/DRUGS.

AGE REC: \_\_\_\_/\_\_\_\_

A3. RECENCY.

**ANTISOCIAL SECTION**

CD3RA3 CD4A11 CDICD9	M13	<b>9</b>
----------------------------	-----	----------

CD3RA3  
CD4A11  
CDICD9

A. Have you often cheated on things as an adult?  
Examples include cheating at work or on taxes.

NO..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 A  
BOTH A/D & CLEAN..... 6 A

**IF M13 AND M13A ARE BOTH CODED 1, SKIP TO M14. OTHERS CONTINUE.**

ASP3RB10  
ASP3RC6  
ASP4A2

B. How old were you the (first/last) time?  
B1. UNRELATED TO ALC/DRUGS.  
B2. IN CONTEXT OF ALC/DRUGS.  
B3. RECENCY.

AGE ONS: \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

(5)  
CD3RA1  
CD4A12  
CDICD17  
DSICDB2

M14 Did you more than once steal money or things from your family, friends, or relatives? **COUNT ONLY IF MORE THAN A FEW DOLLARS.**

NO(SKIP TO B) ..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 A,B  
BOTH A/D & CLEAN..... 6 A,B

ASP3RB1 1

A. How old were you the (first/last) time?  
A1. UNRELATED TO ALC/DRUGS.  
A2. IN CONTEXT OF ALC/DRUGS.  
A3. RECENCY.

AGE ONS: \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

CD3RA1  
CD4A12  
CDICD17  
DSICDB2

B. Did you more than once steal or shoplift from stores or from other people? (NO CONFRONTATION)

NO(SKIP TO D)..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 A,B  
BOTH A/D & CLEAN..... 6 A,B

ASP3RB11

C. How old were you the (first/last) time?  
C1. UNRELATED TO ALC/DRUGS.  
C2. IN CONTEXT OF ALC/DRUGS.  
C3. RECENCY.

AGE ONS: \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

CD3RA1  
CD4A12  
CDICD17  
DSICDB2

D. Did you more than once forge anyone's signature on a check or credit card without permission?

NO(SKIP TO BOX M14)..... 1  
ALC/DRUGS ONLY ..... 3  
YES, CLEAN..... 5 A,B  
BOTH A/D & CLEAN..... 6 A,B

ASP3RB11

E. How old were you the (first/last) time?  
E1. UNRELATED TO ALC/DRUGS.  
E2. IN CONTEXT OF ALC/DRUGS.  
E3. RECENCY.

AGE ONS: \_\_\_/\_\_\_  
AGE ONS A/D: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

<p><b>BOX M14 IF M14, M14B, AND M14D ARE ALL CODED 1, SKIP TO M15. OTHERS CONTINUE.</b></p>
---

ASP3RC2  
ASP4A1

F. Since your 15th birthday, have you stolen things (or forged a signature without permission) 3 or more

NO..... 1

**ANTISOCIAL SECTION**

	times?	YES.....5
<hr/>		
(18) CD3RA6 CD4A10 CDICD23 DSICDB2	M15 Did you ever break into someone else's home, car, or building ( <u>not</u> because you were locked out)?	NO.....(SKIP TO M16)..... 1 ALC/DRUGS ONLY ..... 3 YES, CLEAN.....5 A,B BOTH A/D & CLEAN.....6 A,B
	A. How old were you the (first/last) time?	
	A1. UNRELATED TO ALC/DRUGS.	AGE ONS:     ___/___
	A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D:  ___/___
	A3. RECENCY.	AGE REC:     ___/___
ASP3RC2 ASP4A1	B. Has this happened 3 or more times since you were 15?	NO..... 1 YES.....5
<hr/>		
(19) CD3RA12 CD4A6 CDICD20 DSICDB2	M16 Have you ever taken money or property from someone else by threatening them or using force, like snatching a purse or robbing them?	NO.....(SKIP TO M17)..... 1 ALC/DRUGS ONLY ..... 3 YES, CLEAN.....5 A,B BOTH A/D & CLEAN.....6 A,B
ASP3RB12	A. How old were you the (first/last) time?	
	A1. UNRELATED TO ALC/DRUGS.	AGE ONS:     ___/___
	A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D:  ___/___
	A3. RECENCY.	AGE REC:     ___/___
ASP3RC2 ASP4A1	B. Has this happened 3 or more times since you were 15?	NO..... 1 YES.....5
<hr/>		
(16) CD3RA4 DSICDB2	M17 Did you ever deliberately set fires you were not supposed to?	NO.....(SKIP TO M18)..... 1 ALC/DRUGS ONLY ..... 3 YES, CLEAN.....5 BOTH A/D & CLEAN.....6
CD4A8 CDICD16	A. Did you do this with the intention to damage property?	NO..... 1 YES.....5 A,B
ASP3RB9 ASP3RC2 ASP4A1 DSICDB2	B. How old were you the (first/last) time?	
	B1. UNRELATED TO ALC/DRUGS.	AGE ONS:     ___/___
	B2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D:  ___/___
	B3. RECENCY.	AGE REC:     ___/___
ASP3RC2	C. Has this happened 3 or more times since you were 15?	NO..... 1 YES.....5
<hr/>		
(6) CD3RA7 CD4A9 CDICD15	M18 Have you ever damaged someone's property on purpose (other than by fire setting)?	NO.....(SKIP TO M19)..... 1 ALC/DRUGS ONLY ..... 3 YES, CLEAN.....5 A,B

**ANTISOCIAL SECTION**

DSICDB2      **SPECIFY:** \_\_\_\_\_      BOTH A/D & CLEAN.....6 A,B

\_\_\_\_\_

ASP3RB8      A. How old were you the (first/last) time?

                  A1. UNRELATED TO ALC/DRUGS.      AGE ONS:      \_\_\_/\_\_\_

                  A2. IN CONTEXT OF ALC/DRUGS.      AGE ONS A/D:      \_\_\_/\_\_\_

                  A3. RECENCY.      AGE REC:      \_\_\_/\_\_\_

**IF AGE ONS IS LESS THAN 15, ASK B.**

**OTHERS SKIP TO D.**

	<b>B.</b>	<b>9</b>
--	-----------	----------

	C. Since your 15th birthday, have you damaged someone else's property on purpose?	NO.....(SKIP TO M19)..... 1 YES..... 5
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ASP3RC2 ASP4A1	D. Have you done this 3 or more times since your 15th birthday?	NO..... 1 YES..... 5
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(9) CD3RA13 CD4A4 CDICD13	M19 (Outside of fighting) have you ever physically injured anyone on purpose?	NO.....(SKIP TO M20)..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 A,B BOTH A/D & CLEAN..... 6 A,B
	<b>SPECIFY:</b> _____	
	_____	

ASP3RB7 ASP3RC3 ASP4A4 FGNASPF DSICDB4	A. How old were you the (first/last) time?	
	A1. UNRELATED TO ALC/DRUGS.	AGE ONS:      ___/___
	A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D:      ___/___
	A3. RECENCY.	AGE REC:      ___/___

(8) CD3RA10 CD4A3 CDICD11 DSICDB4 FGNASPF	M20 Did you ever use a weapon like a stick, gun, or a knife to injure someone (other than in combat or as part of your job)?	NO.....(SKIP TO M21)..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 A,B BOTH A/D & CLEAN..... 6 A,B
--	--	--

ASP3RB4 ASP3RC3 ASP4A4	A. How old were you the (first/last) time?	
	A1. UNRELATED TO ALC/DRUGS.	AGE ONS:      ___/___
	A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D:      ___/___
	A3. RECENCY.	AGE REC:      ___/___

(26) CD3RA9 CD4A7 CDICD21 DSICDB4	M21 Have you ever forced anyone into any sexual activity?	NO.....(SKIP TO BOX M22) ... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 A,B
---	---	--

**ANTISOCIAL SECTION**

BOTH A/D & CLEAN.....6 A,B

ASP3RB5  
ASP3RC3  
ASP4A4

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

A1. UNRELATED TO ALC/DRUGS.

AGE ONS:     \_\_\_/\_\_\_

A2. IN CONTEXT OF ALC/DRUGS.

AGE ONS A/D:  \_\_\_/\_\_\_

A3. RECENCY.

AGE REC:     \_\_\_/\_\_\_

(20) CD3R CD4A CDICD	<p>M22 You mentioned that you (<b>LIST SX IN PART A OF TALLY M</b>). Did 3 or more of these ever happen within a 6-month period? <b>IF YES:</b> Which ones? <b>CIRCLE SX THAT CLUSTER.</b></p> <p>A. How old were you the (first/last) time?</p>	<p><b>9</b></p> <p>AGE ONS: <b>-99</b></p> <p>ONS:       <b>9</b></p> <p>AGE REC: <b>-99</b></p> <p>REC:       <b>9</b></p>
-------------------------------	--	---

		<u>NO</u>	<u>ALC/ DRUGS ONLY</u>	<u>YES CLEAN</u>	<u>BOTH A/D &amp; CLEAN</u>
(21)	M23 Since your 15th birthday, have you ever....				
ASP3RC2 ASP4A1 DSICDB2	1. Deliberately written bad checks?	1	3	5	6
ASP3RC2 ASP4A1 DSICDB2	2. Received, sold, or bought stolen goods (fenced), sold drugs, or "run numbers" (illegally gambled)?	1	3	5	6
ASP3RC2 ASP4A1 DSICDB2 FGNASPG	3. Been paid for having sex with someone?	1	3	5	6
	a. <b>IF YES (3, 5, OR 6):</b> Were you paid with drugs?				
				NO.....1	
				YES.....5	
ASP3RC2 ASP4A1 DSICDB2 FGNASPG	4. Found customers for male or female prostitutes or "call girls"?	1	3	5	6

**IF ALL CODED 1, CONTINUE.  
OTHERS SKIP TO B.**

**ANTISOCIAL SECTION**

ASP3RC2  
ASP4A1

- A. Since your 15th birthday, have you ever done anything else that you could have been arrested for, even if you weren't (other than using drugs or underage drinking)?
- NO.....(SKIP TO M24)..... 1  
ALC/DRUGS ONLY..... 3  
YES, CLEAN..... 5  
BOTH A/D & CLEAN..... 6

**SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_

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

- C. How old were you the (first/last) time?
- C1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_
- C2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_
- C3. RECENCY. AGE REC: \_\_\_/\_\_\_

(33)  
ASP3RC4  
ASP4A6  
DSICDB2

- M24 Since your 15th birthday, have you often failed to pay debts that you owed? Have you often had things you bought taken back, or often failed to take care of other financial responsibilities? (Examples: defaulting on credit card charges, loans from family or friends, car or house loans.)
- NO.....(SKIP TO M25)..... 1  
ALC/DRUG ONLY..... 3  
YES, CLEAN..... 5  
BOTH A/D & CLEAN..... 6

- A. How old were you the (first/last) time?
- A1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_
- A2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_
- A3. RECENCY. AGE REC: \_\_\_/\_\_\_

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

- M25 Before I ask, let me check, have you ever been responsible for a child for one year or longer?
- NO. . . . . (SKIP TO M26) ..... 1  
YES..... 5

(34)  
ASP3RC4  
ASP4A6  
DSICDB2

- A. Have you often not provided financial support for your family when you were supposed to? .....
- |  | <u>NO</u> | <u>ALC/<br/>DRUGS<br/>ONLY</u> | <u>YES<br/>CLEAN</u> | <u>BOTH<br/>A/D &amp;<br/>CLEAN</u> |
|--|-----------|--------------------------------|----------------------|-------------------------------------|
|  | 1         | 3                              | 5 B                  | 6 B                                 |

ASP3RC8E  
ASP4A5  
DSICDB2

- B. Have you often left young children under 6 at home alone while you were out shopping or doing anything else?.....
- |  |   |   |     |     |
|--|---|---|-----|-----|
|  | 1 | 3 | 5 B | 6 B |
|--|---|---|-----|-----|

ASP3RC8D  
ASP4A6  
DSICDB2

- C. Has a neighbor fed or taken care of a child of yours because no one was taking care of the child at home?.....
- |  |   |   |     |     |
|--|---|---|-----|-----|
|  | 1 | 3 | 5 B | 6 B |
|--|---|---|-----|-----|

**ANTISOCIAL SECTION**

ASP3RC8A  
ASP3RC8B  
ASP3RC8C  
ASP4A6  
DSICDB2

D. Has a nurse, social worker or teacher said that your child wasn't getting enough to eat, wasn't being kept clean, or wasn't getting needed medical attention? ..... 1 3 5 B 6 B

ASP3RC8F  
ASP4A3  
DSICDB2

E. Have you more than once run out of money for food for your family because you had spent the food money on yourself or on going out?..... 1 3 5 B 6 B

**IF ALL CODED 1, SKIP TO M26.  
OTHERS CONTINUE.**

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

- F1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_
- F2. IN CONTEXT TO ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_
- F3. RECENCY. AGE REC: \_\_\_/\_\_\_

(27)  
ASP3RC3  
ASP4A4  
DSICDB4  
FGNASPE

M26 Have you ever been accused of child abuse or been the subject of a complaint on the child abuse hotline? NO.....(SKIP TO M27) ..... 1  
ALC/DRUG ONLY ..... 3  
YES, CLEAN..... 5  
BOTH A/D & CLEAN..... 6

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

- A1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_
- A2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_
- A3. RECENCY. AGE REC: \_\_\_/\_\_\_

(28)  
ASP3RC3  
ASP4A4  
DSICDB4  
FGNASPF

M27 Since you were 15, have you often hit, physically attacked, or thrown things at anyone (including your wife/husband/partner/children)? NO(SKIP TO M28) ..... 1  
ALC/DRUG ONLY ..... 3  
YES, CLEAN..... 5 B  
BOTH A/D & CLEAN..... 6 B

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

- A1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_
- A2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_
- A3. RECENCY. AGE REC: \_\_\_/\_\_\_

**ANTISOCIAL SECTION**

(10) ASP3RC7 ASP4A5	M28	Have you ever had a traffic ticket for a moving violation (things like speeding, running a red light, or causing an accident)?	NO.....(SKIP TO M29)..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
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FGNASPC DSICDB2	A.	How many tickets have you received in your life? <b>IF DK, ASK A1. OTHERS SKIP TO B.</b>	___ ___ TICKETS
--------------------	----	---	-----------------

FGNASPC DSICDB2	A1.	Was it at least 4?	NO..... 1 YES..... 5
--------------------	-----	--------------------	-------------------------

B.	How old were you the (first/last) time?	AGE ONS: ___/___
B1.	UNRELATED TO ALC/DRUGS.	AGE ONS A/D: ___/___
B2.	IN CONTEXT OF ALC/DRUGS.	AGE REC: ___/___
B3.	RECENCY.	

(11) ASP3RC2 ASP4A1 DSICDB2	M29	Have you ever been arrested for anything other than moving violations? <b>IF YES, SPECIFY. DO NOT COUNT DRUNK &amp; DISORDERLY CONDUCT OR PUBLIC INTOXICATION.</b> REASON(S): _____	NO.....(SKIP TO M30)..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
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A.	How old were you the (first/last) time you were arrested?	
A1.	UNRELATED TO ALC/DRUGS.	
A2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS: ___/___
A3.	RECENCY.	AGE ONS A/D: ___/___ AGE REC: ___/___

FGNASPC	B.	How many times have you been arrested (other than for moving violations)?	___ ___ TIMES
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FGNASPC	C.	Have you ever been convicted of a felony? <b>SPECIFY:</b> _____	NO..... 1 YES. . . . (SPECIFY) ..... 5
---------	----	--	---

D.	Have you ever spent time in jail for something other than <u>using</u> drugs or alcohol? <b>SPECIFY:</b> _____	NO.....(SKIP TO M30)..... 1 YES. . . . (SPECIFY) ..... 5
----	---	---

DSICDB5	E.	Since you got out of jail have you ever been arrested for things other than <u>using</u> drugs or alcohol? <b>SPECIFY:</b> _____	NO..... 1 YES. . . . (SPECIFY) ..... 5
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(29) ASP3RC1C ASP4A3 DSICDB2 FGNASPC	M30	Since you were 15, have you quit 3 or more jobs before having another job lined up? <b>IF 5 OR 6, SKIP TO M31. OTHERS CONTINUE.</b>	NO..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
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ASP3RC1C ASP4A3 DSICDB2 FGNASPC	A.	Since you were 15, have you dropped out of 3 or more academic programs? <b>INCLUDE GED AND TECHNICAL TRAINING PROGRAMS.</b>	NO..... 1 ALC/DRUG ONLY ..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
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**ANTISOCIAL SECTION**

(23)	<b>M35</b>	<b>-9</b>
FGNASPG	A. How many sexual partners have you had in your life? <b>IF 1, SKIP TO M37. IF 2-9, SKIP TO M36. OTHERS CONTINUE.</b>	___ ___ ___ NUMBER
FGNASPG	B. Have you ever had sex with 10 different people within a single year?	NO..... 1 YES..... 5
(24)	M36 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 M37)..... 1 ALC/DRUG ONLY..... 3 YES, CLEAN..... 5 BOTH, A/D & CLEAN..... 6
(25) DSICDB3 FGNASPE	A. Did this happen 3 or more times?	NO..... 1 YES..... 5
ASP3RC9 DSICDB3	B. Have you ever been faithful to 1 person for more than 1 year (that is, when you did not have any other sexual relationships)? <b>IF NEVER HAD A 1-YEAR RELATIONSHIP, CODE 9.</b>	NO, NEVER FAITHFUL..... 1 B YES, WAS FAITHFUL..... 5 N/A..... 9
ASP3RC7 ASP4A5	M37 Have you more than once had unprotected sex (without a condom) with someone you believed could give you a disease, or when you had a disease that could be spread that way?	NO..... 1 ALC/DRUG ONLY..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
ASP3RC7 ASP4A5	M38 Have you <u>often</u> taken chances where you or someone else might get physically hurt? For example, playing with fireworks or guns in a reckless manner? <b>SPECIFY:</b> _____	NO..... 1 ALC/DRUG ONLY..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
ASP3RC7 ASP4A5	A. Have you <u>often</u> taken chances when driving--like racing a train to a crossing, or drag racing? <b>SPECIFY:</b> _____	NO..... 1 ALC/DRUG ONLY..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
<b>BOX M38 IF M38 AND M38A ARE BOTH CODED 1, SKIP TO M39. OTHERS CONTINUE.</b>		

**ANTISOCIAL SECTION**

- B. How old were you the (first/last) time?  
 B1. UNRELATED TO ALC/DRUGS.  
 B2. IN CONTEXT OF ALC/DRUGS.  
 B3. RECENCY.

AGE ONS: \_\_\_/\_\_\_  
 AGE ONS A/D: \_\_\_/\_\_\_  
 AGE REC: \_\_\_/\_\_\_

(17) M39 Was there ever a time when you really enjoyed conning people to the point that you would often go out of your way to put something over on them? NO.....(SKIP TO M40)..... 1  
 ALC/DRUG ONLY ..... 3  
 YES, CLEAN..... 5  
 BOTH A/D & CLEAN..... 6

- A. How old were you the (first/last) time?  
 A1. UNRELATED TO ALC/DRUGS. AGE ONS: \_\_\_/\_\_\_  
 A2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: \_\_\_/\_\_\_  
 A3. RECENCY. AGE REC: \_\_\_/\_\_\_

ASP3RC6 B. Did this happen 3 or more times since your 15th NO..... 1  
 ASP4A2 birthday? YES..... 5

(35) M40 Have you often ignored the feelings of others in order to do what you wanted? NO..... 1  
 ASP3RC10 ALC/DRUG ONLY ..... 3  
 ASP4A7 YES, CLEAN..... 5  
 DSICDB1 BOTH A/D & CLEAN..... 6

(35) M41 Have you often felt irritable, angry, or resentful (that is, you frequently lost your temper, or it was easy to annoy you or make you mad)? NO..... 1  
 ASP3RC3 ALC/DRUG ONLY ..... 3  
 CDICD6/7 YES, CLEAN..... 5  
 DSICDB6 BOTH A/D & CLEAN..... 6

(37) M42 Have you often felt that others were to blame for your troubles or your mistakes? NO..... 1  
 CDICD5 ALC/DRUG ONLY ..... 3  
 DSICDB6 YES, CLEAN..... 5  
 BOTH A/D & CLEAN..... 6

**BOX M43 REVIEW PART B OF TALLY SHEET M. IF 2 OR MORE ITEMS MARKED, CONTINUE. OTHERS SKIP TO N1.**

(38) M43 AGE REC: -99  
 REC: 9

DSICDB5 A. When you were involved in any of the situations NO..... 1  
 ASP3RC10 checked on this list, did you more often than not feel YES . .....(SKIP TO N) ..... 5  
 ASP4A7 bad or guilty afterwards?

DSICDB6 B. Was that because you felt the person(s) (or animals) NO..... 1  
 involved deserved it more times than not? YES..... 5

**SUICIDE**

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**YOU MENTIONED THAT YOU HAVE HAD THOUGHTS ABOUT SUICIDE. I WOULD LIKE TO ASK YOU A FEW MORE QUESTIONS ABOUT THOSE THOUGHTS.**

---

N3 How did you try to kill yourself? **IF MORE THAN 1, ASK ABOUT THE MOST SERIOUS ATTEMPT.**

RECORD METHOD: \_\_\_\_\_  
\_\_\_\_\_

---

N4 How old were you then? AGE: \_\_\_ \_\_\_

---

N5 Did you require medical treatment after you tried to kill yourself? NO..... 1  
YES..... (SPECIFY)..... 5  
**SPECIFY:** \_\_\_\_\_

---

N6 Were you admitted to a hospital after the attempt (for medical reasons)? NO..... 1  
YES..... (SPECIFY)..... 5  
**SPECIFY:** \_\_\_\_\_

---

N7 Did you really want to die? NO..... 1  
YES..... 5

A. Afterwards, were you sorry that you didn't die? NO..... 1  
YES..... 5

---

N8 Did you think you would die from what you had done? NO..... 1  
YES..... 5  
MAYBE..... 3

---

N9 Did you try to kill yourself: NO   YES

1. While feeling depressed?.....	1	5
2. While feeling extremely good or high?.....	1	5
3. After you had been drinking? .....	1	5
4. After using drugs? .....	1	5
5. While having strange thoughts or experiences, or while seeing visions? .....	1	5
6. Other: <b>IF YES, SPECIFY:</b> .....	1	5

**SUICIDE**

	<p><b>N10A</b>      <b>CODE SILENTLY: TYPE OF METHOD INTENDED (SEE N3).</b>      <b>CODE: ____</b></p> <ol style="list-style-type: none"> <li>1. Fire gun.</li> <li>2. Crash car.</li> <li>3. Carbon monoxide poisoning.</li> <li>4. Cut wrists or stab self.</li> <li>5. Take pills.</li> <li>6. Jump from height.</li> <li style="padding-left: 2em;">7.      Jump in front of train/car/vehicle.</li> <li>8. Strangulation, choking, suffocation, hanging, drowning.</li> <li>9. Other or combination.</li> </ol>	
	<p><b>N10B</b>      <b>CODE SILENTLY: DEGREE OF COMPLETION.</b> <b>CODE: ____</b></p> <ol style="list-style-type: none"> <li>1. Contemplated only.</li> <li>2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).</li> <li>3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car).</li> <li>4. Attempted act (jumped, pulled trigger, swallowed pills).</li> </ol>	
	<p><b>N11</b>      <b>CODE SILENTLY: INTENT.</b></p> <ol style="list-style-type: none"> <li>1. Unclear (no information or not sure)</li> <li>2. Denies intent</li> <li>3. Reports minimal intent</li> <li>4. Reports significant intent with some ambivalence</li> <li>5. Very severe/extreme intent to die</li> </ol>	<p><b>CODE: ____</b></p>

**PTSD SECTION**

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**YOU MENTIONED YOU HAD EXPERIENCED (EVENT). I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU FELT ABOUT THIS EVENT.**

---

I am going to ask you some questions about that period when you were (AGE IN O1D.2), when you were having the most, or most intense, feelings or experiences about (EVENT) . . .

---

PTS3RB1 PTS4B1	O2	Did memories, visions, thoughts, or feelings about (EVENT) <u>often</u> keep coming to your mind, even though you didn't want them to?	NO..... 1 YES.....(SPECIFY)..... 5
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**IF YES:** Can you give me some examples?

\_\_\_\_\_  
\_\_\_\_\_

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PTS3RB2 PTS4B2	O3	Did you have unpleasant dreams again and again about (EVENT)?	NO..... 1 YES..... 5
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Still focusing on the period that started (DATE IN O1D.1) . . . (that is, the period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT))

---

PTS3RB3 PTS4B3	O4	Did you ever suddenly act or feel as if (EVENT) was happening again? This may include flashbacks or hallucinations, even if they occur when you are just waking up.	NO..... 1 YES . . . . (SPECIFY)..... 5
-------------------	----	---	---

**IF YES:** Can you give me some examples?

\_\_\_\_\_  
\_\_\_\_\_

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PTS3RB4 PTS4B4	O5	Did you feel very upset when you were reminded of (EVENT)? For example, on the anniversary of (EVENT).	NO..... 1 YES..... 5
-------------------	----	--	-------------------------

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PTS3RD6 PTS4B5	O6	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
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<b>BOX 07</b>	<b>IF O2-O6 ALL CODED 1, SKIP TO P. OTHERS CONTINUE.</b>
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**PTSD SECTION**

During that period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT),  
**(REMINDR OF DATE IN O1D.1) . . .**

PTS3RC1 PTS4C1	O8	Did you ever try to avoid thinking or having feelings about (EVENT) and find that you couldn't?	NO..... 1 YES..... 5
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PTS3RC2 PTS4C2	O9	Did you avoid activities, places, or people that reminded you of (EVENT)?	NO..... 1 YES . . . . (SPECIFY)..... 5
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**IF YES:** Can you give me some examples?

\_\_\_\_\_

\_\_\_\_\_

PTS3RC3 PTS4C3	O10	Did you find that you sometimes could <u>not</u> remember important things about (EVENT)?	NO..... 1 YES..... 5
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PTS3RC4 PTS4C4	O11	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
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PTS3RC5 PTS4C5	O12	During that period of time, did you feel more cut off, distant, or separated from people than before (EVENT) happened?	NO..... 1 YES . . . . (SPECIFY)..... 5
-------------------	-----	--	---

**IF YES:** Can you give me some examples?

\_\_\_\_\_

\_\_\_\_\_

PTS3RC6 PTS4C6	O13	Were there times when you believed you had lost your ability to experience emotions that you had before (EVENT) happened? For example, did you feel you couldn't have loving feelings or anything like that?	NO..... 1 YES..... 5
-------------------	-----	--	-------------------------

PTS3RC7 PTS4C7	O14	Were there times when you felt that there was no point in planning for the future--that you might not have a rewarding career; a happy family; or a long, good life?	NO..... 1 YES..... 5
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**BOX O15 REVIEW O8-O14. IF 3 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO P.**

**PTSD SECTION**

During that period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT),  
**(REMINDR OF DATE IN O1D.1) . . .**

PTS3RD1 PTS4D1	O16	Did you have more trouble falling asleep or staying asleep than before (EVENT)?	NO..... 1 YES..... 5
PTS3RD2 PTS4D2	O17	Did you find that you got irritated or lost your temper more easily than before (EVENT)?	NO..... 1 YES..... 5
PTS3RD3 PTS4D3	O18	Were there times when you had more trouble concentrating than before (EVENT)?	NO..... 1 YES..... 5
PTS3RD5 PTS4D5	O19	Were there times when unexpected noise, movement, or touch startled you more than before (EVENT)?	NO..... 1 YES..... 5
PTS3RD4 PTS4D4	O20	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 O21 REVIEW O16-O20. IF 2 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO P.**

PTS3RE PTS4E	O22	You have told me about things such as reliving the event through dreams, memories, or feelings; avoiding things that reminded you of the event; and problems with sleep, mood, or thinking. Did these experiences last longer than one month?	NO .....(SKIP TO P)..... 1 ALC/DRUG ONLY..... 3 YES, CLEAN..... 5 BOTH A/D & CLEAN..... 6
	A.	What is the longest amount of time that these experiences lasted?	MONTHS:    ___ ___
	B.	How soon after (EVENT) did you begin to experience these things?	___ ___ UNITS <i>t</i>
			<b>CODE UNITS:</b> DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS..... 4
	C.	How old were you the last time you had a period of time like this?	AGE REC:    ___/___ <i>t</i> REC:        1  2  3  4  5
PTS4F	D.	Did these experiences interfere with your work, school, household activities, or how you got along with other people?	NO..... 1 YES. . . (SPECIFY)..... 5

**SPECIFY:** \_\_\_\_\_

**PTSD SECTION**

---

O23 Did you ever talk to a doctor or other professional about the problems you had after the (EVENT)? NO..... 1  
YES. . . (SPECIFY)..... 5

**SPECIFY:** \_\_\_\_\_

**BOX O24 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG CONTINUE. OTHERS SKIP TO P.**

O24 We talked about the time when you had very intense feelings after you experienced (EVENT). I recorded that this troubling period of time started at (AGE).

CLUSTERING  
AT ONSET

A. Around the time you first had these very intense feelings, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG ) sheet? NO..... 1  
YES.....(SKIP TO P)..... 5

HEAVY USE  
WHEN NOT  
CLUSTERING

B. Around the time you first had these very intense feelings, were you (drinking heavily/using DRUGS) daily or almost daily? NO..... 1  
YES ..... 5

---

**GAD SECTION**

**I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT PERIOD WHEN YOU WERE ANXIOUS OR WORRIED ABOUT A NUMBER OF THINGS MORE DAYS THAN NOT.**

P2 During that 6-month (or longer) period when you were anxious and worried about a number of things, did you also experience for more days than not...		<u>NO</u>	<u>YES</u>
GAD3RD1	1. Trembling, twitching, or feeling shaky? .....	1	5
GAD3RD2 GAD4C5	2. Sore, aching, or tender muscles?.....	1	5
GAD3RD3 GAD4C1	3. Restlessness? .....	1	5
GAD4C2 GAD3RD4	4. Feeling easily tired or fatigued? .....	1	5
GAD3RD5	5. Shortness of breath or feeling like you were smothering? .....	1	5
GAD3RD6	6. Heart palpitations or a racing heart?.....	1	5
GAD3RD7	7. Sweating? Or cold, clammy hands? .....	1	5
GAD3RD8	8. Dry mouth? .....	1	5
GAD3RD9	9. Dizziness or lightheadedness?.....	1	5
GAD3RD10	10. Nausea, diarrhea, or stomach problems? .....	1	5
GAD3RD11	11. Flushes, hot flashes, or chills?.....	1	5
GAD3RD12	12. Frequent urination?.....	1	5
GAD3RD13	13. Trouble swallowing, or feeling a "lump" in your throat? .....	1	5
GAD3RD14 GAD4C1	14. Feeling "keyed up" or "on edge"? .....	1	5
GAD3RD15	15. Being easily startled? .....	1	5
GAD3RD16 GAD4C3	16. Difficulty concentrating or having your mind go blank?.....	1	5

**GAD SECTION**

GAD3RD17 GAD4C6	17. Difficulty falling asleep or staying asleep, or having restless, unsatisfying sleep so that when you woke up you did not feel rested?.....	1	5
GAD3RD18 GAD4C4	18. Irritability? .....	1	5

**IF 3 OR MORE ARE CODED 5, CONTINUE.  
OTHERS SKIP TO R.**

GAD3RE GAD4F	P3 During that 6-month (or longer) period, were you drinking caffeinated drinks like coffee, tea, or caffeinated soft drinks daily or almost daily?	NO.....(SKIP TO C)..... 1 YES..... 5
	A. How many caffeinated drinks did you typically have each day?	___ ___ DRINKS
	1. Which did you drink most often: coffee, tea, or caffeinated soft drinks?	COFFEE..... 1 TEA..... 2 SOFT DRINKS..... 3
	B. Did your anxiousness, worry, or feeling "on edge" usually occur soon after you drank caffeinated beverages (like coffee, tea, or soft drinks)?	NO ..... 1 YES..... 5
GAD3RE GAD4F	C. During that period, were you drinking heavily or using drugs, or had you recently cut down?	NO ..... 1 YES..... 5

GAD4E	P4 Did feeling anxious or worried for 6 months or longer cause you to have difficulty getting along with your friends or family, or to have problems at work or school?	NO ..... 1 YES.....(SPECIFY)..... 5
	<b>SPECIFY:</b> _____ _____	

P5	During that 6-month (or longer) period, did you begin to drink or use drugs, or did you increase the amount of alcohol or drugs you were taking to help you feel less anxious or worried?	NO..... (SKIP TO P6) ..... 1 YES.....(SPECIFY) ..... 5
	<b>SPECIFY:</b>	
	1. _____	CODE: ___ ___ ___
	2. _____	CODE: ___ ___ ___
	A. Did (drinking/using drugs) help?	NO ..... 1 YES..... 5

GAD SECTION

P6 How old were you the (first/last) time you were anxious or worried about 2 or more problems for 6 months or longer and had some other problems like (**SEVERAL SX ENDORSED IN P2**) at the same time?

AGE ONS: \_\_\_/\_\_\_ t  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_/\_\_\_ t  
REC: 1 2 3 4 5

**BOX P7 IF I25E, I34C, OR I35C = 2+ WEEKS, ASK P7. OTHERS SKIP TO BOX P8.**

P7 You said earlier that you had periods of feeling depressed or had lost interest in things. Did these periods of feeling anxious and worried fall within a time when you were also depressed or had lost interest?

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

**BOX P8 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG, CONTINUE. OTHERS SKIP TO R.**

P8 We talked about the long period of time when you felt anxious or worried, which started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG ASK A. OTHERS SKIP TO B.**

CLUSTERING AT ONSET

A. Around the time you first felt anxious or worried, were you having experiences from 3 or more boxes found on this ( ALC / MJ / DRUG ) sheet?

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

HEAVY USE WHEN NOT CLUSTERING

B. Around the time you first felt anxious or worried, were you (drinking heavily / using DRUGS) daily or almost daily?

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

**SOCIAL PHOBIA SECTION**

**YOU MENTIONED THAT YOU HAD A STRONG AND PERSISTENT FEAR OF (ACTIVITY), I WOULD LIKE TO ASK YOU MORE QUESTIONS ABOUT THAT FEAR.**

(P8) SP3RC SP4B	R2	Did being in (this/these) situation(s) almost always make you extremely nervous <u>right away</u> (when you were not using alcohol or drugs)?	NO.....(SKIP TO S)..... 1 YES..... 5
-----------------------	----	---	---

(P10) SP3RD SP4D	A.	Did you almost always avoid that situation?	NO..... 1 YES..... (SKIP TO R3)..... 5
------------------------	----	---	---

(P10A) SP4D	B.	When you had to be in that situation, did you almost always feel extremely nervous or panicky?	NO.....(SKIP TO S)..... 1 YES..... 5
----------------	----	--	---

(P12) SP3RF SP4C	R3	Did you ever think that your fear was excessive or unreasonable?	NO.....(SKIP TO S)..... 1 YES..... 5
------------------------	----	--	---

(P11) SP3RE SP4E	R4	Did this fear or avoiding the situation ever interfere with your job, school, social functioning, or normal routine?	NO..... 1 YES.....(SPECIFY)..... 5
------------------------	----	--	---------------------------------------

**SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_

SP3RE SP4E	A.	Have you been <u>very</u> upset with yourself for having any of these fears?	NO..... 1 YES..... 5
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**BOX R5 IF R4 AND R4A ARE BOTH CODED 1, SKIP TO S. OTHERS CONTINUE.**

R6	About how long did your fear (interfere with your functioning/make you upset with yourself)?	MONTHS: ____ ____ ____
----	--	------------------------

R7	How old were you the (first/last) time (this fear/any of these fears) (interfered with your functioning/made you upset with yourself)?	AGE ONS:    ____/____ <i>t</i> ONS:        1  2  3  4  5 AGE REC:    ____/____ <i>t</i> REC:        1  2  3  4  5
----	--	--

R8	Did you ever take medicine, begin to drink or use drugs, or increase the amount of alcohol or drugs that you were using because of (this fear/these fears)?	NO. . . (SKIP TO BOX R9) ..... 1 YES. . . . (SPECIFY)..... 5
----	---	---

**SOCIAL PHOBIA SECTION**

**SPECIFY:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

CODE: \_\_\_\_\_  
CODE: \_\_\_\_\_

- A. Did (taking medicine/drinking alcohol/using drugs help?)
- NO ..... 1  
YES..... 5

**BOX R9 IF FEAR DEALS WITH EATING AND WENT THROUGH SECTION H, CONTINUE. OTHERS SKIP TO SECTION S.**

(P14)  
SP3RB  
SP4H

- R10 Did any of these fears occur because you were afraid people would notice you had an eating problem?
- NO..... 1  
YES..... 5

**BOX R11 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG CONTINUE. OTHERS SKIP TO SECTION S.**

- R11 You told me about feeling very concerned about (SITUATIONS) in public and that first started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS SKIP TO 2.**

CLUSTERING  
AT ONSET

- A. Around the time you first felt concerned about (SITUATIONS), were you having experiences from 3 or more boxes found on this ( ALC / MJ / DRUG ) sheet?
- NO..... 1  
YES.....(SKIP TO S) ..... 5

HEAVY USE  
WHEN NOT  
CLUSTERING

- B. Around the time you first felt concerned about (SITUATIONS), were you (drinking heavily / using DRUGS) daily or almost daily?
- NO..... 1  
YES..... 5

**AGORAPHOBIA SECTION**

**YOU MENTIONED THAT YOU HAD A FEAR OF BEING IN CERTAIN PLACES OR SITUATIONS. I WOULD LIKE TO ASK YOU SOME MORE QUESTIONS ABOUT THOSE SITUATIONS.**

---

AGP3RA	S2	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 or standing in a line?.....	1	5
		3. being on a bridge or in a tunnel?.....	1	5
		4. travelling in a bus, train, or car?.....	1	5
		5. being in an elevator?.....	1	5

**IF ALL ARE CODED 1, CONTINUE.  
OTHERS SKIP TO B.**

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

EXAMPLE: \_\_\_\_\_

B. Did more than one situation make you feel this way?      NO ..... 1  
YES.....5

C. What was it about (SITUATIONS) that was frightening to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGORAPHOBIA SECTION**

AGP3RA AGP4B	S3	A. When you were in those situations, did you <u>usually</u> :	<u>NO</u>	<u>YES</u>
		1. get sweaty? .....	1	5
		2. tremble?.....	1	5
		3. have a dry mouth? .....	1	5
		4. feel dizzy? .....	1	5
		5. feel your heart pound? .....	1	5
		6. get nauseated or vomit? .....	1	5
		7. feel like you couldn't control your bodily functions?.....	1	5
		8. feel tightness or pain in your chest or stomach?.....	1	5
		9. feel that you, or things around you, seemed unreal? .....	1	5
AGP4A		B. When you were in situations like (SITUATIONS IN S2), were you afraid that any of these things might happen?	NO.....	1
			YES.....	5
AGP3RA AGP4B	S4	Did you almost always avoid these situation(s) or stop going places because of your fear that you would feel sick or do something embarrassing?	NO.....	1
			YES.....(SPECIFY).....	5
		<b>SPECIFY:</b> _____		
		_____		
AGP3RA AGP4B		A. Has your fear kept you from going somewhere you wanted to go 3 or more times?	NO.....	1
			YES.....(SPECIFY).....	5
		<b>SPECIFY:</b> _____		
		_____		
AGP3RA AGP4B		B. When you had to be in one of these situations, did it almost always make you extremely nervous or panicky?	NO.....	1
			YES..... (SPECIFY).....	5
		<b>SPECIFY:</b> _____		
		_____		
AGP3RA AGP4B		C. When you had to be in one of these situations, did you begin to need someone to be with you?	NO.....	1
			YES..... (SPECIFY).....	5
		<b>SPECIFY:</b> _____		
		_____		

**AGORAPHOBIA SECTION**

**BOX S4 IF S4, S4A, S4B, AND S4C ARE ALL CODED 1, SKIP TO T. OTHERS CONTINUE.**

S5	How old were you the (first/last) time you had this fear and had some other problems like (SX ENDORSED IN S3 AND S4) at the same time?	AGE ONS: ___/___ <i>t</i> ONS:1 2 3 4 5  AGE REC: ___/___ <i>t</i> REC:1 2 3 4 5
----	--	--

S6	Did you ever take medicine, begin to drink or use drugs, or increase the amount of alcohol or drugs that you were using because of this fear?	NO.....(SKIP TO BOX S7)..... 1 YES.....(SPECIFY).....5
----	---	---

**SPECIFY:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

CODE: \_\_\_\_\_  
CODE: \_\_\_\_\_

A.	Did (taking medicine/drinking alcohol/using drugs) help?	NO ..... 1 YES.....5
----	--	-------------------------

**BOX S7 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG CONTINUE. OTHERS SKIP TO SECTION T.**

S7 You told me you had a concern about being in a situation where you could not escape if something bad would happen to you. I recorded that this started for you at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG ASK A. OTHERS SKIP TO B.**

CLUSTERING AT ONSET

A.	Around the time you first started feeling concerned about not being able to escape if needed, were you having experiences from 3 or more boxes found on this ( ALC / MJ / DRUG ) sheet?	NO ..... 1 YES . . . (SKIP TO T) .....5
----	---	--

HEAVY USE WHEN NOT CLUSTERING

B.	Around the time you first started feeling concerned about not being able to escape if needed, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO ..... 1 YES.....5
----	---	-------------------------

**PANIC SECTION**

**YOU SAID THAT YOU HAVE HAD ATTACKS WHEN YOU FELT FRIGHTENED, ANXIOUS OR PANIC. I WOULD LIKE TO ASK YOU MORE ABOUT THOSE FEELINGS. CAN YOU TELL ME ABOUT A TIME WHERE YOU FELT LIKE THAT?**

T1 EXAMPLE:

\_\_\_\_\_

\_\_\_\_\_

WHOM SAW: \_\_\_\_\_

WHAT TOLD: \_\_\_\_\_

(O2)  
PAN3RB  
AGPAN3RA

		<u>NO</u>	<u>YES</u>
T2	Have you ever had...		
	A. 3 attacks within a three-week period? .....	1	5
	B. 4 attacks within a four-week period? .....	1	5

(O3)  
PAN3RB  
PAN4A2A  
AGPAN3RA  
AGPAN4A2A

	T3 After having an attack, did you ever have a month or more when you worried a lot about having an attack or you were afraid that you might have another attack?	NO.....	1
		YES.....	5

	A. Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy?	NO . . . . .(SKIP TO B) .....	1
		YES.....	5

	1. Did you think that for a month or longer?	NO.....	1
		YES.....	5

PAN4A2B  
AGPAN4A2B

	B. Did havin g an attack like this cause you to stop doing anything that you used to do or stop going places you used to go?	NO. . . . . (SKIP TO C) .....	1
		YES.....	5

	1. Did you stop doing things or going places for a month or longer?	NO.....	1
		YES.....	5

PAN4A2C  
AGPAN4A2C

	C. After having an attack like this, did you begin to need someone to go with you?	NO. . . . . (SKIP TO T4).....	1
		YES.....	5

PAN4A2C  
AGPAN4A2C

	1. Did that last for a month or longer?	NO.....	1
		YES.....	5

**PANIC SECTION**

(O4) PAN3RC PAN4A1 AGPAN3RA AGPAN4A1	T4 During <u>one</u> of your worst attacks, did you have...	<u>NO</u>	<u>YES</u>
PAN3RC1 PAN4A1.4	1. Shortness of breath or feeling that you were smothering?	1	5
PAN3RC3 PAN4A1.1	2. Palpitations or a pounding heart?.....	1	5
PAN3RC2 PAN4A1.8	3. Dizziness, light-headedness, unsteadiness, or feeling faint?.....	1	5
PAN3RC11 PAN4A1.6	4. Chest tightness or chest pain?.....	1	5
PAN3RC9 PAN4A1.12	5. Numbness or tingling in your face, feet, or fingers?.....	1	5
PAN3RC6 PAN4A1.5	6. Choking sensation? .....	1	5
PAN3RC5 PAN4A1.2	7. Sweating?.....	1	5
PAN3RC4 PAN4A1.3	8. Shaking or trembling?.....	1	5
PAN3RC10 PAN4A1.13	9. Flushing, hot flashes, or chills?.....	1	5
PAN3RC8 PAN4A1.9	10. A feeling that things were unreal? .....	1	5
PAN3RC12 PAN4A1.11	11. A fear that you might die?.....	1	5
PAN3RC13 PAN4A1.10	12. A fear that you were going crazy or losing control?.....	1	5
PAN3RC7 PAN4A1.7	13. Nausea or discomfort in your stomach or abdomen?.....	1	5

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

**PANIC SECTION**

(O5)  
PAN3RD  
PAN4A1  
AGPAN3RA  
AGPAN4A1

T5 You mentioned you had attacks of feeling frightened and some problems like (**SX IN T4.1-13**). How many episodes have you had in your lifetime that had 4 or more of these problems? \_\_\_ NUMBER

**BOX T5 IF ONLY 1 ATTACK, GO TO SECTION U. OTHERS CONTINUE.**

(O6)  
PAN3RD  
PAN4A1  
AGPAN3RA  
AGPAN4A1

T6 During at least several of your attacks, did some of these problems such as: (UP TO 4 SX CODED IN T4) begin suddenly, and get worse in the first 10 minutes of the attacks?  
 NO.....1  
 YES.....5

PAN4D

T7 A. **IF ANY 5 CODED IN R1.1-6 (SOCPHOB, p. 142), ASK:** Did you have attacks like that when you were (SOCPHOB SITUATIONS CODED 5 IN R1.1-6)?  
 NO.....1  
 YES.....5

PAN4D

B. **IF ANY 5 CODED IN S2.1-5 (AGPHOB, p. 145), ASK:** Did you have attacks like that when you were (AGPHOB SITUATIONS CODED 5 IN S2.1-5)?  
 NO.....1  
 YES.....5

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

**SPECIFY:** \_\_\_\_\_  
 \_\_\_\_\_  
 NO.....1  
 YES.....5

D. Have you had these attacks at times when you had no reason to expect one because you were not in any special situation?

(O7)

T8 How old were you the (first/last) time you had one of these sudden attacks of feeling frightened or anxious when you had 4 or more problems like (**ALL SX CODED 5 IN T4.1-13**)?  
 AGE ONS: \_\_\_/\_\_\_ t  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_/\_\_\_ t  
 REC: 1 2 3 4 5

**IF DK AND R IS UNDER 40, CODE T8A "YES" WITHOUT ASKING. IF DK AND R IS 40 OR OLDER, ASK A. OTHERS SKIP TO T9.**

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

**PANIC SECTION**

(08) T9 Have you ever been nervous or anxious much of the time between attacks? NO.....1  
YES.....5

(09) T10 Did these attacks ever cause you to have difficulty in getting along with your family or to have problems at work or at school? NO.....1  
YES . . . . (SPECIFY).....5  
**SPECIFY:** \_\_\_\_\_

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

**SPECIFY:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

CODE: \_\_\_\_\_  
CODE: \_\_\_\_\_

A. Did (drinking/using drugs) help? NO.....1  
YES.....5

**BOX T12 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG, CONTINUE. OTHERS SKIP TO U.**

T12 We talked about sudden attacks of feeling panicky, frightened, or nervous. You said that first happened at (AGE).

**IF 3 OR MORE PROBLEMS WITH ALC/MJ/DRUG ASK A. OTHERS SKIP TO B.**

CLUSTERING AT ONSET A. Around the time the attacks first started, were you having experiences from 3 or more boxes found on this ( ALC / MJ / DRUG ) sheet? NO..... (SKIP TO U).....1  
YES . . . . .5

HEAVY USE WHEN NOT CLUSTERING B. Around the time the attacks first started, were you (drinking heavily/ using DRUGS) daily or almost daily? NO.....1  
YES .....5

**GAMBLING SECTION**

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR GAMBLING.**

U3.	Have you often spent a lot of time thinking about how you were going to bet, or studying the teams, dogs, or horses you were planning to bet on, when you should have been doing other things?	NO.....1 YES.....5
U4.	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
U5.	Over time, did you have to <u>increase the amount</u> you would gamble in order to <u>keep it exciting</u> ?	NO.....1 YES.....5
U6.	Have you often gone back to the place where you lost money to try to win it back?	NO.....1 YES.....5
U7.	Have you more than once <u>tried to quit</u> or cut down on your <u>gambling without being able to</u> ?	NO.....1 YES.....5
U8.	Did trying to quit or cut down on gambling make you feel restless or irritable?	NO.....1 YES.....5
U9.	Have you often tried to keep family or friends from knowing how much you gambled?	NO.....1 YES.....5
U10.	Have you ever <u>spent a lot of time trying to get money together</u> so you could <u>gamble</u> ?	NO.....1 YES.....5
U11.	Have you ever <u>raised gambling money</u> by writing a bad check, signing someone else's name to a check, stealing, cashing someone else's check, or <u>in some other illegal way</u> ?	NO.....1 YES.....5
U12.	Has your gambling ever put you in such a financial hole that you had to get help with living expenses from friends, family, or welfare?	NO.....1 YES.....5
U13.	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
U14.	Has your gambling ever caused you trouble with (your husband/wife /partner) or a family member?	NO.....1 YES.....5
U15.	<b>HOW MANY 5'S ARE CODED IN U2-U14?</b>	EXIT NONE.....(GO TO V).....1 1-4.....5 5 OR MORE.....5
U16.	<b>IS U13 OR U14 CODED 5?</b>	NO.....(GO TO U17).....1 YES.....5
	A. Did your gambling ever cause serious problems for you with family, friends, or work for a month or longer	NO.....1 YES.....5
	B. Did your gambling cause difficulties for you with family, friends or work at any time in the last 12 months?	NO.....1 YES.....5

**GAMBLING SECTION**

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U17. **REC:** When was the last time you (**ITEMS CODED 5 in U2-U14**)? \_\_\_/\_\_\_  
MONTH AGE

**IF PRESENT IN THE CURRENT MONTH, CODE MONTH=00. IF NOT IN THE LAST 12 MONTHS, CODE MONTH=66 AND ENTER AGE.**

**ONS:** How old were you the first time gambling caused you one of these problems? \_\_\_/\_\_\_  
AGE

**IF ONS AGE WITHIN 2 YEARS OF REC AGE OR CURRENT AGE, GO TO CUR.**

**REM:** Between (ONS AGE) when these problems from gambling began and (REC AGE) when you most recently had them, was there at least a full year that you did not have any of these problems at all? NO.....(GO TO CUR).....1  
YES.....5

A. Between what ages were you completely without these problems? ONSET: \_\_\_/\_\_\_  
REC: \_\_\_/\_\_\_

B. Any other years? **IF “NO”, CODE 00 IN “FROM AGE” AND GO TO CUR..** ONSET: \_\_\_/\_\_\_  
REC: \_\_\_/\_\_\_

C. **DID R MENTION 2 OR MORE REMISSIONS?** NO.....1  
YES.....5

**CUR: IF REC MONTH CODED 66, GO TO U18B.**

In the last 12 months, have you had most of these problems like (**ITEMS CODED 5 IN U2-U14**)? NO.....1  
YES.....5

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U18. Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about your gambling? NO.....(GO TO B).....1  
YES.....5

A. Did you do it? NO.....1  
YES.....(DONE).....5

B. Have you ever talked to a doctor or other health professional about your gambling? NO.....1  
YES.....5

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**Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

	<b>Now I would like to ask you some questions about other adult behaviors. Please tell me how often you feel the way described.</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
V1.	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	1	2	3	4	5
V2.	How often do you have difficulty getting things in order when you have to do a task that requires organization?	1	2	3	4	5
V3.	How often do you have problems remembering appointments or obligations?	1	2	3	4	5
V4.	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	1	2	3	4	5
V5.	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	1	2	3	4	5
V6.	How often do you feel overly active and compelled to do things, like you were driven by a motor?	1	2	3	4	5
V7.	How often do you make careless mistakes when you have to work on a boring or difficult project?	1	2	3	4	5
V8.	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	1	2	3	4	5
V9.	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	1	2	3	4	5
V10.	How often do you misplace or have difficulty finding things at home or at work?	1	2	3	4	5
V11.	How often are you distracted by activity or noise around you?	1	2	3	4	5
V12.	How often do you leave your seat in meeting or other situations in which you are expected to remain seated?	1	2	3	4	5
V13.	How often do you feel fidgety?	1	2	3	4	5
V14.	How often do you have difficulty unwinding and relaxing when you have time to yourself?	1	2	3	4	5
V15.	How often do you find yourself talking too much when you are in social situations?	1	2	3	4	5
V16.	When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	1	2	3	4	5
V17.	How often do you have difficulty waiting your turn in situations when turn taking is required?	1	2	3	4	5
V18.	How often do you interrupt others when they are busy?	1	2	3	4	5

**W: SUBJECT COMMENTS**

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As you can see, I tried to ask you about a lot of different kinds of emotional problems, physical and medical problems, and habits that people might have. But, of course, everyone is different, and I might have skipped something that has been important to you. Have you had any problems I should have covered but didn't?

**RECORD VERBATIM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any comments about the interview itself?

**RECORD VERBATIM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORD TIME ENDED:** \_\_\_\_:\_\_\_\_ \_\_\_\_  
(USE 24 HOUR CLOCK)

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**W: INTERVIEWER OBSERVATIONS**

<b>BORDERLINE</b>	= 3
<b>DEFINITE</b>	= 4
<b>DOES NOT APPLY</b>	= 9

**TYPE OF INTERVIEW: (Choose 1)**

<b>PERSONAL INTERVIEW</b>	..... 1
<b>TELEPHONE INTERVIEW</b>	..... 2
<b>PROXY INTERVIEW</b>	..... 3

**IF CODED 5 OR 9, SKIP TO NEXT QUESTION.**

- A. FACIAL EXPRESSION IS NORMAL?** NO.....1  
YES.....5  
PHONE...9
1. Sad . . . . . 3 4 9
  2. Gloomy . . . . . 3 4 9
  3. Hostile . . . . . 3 4 9
  4. Worried . . . . . 3 4 9
  5. Avoids gaze . . . . . 3 4 9
  6. Immobile . . . . . 3 4 9
- B. DRESS IS NORMAL?** NO.....1  
YES.....5  
PHONE...9
1. Meticulous . . . . . 3 4 9
  2. Clothing, hygiene poor . . . . . 3 4 9
  3. Eccentric . . . . . 3 4 9
  4. Seductive . . . . . 3 4 9
  5. Inadequate for warmth and protection . 3 4 9
- C. MOTOR ACTIVITY IS NORMAL?** NO.....1  
YES.....5  
PHONE...9
1. Increased amount . . . . . 3 4 9
  2. Constantly fiddling, changing position,  
standing or sitting down . . . . . 3 4 9
  3. Agitation . . . . . 3 4 9
  4. Tics . . . . . 3 4 9
  5. Tremor . . . . . 3 4 9
  6. Peculiar posturing . . . . . 3 4 9
  7. Unusual gait . . . . . 3 4 9
  8. Repetitive acts . . . . . 3 4 9
  9. Very slow to move; unusual  
for age & physical condition . . . . . 3 4 9
  10. Rigid posture . . . . . 3 4 9
- D. FLOW OF THOUGHT IS NORMAL?** NO.....1  
YES.....5
1. Blocking . . . . . 3 4 9
  2. Circumstantial . . . . . 3 4 9
  3. Tangential . . . . . 3 4 9
  4. Perseveration . . . . . 3 4 9
  5. Flight of ideas . . . . . 3 4 9
  6. Indecisive . . . . . 3 4 9
  7. Illogical . . . . . 3 4 9

- E. LEVEL OF CONSCIOUSNESS IS NORMAL?** NO.....1  
YES.....5
1. Hypervigilant . . . . . 3 4 9
  2. Drowsy . . . . . 3 4 9
  3. Stupor . . . . . 3 4 9
- F. SPEECH IS NORMAL?** NO.....1  
YES.....5
1. Excessive amount . . . . . 3 4 9
  2. Reduced amount . . . . . 3 4 9
  3. Push of speech . . . . . 3 4 9
  4. Slowed . . . . . 3 4 9
  5. Loud . . . . . 3 4 9
  6. Soft . . . . . 3 4 9
  7. Mute . . . . . 3 4 9
  8. Slurred . . . . . 3 4 9
  9. Stuttering . . . . . 3 4 9
  10. Neologisms . . . . . 3 4 9
  11. Gloomy, voice choking  
on distressing topic . . . . . 3 4 9
  12. Fails to answer, questions  
need repeating . . . . . 3 4 9
  13. Monotonous voice . . . . . 3 4 9
- G. INTERVIEW BEHAVIOR IS NORMAL?** NO.....1  
YES.....5
1. Angry outbursts . . . . . 3 4 9
  2. Irritable . . . . . 3 4 9
  3. Impulsive . . . . . 3 4 9
  4. Hostile . . . . . 3 4 9
  5. Silly . . . . . 3 4 9
  6. Sensitive . . . . . 3 4 9
  7. Apathetic . . . . . 3 4 9
  8. Withdrawn . . . . . 3 4 9
  9. Evasive . . . . . 3 4 9
  10. Passive . . . . . 3 4 9
  11. Aggressive . . . . . 3 4 9
  12. Naive . . . . . 3 4 9
  13. Overly dramatic . . . . . 3 4 9
  14. Manipulative . . . . . 3 4 9
  15. Dependent . . . . . 3 4 9
  16. Uncooperative . . . . . 3 4 9
  17. Demanding . . . . . 3 4 9
  18. Negativistic . . . . . 3 4 9
  19. Callous . . . . . 3 4 9

**INTERVIEWER OBSERVATIONS - CONTINUED**

**H. MOOD AND AFFECT ARE NORMAL? NO.....1  
YES.....5**

- 1. Anxious . . . . . 3 4 9
- 2. Inappropriate affect . . . . . 3 4 9
- 3. Flat affect . . . . . 3 4 9
- 4. Elated mood . . . . . 3 4 9
- 5. Depressed mood . . . . . 3 4 9
- 6. Labile mood . . . . . 3 4 9

**I. CONTENT OF THOUGHT IS NORMAL? NO.....1  
YES.....5**

- 1. Suicidal thoughts . . . . . 3 4 9
- 2. Suicidal plans . . . . . 3 4 9
- 3. Assaultive ideas . . . . . 3 4 9
- 4. Homicidal thoughts . . . . . 3 4 9
- 5. Homicidal plans . . . . . 3 4 9
- 6. Antisocial attitudes . . . . . 3 4 9
- 7. Suspiciousness . . . . . 3 4 9
- 8. Poverty of content . . . . . 3 4 9
- 9. Phobias . . . . . 3 4 9
- 10. Obsessions . . . . . 3 4 9
- 11. Compulsions . . . . . 3 4 9
- 12. Feelings of unreality . . . . . 3 4 9
- 13. Feels persecuted . . . . . 3 4 9
- 14. Thoughts of running away . . . . . 3 4 9
- 15. Somatic complaints . . . . . 3 4 9
- 16. Ideas of guilt . . . . . 3 4 9
- 17. Ideas of hopelessness . . . . . 3 4 9
- 18. Ideas of worthlessness . . . . . 3 4 9
- 19. Excessive religiosity . . . . . 3 4 9
- 20. Sexual preoccupation . . . . . 3 4 9
- 21. Blames others . . . . . 3 4 9
- 22. Illusions are present . . . . . 3 4 9
- 23. Auditory hallucination . . . . . 3 4 9
- 24. Visual hallucination . . . . . 3 4 9
- 25. Other hallucinations . . . . . 3 4 9
- 26. Delusion of persecution . . . . . 3 4 9
- 27. Delusion of grandeur . . . . . 3 4 9
- 28. Delusion of reference . . . . . 3 4 9
- 29. Delusion of influence . . . . . 3 4 9
- 30. Somatic delusion . . . . . 3 4 9
- 31. Other delusions . . . . . 3 4 9
- 32. Delusions are systematized . . . . . 3 4 9

**J. ORIENTATION IS NORMAL? NO.....1  
YES.....5**

- 1. Time . . . . . 3 4 9
- 2. Place . . . . . 3 4 9
- 3. Person . . . . . 3 4 9

**K. MEMORY IS NORMAL? NO.....1  
YES.....5**

- 1. Clouding of consciousness . . . . . 3 4 9
- 2. Inability to concentrate . . . . . 3 4 9
- 3. Amnesia . . . . . 3 4 9
- 4. Poor recent memory . . . . . 3 4 9
- 5. Poor remote memory . . . . . 3 4 9
- 6. Confabulation . . . . . 3 4 9

**L. INTELLECT IS NORMAL? NO.....1  
YES.....5**

- 1. Above normal . . . . . 3 4 9
- 2. Below normal . . . . . 3 4 9
- 3. Paucity of knowledge . . . . . 3 4 9
- 4. Vocabulary poor . . . . . 3 4 9

**M. INSIGHT AND JUDGEMENT ARE NORMAL? NO.....1  
YES.....5**

- 1. Poor insight . . . . . 3 4 9
- 2. Poor judgement . . . . . 3 4 9
- 3. Unrealistic regarding degree of illness . . . . . 3 4 9
- 4. Doesn't know why being treated . . . . . 3 4 9
- 5. Unmotivated for treatment . . . . . 3 4 9

**RATE ACCURACY OF CODES THROUGHOUT SSAGA-II:**

**NO DIFFICULTY . . . . . 1**

**SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE 2**

**MAJOR DIFFICULTY IN CONDUCTING EXAM . . . . . 3**

**IMPOSSIBLE TO RATE WITH ANY CONFIDENCE . . . . . 4**

