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CODE SHEET

PROBING PATTERN:      CODE: 1 2 3 4 5 |

- 1 = No, never
  - 2 = Yes, but did not interfere with life or activities a lot (did not go to see a health professional about the problem)
  - 3 = Yes, but always due to use of alcohol, drugs, or medication
  - 4 = Yes, but always explained by physical illness or injury, or physical condition
  - 5 = Yes, psychiatrically relevant (professional help sought and interfered with life or activities a lot) or not always explained by code 3 and/or 4
- 

ONS/REC CODES

- |   |   |                   |
|---|---|-------------------|
| 1 | = | WITHIN LAST 2 WKS |
| 2 | = | 2 WKS TO < 1 MO   |
| 3 | = | 1 MO TO < 6 MO    |
| 4 | = | 6 MO TO < 1 YR    |
| 5 | = | 1 YR OR LONGER    |

A1 RECORD SEX AS OBSERVED. DM1  
MALE.....1  
FEMALE.....2

---

A2 How tall are you? DM2 \_\_\_ FT    DM2 \_\_\_ IN

---

A3 How much do you weigh? DM3 \_\_\_ \_\_\_ LBS.  
 A. What is the most you have ever weighed? DM3A \_\_\_ \_\_\_ LBS.  
 B. How old were you when you first weighed (# LBS. IN A)? DM3B \_\_\_ AGE

---

A4 How old are you now? DM4 \_\_\_ AGE

---

A5 What is your birth year? DM5\_YR  
\_\_\_ YR

---

A6 Were you adopted? DM6  
NO.....1  
YES.....5

---

A7 Are you a twin or other multiple? DM7  
NO.....1  
YES.....5

---

**(SHOW CARD A1)**

A8A. This card has the names of some racial groups. To which group do you belong? DM8A  
\_\_\_/\_\_\_  
(CODE)  
 IF OTHER, SPECIFY: \_\_\_\_\_

**(SHOW CARD A2)**

	<u>I</u>	<u>II</u>
A8B. What is the origin or descent of your grandparents?	DM8I_1	DM8II_1
(MATERNAL) GRANDMOTHER	___/___	___/___
	DM8I_2	DM8II_2
(MATERNAL) GRANDFATHER	___/___	___/___
<b>(RECORD MALES IN COL. I AND FEMALES IN COL. II)</b>	DM8I_3	DM8II_3
(PATERNAL) GRANDMOTHER	___/___	___/___
	DM8I_4	DM8II_4
(PATERNAL) GRANDFATHER	___/___	___/___

A8C. What is your religious preference? DM8C  
\_\_\_/\_\_\_  
(CODE)  
 RECORD: \_\_\_\_\_  
**IF ANY, ASK D. OTHERS SKIP TO A9.**

A8D. In the past twelve months how many times did you attend religious services? DM8D  
\_\_\_ NUMBER  
**(RECORD NUMBER OF TIMES PER YEAR)**

---

A9 Are you presently married or are you widowed, separated, divorced, or have you never been married? DM9  
MARRIED.....1  
WIDOWED..(CODE YR).....2  
DM9\_YR YR \_\_\_/\_\_\_  
SEPARATED.....3  
DIVORCED.....4  
NEVER MARRIED.....5

IF EVER MARRIED, SKIP TO A11. |

A10 Have you ever lived with someone for at least a year as though you were married? DM10  
NO...(SKIP TO A14)....1  
YES...(SKIP TO A13)....5

A11 How many times have you been legally married? DM11 \_\_\_ # TIMES  
YEAR OF ALL MARRIAGES DM12\_1 YR \_\_\_/\_\_\_  
DM12\_2 YR \_\_\_/\_\_\_  
DM12\_3 YR \_\_\_/\_\_\_  
DM12\_4 YR \_\_\_/\_\_\_

FGNASP A12 (So you've never been/How many times have you been) divorced? IF NEVER, ENTER 00. DM12 \_\_\_ # TIMES  
YEAR OF ALL DIVORCES DM12\_1 YR \_\_\_/\_\_\_  
DM12\_2 YR \_\_\_/\_\_\_  
DM12\_3 YR \_\_\_/\_\_\_  
DM12\_4 YR \_\_\_/\_\_\_

IF NEVER MARRIED/NEVER COHABBED, SKIP TO A14. |

FGNASP 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? DM13  
NO...(SKIP TO A14)..1  
YES.....5

FGNASP A. How many times did you separate? DM13A \_\_\_ # TIMES  
**COUNTING ALL MARRIAGES/LIVE IN SITUATIONS.**  
REC: When was the last time you separated? DM\_AR13 AGE REC: \_\_\_/\_\_\_  
DM\_R13 REC: 1 2 3 4 5

IF MALE SKIP TO A14C. |

A14 How many times have you been pregnant? DM14 \_\_\_/\_\_\_ NUMBER  
**IF NEVER, SKIP TO D.**

**DM14A**

A. Are you currently pregnant? NO.....1  
YES.....5

B. How many stillbirths and miscarriages have you had? DM14B \_\_\_/\_\_\_ NUMBER

C. How many children have you had, not counting any who are yours by adoption, who are stepchildren, or who were stillborn? DM14C \_\_\_/\_\_\_ # CHILDREN  
**IF ANY, ASK GENDER AND DATE OF BIRTH.**

SEX	DATE OF BIRTH	
	MO	YR
DM14SEX1 M F DM14_MO1 ___/___ DM14_YR1 ___/___		
DM14SEX2 M F DM14_MO2 ___/___ DM14_YR2 ___/___		
DM14SEX3 M F DM14_MO3 ___/___ DM14_YR3 ___/___		
DM14SEX4 M F DM14_MO4 ___/___ DM14_YR4 ___/___		
DM14SEX5 M F DM14_MO5 ___/___ DM14_YR5 ___/___		
DM14SEX6 M F DM14_MO6 ___/___ DM14_YR6 ___/___		
DM14SEX7 M F DM14_MO7 ___/___ DM14_YR7 ___/___		
DM14SEX8 M F DM14_MO8 ___/___ DM14_YR8 ___/___		

**DM14D**

D. Have you ever acted as a parent? NO.....1  
YES.....5

A15 What is the highest grade in school you completed? **CODE ACTUAL GRADE (00-17)** DM15  
GRADE: \_\_\_/\_\_\_

- 1 YR OF COLLEGE OR TECHNICAL SCHOOL.. = 13
- 2 YRS COLLEGE..... = 14
- 3 YRS COLLEGE..... = 15
- 4 YRS COLLEGE: B.A., B.S..... = 16
- POST GRAD: MASTER'S, M.D., PH.D..... = 17

**IF A15 IS 12 OR LESS, ASK A. OTHERS SKIP TO C.**

**DM15A**

A. Do you have a high school diploma? NO.....(ASK B).....1  
YES.....(ASK C).....5

**DM15B**

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

**DM15C**

C. Did you graduate from the last school you attended? NO.....1  
YES.....5

D. When did you graduate from... DM15D\_1 HIGH SCHOOL: YR \_\_\_/\_\_\_  
DM15D\_2 GED: YR \_\_\_/\_\_\_  
DM15D\_3 COLLEGE: YR \_\_\_/\_\_\_  
DM15D\_4 GRAD SCHOOL: YR \_\_\_/\_\_\_  
DM15D\_5 OTHER SCHOOL: YR \_\_\_/\_\_\_

**DM15E**

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 last 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 MO CODE 01.**

DM16 \_\_\_ # MOS

A17 Are you employed now?

DM17  
 NO....(SKIP TO B).....1  
 YES...(ASK A).....5

A. Do you work full-time?

DM17A  
 NO.....1  
 YES.....5

B. What is your current household gross income?

DM17B \_\_\_\_\_ CODE

(SHOW CARD A3)

\$19-\$192/week	\$83-\$833/month	\$1,000-\$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

A18 Have you ever been on active duty in the military or a commissioned officer?

DM18  
 NO.(SKIP TO B1, P.5)...1  
 YES...(ASK A).....5

A. What kind of discharge did you have?

DM18A  
 STILL IN THE MILITARY..0  
 HONORABLE.....1  
 GENERAL.....2  
 MEDICAL.....3  
 WITHOUT HONOR.....4  
 UNDESIRABLE.....5  
 DISHONORABLE.....6

B. What's the highest rank you achieved?

1. RANK: \_\_\_\_\_

2. RECORD BRANCH OF MILITARY: \_\_\_\_\_

DM18B1 CODE \_\_\_ \_\_\_

CODE \_\_\_

**MH1**

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

**MH2**

B2 Has your health always been (ANSWER IN B1), or has it been better/worse?

NO....(ASK A).....1  
 YES.....5

A. Please explain \_\_\_\_\_  
 \_\_\_\_\_

B3	Have you ever had:	NO=1 YES=5	YR FOUND ___/___	MD TOLD NO=1, YES=5
	1. High cholesterol?.....	MH3A_1	MH3B_1	MH3C_1
	2. Abnormal blood pressure?.....	MH3A_2	MH3B_2	MH3C_2
	3. Migraine headaches?.....	MH3A_3	MH3B_3	MH3C_3
	4. Head injury?.....	MH3A_4	MH3B_4	MH3C_4
	5. Concussion?.....	MH3A_5	MH3B_5	MH3C_5
	6. Epilepsy or seizure?.....	MH3A_6	MH3B_6	MH3C_6
	7. Unconscious for >5 min?.....	MH3A_7	MH3B_7	MH3C_7
	8. Meningitis?.....	MH3A_8	MH3B_8	MH3C_8
	9. Encephalitis?.....	MH3A_9	MH3B_9	MH3C_9
	10. Stroke?.....	MH3A_10	MH3B_10	MH3C_10
	11. Hardening of the arteries?.....	MH3A_11	MH3B_11	MH3C_11
	12. Heart disease?.....	MH3A_12	MH3B_12	MH3C_12
	13. Liver disease?.....	MH3A_13	MH3B_13	MH3C_13
	14. Thyroid disease?.....	MH3A_14	MH3B_14	MH3C_14
	15. Asthma?.....	MH3A_15	MH3B_15	MH3C_15
	16. Any other illness?.....	MH3A_16	MH3B_16	MH3C_16
	What illness? _____			

**MH4A**

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

**BEGIN WITH MOST RECENT.**

Year ___/___	Length of Stay (Days)	Problem	Hospital/Facility Address	Adm. Physician & Specialty
MH4YR_1	MH4LN_1	_____	_____	_____
MH4YR_2	MH4LN_2	_____	_____	_____
MH4YR_3	MH4LN_3	_____	_____	_____
MH4YR_4	MH4LN_4	_____	_____	_____

B4 B. How many times have you had surgery where you didn't have to stay in a hospital overnight (e.g. outpatient surgery)? MH4B  
\_\_\_/\_\_\_ # TIMES

C. How many times have you been examined or treated in the Emergency Room because of an accident or injury? MH4C  
\_\_\_/\_\_\_ # TIMES

B5 In the last 6 months, how many visits have you made to a doctor or clinic or ER for your physical health? MH5  
\_\_\_/\_\_\_ # VISITS

A. In the last 6 months have you visited a dentist? MH5A  
NO.....1  
YES.....5

B6A. Have you ever taken any medications:

(INTERVIEWER: IF YES ASK: What did you take?)

	NO = 1		
	<u>YES = 5</u>	<u>MEDICATION</u>	<u>CODE</u>
1. To make you feel less nervous?...	MH6A_A1	_____	MH6A_B1
2. To help you sleep?.....	MH6A_A2	_____	MH6A_B2
3. To feel less depressed?.....	MH6A_A3	_____	MH6A_B3
4. For headaches (other than over the counter).....	MH6A_A4	_____	MH6A_B4
5. To have more energy?.....	MH6A_A5	_____	MH6A_B5
6. Birth control pills?.....	MH6A_A6	_____	MH6A_B6
7. Steroids?.....	MH6A_A7	_____	MH6A_B7

**IF ALL NO, SKIP TO B6B.8.**

**FOR EVERY 5 CODED ABOVE ASK:**

B6B. In the last 30 days, have you taken any medications:

(INTERVIEWER: IF YES ASK: What did you take?)

	NO = 1		
	<u>YES = 5</u>	<u>MEDICATION</u>	<u>CODE</u>
1. To make you feel less nervous?...	MH6B_A1	_____	MH6B_B1
2. To help you sleep?.....	MH6B_A2	_____	MH6B_B2
3. To feel less depressed?.....	MH6B_A3	_____	MH6B_B3
4. For headaches (other than over the counter).....	MH6B_A4	_____	MH6B_B4
5. To have more energy?.....	MH6B_A5	_____	MH6B_B5
6. Birth control pills?.....	MH6B_A6	_____	MH6B_B6
7. Steroids?.....	MH6B_A7	_____	MH6B_B7
8. Other: _____	MH6B_A8	_____	MH6B_B8



B7 Have you ever had any emotional problems  
or periods 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 Have you ever spoken to a professional about any emotional problems you might have had? MH8  
NO.....1  
YES.....5

**IF YES, ASK:** Whom did you speak to?  
(CODE ALL RESPONSES)

	<u>NO</u>	<u>YES</u>
1. Psychiatrist	MH8_1 1	5
2. Psychologist	MH8_2 1	5
3. Social worker	MH8_3 1	5
4. Counselor	MH8_4 1	5
5. Medical doctor	MH8_5 1	5
6. Clergy	MH8_6 1	5
7. Other _____	MH8_7 1	5

B9 A. How many times have you been a patient in a psychiatric hospital or ward, or in a chemical dependency unit? MH9A  
\_\_/\_\_\_#TIMES

**BEGIN WITH THE MOST RECENT.**

<u>__/___</u> Year	Length of <u>Stay (Days)</u>	<u>Problem</u>	<u>Hospital/Facility</u> <u>Address</u>	<u>Adm. Physician</u> <u>&amp; Specialty</u>
MH9YR_1	MH9LN_1	_____	_____	_____
MH9YR_2	MH9LN_2	_____	_____	_____
MH9YR_3	MH9LN_2	_____	_____	_____
MH9YR_4	MH9LN_4	_____	_____	_____

**ASK B ONLY FOR CURRENT HOSPITALIZATION.**

B. Why did you choose to be hospitalized at (Facility)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Now I am going to ask you a few more questions about your health.

C1 Have you ever had a lot of problems with body pains such as:

NO YES  
=1 =5

- 1. Headaches?..... SM1\_1
- 2. Abdominal or belly pain (other than during menstruation)?... SM1\_2
- 3. Back pain?..... SM1\_3
- 4. Pain in your joints?..... SM1\_4
- 5. Pain in your arms or legs other than in the joints?..... SM1\_5
- 6. Chest pains?..... SM1\_6
- 7. Pain in or around your genitals or rectum?..... SM1\_7
- 8. Painful sexual intercourse?..... SM1\_8
- 9. Pain during urination?..... SM1\_9
- 10. **WOMEN ONLY:** Painful menstrual periods?..... SM1\_10
- 11. Pain anywhere else?..... SM1\_11

\*\*\*\*\*  
\* IF FOUR OR MORE CODED 5, CONTINUE. OTHERS SKIP TO D1, P.16. \*  
\*\*\*\*\*

**FOR EACH SYMPTOM CODED 5, PROBE:**

C2	WHOM SAW	WHAT TOLD	CODE:
	1. Headaches _____	_____ SM2_1	CODE: 1 2 3 4 5
SOM3RB2	2. Abdominal pain _____	_____ SM2_2	CODE: 1 2 3 4 5
	<b>IF CODED 5 ASK:</b>		
	A. Did this occur only during a panic attack? SM2_2A		NO.....1 YES.....5
SOM3RB8	3. Back pain _____	_____ SM2_3	CODE: 1 2 3 4 5
SOM3RB9	4. Pain in joints _____	_____ SM2_4	CODE: 1 2 3 4 5
SOM3RB7	5. Arm/leg pain _____	_____ SM2_5	CODE: 1 2 3 4 5
SOM3RB14	6. Chest pains _____	_____ SM2_6	CODE: 1 2 3 4 5
	<b>IF CODED 5 ASK:</b>		
	A. Did this occur only during a panic attack? SM2_6A		NO.....1 YES.....5
SOM3RB28	7. Genital/rectum pain _____	_____ SM2_7	CODE: 1 2 3 4 5
SOM3RB30	8. Painful intercourse _____	_____ SM2_8	CODE: 1 2 3 4 5
SOM3RB10	9. Painful urination _____	_____ SM2_9	CODE: 1 2 3 4 5
SOM3RB32	10. Painful menstrual periods _____	_____ SM2_10	CODE: 1 2 3 4 5
SOM3RB11	11. Other pain _____	_____ SM2_11	CODE: 1 2 3 4 5

\*\*\*\*\*  
\* IF FOUR OR MORE CODED 3, 4, OR 5, CONTINUE. \*  
\* OTHERS SKIP TO D1, P.16. \*  
\*\*\*\*\*

C3 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C2)?

SM\_A03 AGE ONS: \_\_\_/\_\_\_  
SM\_03 ONS: 1 2 3 4 5  
SM\_AR3 AGE REC: \_\_\_/\_\_\_  
SM\_R3 REC: 1 2 3 4 5

C4 Have you ever been bothered a lot by any problems such as:

SOM3RB1

1. Vomiting or regurgitation of food (other than when pregnant)?

SM4\_1  
CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB3

2. Nausea (other than motion sickness)?

SM4\_2  
CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

IF CODED 5 ASK:

A. Did this occur only during a panic attack?

SM4\_2A  
NO.....1  
YES.....5

SOM3RB4

3. Excessive gas or bloating of your stomach or abdomen?

SM4\_3  
CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

IF CODED 5 ASK:

A. Did this occur only during a panic attack?

SM4\_3A  
NO.....1  
YES.....5

SOM3RB5

4. Loose bowels or diarrhea?

SM4\_4  
CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB6

5. 3 or more foods making you sick?

SM4\_5  
CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

\*\*\*\*\*  
\* IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. \*  
\*\*\*\*\*

C5 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C4)?

SM\_A05 AGE ONS: \_\_\_/\_\_\_  
SM\_05 ONS: 1 2 3 4 5  
SM\_AR5 AGE REC \_\_\_/\_\_\_  
SM\_R5 REC: 1 2 3 4 5

ONS/REC:  
1 = WITHIN LAST 2 WKS  
2 = 2 WKS TO < 1 MO  
3 = 1 MO TO < 6 MO  
4 = 6 MO TO < 1 YR  
5 = 1 YR OR LONGER

PROBING PATTERN:  
1 = NO, NEVER  
2 = YES, BUT DID NOT INTERFERE  
3 = YES, ALWAYS DUE TO MED/DRUGS/ALC  
4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY  
5 = YES, PSYCHIATRICALY RELEVANT

C6 Have you ever been bothered a lot by any problems such as:

SM6\_1

SOM3RB22 1. Temporary blindness in one or both eyes lasting several seconds or more?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_2

SOM3RB20 2. Double vision?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_3

SOM3RB19 3. Completely losing your hearing for a few seconds or longer?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_4

SOM3RB26 4. Being paralyzed, where you couldn't move a part of your body for at least a few minutes?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_5

SOM3RB26 5. Periods of weakness where you could not lift or move things you normally could lift or move?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_6

SOM3RB25 6. Trouble walking or keeping your balance?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM6\_7

7. Losing feeling in an arm or leg (not just having it fall asleep after being in one position for too long)?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

**IF CODED 5 ASK:**

SM6\_7A

A. Did this occur only during a panic attack? NO.....1  
YES.....5

SM6\_8

8. Losing feeling anywhere else for a significant period of time?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

**IF CODED 5 ASK:**

SM6\_8A

A. Did this occur only during a panic attack? NO.....1  
YES.....5

SM6\_9

SOM3RB27 9. Being unable to urinate or having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth/surgery)?   
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB17 10. Having a lump in your throat that made it difficult to swallow (other than when you felt like crying)? CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

**IF CODED 5 ASK:**

A. Did this occur only during a panic attack? NO.....1  
YES.....5

SOM3RB24 11. Having a seizure or convulsion where you were unconscious and your body jerked, after the age of 12? CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB23 12. Being unconscious? CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB16 13. Amnesia for a period of several hours or days where you couldn't remember afterwards anything that happened? CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SOM3RB18 14. Losing your voice for 30 minutes or more and only being able to whisper? CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

\*\*\*\*\*  
\* IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. \*  
\*\*\*\*\*

C7 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C6)? SM\_A07 AGE ONS: \_\_\_/\_\_\_  
SM\_07 ONS:1 2 3 4 5  
SM\_AR7 AGE REC: \_\_\_/\_\_\_  
SM\_R7 REC:1 2 3 4 5

ONS/REC:	
1	= WITHIN LAST 2 WKS
2	= 2 WKS TO < 1 MO
3	= 1 MO TO < 6 MO
4	= 6 MO TO < 1 YR
5	= 1 YR OR LONGER

PROBING PATTERN:	
1	= NO, NEVER
2	= YES, BUT DID NOT INTERFERE
3	= YES, ALWAYS DUE TO MED/DRUGS/ALC
4	= YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
5	= YES, PSYCHIATRICALY RELEVANT

C8 Have you ever been bothered a lot by any general problems such as:

- SOM3RB12 1. Shortness of breath when you hadn't exerted yourself? SM8\_1  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_  
**IF CODED 5 ASK:** SM8\_1A  
A. Did this occur only during a panic attack? NO.....1  
YES.....5
- SOM3RB21 2. Blurred vision, when not due to needing/changing glasses? SM8\_2  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_
- SOM3RB23 3. Fainting spells where you felt weak, dizzy, and passed out? SM8\_3  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_
- SOM3RB13 4. Your heart beating so hard you could feel it pounding in your chest? SM8\_4  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_  
**IF CODED 5 ASK:** SM8\_4A  
A. Did this occur only during a panic attack? NO.....1  
YES.....5
- SOM3RB15 5. Dizziness? SM8\_5  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_  
**IF CODED 5 ASK:** SM8\_5A  
A. Did this occur only during a panic attack? NO.....1  
YES.....5
- SOM3RA 6. Feeling sickly for most of your life? SM8\_6  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_
- FGNHYST 7. Giving up your regular activities (work, school, etc.) for at least several weeks because you did not feel well enough to carry on (other than when in hospital)? SM8\_7  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_
- FGNHYST 8. A period of time, say 2 weeks or longer, when you felt tired or had no energy? SM8\_8  
CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_9

FGNHYST 9. Any kind of fears or phobias, like fears of heights, insects, closed spaces, or anything else? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_10

FGNHYST 10. Feeling that you are a nervous person? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_11

FGNHYST 11. Losing a lot of weight, say 10 lbs. or more, without trying to? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_12

FGNHYST 12. Having a sudden gain or loss of weight (15 lbs. in 2 weeks or less)? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_13

FGNHYST 13. Having a lot of trouble with constipation? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_14

DSMDYS 14. Being troubled by a period of lots of crying spells or crying easily since you became an adult? CODE: 1 2 3 4 5  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_15

DSMDYS 15. Having a period of time when you felt that life was hopeless? CODE: 1 2 3 4 5  
 FGNHYST  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_16

FGN 16. Feeling that your sex life was not very important? CODE: 1 2 3 4 5  
 RDC  
 SOM3RB31  
 DSM  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_17

FGNHYST 17. Having a period of several months where sex was not pleasurable? CODE: 1 2 3 4 5  
 RDCSOMAT  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_18

SOM3RB31 18. Having sexual difficulties (2 months or more when you were unable to achieve an erection)? CODE: 1 2 3 4 5  
 FGNHYST  
 WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_



C8 (Cont.)

SM8\_19

FGNHYST 19. A time in your life when you were unable to reach orgasm? CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

INTERVIEWER: MEN SKIP TO SHADED BOX AFTER C23.

SM8\_20

SOM3RB34 20. Excessive menstrual bleeding? CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_21

FGNHYST RDCSOMAT 21. Missing two periods in a row (other than when pregnant, nursing, or when entering menopause)? CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_22

SOM3RB33 22. Having irregular menstrual periods? CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

SM8\_23

SOM3RB35 23. Vomiting all throughout a pregnancy or being hospitalized for vomiting during pregnancy? CODE: 1 2 3 4 5  
WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

\*\*\*\*\*  
\* IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. \*  
\*\*\*\*\*

C9 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C8)? SM\_A09 AGE ONS: \_\_\_/\_\_\_  
SM\_09 ONS:1 2 3 4 5  
SM\_AR9 AGE REC: \_\_\_/\_\_\_  
SM\_R9 REC:1 2 3 4 5

ONS/REC:  
1 = WITHIN LAST 2 WKS  
2 = 2 WKS TO < 1 MO  
3 = 1 MO TO < 6 MO  
4 = 6 MO TO < 1 YR  
5 = 1 YR OR LONGER

PROBING PATTERN:  
1 = NO, NEVER  
2 = YES, BUT DID NOT INTERFERE  
3 = YES, ALWAYS DUE TO MED/DRUGS/ALC  
4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY  
5 = YES, PSYCHIATRICALY RELEVANT

D1 A. Now I'm going to ask you some questions about using tobacco. Have you ever (READ CHOICES) daily for a month or more? CODE IN COLUMN A.

	A		B	C
	NO	YES	HOW LONG	
	= 1	= 5	(MONTHS)	NUMBER/DAY
1) smoked cigarettes	TB1A_1		TB1B_1	TB1C_1
2) smoked cigars	TB1A_2		TB1B_2	TB1C_2
3) smoked a pipe	TB1A_3		TB1B_3	TB1C_3
4) used snuff/chewed tobacco	TB1A_4		TB1B_4	TB1C_4

\*\*\*\*\*  
 \* IF COLUMN A ALL CODED 1, SKIP TO E1, P.17. \*  
 \* IF ANY CODED 5, CONTINUE. \*  
 \*\*\*\*\*

FOR EACH 5 IN COLUMN A, ASK B AND C:

B. For how long (months) did you smoke/use tobacco? CODE IN COLUMN B.

C. How many (cigarettes/cigars/pipefuls/pinches) did you (smoke/use) on average per day? CODE IN COLUMN C.

D. How old were you the first/last time you used tobacco daily?

TB\_A01 AGE ONS: \_\_\_/\_\_\_  
 TB\_01 ONS:1 2 3 4 5  
 TB\_AR1 AGE REC: \_\_\_/\_\_\_  
 TB\_R1 REC:1 2 3 4 5

CHECK D1A: FOR EACH 5 ASK:

D2 Have you ever tried to quit (smoking/using) (cigarettes/cigars/pipes/snuff/chewing tobacco)?

	TB2_1	TB2_2	TB2_3	TB2_4
	1	2	3	4
	Cigarettes	Cigars	Pipesmoking	Snuff/Chew
NO	1	1	1	1
YES	5	5	5	5

\*\*\*\*\*  
 \* FOR EACH YES ASK A AND B. IF ALL NO, SKIP TO E1, P.17. \*  
 \*\*\*\*\*

A. How many times did you try to quit? TIMES TB2A\_1 TB2A\_2 TB2A\_3 TB2A\_4  
 \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

B. What was your longest period of abstinence? TB2B\_1 TB2B\_2 TB2B\_3 TB2B\_4  
 \_\_\_\_\_ MONTHS \_\_\_\_\_ MONTHS \_\_\_\_\_ MONTHS \_\_\_\_\_ MONTHS

IF B LESS THAN 1 MONTH, CODE 000.

**SCORE SECTION AND TALLY SHEET E.**

**AL1**

E1 Now I would like to ask you some questions about your use of alcoholic beverages, like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. Have you ever had a drink of alcohol? NO.....1  
YES....(SKIP TO E2).....5

**AL1A**

A. So you have never had even one drink of alcohol? NEVER.(SKIP TO F1, P.33)..1  
YES, HAD A DRINK.....5

**AL2**

E2 Let's begin with the last week. Did you have any drink containing alcohol in the last week? NO.....(SKIP TO C).....1  
YES.....5

A. We would like to know the number of alcoholic drinks you've had each day in the last week, and how long it took you to drink them.

Today is \_\_\_\_\_. Let's begin with yesterday.

How many drinks of (beer, wine, liquor) did you have on (NAME DAY OF WEEK)?

B. How long did it take you to drink that? (IN MINUTES)  
CODE IN COL II BELOW.

**RECORD ALL SPECIFIC DRINK NAMES.**

	Beer/Lite Beer		Wine		Liquor		Other (Specify)	
	I	II	I	II	I	II	I	II
	Amnt	Min	Amnt	Min	Amnt	Min	Amnt	Min
M	AL2A_1	AL2B_1	AL2A_2	AL2B_2	AL2A_3	AL2B_3	AL2A_4	AL2B_4
Tu	AL2A_5	AL2B_5	AL2A_6	AL2B_6	AL2A_7	AL2B_7	AL2A_8	AL2B_8
W	AL2A_9	AL2B_9	AL2A_10	AL2B_10	AL2A_11	AL2B_11	AL2A_12	AL2B_12
Th	AL2A_13	AL2B_13	AL2A_14	AL2B_14	AL2A_15	AL2B_15	AL2A_16	AL2B_16
F	AL2A_17	AL2B_17	AL2A_18	AL2B_18	AL2A_19	AL2B_19	AL2A_20	AL2B_20
Sa	AL2A_21	AL2B_21	AL2A_22	AL2B_22	AL2A_23	AL2B_23	AL2A_24	AL2B_24
Su	AL2A_25	AL2B_25	AL2A_26	AL2B_26	AL2A_27	AL2B_27	AL2A_28	AL2B_28

**IF E2 CODED 5, CODE "1" IN C WITHOUT ASKING.**

C. When was the last time you had a drink? **AL\_AR2** AGE REC: \_\_\_/\_\_\_  
**AL\_R2** REC: 1 2 3 4 5

AICDHMC E3 Would you say that your (drinking/not drinking) in the past week was typical of your drinking habits within the past 6 months? NO, IT WAS NOT TYPICAL. ... (ASK A).....1 YES, IT WAS TYPICAL.... ... (GO TO E4).....5

- A. We would like to know the number of drinks containing alcohol you would have in a typical drinking week and how long it would take to drink them. On a typical (Monday, Tuesday...) how many drinks of (beer, wine, liquor...) would you have?
- B. How long would it take you to drink that? (IN MINUTES) **CODE IN COL II BELOW.**

	Beer/Lite Beer		Wine		Liquor		Other (Specify)	
	I	II	I	II	I	II	I	II
	# Dr	Min	# Dr	Min	# Dr	Min	# Dr	Min
M	AL3A_1	AL3B_1	AL3A_2	AL3B_2	AL3A_3	AL3B_3	AL3A_4	AL3B_4
Tu	AL3A_5	AL3B_5	AL3A_6	AL3B_6	AL3A_7	AL3B_7	AL3A_8	AL3B_8
W	AL3A_9	AL3B_9	AL3A_10	AL3B_10	AL3A_11	AL3B_11	AL3A_12	AL3B_12
Th	AL3A_13	AL3B_13	AL3A_14	AL3B_14	AL3A_15	AL3B_15	AL3A_16	AL3B_16
F	AL3A_17	AL3B_17	AL3A_18	AL3B_18	AL3A_19	AL3B_19	AL3A_20	AL3B_20
Sa	AL3A_21	AL3B_21	AL3A_22	AL3B_22	AL3A_23	AL3B_23	AL3A_24	AL3B_24
Su	AL3A_25	AL3B_25	AL3A_26	AL3B_26	AL3A_27	AL3B_27	AL3A_28	AL3B_28

E4 At what age did you begin to drink regularly-- that is, drinking at least once a month for 6 months or more? **AL4** \_\_\_ RECORD AGE  
**IF NEVER, RECORD 00.**

- A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? **AL4A** \_\_\_ RECORD AGE
- IF NEVER, RECORD 00 AND SKIP TO E5.**

**IF DK, ASK:** **AL4B**

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

**IF AGE IN A IS LESS THAN 15 OR B=YES, ASK C.** **AL4C**

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

E5 What is the largest number of drinks you have ever had in a 24-hour period? AL5 \_\_\_\_\_  
DRINKS

**IF 3 DRINKS OR FEWER, SKIP TO E7.**

AICDHMC	E6	Was there ever a time when you drank almost every day for a week or more?	NO....(SKIP TO E).....1 YES.....5	<b>AL6</b>
	A.	Think about those periods when you drank almost every day for at least a week. What was the largest number of drinks you would drink almost <u>every day</u> for at least 1 week?		<b>AL6A</b> _____ DRINKS
	B.	So almost every day during this period you drank at least (# FROM A) drinks?	NO...(RE-ASK A).....1 YES.....5	<b>AL6B</b>
	C.	How long did this period last?		<b>AL6C</b> ___ ___ WEEKS
	D.	When you were drinking this amount were you able to function normally?	NO.....1 YES.....5	<b>AL6D</b>
AICDHMC	E.	Did you ever have a period of a month or more when you had at least one drink each week?	NO.....1 YES.....5	<b>AL6E</b>

E7	While drinking, has one or two drinks of alcohol ever caused you to: <b>(CODE IN COL.A)</b>	COL A NO = 1 <u>YES= 5</u>	COL B NO = 1 <u>YES= 5</u>
A.	1. flush or blush -- that is, your face and hands felt hot and your face turned red?.....	<b>AL7A_1</b>	<b>AL7B_1</b>
	2. break out into hives?.....	<b>AL7A_2</b>	<b>AL7B_2</b>
	3. feel very sleepy?.....	<b>AL7A_3</b>	<b>AL7B_3</b>
	4. have nausea?.....	<b>AL7A_4</b>	<b>AL7B_4</b>
	5. have headaches, or head pounding or throbbing?.....	<b>AL7A_5</b>	<b>AL7B_5</b>
	6. have heart palpitations, where your heart beat so hard you could feel it?...	<b>AL7A_6</b>	<b>AL7B_6</b>
	<b>FOR EACH 5 IN COL. A ASK B. OTHERS SKIP TO INT. BOX.</b>		
B.	Did (SX) ever keep you from drinking alcohol? <b>CODE IN COL. B.</b>		

\*\*\*\*\*  
 \* CHECK E5. IF NEVER MORE THAN 3 DRINKS, SKIP TO F1, P.33. \*  
 \* CHECK E4-E4A. IF BOTH CODED 00, SKIP TO F1, P.33. \*  
 \*\*\*\*\*

E8. **IF E4 CODED 00, DO NOT READ PARENTHESES.** (Since (AGE OF REGULAR DRINKING IN E4)), what is the longest period you have gone without drinking? **AL8** \_\_\_ \_\_\_ MONTHS

**IF LESS THAN 3 MONTHS, SKIP TO E9. OTHERS CONTINUE.**

A. How many times have you gone without drinking for 3 months or more? **AL8A** \_\_\_ NUMBER

B. Can you tell me when these periods occurred?

**IF MORE THAN 4 IN E8A, ASK ABOUT THE 4 LONGEST PERIODS.**

Period 1	<b>AL8_NMO1</b> ___/___ MO	<b>AL8_NYR1</b> ___/___ YR	TO	<b>AL8_FMO1</b> ___/___ MO	<b>AL8_FYR1</b> ___/___ YR
Period 2	<b>AL8_NM02</b> ___/___ MO	<b>AL8_NYR2</b> ___/___ YR	TO	<b>AL8_FM02</b> ___/___ MO	<b>AL8_FYR2</b> ___/___ YR
Period 3	<b>AL8_NM03</b> ___/___ MO	<b>AL8_NYR3</b> ___/___ YR	TO	<b>AL8_FM03</b> ___/___ MO	<b>AL8_FYR3</b> ___/___ YR
Period 4	<b>AL8_NM04</b> ___/___ MO	<b>AL8_NYR4</b> ___/___ YR	TO	<b>AL8_FMO4</b> ___/___ MO	<b>AL8_FYR4</b> ___/___ YR

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AD3RA2	E9	Have you 3 or more times wanted to stop or cut down on drinking?	<b>AL9</b> NO...(SKIP TO B).....1 YES.....5
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A. How old were you the first time? **ALA\_A09** AGE ONS: \_\_\_/\_\_\_  
**ALA\_09** ONS: 1 2 3 4 5

B. Have you ever tried to stop or cut down on drinking? **AL9B**  
NO...(SKIP TO E10)....1  
YES.....5

AD3RA2		C. Were you <u>always</u> able to stop or cut down when you wanted to?	<b>AL9C</b> NO.....5 YES...(SKIP TO E10)....1
--------	--	--	---

D. How old were you the first time? **ALD\_A09** AGE ONS: \_\_\_/\_\_\_  
**ALD\_09** ONS: 1 2 3 4 5

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AICDD3	E10	Did you ever need a drink just after you had gotten up (that is, before breakfast)?	<b>AL10</b> NO.....(ASK A).....1 YES...(ASK B).....5
--------	-----	---	--

A. Did you ever take a drink just after you had gotten up? **AL10A**  
NO...(SKIP TO E11)....1  
YES.....5

B. How old were you the first time? **AL\_A010** AGE ONS: \_\_\_/\_\_\_  
**AL\_010** ONS: 1 2 3 4 5

C. Did this happen 3 or more times? **AL10C**  
NO.....1  
YES.....5

AICDD1	E11	In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else?	NO...(SKIP TO E12)....1 YES.....5	<b>AL11</b>
	A.	How old were you the first time?	<b>AL_A011</b> AGE ONS: ___/___ <b>AL_011</b> ONS: 1 2 3 4 5	
<hr/>				
FGNALCA4	E12	Have you ever gone on binges or benders when you kept drinking for 2 days or more without sobering up, except for sleeping?	NO....(SKIP TO E13)...1 YES.....5	<b>AL12</b>
	A.	Did you neglect some of your usual responsibilities then?	NO.....1 YES.....5	<b>AL12A</b>
AD3RA4	B.	How many binges like that have you had?	<b>AL12B</b> ___ NUMBER	
	<b>IF DK ASK:</b>			<b>AL12C</b>
	C.	Did you go on binges 3 or more times?	NO.....1 YES.....5	
	D.	How old were you the first time?	<b>AL_A012</b> AGE ONS: ___/___ <b>AL_012</b> ONS: 1 2 3 4 5	
<hr/>				
AICDD2	E13	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 to?	NO....(ASK A).....1 YES...(ASK B).....5	<b>AL13</b>
FGNALCB1				
AICDD2	A.	Have you ever continued drinking for more days in a row than you intended to?	NO....(SKIP TO E14)...1 YES.....5	<b>AL13A</b>
	B.	How old were you the first time?	<b>AL_A013</b> AGE ONS: ___/___ <b>AL_013</b> ONS: 1 2 3 4 5	
AD3RA1	C.	Did this happen 3 or more times?	NO.....1 YES.....5	<b>AL13C</b>
AD3RB				
<hr/>				
AICDD2	E14	Have you ever started drinking and become drunk when you didn't want to?	NO...(SKIP TO E15)....1 YES.....5	<b>AL14</b>
	A.	How old were you the first time?	<b>AL_A014</b> AGE ONS: ___/___ <b>AL_014</b> ONS: 1 2 3 4 5	
AD3RA1	B.	Did this happen 3 or more times?	NO.....1 YES.....5	<b>AL14B</b>
AD3RB				
<hr/>				
AD3RA3	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	<b>AL15</b>
AD3RB	A.	Did this period last for a month or more?	NO.....1 YES.....5	<b>AL15A</b>
	B.	How old were you the first time?	<b>AL_A015</b> AGE ONS: ___/___ <b>AL_015</b> ONS: 1 2 3 4 5	

AICDD6 E16 Did your drinking ever become so regular that you would not change when or how much you drank no matter what you were doing or where you were? NO...(SKIP TO E17)....1  
 YES.....5

A. How old were you when your drinking first became that regular? AL\_A016 AGE ONS: \_\_\_/\_\_\_  
 AL\_016 ONS: 1 2 3 4 5

INTERVIEWER: IF IN DOUBT ASK R. ABOUT MOST SEVERE EXAMPLE BEFORE CODING 5.

FOR EACH CODED 5, ASK "Did this happen 3 or more times?" AND CODE IN COLUMN II.

			COL I	AGE	COL II
			NO = 1	ONS	NO = 1
			YES = 5	___/___	YES = 5
FGNALCD2 E17	1.	Were there ever objections about your drinking from family, friends, doctor or clergyman?.....	AL17A_1	AL17_AO1	AL17B_1
FGNALCD4					
AD3RA6	2.	Did your drinking ever cause you to have problems with your family or friends?.....	AL17A_2	AL17_AO2	AL17B_2
AA3RA1					
AD3RB					
AA3RB					
AD3RA6	3.	Have you ever lost friends on account of your drinking?.....	AL17A_3	AL17_AO3	AL17B_3
FGNALCD3					
FGNALCC3	4.	Did your drinking ever cause you to have problems at work or school?.....	AL17A_4	AL17_AO4	AL17B_4
AD3RA6					
AD3RB					
AA3RA1					
AA3RB					
FGNALCC4	5.	Did you ever get into arguments when you had been drinking?.....	AL17A_5	AL17_AO5	AL17B_5
FGNALCC4	6.	Did you ever hit things or throw something when you had been drinking?.....	AL17A_6	AL17_AO6	AL17B_6
FGNALCC4	7.	Did you ever hit anyone in your family when you had been drinking?.....	AL17A_7	AL17_AO7	AL17B_7
FGNALCC4	8.	Did you ever hit anyone else when you had been drinking without getting into a fight?.....	AL17A_8	AL17_AO8	AL17B_8
FGNALCC4	9.	Did you ever get into physical fights while drinking?.....	AL17A_9	AL17_AO9	AL17B_9



E18 Have you ever...

NO YES

- 1. hidden alcohol from others so that you wouldn't run out in case you needed a drink?..... AL18\_1 1 5
- 2. bought liquor at several different places so no one would know how much you purchased?..... AL18\_2 1 5
- 3. tried to get someone to buy liquor for you because you were ashamed to buy it yourself?..... AL18\_3 1 5
- 4. hidden alcohol from others so that they wouldn't know if you were drinking or how much you were drinking?..... AL18\_4 1 5
- 5. hidden empty liquor bottles and got rid of them secretly?..... AL18\_5 1 5

**IF ANY 5 IN E18 1-5 ASK A.  
OTHERS SKIP TO E19.**

- A. Would you only do these because your family or friends were against drinking in general?..... AL18A 1 5

**IF A CODED 5, SKIP TO E19. OTHERS ASK B.**

- B. Would you only do these because you were drinking under the legal drinking age?..... AL18B 1 5

FGNALCB4 E19 Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol?

AL19  
NO...(SKIP TO E20)....1  
YES.....5

- A. How old were you the first time?  
AL\_AO19 AGE ONS: \_\_\_/\_\_\_  
AL\_O19 ONS: 1 2 3 4 5

**HAND CARD E1.**

			<b>AL20</b>
AICDD5	E20	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...(ASK B).....1 YES.....5
			<b>AL20A</b>
AD3RA7	A.	Would you say the increase was 50% or more?	NO.....1 YES...(SKIP TO D).....5
			<b>AL20B</b>
AICDD5	B.	Did you ever find you could drink a lot more before you would get drunk?	NO...(SKIP TO E21)....1 YES.....5
			<b>AL20C</b>
AD3RA7	C.	Would you say the increase was 50% or more?	NO.....1 YES.....5
	D.	How old were you the first time?	<b>AL_AO20</b> AGE ONS: ___/___ <b>AL_O20</b> ONS: 1 2 3 4 5
<hr/>			
			<b>AL21</b>
FGNALCB2	E21	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 to control your drinking?	NO....(SKIP TO E22)....1 YES.....5
	A.	How old were you the first time?	<b>AL_AO21</b> AGE ONS: ___/___ <b>AL_O21</b> ONS: 1 2 3 4 5
<hr/>			
			<b>AL22</b>
AD3RA5 AICDD7	E22	Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives?	NO...(SKIP TO E23)....1 YES.....5
	A.	How old were you the first time?	<b>AL_AO22</b> AGE ONS: ___/___ ONS: 1 2 3 4 5
			<b>AL22B</b>
AD3RB	B.	Did this happen 3 or more times or for a month or more?	NO.....1 YES.....5
<hr/>			
			<b>AL_23</b>
AD3RA4 AD3RB	E23	Has your drinking or being drunk or hung over <u>often</u> interfered with your working or taking care of school or household responsibilities?	NO....(SKIP TO E24)...1 YES.....5
	A.	How old were you the first time?	<b>AL_AO23</b> AGE ONS: ___/___ <b>AL_O23</b> ONS: 1 2 3 4 5
<hr/>			
			<b>AL24</b>
	E24	Did your drinking cause serious or repeated problems in any marriage/love relationship?	NO....(SKIP TO E25)...1 YES.....5
	A.	How old were you the first time?	<b>AL_AO24</b> AGE ONS: ___/___ <b>AL_A24</b> ONS: 1 2 3 4 5
			<b>AL24B</b>
AD3RA6	B.	Did you continue to drink knowing it caused these problems?	NO.....1 YES.....5
<hr/>			

			<b>AL25</b>
FGNALCD1	E25	Did you ever think that you were an excessive drinker?	NO...(SKIP TO E26)....1 YES.....5
	A.	How old were you the first time?	<b>AL_AO25</b> AGE ONS: ___/___ <b>AL_O25</b> ONS: 1 2 3 4 5
<hr/>			
			<b>AL26</b>
FGNALCD5	E26	Have you ever felt guilty about drinking?	NO...(SKIP TO E27)....1 YES.....5
	A.	How old were you the first time?	<b>AL_AO26</b> AGE ONS: ___/___ <b>AL_O26</b> ONS: 1 2 3 4 5
<hr/>			
			<b>AL27</b>
FGNALCC2	E27	Have you ever been arrested for drunk driving?	NO....(ASK A).....1 YES...(SKIP TO B).....5
	A.	Has your drinking and driving ever resulted in your damaging your car or having an accident?	<b>AL27A</b> NO....(SKIP TO E28)....1 YES.....5
ASP3RC7	B.	How old were you the first time?	<b>AL_AO27</b> AGE ONS: ___/___ <b>AL_O27</b> ONS: 1 2 3 4 5
AD3RA4 AD3RB AA3RA2 AA3RB	C.	How many times has this happened?	<b>AL27C</b> ___ NUMBER
	<b>IF DK ASK:</b>		<b>AL27D</b>
	D.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
			<b>AL28</b>
FGNALCC2	E28	Have you ever been arrested or detained by the police even for a few hours, because of drunk behavior (other than drunk driving)?	NO....(SKIP TO E29)....1 YES.....5
	A.	How old were you the first time?	<b>AL_AO28</b> AGE ONS: ___/___ <b>AL_O28</b> ONS: 1 2 3 4 5
	B.	How many times has this happened?	<b>AL28B</b> ___ NUMBER
	<b>IF DK ASK:</b>		<b>AL28C</b>
	C.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			

AICDHMA AICDHMB	E29	Have you 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?	AL29 NO...(SKIP TO E30)....1 YES.....5
		A. How old were you the first/last time?	AL_AO29 AGE ONS: ___/___ AL_O29 ONS: 1 2 3 4 5 AL_AR29 AGE REC: ___/___ AL_R29 REC: 1 2 3 4 5
AD3RA4 AD3RB AA3RA2 AA3RB AICDD8		B. How many times has this happened?	AL29B ___ NUMBER
		<b>IF DK ASK:</b>	AL29C
		C. Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
	E30	When you were (very) 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?	AL30 NO...(SKIP TO E31)....1 YES.....5
		A. How old were you the first time?	AL_AO30 AGE ONS: ___/___ AL_O30 ONS: 1 2 3 4 5
AD3RA4 AD3RB AA3RA2 AA3RB		B. How many times has this happened?	AL30B ___ NUMBER
		<b>IF DK ASK:</b>	AL30C
		C. Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
FGNALCA3	E31	Have you ever had blackouts when you didn't pass out while drinking, that is, you drank enough so that the next day you couldn't remember things you had said or done?	AL31 NO...(SKIP TO E32)...1 YES.....5
		A. How old were you the first time?	AL_AO31 AGE ONS: ___/___ AL_O31 ONS: 1 2 3 4 5
		B. How many blackouts have you had from drinking?	AL31B ___ NUMBER
		<b>IF DK ASK:</b>	AL31C
		C. Did you have 3 or more blackouts?	NO.....1 YES.....5

AD3RA8  
AICDD4  
FGNALCA1

E32 People who cut down, stop or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense than the usual hangover. When you stopped, cut down or went without drinking, did you ever experience any of the following problems?

COL I COL II  
NO = 1 NO = 1  
YES = 5 YES = 5

- 1. Did you have the shakes (hands trembling)?..... AL32\_1 AL32B\_1
- 2. Were you unable to sleep?..... AL32\_2 AL32B\_2
- 3. Did you feel anxious or depressed?..... AL32\_3 AL32B\_3
- 4. Did you sweat?..... AL32\_4 AL32B\_4
- 5. Did your heart beat fast?..... AL32\_5 AL32B\_5
- 6. Did you have nausea/vomiting?..... AL32\_6 AL32B\_6
- 7. Did you feel physically weak?..... AL32\_7 AL32B\_7
- 8. Did you have headaches?..... AL32\_8 AL32B\_8
- 9. Did you hear or see things that weren't there?. AL32\_9 AL32B\_9

IF NO 5'S CODED IN E32 1-9, SKIP TO E33. OTHERS CONTINUE.

IF E32.1 CODED 5 ASK A. OTHERS SKIP TO B.

AD3RB

- A. How old were you the first time you had the shakes (hands trembling)? AL\_AO32 AGE ONS: \_\_\_/\_\_\_  
AL\_O32 ONS: 1 2 3 4 5
- B. What was the longest time that this/any of these problem(s) lasted? AL32B \_\_\_ \_\_\_ \_\_\_ DAYS  
IF ONLY ONE 5, SKIP TO F. OTHERS CONTINUE.

- C. Was there ever a time when two or more of these problems occurred together? AL32C  
NO..(SKIP TO H).....1  
YES.....5

D. Which ones? (CODE ABOVE UNDER COL II)

- E. How old were you the first time these problems occurred together? ALE\_AO32 AGE ONS: \_\_\_/\_\_\_  
AL3\_O32 ONS: 1 2 3 4 5

AD3RB

- F. How many times did you have problems like these (this)? AL32F \_\_\_ \_\_\_ NUMBER

IF DK ASK:

- G. Did this occur 3 or more times? AL32G  
NO.....1  
YES.....5

AD3RA9  
AICDD3  
AD3RB

- H. On 3 or more different occasions have you taken a drink to keep from having any of these problems (or to make them go away)? AL32H  
NO.....1  
YES.....5

- I. Did you ever take any medication/drug to avoid any of these problems (or to make them go away)? AL32I  
NO.....1  
YES..(SPECIFY).....5  
DO NOT COUNT ASPIRIN, TYLENOL, ETC.

AL32I\_1 CODE \_\_\_ \_\_\_ \_\_\_

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

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

			<b>AL33</b>
FGNALCA AICDD4	E33	When you stopped, cut down, or went without drinking, did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?	NO.(SKIP TO E34)....1 YES.....5
	A.	How old were you the first time this happened?	<b>AL_AO33</b> AGE ONS: ___/___ <b>AL_O33</b> ONS: 1 2 3 4 5
	B.	How many times did this happen?	<b>AL33B</b> ___ NUMBER
		<b>IF DK ASK:</b>	<b>AL33C</b>
	C.	Did this occur 3 or more times?	NO.....1 YES.....5
AICDD3	D.	On 3 or more different occasions have you taken a drink to keep from having these symptoms or to make them go away?	<b>AL33D</b> NO.....1 YES.....5
	E.	Did you ever take any medication/drug to avoid these symptoms or to make them go away?	<b>AL33E_1</b> NO.....1 YES..(SPECIFY).....5
		SPECIFY:	<b>AL33E_2</b> CODE ___
		_____	_____
		_____	
FGNALCA AD3RA8 AICDD4	E34	Did you have the DT's, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there when you stopped, cut down or went without drinking?	<b>AL34</b> NO.(SKIP TO E35)....1 YES.....5
AD3RB	A.	How old were you the first time this happened?	<b>AL_AO34</b> AGE ONS: ___/___ <b>AL_O34</b> ONS: 1 2 3 4 5
	B.	How many times did this happen?	<b>AL34B</b> ___ NUMBER
		<b>IF DK ASK:</b>	<b>AL34C</b>
	C.	Did this occur 3 or more times?	NO.....1 YES.....5
AD3RA9 AICDD3 AD3RB	D.	On 3 or more different occasions have you taken a drink to keep from having these symptoms or to make them go away?	<b>AL34D</b> NO.....1 YES.....5
	E.	Did you ever take any medication/drug to avoid these symptoms or to make them go away?	<b>AL34E</b> NO.....1 YES..(SPECIFY).....5
		SPECIFY:	CODE ___
		_____	_____
		_____	

AICDHMA  
AICDHMB  
FGNALCA2

E35

There are several other health problems that  
can result from long stretches of drinking.  
Did drinking ever:

		<u>NO</u>	<u>YES</u>
1.	cause you to have liver disease or yellow jaundice?.....	AL35_1 1	5
2.	give you stomach disease or make you vomit blood?.....	AL35_2 1	5
3.	give you pancreatitis?.....	AL35_3 1	5
4.	damage your heart (cardiomyopathy)?.....	AL35_4 1	5
5.	cause your feet to tingle or feel numb for many hours?.....	AL35_5 1	5
6.	give you memory problems even when you weren't drinking (not blackouts)?.....	AL35_6 1	5
7.	other problem? Specify _____	AL35_7 1	5

**IF ALL CODED 1, SKIP TO E36.**

A. How old were you when you first found  
out drinking had given you any of these  
health problems? **AL\_AO35** AGE ONS: \_\_\_/\_\_\_  
**AL\_O35** ONS: 1 2 3 4 5

AD3RA6  
AICDD8  
AA3RA1

B. Did you continue to drink knowing that  
drinking caused you to have health  
problems? **AL35B**  
NO.....1  
YES.....5

AD3RA6  
AA3RA1  
AICDD8

E36

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?

**AL36**  
NO....(SKIP TO C)....1  
YES.....5

A. What illness?  
\_\_\_\_\_  
**AL36A\_1** CODE \_\_\_ \_\_\_ \_\_\_  
**AL36A\_2** \_\_\_ \_\_\_ \_\_\_

B. How old were you the first time? **ALB\_AO36** AGE ONS: \_\_\_/\_\_\_  
**ALB\_O36** ONS: 1 2 3 4 5

AD3RA4  
AA3RA2

C. Have you used alcohol 3 or more times  
while taking medication or drugs you  
knew were dangerous to mix with alcohol?

**AL36C**  
NO....(SKIP TO E37)...1  
YES...(ASK D).....5

D. What medication/drugs?  
\_\_\_\_\_  
**AL36D\_1** CODE \_\_\_ \_\_\_ \_\_\_  
**AL36D\_2** \_\_\_ \_\_\_ \_\_\_

E. How old were you the first time? **ALE\_AO36** AGE ONS: \_\_\_/\_\_\_  
**ALE\_O36** ONS: 1 2 3 4 5

AICDHMA	E37	Has drinking ever caused you emotional			
AICDHMB		or psychological problems like:		<u>NO</u>	<u>YES</u>
	1.	Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?.....	AL37_1	1	5
	2.	Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?.....	AL37_2	1	5
	3.	Having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?.....	AL37_3	1	5
	4.	Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?.....	AL37_4	1	5
	5.	Hearing, seeing, or smelling things that weren't really there?.....	AL37_5	1	5
	<b>IF ALL CODED 1, SKIP TO E38. OTHERS CONTINUE.</b>				
AD3RA6	A.	Did you continue to drink after you knew it caused you any of these problems?		NO...(SKIP TO E38)....1	
AA3RA1				YES.....5	
AICDD8	B.	How old were you the first time?	AL_AO37	AGE ONS: ___/___	
			AL_P37	ONS: 1 2 3 4 5	

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	E38	Have you ever brought up any problem you might have had with drinking with any professional?		NO...(SKIP TO E39)...1	
				YES.....5	
	<b>IF YES, ASK:</b>				
	A.	Did you talk with:		<u>NO</u>	<u>YES</u>
	1.	A psychiatrist?.....	AL38_1	1	5
	2.	Another medical doctor?.....	AL38_2	1	5
	3.	A psychologist?.....	AL38_3	1	5
	4.	Another mental health professional?.....	AL38_4	1	5
	5.	A clergyman?.....	AL38_5	1	5
	6.	Anyone else? Specify _____.....	AL38_6	1	5
	B.	How old were you the first time you brought up any problem you had with drinking?	AL_AO38	AGE ONS: ___/___	
			AL_O38	ONS: 1 2 3 4 5	
	C.	With whom did you speak first?			
		<b>RECORD CODE (1-6).</b>	AL38C	CODE ___	

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**REFER TO B9 BEFORE ASKING.** **AL39**

E39 Have you ever been treated for a drinking problem? NO...(SKIP TO E40)...1  
YES.....5

**IF YES, ASK:**

A. Were you treated at: \_\_\_\_\_ NO YES

1. AA or other self help..... **AL39\_1** 1 5  
 2. Outpatient alcohol program..... **AL39\_2** 1 5  
 3. Outpatient, other..... **AL39\_3** 1 5  
 4. Inpatient alcohol program..... **AL39\_4** 1 5  
 5. Inpatient for medical complications..... **AL39\_5** 1 5  
 6. Other, specify \_\_\_\_\_..... **AL39\_6** 1 5

B. How old were you the first time you were treated? **AL\_AO39** AGE ONS: \_\_\_/\_\_\_  
**AL\_O39** ONS: 1 2 3 4 5

C. Where were you treated first?  
**RECORD CODE (1-6).** **AL39C** CODE \_\_\_\_

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET E FOR ANY CHECK IN GROUPS 1-9, \*  
 \* IF ONE OR MORE ASK E40. OTHERS SKIP TO BOX ON P.32. \*  
 \*\*\*\*\*

E40 Please review these experiences. When was the most recent time you had this experience/any of these experiences? **AL\_AR40** AGE REC: \_\_\_/\_\_\_  
**AL\_R40** REC: 1 2 3 4 5

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET E FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. \*  
 \* IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX ON \*  
 \* P.32. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED \*  
 \* AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT \*  
 \* SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT \*  
 \* THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*

AD3RB A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? **AL40A**  
NO.....1  
YES...(SKIP TO C).....5  
NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together? **AL40B**  
FROM 2 DIFFERENT GROUPS. NO....(SKIP TO E41)....1  
YES.....5

C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period lasting a month or more? **ALC\_AO40** AGE ONS: \_\_\_/\_\_\_  
**ALC\_O40** ONS: 1 2 3 4 5  
**ALC\_AR40** AGE REC: \_\_\_/\_\_\_  
**ALC\_R40** REC: 1 2 3 4 5

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET E FOR ANY CHECK IN GROUPS 1-8, \*  
 \* IF ONE OR MORE ASK E41. OTHERS SKIP TO E42. \*  
 \*\*\*\*\*

E41 Please review these experiences. When was AL\_AR41 AGE REC:\_\_\_/\_\_\_  
 the most recent time you had this/any of AL\_R41 REC:1 2 3 4 5  
 these experiences?

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET E FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. \*  
 \* OTHERS SKIP TO E42. NOTE: DO NOT COUNT SYMPTOMS \*  
 \* WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. \*  
 \* DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER \*  
 \* TIME THAT THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*

AL41A

AICDD A. Was there ever a period lasting a month NO...(SKIP TO C).....1  
 or longer when you had 3 or more of YES.....5  
 these experiences occurring together?  
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

B. How old were you the first/last time you ALB\_AO41 AGE ONS:\_\_\_/\_\_\_  
 had 3 or more of these experiences (FROM ALB\_O41 ONS:1 2 3 4 5  
 3 DIFFERENT GROUPS) occur within a ALB\_AR41 AGE REC:\_\_\_/\_\_\_  
 period lasting a month or more? ALB\_R41 REC:1 2 3 4 5

AL41C

AICDD C. Did 3 or more of these occur at some NO.....1  
 time during the last 12 months? YES.....5

AL42

E42 ARE THERE 2 OR MORE 5'S CODED IN NO.....1  
 QS. E9-E37? YES.....5

SCORE SECTION AND TALLY SHEET F.

			<b>MJ1</b>
F1		Have you ever used marijuana or hashish?	NO..(SKIP TO G1, P.38)...1 YES....(ASK A).....5
	A.	How many times?	<b>MJ1A</b> __ __ __ TIMES
		<b>IF LESS THAN 21 TIMES CODE B 1 WITHOUT ASKING. IF MORE THAN 20 OR DK, ASK:</b>	
	B.	Did you use it at least 21 times in a single year?	<b>MJ1B</b> NO.....1 YES.....5
<hr/>			
	F2	How old were you the first time you used marijuana?	<b>MJ_AO2</b> AGE ONS: __/____ <b>MH_O2</b> ONS: 1 2 3 4 5
		<b>IF AGE ONS BEFORE 15, ASK A.</b>	<b>MJ2A</b>
DSMASP	A.	Did you use marijuana more than once before you were 15?	NO.....1 YES.....5
	B.	How old were you the last time you used marijuana?	<b>MJ_AR2</b> AGE REC: __/____ <b>MJ_R2</b> REC: 1 2 3 4 5
		<b>IF REC CODE=1-4, ASK C. OTHERS SKIP TO D.</b>	<b>MJ2C</b>
DICDHMC	C.	Did you use marijuana at least 21 times during the past twelve months?	NO.....1 YES...(SKIP TO F3).....5
	D.	Did you use marijuana at least once a week for a month or more?	<b>MJ2D</b> NO.....1 YES.....5
		***** * CHECK F1B. IF CODED 1 SKIP TO G1, P.38. * *****	
<hr/>			
			<b>MJ3</b>
FGNDRC	F3	What was the longest period that you used marijuana almost every day?	DAYS   __ __ __ __ WEEKS  __ __ __ __ MONTHS  __ __ __ __ YEARS   __ __
		<b>IF NEVER CODE 0000 DAYS AND SKIP TO F4. IF USED LESS THAN 2 WEEKS, SKIP TO B.</b>	
	A.	How old were you the first time you used marijuana almost every day for at least two weeks?	<b>MJ_AO3</b> AGE ONS: __/____ <b>MJ_O3</b> ONS: 1 2 3 4 5
	B.	When you were using marijuana almost every day were you able to function normally?	<b>MJ3B</b> NO.....1 YES.....5
<hr/>			
			<b>MJ4</b>
FGNDRC	F4	Have you ever stayed high from marijuana for a whole day or more?	NO..(SKIP TO F5).....1 YES.....5
	A.	How old were you the first time you stayed high from marijuana for a whole day or more?	<b>MJ_AO4</b> AGE ONS: __/____ <b>MJ_O4</b> ONS: 1 2 3 4 5

**MJ5**

DD3RA3	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?	NO.....1
DD3RB			YES.....5

---

	F6	Because of your marijuana use, did you ever experience any of the following:		<u>NO</u>	<u>YES</u>
DICDHMA DICDHMB		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?.....	<b>MJ6_1</b>	1	5
DICDHMA DICDHMB		2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?.....	<b>MJ6_2</b>	1	5
DICDHMA DICDHMB		3. Feeling paranoid/suspicious of people for more than 24 hours to the point that it interfered with your relationships?.....	<b>MJ6_3</b>	1	5
		4. Decreased contact with friends or family?.....	<b>MJ6_4</b>	1	5
DICDHMA DICAHMB		5. Hearing, seeing or smelling things that weren't really there?.....	<b>MJ6_5</b>	1	5
		<b>IF ANY 5 IN 1-5, ASK A:</b>			
DD3RA6 DICDD8 DA3RA1 DD3RB DA3RB		A. Did you continue to use marijuana after you knew it caused these problems?.....	<b>MJ6_6</b>	1	5

---

DD3RA2	F7	Have you often wanted to cut down on marijuana?	NO.....1
			YES.....5

DICDD2 DD3RA2	A.	Have you tried to stop or cut down on marijuana but found you couldn't?	NO, COULD STOP.....1
			YES, COULD NOT STOP....5

DD3RA1 DD3RB DICDD2	F8	Have you often used marijuana more frequently or in larger amounts than you intended to, not just to get "higher," but because you lost awareness/control?	NO.....1
			YES.....5

DD3RA7 DICDD5	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

---

DD3RA8 DICDD4 FGNDRA	F10	Did stopping or cutting down on marijuana ever cause you... (CODE IN COL. I)	COL I NO = 1 YES = 5	COL II NO = 1 YES = 5
		1. to feel nervous, tense, restless or irritable?.....	MJ10A_1	MJ10B_1
		2. to have trouble sleeping?.....	MJ10A_2	MJ10B_2
		3. to tremble or twitch?.....	MJ10A_3	MJ10B_3
		4. to sweat or have a fever?.....	MJ10A_4	MJ10B_4
		5. to have nausea or vomiting?.....	MJ10A_5	MJ10B_5
		6. to have diarrhea or stomach aches?.....	MJ10A_6	MJ10B_6
		7. to have any appetite change (loss or gain)?..	MJ10A_7	MJ10B_7
				<b>MJ10A</b>
DD3RA9 DICDD3 DD3RB		A. On 3 or more different occasions have you used marijuana to keep from having any of these problems (or to make them go away)? <b>IF 2 OR MORE 5'S, ASK B. IF ONLY ONE 5 ASK D.</b>	NO.....1 YES.....5	
		B. Did these problems ever occur together?	NO.....1 YES.....5	<b>MJ10B</b>
		C. Which ones? (CODE IN COL II)		
DD3RB DA3RA		D. How many times did you have problems like that?	<b>MJ10D</b> __ __	NUMBER
				<b>MJ11</b>
	F11	Have you ever been under the effects of marijuana 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?	NO...(SKIP TO B).....1 YES.....5	
				<b>MJ11A</b>
DD3RA4 DA3RA2 DA3RB		A. Have you been in situations like that three or more times?	NO.....1 YES.....5	
DICDHMA DICDHMB		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	<b>MJ11B</b>
DD3RA6 DICDD8 DA3RA1 DD3RB DA3RB		C. Did this happen 3 or more times?	NO.....1 YES.....5	<b>MJ11C</b>
				<b>MJ12</b>
	F12	Did your marijuana use ever cause you to have problems with your friends or family?	NO...(SKIP TO F13)....1 YES.....5	
DD3RA6 DA3RA1		A. Did you continue to use marijuana after you realized it was causing problems?	NO.....1 YES.....5	<b>MJ12A</b>
				<b>MJ13</b>
DD3RA5 DICDD7 DD3RB	F13	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives 3 or more times (or for a month or more) while using marijuana?	NO.....1 YES.....5	

MJ14

DD3RA4 F14 Has your being high on marijuana or NO.....1  
 DD3RB suffering its after effects often YES.....5  
 interfered with your working or taking care  
 of school or household responsibilities?

MJ15

DICDD1 F15 In situations where you couldn't use NO.....1  
 marijuana, did you ever have such a strong YES.....5  
 desire for it that you couldn't think of  
 anything else?

MJ16

DICDD6 F16 Did your marijuana use ever become so NO.....1  
 regular that you would not change when or YES.....5  
 how much you used no matter what you were  
 doing or where you were?

MJ17

F17 Have you ever used marijuana together with NO.....1  
 one or more other drugs? ALCOHOL ONLY.....3  
 A. SPECIFY: YES..(SPECIFY).....5

1. \_\_\_\_\_ MJ17A\_1 CODE \_\_\_ \_ \_

2. \_\_\_\_\_ MJ17A\_2 \_\_\_ \_ \_

MJ18

F18 Did you bring up any problems you had with NO.....1  
 marijuana with any professional? YES...(ASK A).....5

A. To whom did you speak first? MJ18A CODE \_\_\_

1. A psychiatrist  
 2. Another medical doctor  
 3. A psychologist  
 4. Another mental health professional  
 5. A clergyman  
 6. Other: Specify \_\_\_\_\_

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET F FOR ANY CHECK IN GROUPS 1-9, \*  
 \* IF ONE OR MORE ASK F19. OTHERS SKIP TO BOX BEFORE F20. \*  
 \*\*\*\*\*

F19 Please review these experiences. When was MJ\_AR19 AGE REC: \_\_\_/\_\_\_  
 the most recent time you had this/any of MJ\_R19 REC: 1 2 3 4 5  
 these experiences?

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET F FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. \*  
 \* IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX BEFORE \*  
 \* F20. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED \*  
 \* AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT \*  
 \* SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT \*  
 \* THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*

MJ19A

DD3RB A. Was there ever a period lasting a month NO.....1  
 or longer when you had 3 or more of these YES...(SKIP TO C).....5  
 experiences occurring together?  
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

MJ19B

F19 B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together? FROM 2 DIFFERENT GROUPS. NO...(SKIP TO F20)....1 YES.....5

C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period of lasting a month or more? MJC\_AO19 AGE ONS: \_\_\_/\_\_\_ MJC\_O19 ONS: 1 2 3 4 5 MJC\_AR19 AGE REC: \_\_\_/\_\_\_ MJC\_R19 REC: 1 2 3 4 5

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET F FOR ANY CHECK IN GROUPS 1-8, \*  
 \* IF ONE OR MORE, ASK F20. OTHERS SKIP TO F21. \*  
 \*\*\*\*\*

F20 Please review these experiences. When was the most recent time you had this/any of these experiences? MJ\_AR20 AGE REC \_\_\_/\_\_\_ MJ\_R20 REC:1 2 3 4 5

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET F FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. \*  
 \* OTHERS SKIP TO F21. NOTE: DO NOT COUNT SYMPTOMS \*  
 \* WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. \*  
 \* DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER \*  
 \* TIME THAT THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*

MJ20A

DICDD A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? NOTE: MUST BE 3 FROM DIFFERENT GROUPS. NO...(SKIP TO C).....1 YES.....5

B. How old were you the first/last time you had 3 or more of these experiences (FROM 3 DIFFERENT GROUPS) occur within a period lasting a month or more? MJB\_AO20 AGE ONS:\_\_\_/\_\_\_ MJB\_O20 ONS:1 2 3 4 5 MJB\_AR20 AGE REC:\_\_\_/\_\_\_ MJB\_R20 REC:1 2 3 4 5

MJ20C

DICDD C. Did 3 or more of these occur at some time during the last 12 months? NO.....1 YES.....5

MJ21

F21 ARE THERE 2 OR MORE 5'S CODED IN Q.F5-F16? NO.....1 YES.....5

ASK F22 ONLY IF 3 OR MORE 5'S CODED IN DIFFERENT GROUPS IN TALLY SHEET F FOR DSM-III-R SYMPTOMS.

MJ22

F22 Were there periods of at least 3 months between the ages of \_\_\_ and \_\_\_ (CHECK F2 FOR ONS/REC) when you didn't use marijuana at all? NO..(SKIP TO G1, P.38).1 YES.....5

A. When did these occur? \_\_\_/\_\_\_ \_\_\_/\_\_\_ TO \_\_\_/\_\_\_ \_\_\_/\_\_\_

MJ22ONM1 MJ22ONY1 TO MJ22OFM1 MJ22OFY1  
 MJ22ONM2 MJ22ONY2 TO MJ22OFM2 MJ22OFY2  
 MJ22ONM3 MJ22ONY3 TO MJ22OFM3 MJ22OFY3  
 MJ22ONM4 MJ22ONY4 TO MJ22OFM4 MJ22OFY4







G1 H. Of all the drugs you have used, which one was your favorite? **DR1H** \_\_\_\_\_ (CODE)

**IF ONLY 1 DRUG USED, GO TO INTERVIEWER BOX.**

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

SPECIFY:

1. \_\_\_\_\_ **DR1I\_1** CODE \_\_\_ \_\_\_  
2. \_\_\_\_\_ **DR1I\_2** \_\_\_ \_\_\_

\*\*\*\*\*  
\* CHECK G1A. CONTINUE WITH COCAINE, STIMULANTS, SEDATIVES, \*  
\* OPIATES IF USED 11 OR MORE TIMES, IF OTHER DRUGS USED 11 OR \*  
\* MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL. 5. \*  
\* IF NO DRUG USED 11 OR MORE TIMES, SKIP TO H1, P.47. \*  
\*\*\*\*\*

IF OTHER, RECORD: \_\_\_\_\_ CODE \_\_\_ \_\_\_

**DR2\_1 DR2\_2 DR2\_3 DR2\_4 DR2\_5**  
**1 2 3 4 5**  
**COC STIM SED OP OTH**

FGNDRC G2 What is the longest period you used (DRUG) almost every day? DAYS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
DICDHMC WEEKS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
MONTHS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
**IF NEVER ALMOST EVERYDAY, CODE 0 IN DAYS AND SKIP TO B.** YEARS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

A. When you were using (DRUG) almost every day were you able to function normally? **DR2A\_1 ... DR2A\_5**  
NO 1 1 1 1 1  
YES 5 5 5 5 5

DICDHMC B. Did you ever use (DRUG) at least once a week for one month or more? **DR2B\_1 ... DR2B\_5**  
NO 1 1 1 1 1  
YES 5 5 5 5 5

G3 Have you ever stayed high from (DRUG) for a whole day or more? **DR3\_1 ... DR3\_5**  
NO 1 1 1 1 1  
YES 5 5 5 5 5

**IF YES:** **DR3A\_1 ... DR3A\_5**  
A. Did this happen 3 or more times? NO 1 1 1 1 1  
YES 5 5 5 5 5

DICDD6 G4 Did your use of (DRUG) ever become so regular that you would use it no matter what you were doing or where you were? **DR4\_1 ... DR4\_5**  
NO 1 1 1 1 1  
YES 5 5 5 5 5

DICDD1 G5 Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else? **DR5\_1 ... DR5\_5**  
NO 1 1 1 1 1  
YES 5 5 5 5 5

				<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
				<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>
DICDHMC	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	1	1	1
FGNDRC			YES	5	5	5	5	5
DD3RA3				DR6_1 ... DR6_5				
DD3RB								
<hr/>								
DICDD2	G7	Have you often wanted to cut down on (DRUG), or have you tried to stop or cut down on (DRUG) but found you couldn't?	NO	1	1	1	1	1
DD3RA2			YES	5	5	5	5	5
				DR7_1 ... DR7_5				
<hr/>								
DD3RA7	G8	Did you ever need larger amounts of (DRUG) to get an effect, or found that you could no longer get high on the amount you used to use?	NO	1	1	1	1	1
DICDD5			YES	5	5	5	5	5
				DR8_1 ... DR8_5				
<hr/>								
DD3RA5	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	1	1	1
DICDD7			YES	5	5	5	5	5
				DR9_1 ... DR9_5				
<hr/>								
		<b>IF YES:</b>						
DD3RB		A. Did this happen 3 or more times, or for a month or more?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR9A_1 ... DR9A_5				
<hr/>								
DD3RA1	G10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO	1	1	1	1	1
DICDD2			YES	5	5	5	5	5
				DR10_1 ... DR10_5				
<hr/>								
FGNDRA	G11	When you stopped, cut down, or went without (DRUG), did you ever experience the following problems?						
DICDD4				DR11_1_1 ... DR11_1_5				
		A. 1. Feeling depressed?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR11_2_1 ... DR11_2_5				
		2. Feeling restless?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR11_3_1 ... DR11_3_5				
		3. Feeling nervous, tense, or irritable?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR11_4_1 ... DR11_4_5				
		4. Feeling tired, sleepy, weak?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR11_5_1 ... DR11_5_5				
		5. Having trouble sleeping?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR11_6_1 ... DR11_6_5				
		6. Having an increase or decrease in appetite?	NO	1	1	1	1	1
			YES	5	5	5	5	5

1	2	3	4	5
COC	STIM	SED	OP	OTH

G11

A. 7. Trembling or twitching?

<b>DR11_7_3 ... DR11_7_5</b>				
NO		1	1	1
YES		5	5	5

8. Sweating or having a fever?

<b>DR11_8_3 ... DR11_8_5</b>				
NO		1	1	1
YES		5	5	5

9. Having nausea, or vomiting?

<b>DR11_9_3 ... DR11_9_5</b>				
NO		1	1	1
YES		5	5	5

10. Having diarrhea or stomach aches?

<b>DR1110_3 ... DR1110_5</b>				
NO		1	1	1
YES		5	5	5

11. Having your eyes or nose run?

		<b>DR1111_4</b>	<b>DR1111_5</b>	
NO			1	1
YES			5	5

12. Having muscle pains?

		<b>DR1112_4</b>	<b>DR1112_5</b>	
NO			1	1
YES			5	5

13. Yawning?

		<b>DR1113_4</b>	<b>DR1113_5</b>	
NO			1	1
YES			5	5

14. Having seizures?

		<b>DR1114_3</b>	<b>DR1114_5</b>	
NO			1	1
YES			5	5

15. Have your heart racing?

		<b>DR1115_3</b>	<b>DR1115_5</b>	
NO			1	1
YES			5	5

16. Dizziness?

			<b>DR1116_3</b>	
NO			1	
YES			5	

17. Were your pupils dilated or were your eyes extremely sensitive to light?

			<b>DR1117_4</b>	
NO			1	
YES			5	

18. Did you have gooseflesh or goose bumps?

			<b>DR1118_4</b>	
NO			1	
YES			5	

**CHECK EACH DRUG COLUMN FOR SYMPTOMS.  
IF ALL CODED 1 GO TO NEXT DRUG.  
IF 2 OR MORE 5'S CODED IN 1-18 ASK B.  
IF ONLY ONE SKIP TO C.**

DD3RA8

B. Was there ever a time when two or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)? (REVIEW SX AS NEEDED).

<b>DR11B_1 ... DR11B_5</b>				
NO	1	1	1	1
YES	5	5	5	5

C. Did you have any of these problems 3 or more times?

<b>DR11C_1 ... DR11C_5</b>				
NO	1	1	1	1
YES	5	5	5	5

DD3RA9  
DD3RB  
DICDD3

D. On 3 or more different occasions have you used (DRUG) to keep from having any of these problems (or to make them go away)?

<b>DR11D_1 ... DR11D_5</b>				
NO	1	1	1	1
YES	5	5	5	5

1 2 3 4 5  
COC STIM SED OP OTH

G12	Did using (DRUG) cause you to have any other problems like:							
			DR12A_1 ... DR12A_5					
DICDHMA	A.	accidental injuries like having a bad fall,	NO	1	1	1	1	1
DICDHMB		cutting or burning yourself, or being hurt in a traffic accident? (IF YES, ASK 1:)	YES	5	5	5	5	5
				DR12A1_1 ... DR12A1_5				
DD3RA4		1. Did this happen 3 or more times?	NO	1	1	1	1	1
DA3RA2			YES	5	5	5	5	5
DD3RB				DR12B_1 ... DR12B_5				
DA3RB	B.	an overdose?	NO	1	1	1	1	1
DICDD8			YES	5	5	5	5	5
				DR12B1_1 ... DR12B1_5				
DD3RA6	<b>IF YES:</b>		NO	1	1	1	1	1
DA3RA1		1. Did this happen 3 or more times?	YES	5	5	5	5	5
DD3RB				DR12C_1 ... DR12C_5				
DA3RB	C.	hepatitis?	NO	1	1	1	1	1
DICDD8			YES	5	5	5	5	5
				DR12C1_1 ... DR12C1_5				
DICDHMA	<b>IF YES:</b>		NO	1	1	1	1	1
DD3RB		1. Did you continue to use (DRUG) knowing it caused hepatitis?	YES	5	5	5	5	5
DA3RB				DR12D_1 ... DR12D_5				
DICDHMA	D.	other serious health problems? Specify:	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5
DD3RA6				DR12D1_1 ... DR12D1_5				
DA3RA1	<b>IF YES:</b>		NO	1	1	1	1	1
		1. Did you continue to use (DRUG) knowing it caused health problems?	YES	5	5	5	5	5

**ASK A, B, C, D, E, ONE DRUG AT A TIME. IF IN DOUBT ASK R. FOR MOST SEVERE EPISODE BEFORE CODING 5. THEN GO TO NEXT DRUG.**

G13	Did you ever experience any of the following because of your (DRUG) use?							
			DR13A_1 ... DR13A_5					
	A.	Objections from family, friends, doctor, clergyman, or problems with your boss or people at work or school?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR13B_1 ... DR13B_5				
	B.	Problems with your family or friends?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR13C_1 ... DR13C_5				
	C.	Physical fights while using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR13D_1 ... DR13D_5				
	D.	Trouble with the police because of (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		<b>IF ALL CODED 1, SKIP TO G14. IF ANY CODED 5, CONTINUE.</b>						

DD3RA6  
DD3RA1

E. Did you continue to use (DRUG) after you realized it was causing you any problem?

DR13E\_1 ... DR13E\_5  
NO 1 1 1 1 1  
YES 5 5 5 5 5

---

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
DD3RA4	G14	Has your being high on (DRUG) or suffering its after-effects <u>often</u> interfered with your working or taking care of school or household responsibilities?	NO	1	1	1	1	1
DD3RB			YES	5	5	5	5	5
				<a href="#">DR14_1 ... DR14_5</a>				

	G15	Has your use of (DRUG) ever caused you emotional or psychological problems like:						
DICDHMA		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?		<a href="#">DR15_1_1 ... DR15_1_5</a>				
DICDHMB			NO	1	1	1	1	1
			YES	5	5	5	5	5
DICDHMA		2. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?		<a href="#">DR15_2_1 ... DR15_2_5</a>				
DICDHMB			NO	1	1	1	1	1
			YES	5	5	5	5	5
DICDHMA		3. Having such trouble thinking clearly for more than 24 hours to the point that it interfered with your functioning?		<a href="#">DR15_3_1 ... DR15_3_5</a>				
DICDHMB			NO	1	1	1	1	1
			YES	5	5	5	5	5
DICDHMA		4. Hearing, seeing, or smelling things that weren't really there?		<a href="#">DR15_4_1 ... DR15_4_5</a>				
DICDHMB			NO	1	1	1	1	1
			YES	5	5	5	5	5
DICDHMA		5. Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?		<a href="#">DR15_5_1 ... DR15_5_5</a>				
DICDHMB			NO	1	1	1	1	1
			YES	5	5	5	5	5

**IF ALL CODED 1, SKIP TO G16.  
IF ANY CODED 5, CONTINUE.  
REVIEW SX AS NEEDED FOR EACH DRUG.**

DD3RA6		A. Did you continue to use (DRUG) after you knew it caused any of these problems?		<a href="#">DR15A_1 ... DR15A_5</a>				
DICDD8			NO	1	1	1	1	1
DA3RA1			YES	5	5	5	5	5

				<a href="#">DR16_1 ... DR16_5</a>				
DD3RA4	G16	Have there been 3 or more times when you have been high on (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?	NO	1	1	1	1	1
DA3RA2			YES	5	5	5	5	5
DD3RB								
DA3RB								

**INTERVIEWER: HAVE ANY 5'S BEEN CODED IN G4-G16?** NO....(SKIP TO H1, P.47)...1  
YES.....5

G17 Have you ever brought up any (other) drug problem you had with any professional? DR17  
 NO...(SKIP TO G18).....1  
 YES.....5

A. Did you speak with: NO YES

1. A psychiatrist?..... 1 5 DR17A\_1  
 2. Another medical doctor?..... 1 5 DR17A\_2  
 3. A psychologist?..... 1 5 DR17A\_3  
 4. Another mental health professional?. 1 5 DR17A\_4  
 5. A clergyman?..... 1 5 DR17A\_5  
 6. Anyone else? Specify \_\_\_\_\_.. 1 5 DR17A\_6

**IF ALL CODED 1 SKIP TO G18. OTHERS ASK:**

B. How old were you the first time you brought up any problem you had with drugs? DR\_AO17 AGE ONS: \_\_\_/\_\_\_

C. With whom did you speak first? DR17C CODE \_\_\_\_  
**RECORD CODE (1-6).**

G18 Have you ever been treated for a drug problem? DR18  
 NO.(SKIP TO G19)..1  
 YES.....5

A. Were you treated in: NO YES

1. NA or other self help..... 1 5 DR18A\_1  
 2. Outpatient drug free program..... 1 5 DR18A\_2  
 3. Outpatient, other..... 1 5 DR18A\_3  
 4. Inpatient drug free program..... 1 5 DR18A\_4  
 5. Inpatient for medical complications. 1 5 DR18A\_5  
 6. Other, specify:\_\_\_\_\_.. 1 5 DR18A\_6

**IF ALL CODED 1 SKIP TO G19. OTHERS ASK:** DR\_AO18

B. How old were you the first time you were treated for a drug problem? AGE ONS: \_\_\_/\_\_\_

C. Where were you treated first? DR18C CODE \_\_\_\_  
**RECORD CODE (1-6).**

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET G FOR ANY CHECK IN GROUPS 1-9, \*  
 \* IF ONE OR MORE, ASK F19. OTHERS SKIP TO BOX BEFORE G20. \*  
 \*\*\*\*\*

1 2 3 4 5  
COC STIM SED OP OTH  
 DRAR19\_1 ... DRAR19\_5

G19 Please review these experiences. When was AGE REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 the most recent time you had this/any of DR\_R19\_1 ... DR\_R19\_5  
 these experiences? REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\*\*\*\*\*  
 \* CHECK DSM-III-R TALLY SHEET G FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. \*  
 \* IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX BEFORE \*  
 \* G20. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED \*  
 \* AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT \*  
 \* SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT \*  
 \* THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*



1 2 3 4 5  
COC STIM SED OP OTH

DD3RB G19 A. Was there ever a period of lasting a month or longer when you had 3 or more of these experiences occurring together?  
 NO 1 1 1 1 1  
 YES 5 5 5 5 5  
 DR19A\_1 ... DR19A\_5  
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.  
 FOR EACH CODED 5 IN A, SKIP TO C.  
 OTHERS CONTINUE.

B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together?  
 FROM 2 DIFFERENT GROUPS.  
 IF NO, SKIP TO G20.  
 NO 1 1 1 1 1  
 YES 5 5 5 5 5  
 DR19B\_1 ... DR19B\_5

C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period lasting a month or more?  
 DR19CAO1 ... D419CAO5  
 AGE ONS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR19CO\_1 ... DR19CO\_5  
 ONS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR19CAR1 ... DR19CAR5  
 AGE REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR19CR\_1 ... DR19CR\_5  
 REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET G FOR ANY CHECK IN GROUPS 1-8, \*  
 \* IF ONE OR MORE, ASK G20. OTHERS SKIP TO G21. \*  
 \*\*\*\*\*

G20 Please review these experiences. When was the most recent time you had this/any of these experiences?  
 AGE REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR\_R20\_1 ... DR\_R20\_5  
 REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\*\*\*\*\*  
 \* CHECK ICD-10 TALLY SHEET G FOR NUMBER OF GROUPS \*  
 \* CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. \*  
 \* OTHERS SKIP TO G21. NOTE: DO NOT COUNT SYMPTOMS \*  
 \* WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. \*  
 \* DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER \*  
 \* TIME THAT THEY DO NOT REPRESENT CLUSTERING. \*  
 \*\*\*\*\*

DICDD A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together?  
 NO 1 1 1 1 1  
 YES 5 5 5 5 5  
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

FOR EACH CODED 5 IN A, ASK B:

B. How old were you the first/last time you had 3 or more of these experiences (FROM 3 DIFFERENT GROUPS) occur within a period lasting a month or more?  
 DR20BAO1 ... DR20BAO5  
 AGE ONS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR20BO\_1 ... DR20BO\_5  
 ONS \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR20BAR1 ... DR20BAR5  
 AGE REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DR20BR\_1 ... DR20BR\_5  
 REC \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

DICDD C. Did 3 or more of these occur at some time during the last 12 months?  
 DR20C\_1 ... DR20C\_5  
 NO 1 1 1 1 1  
 YES 5 5 5 5 5

G21 ARE THERE 2 OR MORE 5'S CODED IN G4-G16 FOR ALL DRUGS COMBINED?

DR21  
NO.....1  
YES.....5

1 2 3 4 5  
COC STIM SED OP OTH

| REFER TO G1B FOR ONS/REC OF DRUG USE. |

G22 A. Were there periods of at least 3 months between the ages of \_\_\_ and \_\_\_ when you didn't use (DRUG) at all? DR22A\_1 ... DR22A\_5  
NO 1 1 1 1 1  
YES 5 5 5 5 5

FOR EACH YES, COMPLETE B (MONTH AND YEAR).

B. When did these occur?

COCAINE	DR22N1M1/DR22N1Y1 TO ___/___ DR22N1M3/DR22N1Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N1M2/DR22N1Y2 TO ___/___ DR22N1M4/DR22N1Y4 TO ___/___	TO ___/___ TO ___/___	DR22F1M1/DR22F1Y1 ; DR22F1M3/DR22F1Y3 ;	DR22N2M1/DR22N2Y1 TO ___/___ DR22N2M3/DR22N2Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N2M2/DR22N2Y2 TO ___/___ DR22N2M4/DR22N2Y4 TO ___/___	TO ___/___ TO ___/___	DR22F2M1/DR22F2Y1 ; DR22F2M3/DR22F2Y3 ;	DR22N3M1/DR22N3Y1 TO ___/___ DR22N3M3/DR22N3Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N3M2/DR22N3Y2 TO ___/___ DR22N3M4/DR22N3Y4 TO ___/___	TO ___/___ TO ___/___	DR22F3M1/DR22F3Y1 ; DR22F3M3/DR22F3Y3 ;
STIMULANTS	DR22N2M1/DR22N2Y1 TO ___/___ DR22N2M3/DR22N2Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N2M2/DR22N2Y2 TO ___/___ DR22N2M4/DR22N2Y4 TO ___/___	TO ___/___ TO ___/___	DR22F2M1/DR22F2Y1 ; DR22F2M3/DR22F2Y3 ;	DR22N3M1/DR22N3Y1 TO ___/___ DR22N3M3/DR22N3Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N3M2/DR22N3Y2 TO ___/___ DR22N3M4/DR22N3Y4 TO ___/___	TO ___/___ TO ___/___	DR22F3M1/DR22F3Y1 ; DR22F3M3/DR22F3Y3 ;	DR22N4M1/DR22N4Y1 TO ___/___ DR22N4M3/DR22N4Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N4M2/DR22N4Y2 TO ___/___ DR22N4M4/DR22N4Y4 TO ___/___	TO ___/___ TO ___/___	DR22F4M1/DR22F4Y1 ; DR22F4M3/DR22F4Y3 ;
SEDATIVES	DR22N3M1/DR22N3Y1 TO ___/___ DR22N3M3/DR22N3Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N3M2/DR22N3Y2 TO ___/___ DR22N3M4/DR22N3Y4 TO ___/___	TO ___/___ TO ___/___	DR22F3M1/DR22F3Y1 ; DR22F3M3/DR22F3Y3 ;	DR22N4M1/DR22N4Y1 TO ___/___ DR22N4M3/DR22N4Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N4M2/DR22N4Y2 TO ___/___ DR22N4M4/DR22N4Y4 TO ___/___	TO ___/___ TO ___/___	DR22F4M1/DR22F4Y1 ; DR22F4M3/DR22F4Y3 ;	DR22N5M1/DR22N5Y1 TO ___/___ DR22N5M3/DR22N5Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N5M2/DR22N5Y2 TO ___/___ DR22N5M4/DR22N5Y4 TO ___/___	TO ___/___ TO ___/___	DR22F5M1/DR22F5Y1 ; DR22F5M3/DR22F5Y3 ;
OPIATES	DR22N4M1/DR22N4Y1 TO ___/___ DR22N4M3/DR22N4Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N4M2/DR22N4Y2 TO ___/___ DR22N4M4/DR22N4Y4 TO ___/___	TO ___/___ TO ___/___	DR22F4M1/DR22F4Y1 ; DR22F4M3/DR22F4Y3 ;	DR22N5M1/DR22N5Y1 TO ___/___ DR22N5M3/DR22N5Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N5M2/DR22N5Y2 TO ___/___ DR22N5M4/DR22N5Y4 TO ___/___	TO ___/___ TO ___/___	DR22F5M1/DR22F5Y1 ; DR22F5M3/DR22F5Y3 ;	DR22N5M1/DR22N5Y1 TO ___/___ DR22N5M3/DR22N5Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N5M2/DR22N5Y2 TO ___/___ DR22N5M4/DR22N5Y4 TO ___/___	TO ___/___ TO ___/___	DR22F5M1/DR22F5Y1 ; DR22F5M3/DR22F5Y3 ;
OTHER	DR22N5M1/DR22N5Y1 TO ___/___ DR22N5M3/DR22N5Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N5M2/DR22N5Y2 TO ___/___ DR22N5M4/DR22N5Y4 TO ___/___	TO ___/___ TO ___/___	DR22F5M1/DR22F5Y1 ; DR22F5M3/DR22F5Y3 ;	DR22N5M1/DR22N5Y1 TO ___/___ DR22N5M3/DR22N5Y3 TO ___/___	TO ___/___ ; TO ___/___ ;	DR22N5M2/DR22N5Y2 TO ___/___ DR22N5M4/DR22N5Y4 TO ___/___	TO ___/___ TO ___/___	DR22F5M1/DR22F5Y1 ; DR22F5M3/DR22F5Y3 ;					

ANRX3RA 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? ED1  
NO....(SKIP TO H9).....1  
YES.....5

ANRX3RC H2 Did you ever feel fat, even though your family or friends were very concerned that you had become much too thin? ED2  
NO....(SKIP TO H9).....1  
YES.....5

ANRX3RA H3 After purposely losing a lot of weight, what is the lowest weight you ever dropped to? ED3  
\_\_ \_\_ \_\_ POUNDS

**IF DK AND H2 CODED 5, ASK:** ED3A  
 A. Did friends say you were too thin or skeleton-like? NO.....1  
YES.....5

ANRX3RA H4 How tall were you at that time? ED4\_FT ED4\_IN  
\_\_ \_\_ FT \_\_ \_\_ IN

H5 How old were you? ED5  
\_\_ \_\_ AGE

INTERVIEWER: CONSULT TABLE OF WEIGHTS. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE. IF WEIGHT IN H3 IS EQUAL TO OR LESS THAN THE TABLE ENTRY FOR HEIGHT, GENDER AND WEIGHT, CONTINUE. OTHERS SKIP TO H9. SMALL...2  
MEDIUM...3  
LARGE...4

H5A. WILL R CONTINUE WITH H6? NO.....1  
YES.....5

**WEIGHT CRITERION FOR ANOREXIA  
(LOSS OF 15% OF EXPECTED WEIGHT)**

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	138

\* For women between 18 and 25 years,  
subtract one pound for each year under 25.

ANRX3RB	H6	Were you intensely afraid of gaining weight or becoming fat?	NO.....1 YES.....5	<b>ED6</b>
<hr/>				
		<b>MALES SKIP TO H8.</b>		<b>ED7</b>
ANRX3RD	H7	While you were losing weight did your period stop for 3 cycles or more (when you were not pregnant)?	NO.....1 YES.....5	
<hr/>				
	H8	Was there a medical disorder that caused your weight loss?  Specify _____	NO.....1 YES.....5	<b>ED8</b>
<hr/>				
ANRX3RC BUL3RE	H9	Were you ever <u>greatly</u> concerned about eating too much, looking too fat, or gaining too much weight?	NO.....1 YES.....5	<b>ED9</b>
<hr/>				
BUL3RA	H10	Has there ever been a time in your life when you went on eating binges -- eating a large amount of food in a short period of time (usually less than 2 hours)?	NO.(SKIP TO I1, P.49)..1 ALC/DRUG ONLY.....3 YES.....5	<b>ED10</b>
<hr/>				
BUL3RD	H11	Did you go on eating binges as often as twice a week for at least 3 months?	NO.(SKIP TO I1, P.49)..1 YES.....5	<b>ED11</b>
<hr/>				
BUL3RB	H12	During these binges were you afraid you could not stop eating, or that your eating was out of control?	NO.....1 YES.....5	<b>ED12</b>
<hr/>				
BUL3RC	H13	Did you do anything to prevent weight gain from binge eating such as:		
			<u>NO</u> <u>YES</u>	
		1. making yourself vomit?.....	1    5	<b>ED13_1</b>
		2. taking laxatives or diuretics?.....	1    5	<b>ED13_2</b>
		3. dieting strictly?.....	1    5	<b>ED13_3</b>
		4. fasting?.....	1    5	<b>ED13_4</b>
		5. exercising vigorously?.....	1    5	<b>ED13_5</b>
		6. anything else?.....	1    5	<b>ED13_6</b>
		Specify: _____		
<hr/>				
	H14	How old were you when you first went on an eating binge?		<b>ED_AO14</b>
			AGE ONS: ___/___	

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

RDCI I1 Have you ever had a period of at least one week when you were bothered most of the day nearly every day by feeling depressed, sad, blue, or irritable? DP1  
NO.....1  
YES.....5

---

I2 Have you ever had a period of at least one week when you lost interest or enjoyment in almost everything, even things you usually liked to do? DP2  
NO.....1  
YES.....5

---

\*\*\*\*\*  
\* IF I1 AND I2 BOTH CODED 1, SKIP \*  
\* TO J1, P.59. OTHERS CONTINUE. \*  
\*\*\*\*\*

I3 Have you been feeling depressed, uninterested in things or unable to enjoy almost everything for at least one week during the past 30 days? DP3  
NO...(SKIP TO I4).....1  
YES.....5

DEP3RA1 A. For how long have you felt this way? DP3A \_\_\_ \_\_\_ \_\_\_ WEEKS  
DEP3RA2

B. Have you been feeling depressed, sad or blue nearly every day? DP3B  
NO.....1  
YES..(SKIP TO I4).....5

C. Have you lost interest or enjoyment in most things nearly every day? DP3C  
NO.....1  
YES.....5

---

I4 Think about your most severe period of feeling depressed, uninterested in things or unable to enjoy most things. When did it begin? DP4\_MO DP4\_YR  
\_\_\_/\_\_\_ \_\_\_/\_\_\_  
MO YR

A. So you were \_\_\_ years old? DPA\_AO4 AGE ONS: \_\_\_/\_\_\_

DEP3RA1 B. How long did that period last? DP4B \_\_\_ \_\_\_ \_\_\_ WEEKS  
DEP3RA2

C. Were you feeling depressed, sad, or blue nearly every day during this period? DP4C  
NO.....1  
YES...(SKIP TO BOX).....5

D. Had you lost interest or enjoyment in most things nearly every day during this period? DP4D  
NO.....1  
YES.....5

CHECK TALLY SHEETS E, F, AND G. IF 3 OR MORE CHECKS FOR DSM-III-R SYMPTOMS, CONTINUE. OTHERS SKIP TO I4K.

E. During this most severe period were you using street drugs or drinking more than usual? DP4E  
NO...(SKIP TO K).....1  
YES.....5

F. Did you have another period of feeling depressed, uninterested in things or unable to enjoy most things when you were not drinking more than usual or using street drugs? DP4F  
NO...(SKIP TO K).....1  
YES.....5



I4 G. Think about your most severe period like this of feeling depressed, uninterested in things or unable to enjoy most things. DP4G\_AO4  
 AGE ONS: \_\_\_/\_\_\_  
 How old were you when this period began?

H. How long did this period last? DP4H \_\_\_ \_\_\_ \_\_\_ WEEKS

I. Were you feeling depressed, sad, or blue nearly every day during this period? DP4I  
 NO.....1  
 YES.....5

J. Had you lost interest or enjoyment in most things nearly every day during this period? DP4J  
 NO.....1  
 YES.....5

DP4K

I4 K. IS MOST SEVERE EPISODE CLEAN? NO.....1  
YES.....5

L. IS CURRENT EPISODE ALSO MOST SEVERE? NO.....1  
YES.....5

IF DEPRESSIVE EPISODE PRESENT IN LAST 30 DAYS, COMPLETE CURRENT EPISODE FIRST. THEN ASK ABOUT MOST SEVERE "CLEAN" EPISODE.  
 IF NO "CLEAN" EPISODE, ASK ABOUT MOST SEVERE. IF CURRENT EPISODE IS ALSO MOST SEVERE (AND CLEAN), CODE IN MOST SEVERE COLUMN.

			CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode...				
During your most severe episode when you were (CHECK AGE IN I4A/I4G) years old...				
And you were not drinking heavily/ more than usual or taking drugs at that time?				
DEP3RA3	I5	A. Did you have a change in appetite?	DPA_5A NO...(SKIP TO B).....1 YES...(SPECIFY).....5	DPB_5A NO...(SKIP TO B).....1 YES...(SPECIFY).....5
	1.		DPA_5A1 INCREASE.....2 DECREASE.....3 BOTH.....4	DPB_5A1 INCREASE.....2 DECREASE.....3 BOTH.....4
DEP3RA3		B. Did you gain or lose weight when you were not trying to?	DPA_5B NO...(SKIP TO I6)....1 YES...(SPECIFY).....5	DPB_5B NO...(SKIP TO I6)....1 YES...(SPECIFY).....5
	1.		DPA_5B1 GAINED.....2 LOST.....3	DPB_5B1 GAINED.....2 LOST.....3
DEP3RA3		C. What was your weight before the (gain/loss)?	DPA_5C ___ ___ ___ LBS	DPB_5C ___ ___ ___ LBS
DEP3RA3		D. What was your weight after the (gain/loss)?	DPA_5D ___ ___ ___ LBS	DPB_5D ___ ___ ___ LBS
DEP3RA3		E. Over what period of time did you (gain/lose) this amount of	DPA_5E ___ ___ ___ WEEKS	DPB_5E ___ ___ ___ WEEKS



		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN I4A/I4G) years old... And you were not drinking heavily/ more than usual or taking drugs at that time?			
DEP3RA4	I6	Did you have more trouble sleeping than usual?  NO..(SKIP TO I6.6)...1 YES.....5	NO..(SKIP TO I6.6)...1 YES.....5
	1.	Were you unable to fall asleep?  NO..(SKIP TO I6.3)...1 YES.....5	NO..(SKIP TO I6.3)...1 YES.....5
	2.	Was this for at least one hour?  NO.....1 YES.....5	NO.....1 YES.....5
	3.	Were you waking up in the middle of the night and not able to go back to sleep?  NO.....1 YES.....5	NO.....1 YES.....5
	4.	Were you waking up too early in the morning?  NO..(SKIP TO I6.6)...1 YES.....5	NO..(SKIP TO I6.6)...1 YES.....5
	5.	Was this at least one hour earlier than usual?  NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA4	6.	Were you sleeping much more than usual?  NO.....1 YES.....5	NO.....1 YES.....5
RDCDEPB4 FGNB4 DEP3RA5	I7	Were you so fidgety or restless that you were moving around a lot more than usual so that other people could have noticed?  NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA5	I8	Were you moving or speaking so slowly that other people could have noticed?  NO.....1 YES.....5	NO.....1 YES.....5
RDCDEP5 DEP3RA2 FGNDEPB5	I9	Were you much less interested in things or less able to enjoy pleasurable activities including sex?  NO.....1 YES.....5	NO.....1 YES.....5

**CURRENT EPISODE  
(PAST MONTH)**

**MOST SEVERE  
EPISODE**

<p>During this current episode... During your most severe episode when you were (CHECK AGE IN I4A/I4E) years old... And you were not drinking heavily/ more than usual or taking drugs at that time?</p> <p>RDCDEPB3 I10 Were you feeling a loss of energy, or more tired than usual? FGNB3 DEP3RA6</p>	<p align="right"><b>DPA_10</b></p> <p>NO.....1 YES.....5</p>	<p align="right"><b>DPB_10</b></p> <p>NO.....1 YES.....5</p>
<p>RDCDEPB6 I11 Were you feeling excessively guilty or that you were a bad person? FGNB6 DEP3RA7</p>	<p align="right"><b>DPA_11</b></p> <p>NO.....1 YES.....5</p>	<p align="right"><b>DPB_11</b></p> <p>NO.....1 YES.....5</p>
<p>DEP3RA7 I12 Were you feeling that you were a failure or worthless?</p>	<p align="right"><b>DPA_12</b></p> <p>NO.....1 YES.....5</p>	<p align="right"><b>DPB_12</b></p> <p>NO.....1 YES.....5</p>
<p>RDCDEP7 I13 Were you having more difficulty than usual thinking, concentrating, or making decisions? FGNB7 DEP3RA8</p>	<p align="right"><b>DPA_13</b></p> <p>NO.....1 YES.....5</p>	<p align="right"><b>DPB_13</b></p> <p>NO.....1 YES.....5</p>
<p>DEP3RA9 I14 Were you frequently thinking about death, or taking your life, or wishing you were dead?</p> <p>A. Did you try to harm yourself?</p>	<p align="right"><b>DPA_14</b></p> <p>NO.....1 YES.....5</p> <p align="right"><b>DPA_14A</b></p> <p>NO.....1 YES.....5</p>	<p align="right"><b>DPB_14</b></p> <p>NO.....1 YES.....5</p> <p align="right"><b>DPB_14A</b></p> <p>NO.....1 YES.....5</p>
<p>I15 <b>INTERVIEWER:</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>DIAGNOSIS IS BASED ON NUMBER AND CLUSTERING OF SYMPTOMS IN MOST SEVERE EPISODE.</p> </div>	<p align="right"><b>DPA_15</b></p> <p>CHECK BOXES IN I5-I14. # OF BOXES _____</p> <p>IF FEWER THAN 3 BOXES CODED 5 IN I5-I14, GO BACK TO I5, COLUMN II AND ASK THE MOST SEVERE EPISODE.</p> <p>IF <u>ONLY 3</u> BOXES CODED 5, SKIP TO I17.</p> <p>IF 4 OR MORE BOXES CODED 5, CONTINUE.</p>	<p align="right"><b>DPB_15</b></p> <p>CHECK BOXES IN I5-I14, # OF BOXES _____</p> <p>IF FEWER THAN 3 BOXES CODED 5 IN I5-I14, CHECK # OF BOXES IN CURRENT EPISODE. IF LESS THAN 3 IN CURRENT SKIP TO J1, P. 59. IF 3 OR MORE, RECONCILE WITH SUBJECT AND RECODE MOST SEVERE AS NECESSARY.</p> <p>IF <u>ONLY 3</u> BOXES CODED 5, SKIP TO I17.</p> <p>IF 4 OR MORE BOXES CODED 5, CONTINUE.</p>

CURRENT EPISODE  
(PAST MONTH)

MOST SEVERE  
EPISODE

CHECK I3.B &.C/I4.C &.D (OR I & J). IF BOTH I3.B &.C/I4.C &.D (OR I & J) CODED 1, ASK I16.B. OTHERS CONTINUE.

I16 A. You told me you (felt depressed/didn't enjoy things) nearly every day, and had some symptoms like (LIST SX CODED 5 IN I5-I14). For how long were at least four of these problems present nearly every day during the time you were (feeling depressed/not enjoying things)?

DPA\_16A \_\_\_ WEEKS

DPB\_16A \_\_\_ WEEKS

SKIP TO I17.

SKIP TO I17.

B. You told me that during this episode you had the following problems (LIST SX CODED 5 IN I5-I14). Did you ever have a period during this episode, when four (or more) of these problems were present nearly every day?

DPA\_16B

DPB\_16B

NO...(SKIP TO I17)...1  
YES.....5

NO...(SKIP TO I17)...1  
YES.....5

C. How long did this period last?

DPA\_16C \_\_\_ WEEKS

DPB\_16C \_\_\_ WEEKS

D. During this \_\_\_ (# FROM C) week period, did you also feel depressed or were you uninterested in most things nearly every day?

DPA\_16D

DPB\_16D

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

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

I17 During this episode did you have beliefs or ideas that you later found out were not true (that were not due to using alcohol/drugs)?

DPA\_17

DPB\_17

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

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

A. Did you see or hear things that other people could not see or hear, that is, have hallucinations?

DPA\_17A

DPB\_17A

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

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

IF ANY 5 IN I17 OR I17A ASK B. OTHERS SKIP TO I19.

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
	I17 B. Did these (beliefs/ideas or hallucinations) occur before your depressed mood?	<b>DPA_17B</b> NO...(SKIP TO D).....1 YES.....5	<b>DPB_17B</b> NO...(SKIP TO D).....1 YES.....5
	C. How long before your depressed mood began did you have these (beliefs/ideas or hallucinations)?	<b>DPA_17C</b> _ _ _ DAYS	<b>DPB_17C</b> _ _ _ DAYS
	D. Did these (beliefs/ideas or hallucinations) persist after your mood came back to normal?	<b>DPA_17D</b> NO...(SKIP TO I18)...1 YES.....5 EPISODE ONGOING.....6  <b>IF ONGOING SKIP TO I18</b>	<b>DPB_17D</b> NO...(SKIP TO I18)...1 YES.....5 EPISODE ONGOING.....6  <b>IF ONGOING SKIP TO I18</b>
DEP3RC	E. How long did they last after your mood came back to normal?	<b>DPA_17E</b> _ _ _ DAYS	<b>DPB_17E</b> _ _ _ DAYS

I18	<b>DID EXAMPLES IN I17 AND I17A HAVE CONTENT THAT WAS ENTIRELY CONSISTENT WITH THEMES OF PERSONAL INADEQUACY, GUILT, POVERTY, PUNISHMENT, ILLNESS, OR CATASTROPHE.</b>	<b>DPA_18</b> NO.....1 YES.....5	<b>DPB_18</b> NO.....1 YES.....5
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	I19 During this episode, did you seek help from a doctor, or other professional?	<b>DPA_19</b> NO...(SKIP TO I23)...1 YES...(SPECIFY).....5 _____	<b>DPB_19</b> NO...(SKIP TO I23)...1 YES...(SPECIFY).....5 _____
	I20 During this episode, were you prescribed medicine for depression?	<b>DPA_20</b> NO.....1 YES...(SPECIFY).....5 _____	<b>DPB_20</b> NO.....1 YES...(SPECIFY).....5 _____
	I21 During this episode, did you receive ECT (Shock treatments)?	<b>DPA_21</b> NO.....1 YES.....5	<b>DPB_21</b> NO.....1 YES.....5
	I22 During this episode, were you hospitalized for depression?	<b>DPA_22</b> NO.....1 YES.....5	<b>DPB_22</b> NO.....1 YES.....5
	A. For how long?	<b>DPA_22A</b> _ _ _ DAYS	<b>DPB_22A</b> _ _ _ DAYS

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
I23 Was your major responsibility during this episode job, home, school, or something else?	<b>DPA_23</b> JOB.....1 HOME.....2 SCHOOL.....3 OTHER:.....4	<b>DPB_23</b> JOB.....1 HOME.....2 SCHOOL.....3 OTHER:.....4
I24 Was your functioning in this role affected?	<b>DPA_24</b> NO...(SKIP TO D).....1 YES.....5	<b>DPB_24</b> NO...(SKIP TO D).....1 YES.....5
A. Did something happen as a result of poor functioning?	<b>DPA_24A</b> NO.....1 YES...(SPECIFY).....5	<b>DPB_24A</b> NO.....1 YES...(SPECIFY).....5
B. Did anyone notice this? (If no one was around, could someone have noticed this)?	<b>DPA_24B</b> NO.....1 YES.....5	<b>DPB_24B</b> NO.....1 YES.....5
C. Were you completely unable to function in this role for at least 2 days?	<b>DPA_24C</b> NO.....1 YES.....5	<b>DPB_24C</b> NO.....1 YES.....5
D. Was your functioning in any other area of your life affected? (MINOR ROLE DYSFUNCTION)	<b>DPA_24D</b> NO.....1 YES...(SPECIFY).....5	<b>DPB_24D</b> NO.....1 YES...(SPECIFY).....5

	<b>DPA_25</b>	<b>DPB_25</b>
I25	<b>INCAPACITATED.....5</b> <b>IMPAIRED.....4</b> <b>NEITHER.....1</b>	<b>INCAPACITATED.....5</b> <b>IMPAIRED.....4</b> <b>NEITHER.....1</b>
	<p><b>INCAPACITATION -- COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2 DAYS OR MORE (I24C=5), OR HOSPITALIZED 2 DAYS OR MORE (I22A=2 OR MORE), OR ECT (I21=5), OR PSYCHOTIC SYMPTOMS (I17 OR I17A=5).</b></p> <p><b>IMPAIRMENT -- A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE. (I24C=1, AND I24B=5).</b></p>	

	<b>DPA_26</b>	<b>DPB_26</b>
DSM3RB1 I26 Did this episode occur during or shortly after a serious physical illness?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE	
DSM3RB1	I27	<p><b>IF MALE OR NEVER PREGNANT, SKIP TO I28.</b></p> <p>Did this episode occur around the time of child birth?</p> <p>A. Date of childbirth:</p>	<p><b>DPA_27</b></p> <p>NO...(SKIP TO I28)...1 YES.....5</p> <p><b>DPA_27MO DPA_27DY</b></p> <p>___/___ ___/___ ___/___ MO DAY YR</p> <p><b>DPA_27YR</b></p>	<p><b>DPB_27</b></p> <p>NO...(SKIP TO I28)...1 YES.....5</p> <p><b>DPB_27MO DPB_27DY</b></p> <p>___/___ ___/___ ___/___ MO DAY YR</p> <p><b>DPB_27YR</b></p>
DSM3RB2	I28	<p>Did this episode follow the death of someone close to you? (ASK WHO THIS WAS AND WHEN S/HE DIED)</p>	<p><b>DPA_28</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPA_28RL</b> _____ RELATIONSHIP</p> <p><b>DPA_28MO DPA_28YR</b></p> <p>___/___ ___/___ MO YR</p>	<p><b>DPB_28</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPB_28RL</b> _____ RELATIONSHIP</p> <p><b>DPB_28MO DPB_28YR</b></p> <p>___/___ ___/___ MO YR</p>
DSM3RB1	I29	<p>Did this episode begin following the use of prescription medicines such as tranquilizers, heart medicines, or steroids?</p>	<p><b>DPA_29</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPA_29_1</b> 1. _____</p> <p><b>DPA_29_2</b> 2. _____</p>	<p><b>DPB_29</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPB_29_1</b> 1. _____</p> <p><b>DPB_29-2</b> 2. _____</p>
DSM3RB1	I30	<p>Did this episode follow the use of any street drugs?</p>	<p><b>DPA_30</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPA_30_1</b> 1. _____</p> <p><b>DPA_30_2</b> 2. _____</p>	<p><b>DPB_30</b></p> <p>NO.....1 YES...(SPECIFY).....5</p> <p><b>DPB_30_1</b> 1. _____</p> <p><b>DPB_30_2</b> 2. _____</p>
DSM3RB1	I31	<p>Did this episode follow increased or excessive use of alcohol?</p> <p>A. How many days per week did you drink?</p> <p>B. How many drinks per day did you drink?</p>	<p><b>DPA_31</b></p> <p>NO.....1 YES.....5</p> <p><b>DPA_31A</b> ___ DAYS</p> <p><b>DPA_31B</b> ___ DRINKS</p>	<p><b>DPB_31</b></p> <p>NO....(SKIP TO I32)..1 YES.....5</p> <p><b>DPB_31A</b> ___ DAYS</p> <p><b>DPB_31B</b> ___ DRINKS</p>

GO BACK TO I5 AND  
 ASK ABOUT MOST  
 SEVERE EPISODE.

CLEAN I32 Did you have at least one other episode when you were depressed for at least one week that was not preceded by a medical illness, use of medication, drugs, alcohol, or the loss of a loved one? DP32  
NO...(SKIP TO I33)...1  
YES.....5

A. When did this episode occur? \_\_\_/\_\_\_  
MO YR

B. During this time when you were depressed, did you also have: DP32\_MO DP32\_YR

**CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:**

1. \_\_\_ An appetite or weight change DP32B\_1
2. \_\_\_ Any sleep difficulty DP32B\_2
3. \_\_\_ Any increase or decrease in activity DP32B\_3
4. \_\_\_ Any tiredness or loss of energy DP32B\_4
5. \_\_\_ Any loss of interest in pleasurable activities DP32B\_5
6. \_\_\_ A loss of self esteem or feelings of guilt DP32B\_6
7. \_\_\_ Decreased concentration DP32B\_7
8. \_\_\_ Thoughts of death or suicide DP32B\_8

**IF FOUR OR MORE PRESENT ASK:**

C. For how long were at least four of these problems present nearly every day during the time you were feeling depressed? DP32C \_\_\_ WEEKS

D. Was there a difference in the way you managed your work, school, or household responsibilities? DP32D  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

E. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? DP32E  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

F. How many episodes of depression lasting a week or more like this (CLEAN) have you had? DP32F \_\_\_ NUMBER

DIRTY I33 Did you have at least one other severe episode when you were depressed for at least one week that was preceded by a medical illness, or loss of a loved one, or that occurred at a time when you were using medication, drugs or alcohol? DP33  
NO...(SKIP TO I34)...1  
YES.....5

DP33\_MO DP33\_YR

A. When did this episode occur? \_\_\_/\_\_\_  
MO YR

B. During this episode did you have:  
**CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:**

- 1. \_\_\_ An appetite or weight change DP33B\_1
- 2. \_\_\_ Any sleep difficulty DP33B\_2
- 3. \_\_\_ Any increase or decrease in activity DP33B\_3
- 4. \_\_\_ Any tiredness or loss of energy DP33B\_4
- 5. \_\_\_ Any loss of interest in pleasurable activities DP33B\_5
- 6. \_\_\_ A loss of self esteem or feelings of guilt DP33B\_6
- 7. \_\_\_ Decreased concentration DP33B\_7
- 8. \_\_\_ Thoughts of death or suicide DP33B\_8

**IF FOUR OR MORE PRESENT ASK:**

C. For how long were at least four of these problems present nearly every day during the time you were feeling depressed? DP33C \_\_\_ WEEKS

D. Was there a difference in the way you managed your work, school, or household responsibilities? DP33D  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

E. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? DP33E  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

F. How many episodes like this lasting a week or more have you had that were preceded by a medical illness, or loss of a loved one, or that occurred at a time when you were taking medication, drugs or alcohol? DP33F \_\_\_ NUMBER

I34 How old were you the first/last time you had an episode of depression lasting a week or more? DP\_AO34 AGE ONS: \_\_\_/\_\_\_  
DP\_O34 ONS: 1 2 3 4 5  
DP\_AR34 AGE REC: \_\_\_/\_\_\_  
DP\_R34 REC: 1 2 3 4 5

**CHECK I20, and I21. IF EITHER CODED 5, CODE I35 YES SILENTLY. OTHERS ASK:**

I35 Were you ever treated for depression with medication or ECT? DP35  
NO...(SKIP TO J1).....1  
YES.....5

A. Did you ever feel high or were you overactive following treatment for depression? DP35A  
NO.....1  
YES.....5



INTERVIEWER: CHECK I15. IF 3 OR MORE BOXES SCORED IN EITHER COLUMN,  
READ THE FOLLOWING INTRODUCTION. OTHERS GO DIRECTLY TO J1.

Earlier we talked about episodes of depression that were severe. Some people have less severe periods of depression that go on for years at a time.

DYS3RA	J1	Have you ever had a period of two years or more when you felt sad, down, or blue most of the day, more days than not?	NO..(SKIP TO K1, P.61).1 YES.....5
	A.	How old were you when this period began?	<b>DY_AO1</b> AGE ONS: ___/___ <b>DY_O1</b> ONS: 1 2 3 4 5
	B.	How old were you when this period ended?	<b>DY_AR1</b> AGE REC: ___/___ <b>DY_R1</b> REC: 1 2 3 4 5

DYS3RD	J2	Did you have a severe episode of depression either during the first two years of this period or in the 6 months just before this 2 year period began?	NO....(SKIP TO J3).....1 YES.....5
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DYS3RA	A.	Did you have another 2 year period when you were sad, down, or blue most of the days more days than not?	NO..(SKIP TO K1, P.61).1 YES.....5
	B.	How old were you when this period began?	<b>DY_AO2</b> AGE ONS: ___/___ <b>DY_O2</b> ONS: 1 2 3 4 5
	C.	How old were you when this period ended?	<b>DY_AR2</b> AGE REC: ___/___ <b>DY_R2</b> REC: 1 2 3 4 5

DYS3RG	J3	Just before and during this episode, was there a change in your use of street drugs, alcohol or prescription medications, or did you have a serious physical illness?	NO...(SKIP TO J4).....1 YES..(SPECIFY).....5
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**DY3\_1** CODE \_\_\_ \_ \_

DYS3RA DYS3RG	A.	Did you have another 2 year period when you were sad, down, or blue most of the day more days than not when you had <u>not</u> changed your use of street drugs, alcohol, or prescription medications, or when you did not have a serious physical illness?	NO...(SKIP TO J4).....1 YES.....5
	B.	How old were you when this period began?	<b>DY_AO3</b> AGE ONS: ___/___ <b>DY_O3</b> ONS: 1 2 3 4 5
	C.	How old were you when this period ended?	<b>DY_AR3</b> AGE REC: ___/___ <b>DY_R3</b> REC: 1 2 3 4 5

			<u>NO</u>	<u>YES</u>	
J4	During that time did you:				
DYS3RB1	A. overeat or have a poor appetite?	1	5		DY4A
DYS3RB2	B. have trouble sleeping or sleep too much?	1	5		DY4B
DYS3RB3	C. feel tired easily?	1	5		DY4C
DYS3RB4	D. feel inadequate or worthless?	1	5		DY4D
DYS3RB5	E. find it hard to concentrate or make decisions?	1	5		DY4E
DYS3RB6	F. feel hopeless?	1	5		DY4F

\*\*\*\*\*  
 \* IF FEWER THAN 2 CODED 5 IN J4 A-F, \*  
 \* SKIP TO K1, P.61. OTHERS CONTINUE. \*  
 \*\*\*\*\*

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DYS23RC	J5	During that period, did you ever have more than 2 months in a row when your mood was back to normal -- that is, 2 months when you were <u>not</u> sad, blue, or down?			<b>DY5</b>
			NO.....	5	
			YES.....	1	

---

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

FGNMANA K1A Did you ever have a period when you felt NO.....1  
 RDCMANA extremely hyper, high or manic most of the ALC/DRUGS ONLY.....3  
 MAN3RA1 time, clearly different from your normal YES..(SKIP TO K1C)...5  
 self?

MN1A

FGNMANA K1B Did you ever have a period (other than when NO.....1  
 RDCMANA you were depressed/withdrawing from drugs) ALC/DRUGS ONLY.....3  
 MAN3RA2 when you felt unusually irritable most of YES.....5  
 the time, clearly different from your  
 normal self, so that you would shout at  
 people or start fights or arguments?

MN1B

K1C **IF YES (5) TO ANY OF THE ABOVE, ASK:**  
 Did this last persistently throughout the NO.....1  
 day or intermittently for two days or more? YES.....5

MN1C

---

K1D **DOES R DENY MOOD (K1A AND K1B BOTH CODED 1 or 3)?** NO.....1  
 YES.....5

---

MN1D

K1E Did you ever have a period when you were  
 not drinking/using drugs when you were:  
 (During this period were you:)

	<u>NO</u>	<u>YES</u>	
1. much more active?	1	5	MN1E_1
2. much more talkative?	1	5	MN1E_2
3. talking fast/thoughts raced?	1	5	MN1E_3
4. feeling very special, gifted with special powers?	1	5	MN1E_4
5. <u>needing</u> less sleep?	1	5	MN1E_5
6. easily distracted?	1	5	MN1E_6
7. doing reckless or foolish things (spending sprees, reckless driving, affairs)?	1	5	MN1E_7

**IF YES TO ANY IN K1E 1-7, ASK 8.**

8. Did this last for more than a few NO..(SKIP TO K31)....1  
 hours? YES.....5

MN1E\_8

IF 2 OR MORE 5'S 1-7 IN K1E  
 CONTINUE. OTHERS SKIP TO K31, P.69.

RDCMAND  
MAN3RA

K2 **READ OPTIONAL PHRASE IF K1D CODED 5.**  
Have you been feeling extremely good,  
high, or irritable during the past 30 days?  
[Have you had problems like the one(s) you  
mentioned (REVIEW SX IN K1E) during the  
past 30 days?]

**MN2**  
NO...(SKIP TO K3)....1  
YES.....5

A. How long have you felt this way? **MN2A** \_\_\_ \_\_ DAYS

B. Were you using street drugs or drinking  
more than usual just before this began? **MN2B**  
NO.....1  
YES...(SPECIFY).....5

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

---

**READ OPTIONAL PHRASE IF K1D CODED 5.**

K3 Think about your most severe period of  
feeling extremely good, high, or irritable.  
[Think about your most severe period of  
having problems like (REVIEW SX IN K1E)]

**MN3\_MO MN3\_YR**  
\_\_\_/\_\_\_ \_\_\_/\_\_\_  
MO YR

When did it begin?

A. So you were \_\_\_ years old? **MN\_AO3** AGE ONS:\_\_\_/\_\_\_

B. How long did that period last? **MN3B** \_\_\_ \_\_ \_\_ DAYS

C. Were you drinking more than usual  
(APPROXIMATELY 50% INCREASE IN  
DRINKING) or using street drugs just  
before this began? **MN3C**  
NO....(SKIP TO K3H)....1  
YES...(SPECIFY).....5

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

D. Was there another episode like this  
that did not follow the use of street  
drugs or excessive drinking? **MN3D**  
NO...(SKIP TO K3H)....1  
YES.....5

E. When did this episode occur? **MN3E\_MO MN3E\_YR**  
\_\_\_/\_\_\_ \_\_\_/\_\_\_  
MO YR

F. So you were \_\_\_ years old? **MNF\_AO3** AGE ONS: \_\_\_/\_\_\_

G. How long did it last? **MN3G** \_\_\_ \_\_ \_\_ DAYS

**K3 H. IS MOST SEVERE EPISODE CLEAN?**

**MN3H**

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

**I. IS CURRENT EPISODE ALSO MOST SEVERE?**

**MN3I**

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

**IF MANIC EPISODE PRESENT IN LAST 30 DAYS, COMPLETE CURRENT EPISODE FIRST. THEN ASK ABOUT MOST SEVERE "CLEAN" EPISODE. IF NO "CLEAN" EPISODE, ASK ABOUT MOST SEVERE. IF CURRENT EPISODE IS ALSO MOST SEVERE (AND CLEAN), CODE IN MOST SEVERE COLUMN.**

			<b>CURRENT EPISODE (PAST MONTH)</b>	<b>MOST SEVERE EPISODE</b>
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			<b>MNA_4</b>	<b>MNB_4</b>
MAN3RB6 K4 Were you more active than usual either socially, at work, at home, sexually, or were you physically restless?			NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
FGNMANB1				
RDCMANB1				
MAN3RB3 K5 Were you more talkative than usual or did you feel pressure to keep talking?			<b>MNA_5</b>	<b>MNB_5</b>
FGNMANB2			NO.....1 YES.....5	NO.....1 YES.....5
RDCMANB2				
MAN3RB4 K6 Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?			<b>MNA_6</b>	<b>MNB_6</b>
FGNMANB3			NO.....1 YES.....5	NO.....1 YES.....5
RDCMANB3				
MAN3RB1 K7 Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?			<b>MNA_7</b>	<b>MNB_7</b>
FGNMANB4			NO.....1 YES.....5	NO.....1 YES.....5
RDCMANB4				
MAN3RB2 K8 Did you need less sleep than usual?			<b>MNA_8</b>	<b>MNB_8</b>
FGNMANB5			NO...(SKIP TO K9)....1 YES.....5	NO...(SKIP TO K9)....1 YES.....5
RDCMANB5				
A. How many hours of sleep did you get per night?			<b>MNA_8A</b> ___ HOURS	<b>MNB_8A</b> ___ HOURS
B. How many hours do you usually get per night?			<b>MNA_8B</b> ___ HOURS	<b>MNB_8B</b> ___ HOURS

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
MAN3RB5	K9		
FGNMANB6		<b>MNA_9</b>	<b>MNB_9</b>
RDCMANB6		NO.....1	NO.....1
	Did your attention keep jumping from one thing to another?	YES.....5	YES.....5
MAN3RB7	K10		
RDCMANB7		<b>MNA_10</b>	<b>MNB_10</b>
DSMMANB7		NO.....1	NO.....1
	Did you do anything that could have gotten you into trouble--like spending sprees, foolish business investments, reckless driving or sexual indiscretions?	YES...(SPECIFY).....5	YES...(SPECIFY).....5
		_____	_____
		_____	_____
	<b>K11 INTERVIEWER:</b>	<b>MNA_11</b>	<b>MNB_11</b>
		<b>CHECK BOXES IN K4-K10. # OF BOXES _____</b>	<b>CHECK BOXES IN K4-K10, # OF BOXES _____</b>
		<b>IF 1 OR FEWER BOXES CODED 5 IN K4-K10, GO BACK TO K4, COLUMN II AND ASK THE MOST SEVERE EPISODE.</b>	<b>IF 2 OR MORE BOXES CODED 5 IN K4-K10, CONTINUE. IF "CURRENT" EPISODE HAS MORE SYMPTOMS THAN "MOST SEVERE", RECONCILE.</b>
		<b>IF 2 OR MORE BOXES CODED 5, CONTINUE.</b>	<b>OTHERS SKIP TO K31, P.69.</b>
MAN3RA1	<b>CHECK BOX K1D. IF YES ASK:</b> K12		
	You told me you experienced the following problems over __ __ days (REFER TO K2, K3, P.62: LIST SX CODED IN K4-K10). At the time you were having these problems, were you also feeling extremely good, high, hyper, manic, or irritable or angry?	<b>MNA_12</b>	<b>MNB_12</b>
		NO.....1	NO...(SKIP TO K31)...1
		YES.....5	YES.....5
		<b>IF CODED 1, GO BACK TO K4 AND ASK MOST SEVERE EPISODE.</b>	
RDCMANC1	K13		
MAN3RD		<b>MNA_13</b>	<b>MNB_13</b>
	Were you so excited that it was almost impossible to hold a conversation with you?	NO.....1	NO.....1
		YES.....5	YES.....5
	A. Would you say your behavior was provo- cative, obnoxious, or manipulative enough to cause problems for your family, friends or co-workers?	<b>MNA_13A</b>	<b>MNB_13A</b>
		NO.....1	NO.....1
		YES...(SPECIFY).....5	YES...(SPECIFY).....5
		_____	_____
		_____	_____

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
MAN3RD	K14 Did you have beliefs or ideas that you later found out were not true?	<b>MNA_14</b> NO....(SKIP TO A)....1 YES...(SPECIFY).....5	<b>MNB_14</b> NO....(SKIP TO A)....1 YES...(SPECIFY).....5
	A. Did you see or hear things other people could not see or hear, that is, have hallucinations?	<b>MNA_14A</b> NO.....1 YES...(SPECIFY).....5	<b>MNB_14A</b> NO.....1 YES...(SPECIFY).....5
IF ANY 5 IN K14 OR K14A ASK B. OTHERS SKIP TO K15.			
	B. Did these (beliefs/ ideas or hallucina- tions) occur before your manic mood?	<b>MNA_14B</b> NO...(SKIP TO D)....1 YES.....5	<b>MNB_14B</b> NO...(SKIP TO D)....1 YES.....5
MAN3RD	C. How long before your manic mood began did you have these (beliefs/ideas or hallucinations)?	<b>MNA_14C</b> _ _ _ DAYS	<b>MNB_14C</b> _ _ _ DAYS
	D. Did these (beliefs/ ideas or hallucina- tions) persist after your mood came back to normal?	<b>MNA_14D</b> NO...(SKIP TO K14F)..1 YES.....5 EPISODE ONGOING.....6  IF ONGOING SKIP TO K14F.	<b>MNB_14D</b> NO...(SKIP TO K14F)..1 YES.....5 EPISODE ONGOING.....6  IF ONGOING SKIP TO K14F.
MAN3RD	E. How long did they last after your mood came back to normal?	<b>MNA_14E</b> _ _ _ DAYS	<b>MNB_14E</b> _ _ _ DAYS
K14F	DID EXAMPLES IN K14 OR K14A HAVE CONTENT CONSIS- TENT WITH THEMES OF INFLA- TED WORTH, POWER, KNOW- LEDGE, IDENTITY, OR WITH A SPECIAL RELATIONSHIP TO A DEITY OR FAMOUS PERSON?	<b>MNA_14F</b> NO.....1 YES.....5	<b>MNB_14F</b> NO.....1 YES.....5

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
K15	Did you seek help from someone like a doctor, or other professional?	<b>MNA_15</b> NO...(SKIP TO K19)...1 YES...(SPECIFY).....5 _____	<b>MNB_15</b> NO...(SKIP TO K19)...1 YES...(SPECIFY).....5 _____
K16	Did you receive medication?	<b>MNA_16</b> NO.....1 YES...(SPECIFY).....5 1. _____ 2. _____	<b>MNB_16</b> NO.....1 YES...(SPECIFY).....5 1. _____ 2. _____
K17	Did you receive ECT?	<b>MNA_17</b> NO.....1 YES.....5	<b>MNB_17</b> NO.....1 YES.....5
MAN3RC	K18 Were you hospitalized for mania?  A. For how long?	<b>MNA_18</b> NO.....1 YES.....5  <b>MNA_18A</b> _ _ _ DAYS	<b>MNB_18</b> NO.....1 YES.....5  <b>MNB_18A</b> _ _ _ DAYS
K19	Was your major responsibility at that time job, home, school or something else?	<b>MNA_19</b> JOB.....1 HOME.....2 SCHOOL.....3 OTHER...(SPECIFY)...4 _____ _____	<b>MNB_19</b> JOB.....1 HOME.....2 SCHOOL.....3 OTHER...(SPECIFY)...4 _____ _____
K20	Was your functioning in this role affected?	<b>MNA_20</b> NO...(SKIP TO K21)...1 YES..(ASK K20A).....5	<b>MNB_20</b> NO...(SKIP TO K21)...1 YES..(ASK K20A).....5
MAN3RC	A. Did something happen as a result of this change in functioning?	<b>MNA_20A</b> NO.....1 YES..(SPECIFY).....5 _____ _____	<b>MNB_20A</b> NO.....1 YES..(SPECIFY).....5 _____ _____
MAN3RC	B. Were you completely unable to function in this role for at least 2 days?	<b>MNA_20B</b> NO.....1 YES.....5	<b>MNB_20B</b> NO.....1 YES.....5
MAN3RC	K21 Was your functioning in any other area of your life affected, or did you get into trouble in any way?	<b>MNA_21</b> NO.....1 YES...(SPECIFY).....5 _____ _____	<b>MNB_21</b> NO.....1 YES...(SPECIFY).....5 _____ _____



	MNA_22	MNB_22
K22	<p>INCAPACITATION -- COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR AT LEAST 2 DAYS, OR HOSPITALIZED 2 DAYS OR MORE, OR ECT (K17=5), OR DELUSIONS, OR HALLUCINATIONS PRESENT (K14 OR K14A=5), OR INABILITY TO CARRY ON A CONVERSATION (K13=5).</p> <p>IMPAIRMENT -- A DECREASE, IN QUALITY OF ROLE (K20B=1 AND K20A=5), OR SOUGHT HELP (K15=5).</p> <p>IMPROVEMENT -- IMPROVEMENT IN FUNCTION, CHECK EXAMPLE IN K20A.</p>	<p>INCAPACITATION.....5 IMPAIRMENT.....4 IMPROVEMENT.....3 NONE.....1</p> <p>INCAPACITATION.....5 IMPAIRMENT.....4 IMPROVEMENT.....3 NONE.....1</p>

		MNA_23	MNB_23
MAN3RF	K23	Did this episode occur during or shortly after a serious physical illness?	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____</p> <p>2. _____</p>
MAN3RF	K24	Did this episode begin soon after you started using decongestants, steroids, or some other medications?	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____</p> <p>2. _____</p>
MAN3RF	K25	Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____</p> <p>2. _____</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>GO BACK TO K4 AND ASK ABOUT MOST SEVERE EPISODE.</p> </div>

CLEAN K26 Did you have at least one other episode when you felt extremely high or manic, clearly different from your normal self when it was not preceded by a medical illness, use of medication, drugs, or alcohol? MN26  
NO...(SKIP TO K27)...1  
YES.....5

MN26\_MO MN26\_YR

A. When did this episode occur? \_/\_/\_  
MO YR

B. During this episode, did you have any of the following problems?

**CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:**

- 1. \_\_\_ Being more active than usual MN26B\_1
- 2. \_\_\_ Being more talkative than usual MN26B\_2
- 3. \_\_\_ Having your thoughts race or talking too fast MN26B\_3
- 4. \_\_\_ Feeling you were an especially important person MN26B\_4
- 5. \_\_\_ Needing less sleep than usual MN26B\_5
- 6. \_\_\_ Being easily distracted MN26B\_6
- 7. \_\_\_ Having spending sprees or sexual indiscretions MN26B\_7

C. Was there a difference in the way you managed your work, school, or household responsibilities? MN26C  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

D. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? MN26D  
NO.....1  
YES...(SPECIFY).....5

\_\_\_\_\_

\_\_\_\_\_

K27 How old were you the first/last time you had an episode like this? MN\_AO27 AGE ONS: \_/\_/\_  
MN\_O27 ONS: 1 2 3 4 5  
MN\_AR27 AGE REC: \_/\_/\_  
MN\_R27 REC: 1 2 3 4 5

K28 How many episodes have you had? MN\_28 \_\_\_ \_\_\_ \_\_\_ NUMBER

K29 **MIXED AFFECTIVE STATES:** Have you ever felt hyper or energetic when your mood was bad or depressed? MN\_29  
NO...(SKIP TO K30).....1  
YES.....5

A. How many separate episodes like this have you had? MN\_29A \_\_\_ \_\_\_ \_\_\_ NUMBER

K30 Have you ever switched back and forth quickly between feeling high and feeling depressed? MN30  
NO..(SKIP TO L1, P.70)..1  
YES.....5

A. Did that happen every few hours, every few days, or every few weeks? MN30A CIRCLE  
HOURS...2  
DAYS....3  
WEEKS...4

B. Did you ever have 4 or more episodes within a 12 month period? MN30B  
NO.....1  
YES.....5

IF K28 MORE THAN 000, SKIP TO L1, P.70. OTHERS CONTINUE.

K31 I have already asked you about periods of extremely high moods clearly different from your normal self. Now I'd like to ask if you have ever had periods lasting even a day or two when you felt unusually cheerful, energetic, hyper, or irritable? MN31  
NO.(SKIP TO L1, P.70)..1  
ALC/DRUGS ONLY.....3  
YES..(ASK EXAMPLE).....5

EXAMPLE: \_\_\_\_\_  
\_\_\_\_\_

IF K31 CODED 3, SKIP TO L1, P.70.

DO NOT INCLUDE PERIODS FOLLOWING PERSONAL SUCCESSES, MARRIAGES, ENGAGEMENTS, REBOUNDS FROM DEPRESSION TO NORMAL MOOD.

IF YES: During this period were you:

	<u>NO</u>	<u>YES</u>	
1. much more active than usual?	1	5	MN31_1
2. much more talkative than usual?	1	5	MN31_2
3. experiencing racing thoughts?	1	5	MN31_3
4. feeling you were a very important person or had special powers, or talents?	1	5	MN31_4
5. <u>needing</u> less sleep than usual?	1	5	MN31_5
6. distractible because your attention kept jumping from one thing to another?	1	5	MN31_6
7. doing anything that could have gotten you into trouble, like buying things, sexual indiscretions?	1	5	MN31_7

K32 How many spells like this have you had? MN32 \_\_\_ NUMBER

K33 How old were you when you had the first/last such spell? MN\_AO33 AGE ONS: \_\_\_/\_\_\_  
MN\_O33 ONS: 1 2 3 4 5  
MN\_AR33 AGE REC: \_\_\_/\_\_\_  
MN\_R33 REC: 1 2 3 4 5

BEFORE CODING QS. L1-L12, ASK FOR EXAMPLES.

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

Auditory hallucinations, when fully awake, word heard inside or outside the head.

L1 Did you ever hear things that other people couldn't hear, such as noises, or the voices of people whispering or talking when you were completely awake? NO.....1 YES.....5

PS1

A. What did you hear?

EXAMPLES:

More than 2 words heard more than twice - w/no relation to expression or elation.

B. How often did you hear it? PS1B \_\_\_ NUMBER

C. Did it comment on what you were doing or thinking? NO.....1 YES.....5

PS1C

D. How many voices did you hear? PS1D \_\_\_ NUMBER

E. Were they talking to each other? No/Yes

CODE: 1 2 3 4 5

PS1E

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

L2 Did you ever have visions or see things that other people couldn't see when you were completely awake?

CODE: 1 2 3 4 5

PS2

NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS.

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

IF NO 5'S CODED IN L1 AND L2, SKIP TO L5.

L3 What about strange sensations in your body or on your skin?

CODE: 1 2 3 4 5

PS3

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

L4 What about smelling things that other people couldn't smell?

CODE: 1 2 3 4 5

PS4

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

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L5 Did you ever receive special messages from the TV, radio, or newspaper, or from the way things were arranged around you?

CODE: 1 2 3 4 5

PS5

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

---

Delusions of reference: Personal significance is falsely attributed to objects or events in the environment.

L6 Did it ever seem that people were talking about you or taking special notice of you?

CODE: 1 2 3 4 5

PS6

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

---

Grandiose delusions: Content involves exaggerated power, knowledge or importance.

L7 Did you ever feel that you were especially important in some way, or that you had powers to do things that other people couldn't do?

CODE: 1 2 3 4 5

PS7

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

---

Somatic delusions: Content involves change or disturbance in body functioning.

L8 Did you ever feel that parts of your body had changed or stopped working? (What did your doctor say?)

CODE: 1 2 3 4 5

PS8

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

---

Persecutory delusions: individual or his/her group is being attacked, harassed, cheated, persecuted, or conspired against.

L9 What about anyone going out of the way to give you a hard time, or trying to hurt you?

CODE: 1 2 3 4 5

PS9

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

---

Other delusions: Guilt, jealousy, nihilism, poverty.

L10

Did you ever feel that you had committed a crime or done something terrible for which you should be punished?

CODE: 1 2 3 4 5

PS10

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

| IF NO 5'S IN L5-L10, SKIP TO L13. |

Delusions of being controlled: outside force controlling feelings, impulses, thoughts.

L11

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will?

CODE: 1 2 3 4 5

PS11

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

Thought insertion.

A. Did you ever feel that certain thoughts that were not your own were put into your head?

CODE: 1 2 3 4 5

PS11A

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

Thought withdrawal.

B. What about taken out of your head?

CODE: 1 2 3 4 5

PS11B

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

Thought broadcast-ing: The delusion that one's thoughts are audible to others.

L12

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking?

CODE: 1 2 3 4 5

PS12

EXAMPLES:

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

**IF ANY 5'S IN L1-L12, ASK L13.  
 OTHERS SKIP TO M1, P. 74**

Systema-tized delusions: A single delusion with multiple elaborations or a group of delusions related to a single event theme.

L13 You told me you experienced (REVIEW 5'S CODED IN L1-L12). Are all of these thoughts related to each other in some way? PS13  
 NO.....1  
 YES..(ASK EXAMPLES)...5

EXAMPLES:

A. What is your understanding of why you (CONTENT IN L1-L12)?

EXAMPLES:

Bizarre delusions: Involving a phenomenon that R's subculture would regard as totally implausible.

**IF NO 5'S CODED IN L1-L13, SKIP TO M1, P.74.  
 OTHERS CONTINUE.**

L14 Was there ever a time when (LIST EXPERIENCES CODED 3, 4, OR 5 IN Q. L1-L12) lasted 6 months or longer? PS14  
 NO.....1  
 YES.....5

A. Did this/any of these experience(s) cause you to miss work or school, or affect your ability to function at home? PS14A  
 NO.....1  
 YES.....5

L15 How old were you the first/last time you had any of these experiences? PS\_AO15 AGE ONS: \_\_\_/\_\_\_  
 PS\_O15 ONS: 1 2 3 4 5  
 PS\_AR15 AGE REC: \_\_\_/\_\_\_  
 PS\_R15 REC: 1 2 3 4 5

**CHECK I1, I2 (P.49) AND K1A, K1B (P.61).  
 IF ANY CODED 5, ASK L16. OTHERS SKIP TO L17.**

L16 Were the episodes of feeling (depressed/high/irritable) ever present at the same time you were having these beliefs/experiences? PS16  
 NO.....1  
 YES.....5

INTERVIEWER: PLEASE COMPLETE BASED ON OBSERVATIONS OF SUBJECT'S PRESENT STATE:

		<u>NO</u>	<u>YES</u>	
L17	A. CATATONIC BEHAVIOR	1	5	PS17A
	B. FLAT AFFECT	1	5	PS17B
	C. GROSSLY INAPPROPRIATE AFFECT	1	5	PS17C
	D. INCOHERENCE	1	5	PS17D
	E. MARKED LOOSENING OF ASSOCIATION	1	5	PS17E
	F. EMOTIONAL TURMOIL	1	5	PS17F





		<b>AS4</b>
M4	Throughout your life have you told a lot of lies or have you ever used a false name or alias?	NO.....(SKIP TO M5).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
	A. Why did you tell a lot of lies or use an alias?	
	_____	
	B. How old were you when you first told a lot of lies or used an alias?	
ASP3RB10	B1. UNRELATED TO ALC/DRUGS	<b>AS1_AO4</b> AGE ONS: ___/___ *
FGNASPI	B2. IN CONTEXT OF ALC/DRUGS	<b>AS2_AO4</b> AGE ONS A/D: ___/___
ASP3RC6		
ICDCNA1		
ASP3RC6	C. How old were you the last time?	<b>AS_AR4</b> AGE REC: ___/___ <b>AS_R4</b> REC: 1 2 3 4 5
<hr/>		
		<b>AS5</b>
M5	Did you more than once steal money or things from your home or family?	NO.....(SKIP TO B).....1 YES.....5
ASP3RB11	A. How old were you the first/last time?	<b>ASA_AO5</b> AGE ONS: ___/___ * <b>ASA_AR5</b> AGE REC: ___/___
ICDDSA2		
ICDCNA9		
CND3RA1		
	B. Did you more than once steal or shoplift from stores or from other people (without their knowing it)? (NON CONFRONTATIONAL)	<b>AS5B</b>
		NO.....(SKIP TO D).....1 YES.....5
ASP3RB11	C. How old were you the first/last time?	<b>ASC_AO5</b> AGE ONS: ___/___ * <b>ASC_AR5</b> AGE REC: ___/___
ICDDSA2		
CND3RA1		
ICDCNA10		
	D. Did you more than once forge anyone's signature on a check or credit card?	<b>AS5D</b>
		NO.(SKIP TO INSTRUCTION).1 YES.....5
ASP3RB11	E. How old were you the first/last time?	<b>ASE_AO5</b> AGE ONS: ___/___ * <b>ASE_AR5</b> AGE REC: ___/___
ICDDSA2		
CND3RA1		
	<b>IF M5, M5B AND M5D ARE ALL CODED 1, SKIP TO M6. OTHERS ASK F.</b>	
ASP3RC2	F. Since your 15th birthday, have you stolen things (or forged a signature) 3 or more times?	<b>AS5F</b>
ICDDSA2		NO.....1 YES.....5

			<b>AS6</b>
	M6	Have you ever damaged someone's property on purpose?	NO....(SKIP TO M7).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RB8	A.	How old were you when you first did this? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	<b>AS1_AO6</b> AGE ONS: ___/___* <b>AS2_AO6</b> AGE ONS A/D: ___/___
		<b>IF A IS LESS THAN 15 ASK B. OTHERS SKIP TO D.</b>	
ICDCNA7	B.	Did you more than once damage someone's property before you turned 15?	<b>AS6B</b> NO.....1 YES.....5
ASP3RC2 ICDDSA2	C.	Since your 15th birthday, have you damaged someone else's property on purpose?	<b>AS6C</b> NO....(SKIP TO M7).....1 YES.....5
	D.	Have you done this 3 or more times since your 15th birthday?	<b>AS6D</b> NO.....1 YES.....5
<hr/>			
ASP3RB3	M7	Did you <u>start</u> physical fights with persons <u>other than</u> your brothers or sisters 3 or more times?	<b>AS7</b> NO....(ASK B).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RC3 FGNASPF ICDCNA2	A.	At what age did you first start fights? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	<b>ASA1_AO7</b> AGE ONS: ___/___* <b>AS2_AO7</b> AGE ONS A/D ___/___
ASP3RC3 ICDDSA4	B.	(Even though you didn't start fights,) Since your 15th birthday, did you get into physical fights (other than in combat or as part of your job)? B1. UNRELATED TO ALC/DRUGS B2. IN CONTEXT OF ALC/DRUGS	<b>AS7B</b> NO....(SKIP TO M8).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6 <b>ASB1_AO7</b> AGE ONS: ___/___ <b>ASB2_AO7</b> AGE ONS A/D ___/___
	C.	Did this happen 3 or more times since your 15th birthday?	<b>AS7C</b> NO.....1 YES.....5
<hr/>			
FGNASPF ASP3RB4	M8	Did you more than once use a weapon like a stick, gun or a knife in a fight (other than in combat or as part of your job)?	<b>AS8</b> NO....(SKIP TO M9).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RC3	A.	How old were you the first time you used a weapon like that? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	<b>AS1_AO8</b> AGE ONS: ___/___* <b>AS2_AO8</b> AGE ONS A/D ___/___
	B.	How old were you the last time you used a weapon like that?	<b>AS_AR8</b> AGE REC: ___/___ <b>AS_R8</b> REC: 1 2 3 4 5

			<b>AS9</b>
M9	(Outside of fighting) have you ever physically injured anyone on purpose?	NO....(SKIP TO M10)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6	
ASP3RB7 ICDDSA4 ICDCNA5	A. How old were you the first time?  A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS		<b>AS1_AO9</b> AGE ONS: ___/___* <b>AS2_AO9</b> AGE ONS A/D ___/___
ASP3RC3	B. How old were you the last time?		<b>AS_AR9</b> AGE REC: ___/___ <b>AS_R9</b> REC: 1 2 3 4 5
<hr/>			
			<b>AS10</b>
ASP3RC7	M10 Have you had any traffic tickets in your life for things like speeding, or running a red light, or causing an accident?	NO....(SKIP TO M11)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6	
FGNASPC ICDDSA2	A. How many tickets have you received?		<b>AS10A</b> ___ NUMBER
	<b>IF DK ASK:</b>		<b>AS10A1</b>
	1. Was it at least 4?	NO.....1 YES.....5	
	B. How old were you the first time?		
	B1. UNRELATED TO ALC/DRUGS B2. IN CONTEXT OF ALC/DRUGS		<b>AS1_AO10</b> AGE ONS: ___/___ <b>AS2_AO10</b> AGE ONS A/D ___/___
<hr/>			
			<b>AS11</b>
ASP3RC2	M11 Have you ever been arrested for anything other than traffic violations?	NO.(SKIP TO BOX).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6	
	WHAT WAS THE REASON? _____		
	A. How old were you the first/last time you were arrested?		<b>AS1_AO11</b> AGE ONS: ___/___* <b>AS2_AO11</b> AGE ONS A/D ___/___ <b>AS_AR11</b> AGE REC: ___/___
FGNASPC	B. How many times have you been arrested?		<b>AS11B</b> ___ TIMES
			<b>AS11C</b>
ICDDSA2 FGNASPC	C. Have you ever been convicted of a felony?	NO.....1 YES.....5	
	D. Have you ever spent time in jail for something other than using drugs or alcohol?		<b>AS11D</b>
		NO...(SKIP TO BOX)....1 YES.....5	
ICDDSA5	E. Since you got out of jail have you ever been arrested for things other than drugs or alcohol?		<b>AS11E</b>
		NO.....1 YES.....5	

\*\*\*\*\*  
\* IF TWO OR MORE AGE ONS IN M1-M11 LESS THAN 18, ASK M12. \*  
\* CHECK E42 (P.32), F21 (P.37), G21 (P.46). IF ANY 5, \*  
\* ASK M12. OTHERS SKIP TO SECTION N1, P.85. \*  
\*\*\*\*\*

			<b>AS12</b>
ICDCNA3	M12	When you were younger did you <u>often</u> challenge your parents, teachers, or other adults by refusing to do things they asked you to do, just because you didn't want to? (things like not doing chores or running errands, not participating in class, or not behaving well at home or at school)	NO...(SKIP TO M13).....1 YES.....5
	A.	How old were you the first time?	<b>AS_AO12</b> AGE ONS: ___/___*
<hr/>			
			<b>AS13</b>
ICDCNA4	M13	Did you often throw temper tantrums as a child?	NO...(SKIP TO M14).....1 YES.....5
	A.	How old were you the first time?	<b>AS_AO13</b> AGE ONS: ___/___*
<hr/>			
			<b>AS14</b>
ICDCNA15	M14	Were you <u>often</u> a bully, deliberately hurting or being mean to other children?	NO...(SKIP TO M15).....1 YES.....5
	A.	How old were you the first/last time?	<b>AS_AO14</b> AGE ONS: ___/___* <b>AS_AR14</b> AGE REC: ___/___
<hr/>			
			<b>AS15</b>
	M15	Were you ever mean to animals including pets or did you hurt animals on purpose?	NO....(SKIP TO M16).....1 YES.....5
ASP3RB6 ICDCNA6	A.	How old were you the first/last time?	<b>AS_AO15</b> AGE ONS: ___/___* <b>AS_AR15</b> AGE REC: ___/___
<hr/>			
			<b>AS16</b>
ASP3RB9	M16	Did you ever deliberately set any fires you were not supposed to?	NO....(SKIP TO M17).....1 YES.....5
ICDCNA8	A.	How old were you the first/last time?	<b>AS_AO16</b> AGE ONS: ___/___* <b>AS_AR16</b> AGE REC: ___/___
ASP3RC2 ICDDSA2	B.	Since your 15th birthday, have you 3 or more times set fires you weren't supposed to?	<b>AS16B</b> NO.....1 YES.....5
<hr/>			
			<b>AS17</b>
	M17	Was there ever a time when you really enjoyed outsmarting people in authority (like parents, your boss, or the police), to the point that you would often go out of your way to put something over on them?	NO....(SKIP TO M18).....1 YES.....5
	A.	How old were you the first/last time?	<b>AS_AO17</b> AGE ONS: ___/___* <b>AS_AR17</b> AGE REC: ___/___
ASP3RC6	B.	Since your 15th birthday, have you 3 or more times put something over on people?	<b>AS17B</b> NO.....1 YES.....5
<hr/>			

CND3RA6	M18	Did you ever break into someone's car or house or any place else (not because you were locked out)?	NO....(SKIP TO M19)....1 YES.....5	<b>AS18</b>
ASP3RB8				
	A.	How old were you the first/last time you did that?		<b>AS_AO18</b> AGE ONS: ___/___* <b>AS_AR18</b> AGE REC: ___/___

ASP3RC2	B.	Has this happened 3 or more times since you were 15?	NO.....1 YES.....5	<b>AS18B</b>
ICDDSA2				

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ASP3RB12	M19	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 BOX)....1 YES.....5	<b>AS19</b>
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ICDCNA13	A.	How old were you the first/last time?		<b>AS_AO19</b> AGE ONS: ___/___* <b>AS_AR19</b> AGE REC: ___/___
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ASP3RC2	B.	Has this happened three or more times since you were 15?	NO.....1 YES.....5	<b>ASA19B</b>
ICDDSA2				

<b>IF TWO AGE ONS* LESS THAN 15 IN M1-M19 ASK M20. OTHERS SKIP TO M21.</b>
--

ICDCNB	M20	You mentioned that before your 15th birthday you (LIST 5*). Did you continue to do at least two of these things for a period of six months or longer?	NO.....1 YES.....5	<b>AS20</b>
CND3RA				

CHECK E4, F1 AND G1.  
 IF ANY CODED 5 OR IF AGE IN E4 17 OR YOUNGER,  
 READ ( ).

(Other than using drugs or under age drinking)

M21 Since your 15th birthday, have you ever done anything that you could have been arrested for even if you weren't, such as:

ASP3RC2	1. Deliberately writing bad checks?	NO.....1 YES.....5	<b>AS21_1</b>
ASP3RC2	2. Receiving, selling or buying stolen goods (fencing), selling drugs, or running numbers?	NO.....1 YES.....5	<b>AS21_2</b>
FGNASPG ASP3RC2	3. Being paid for having sex with someone?	NO...(SKIP TO M21.5)...1 YES.....5	<b>AS21_3</b>
	4. Were you paid with drugs?	NO.....1 YES.....5	<b>AS21_4</b>
ASP3RC2 FGNASPG	5. Finding customers for male or female prostitutes or call girls?	NO.....1 YES.....5	<b>AS21_5</b>
	<b>IF NO 5 CODED IN M21.1-5 ASK A. OTHERS SKIP TO B.</b>		
ASP3RC2	A. Since your 15th birthday, have you ever done anything else that you could have been arrested for, even if you weren't?	NO....(SKIP TO M22)....1 YES.....5	<b>AS21A</b>
ICDDSA2	B. Have you done these things 3 or more times?	NO.....1 YES.....5	<b>AS21B</b>

---

Now I'm going to ask you a few more questions about your relationships and your sexual experiences.

ICDDSA3 M22 Since you were 18, have you ever had a friendship or love relationship that lasted continuously for more than one year? AS22  
NO.....5  
YES.....1

M23 How old were you when you first had sexual intercourse? AS\_AO23 AGE ONS: \_\_\_/\_\_\_\*

IF NEVER CODE 00 AND SKIP TO M27.

FGNGASPG A. How many sexual partners have you had in your life? IF 10 OR MORE ASK B. IF ONLY 1 SKIP TO M26. AS23A \_\_\_ \_\_\_ \_\_\_ NUMBER

FGNGASPG B. Have you ever had sex with as many as 10 different people within a single year? AS23B  
NO.....1  
YES.....5

M24 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? AS24  
NO...(SKIP TO M26)....1  
YES.....5

ASP3RC9 A. During any relationship did you ever have a period of more than one year when you did not have any other sexual relationships? AS24A  
NO...(NEVER FAITHFUL)..5  
YES..(WAS FAITHFUL)....1

CHECK A9 AND A10 (P.2). IF NO MARRIAGE/LIVE-IN RELATIONSHIP, SKIP TO M26. CHECK M23A. IF 2 OR LESS, SKIP TO M26.

FGNASPE M25 During (any) marriage (or live-in relationship), did you have sexual relations outside of the relationship with 2 or more different people? AS25  
NO.....1  
ALC/DRUGS ONLY.....3  
YES, CLEAN.....5  
BOTH A/D + CLEAN.....6

M26 Have you ever forced anyone into sexual activity, including intercourse? AS26  
NO...(SKIP TO M27)....1  
ALC/DRUGS ONLY.....3  
YES, CLEAN.....5  
BOTH A/D + CLEAN.....6

ICDCNA14 A. How old were you the first time?  
ASP3RB5 A1. UNRELATED TO ALC/DRUGS AS1\_AO26 AGE ONS: \_\_\_/\_\_\_\*  
ASP3RC2 A2. IN CONTEXT OF ALC/DRUGS AS2\_AO26 AGE ONS A/D\_\_\_/\_\_\_

AS27

ASP3RC3 M27 Since you were 15, have you ever been accused of child abuse, or been the subject of a complaint on the child abuse hotline?

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

AS28

ICDDSA4 M28 Since you were 15, have you often hit, physically attacked, or thrown things at anyone (including your wife/husband/partner/children)?

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

AS29

ICDDSA2 M29 Since you were 15, have you quit 3 or more jobs before having another job lined up?

NO.....(ASK A).....1  
 ALC/DRUGS ONLY.....3  
 YES, CLEAN.(SKIP TO M30).5  
 BOTH A/D + CLEAN.....6

A. Since you were 15, have you enrolled in and dropped out of 3 or more academic programs?

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

AS30

ASP3RC1b M30 On any job you have had since you were 15, have you been late or absent an average of 3 days a month or more?

CODE 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

AS31

M31 In the last five years, have you been without a job for 6 months or more?

NO....(SKIP TO M32)....1  
 ALC/DRUGS ONLY.....3  
 YES.....5  
 BOTH A/D + CLEAN.....6

ASP3RC1a A. Other than when you were in school, or sick, on strike, laid off, a full-time homemaker, retired, (or in jail), were you ever without a job for 6 months or more within the past 5 years?

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

AS32

FGNASPH M32 Since your 15th birthday, have you ever traveled around without any arrangements or had no regular place to live for a month or more?

NO....(SKIP TO M33)....1  
 ALC/DRUGS ONLY.....3  
 YES, CLEAN.....5  
 BOTH A/D + CLEAN.....6

**DON'T COUNT VACATIONS.**

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

- A1. UNRELATED TO ALC/DRUGS
- A2. IN CONTEXT OF ALC/DRUGS

AS1\_AO32 AGE ONS: \_\_\_/\_\_\_  
 AS2\_AO32 AGE ONS A/D \_\_\_/\_\_\_  
 AS\_AR32 AGE REC: \_\_\_/\_\_\_

AS33

ASP3RC4 M33 Since your 15th birthday, have you often failed to pay debts that you owed, had things you bought taken back, or failed to take care of other financial responsibilities? (Examples: credit card charges, loans from family or friends, car or house loans.)

NO..(SKIP TO INTERVIEWER INSTRUCTION).....1  
 YES.....5

A. How old were you the first time?

AS\_AO33 AGE ONS: \_\_\_/\_\_\_  
 AS\_O33 ONS: 1 2 3 4 5



\*\*\*\*\*  
 \* IF NEVER ACTED AS PARENT (A14D=1), \*  
 \* SKIP TO M35. OTHERS CONTINUE. \*  
 \*\*\*\*\*

			<u>NO</u>	<u>ALC/DRUGS ONLY</u>	<u>YES CLEAN</u>	<u>BOTH A/D + CLEAN</u>
ASP3RC4	M34	1. often not provided financial support to your children when you were supposed to?	.1	3	5	6 <b>AS34_1</b>
ASP3RC8e		2. often left young children under 6 at home alone while you were out shopping or doing anything else?.....	.1	3	5	6 <b>AS34_2</b>
ASP3RC8d		3. had a neighbor feed or take care of a child of yours (or one you were looking after) because no one was taking care of or feeding him/her at home?.....	.1	3	5	6 <b>AS34_3</b>
ASP3RC8a ASP3RC8b ASP3RC8c		4. had a nurse, social worker or teacher say that your child (or one you were caring for) wasn't getting enough to eat, wasn't being kept clean or wasn't getting needed medical attention?.....	.1	3	5	6 <b>AS34_4</b>
ASP3RC8f ICDDSA2		5. 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	6 <b>AS34_5</b>
<b>IF ANY 3, 5, OR 6 CODED IN M34. 1-5 ASK A.</b>						
ASP3RC4	A.	How old were you the first time this happened?				<b>AS1_AO34</b> AGE ONS: ___/___ <b>AS2_AO34</b> AGE ONS A/D ___/___
A1. UNRELATED TO ALC/DRUGS						
A2. IN CONTEXT OF ALC/DRUGS						

---

ICDDSA1	M35	Have you often ignored the feelings of others in order to do what <u>you</u> wanted?				<b>AS35</b>
				NO.....	1	
				ALC/DRUGS ONLY.....	3	
				YES, CLEAN.....	5	
				BOTH A/D + CLEAN.....	6	

---

ICDDSA7	M36	Have you frequently lost your temper, or has it been easy to annoy you or make you mad?				<b>AS36</b>
				NO.....	1	
				ALC/DRUGS ONLY.....	3	
				YES, CLEAN.....	5	
				BOTH A/D + CLEAN.....	6	

---

ICDDSA7	A.	Have you often felt irritable, angry or resentful?				<b>AS36A</b>
				NO.....	1	
				ALC/DRUGS ONLY.....	3	
				YES, CLEAN.....	5	
				BOTH A/D + CLEAN.....	6	

---

ICDDSA6 M37 Have you often felt that others were to blame for your troubles? AS37  
 NO.....1  
 ALC/DRUGS ONLY.....3  
 YES, CLEAN.....5  
 BOTH A/D + CLEAN.....6  
**IF M37 CODED 5 OR 6, SKIP TO M38.**

ICDDSA6 A. Have you often felt that others were to blame for your mistakes? AS37A  
 NO.....1  
 ALC/DRUGS ONLY.....3  
 YES, CLEAN.....5  
 BOTH A/D + CLEAN.....6

\*\*\*\*\*  
 \* REVIEW TALLY SHEET M. IF ANY ITEM CHECKED, \*  
 \* ASK M38. OTHERS SKIP TO SECTION N, P.85. \*  
 \*\*\*\*\*

ICDDSA5 M38 Please review these items you told me about before. When you were in situations such as these where you harmed or took advantage of others in some way, did you more often than not feel bad or guilty afterwards? AS38  
 NO.....5  
 YES...(SKIP TO N1).....1

ASP3RC10 A. Was that because you felt the person(s) involved deserved it more times than not? AS38A  
 ICDDSA1 NO.....1  
 YES.....5

B. How old were you the last time you were in any of these situations? AS\_AR38 AGE REC: \_\_\_/\_\_\_  
 AS\_R38 REC: 1 2 3 4 5

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

N1 Have you ever thought about killing yourself? SU1  
NO....(SKIP TO N2).....1  
YES.....5

A. Did those thoughts persist for at least 7 days in a row? SU1A  
NO.....1  
YES.....5

B. Did you have a plan?  
(Did you actually consider a way to take your life?) SU1B  
NO....(SKIP TO D).....1  
YES.....5

**IF YES, ASK:**  
C. What were you going to do?  
  
RECORD METHOD: \_\_\_\_\_  
  
\_\_\_\_\_

D. How old were you when you first had these thoughts? SU\_AO1 AGE ONS: \_\_/\_\_

---

N2 Have you ever tried to kill yourself? SU2  
NO.(SKIP TO O1, P.87)..1  
YES.....5

A. How many times? SU2A \_\_\_ \_\_ TIMES

---

INTERVIEWER: ASK ABOUT THE MOST SERIOUS ATTEMPT.

N3 How did you try to kill yourself?  
RECORD METHOD: \_\_\_\_\_  
  
\_\_\_\_\_

---

N4 How old were you then? SU4 \_\_\_ \_\_ AGE

---

N5 Did you require medical treatment after you tried to kill yourself? SU5  
NO.....1  
YES.....5

---

N6 Were you admitted to a hospital after the attempt? SU6  
NO.....1  
YES.....5

---

N7 Did you really want to die? SU7  
NO.....1  
YES.....5

---

SU8

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 while you were:	<u>NO</u>	<u>YES</u>	
	1. Feeling depressed?.....	1	5	SU9_1
	2. Feeling extremely good or high?.....	1	5	SU9_2
	3. Drinking?.....	1	5	SU9_3
	4. Using drugs?.....	1	5	SU9_4
	5. Having strange thoughts/experiences/seeing visions?..	1	5	SU9_5
	6. Other: Specify: _____.....	1	5	SU9_6

---

N10 **INTERVIEWER: CHECK N3, N5, AND N6 AND CODE LETHALITY.** SU10 CODE \_\_\_\_

1. Unclear (no information or not sure)
2. No danger (no affects, held pills in hand)
3. Minimal (scratch on wrist)
4. Mild (10 aspirin, mild gastritis)
5. Moderate (10 Seconals, briefly unconscious)
6. Severe (cut throat)
7. Extreme (respiratory arrest or prolonged coma)

---

N11 **INTERVIEWER: CHECK N7 AND N8 AND CODE INTENT.** SU11 CODE \_\_\_\_

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

---



DSMPANB PAN3RC 05 You mentioned you had spells of feeling frightened and some problems like (LIST 5'S IN O4.1-13). How many episodes like that have you had in your lifetime? PN5 \_\_\_ NUMBER

PAN3RD 06 During at least several of your attacks, did some of these problems such as: (LIST UP TO 4 SYMPTOMS CODED 5 IN O4) begin suddenly, and get worse in the first 10 minutes of the attack? PN6  
NO.....1  
YES.....5

FGNPANA 07 How old were you the first/last time you had one of these sudden spells or attacks of feeling frightened or anxious when you had 4 or more problems like (ALL ITEMS CODED 5 IN O4.1-13)? PN\_AO7 AGE ONS: \_\_\_/\_\_\_  
PN\_O7 ONS: 1 2 3 4 5  
PN\_AR7 AGE REC: \_\_\_/\_\_\_  
PN\_R7 REC: 1 2 3 4 5

IF DK AND R IS UNDER 40, CODE A WITHOUT ASKING.  
IF DK AND R IS 40 OR MORE, ASK A.

A. Would you say that the first time was before you were 40? PN7A  
NO.....1  
YES.....5

PANRDCC 08 Have you ever been nervous or anxious much of the time between attacks? PN8  
NO.....1  
YES.....5

PANRDCC 09 Did these attacks ever cause you to have difficulty in getting along with your family or to have problems at work or at school? PN9  
NO.....1  
YES.....5

PANRDCC 010 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? PN10  
NO.....1  
YES.....5

What medications?\_\_\_\_\_

(PAUSE AT THE END OF EACH SENTENCE.)

AGP3RA P1 Some people have a fear of being in a  
 AGPRDCA certain place or situation because it  
 DSMAGPH makes them nervous, because they feel they  
 FGPNPHOB could not leave easily if they got upset.  
 Some places or situations like this might  
 include being in a crowd, travelling in  
 buses, cars or trains, or crossing a  
 bridge. Have you ever had a period of  
 time when you had a fear like that?

PH1  
 NO....(SKIP TO P 7)....1  
 YES.....5

AGP3RA P2 Did you feel this way about: NO YES  
 AGRDCA

1. going outside of the house alone?..... 1 5 PH2\_1  
 2. being in a crowd or standing in a line?..... 1 5 PH2\_2  
 3. being on a bridge or in a tunnel?..... 1 5 PH2\_3  
 4. travelling in a bus, train, or car?..... 1 5 PH2\_4

**IF ALL CODED 1 IN 1-4, ASK A,  
 OTHERS ASK FOR EXAMPLE BEFORE PROBING:**

A. What situation did you have in mind  
 when you said some situations made you  
 unreasonably afraid? NONE...(SKIP TO P7)....1  
 ANY.....5

EXAMPLE: \_\_\_\_\_

**B. IF ANY CODED 5 IN P2.1-4 OR IN P2.A,  
 START CODING:**

WHOM SAW: \_\_\_\_\_

WHAT TOLD: \_\_\_\_\_

CODE: 1 2 3 4 5

PH\_AO2 AGE ONS: \_\_\_/\_\_\_

PH\_AR2 AGE REC: \_\_\_/\_\_\_

**IF CODED 2, SKIP TO P7. OTHERS CONTINUE.**

AGP3RA P3 When you were in (that/those) situations, did you usually:

AGP3RA6 1. get sweaty?..... NO YES  
 1 5 PH3\_1  
 AGP3RA6 2. tremble?..... 1 5 PH3\_2  
 AGP3RA6 3. have a dry mouth?..... 1 5 PH3\_3  
 AGP3RA1 4. feel dizzy?..... 1 5 PH3\_4  
 AGP3RA6 5. feel your heart pound?..... 1 5 PH3\_5  
 AGP3RA4 6. get nauseated or vomit?..... 1 5 PH3\_6  
 AGP3RA3 7. feel like you couldn't control your bodily functions?. 1 5 PH3\_7  
 AGP3RA5 8. feel tightness or pain in your chest or stomach?..... 1 5 PH3\_8  
 AGP3RA2 9. feel that you, or things around you, seemed unreal?.. 1 5 PH3\_9

AGP3RA AGPRDCA DSMAGPH	P4	Did you ever avoid these situation(s) or limit your travel because of your fear that you would feel sick or do something embarrassing?	<b>PH4</b> NO.....1 YES....(ASK EXAMPLE)...5
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EXAMPLE: \_\_\_\_\_  
\_\_\_\_\_

IF R HAD PANIC ATTACKS (O1 CODED 3, 4, OR 5), ASK P5. OTHERS SKIP TO P6.

DSMPANIC RDCPANIC PANAG3R	P5	Did (that/those) fear(s) ever occur because you were afraid you might have a panic attack?	<b>PH5</b> NO.....1 YES.....5
---------------------------------	----	--	-------------------------------------

P6	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 (that/those) fear(s)?	<b>PH6</b> NO...(SKIP TO P7).....1 YES....(ASK A).....5
----	--	---

A.	Did (drinking alcohol/using drugs) help?	<b>PH6A</b> NO.....1 YES.....5
----	--	--------------------------------------



SOPH3RA  
SOPHRDCA  
DSMSOCPH  
FGNPHOB  
SOPHRDCB

P7 Some people have an unreasonable fear of doing things in front of others, like speaking in public, or eating in a restaurant. Being in this situation makes them extremely anxious, uncomfortable or nervous. These feelings are so strong that people avoid those situations. Have there ever been situations which caused you to feel this way?

PH7

CODE: 1 2 3 4 5

PH\_AO7 AGE ONS: \_\_\_/\_\_\_  
PH\_AR7 AGE REC: \_\_\_/\_\_\_

ASK FOR AN EXAMPLE BEFORE CODING.

EXAMPLE: \_\_\_\_\_

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

\*\*\*\*\*  
\* IF P7 CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q1, P.92. \*  
\*\*\*\*\*

SOPH3RC P8 Did this situation almost always make you extremely nervous right away? NO.....1  
SOPHRDCA YES.....5

PH8

SOPH3RA P9 Did your fear of any of these situations continue for months or even years? NO.....1  
YES.....5

PH9

SOPH3RD P10 Did you ever avoid any of these situations because of your fear? NO...(ASK A).....1  
SOPHRDCA YES.....5

PH10

A. When you were in any of these situations, did it almost always make you extremely nervous or panicky? NO.....1  
YES.....5

PH10A

SOPH3RE P11 Did your fear ever interfere with your performance at home, school, work, or other social relationships? NO.....1  
SOPHRDCB YES...(ASK EXAMPLE)....5

PH11

EXAMPLE: \_\_\_\_\_

SOPH3RF P12 Have you ever felt that any of these fears were unreasonable or excessive? NO.....1  
YES.....5

PH12

\*\*\*\*\*  
\* IF R HAD PANIC ATTACKS (O1 CODED 3,4, OR 5) ASK P13. OTHERS SKIP TO BOX. \*  
\*\*\*\*\*

SOPH3RB P13 Did any of these fears ever occur because you were afraid you might have a panic attack? NO.....1  
YES.....5

PH13

| IF H6 OR H11, P.48 CODED 5, ASK P14. OTHERS SKIP TO Q1, P.92. |

P14 Did any of these fears occur because you were afraid people would notice you had an eating problem? NO.....1  
YES.....5

PH14

OCD3R01  
OCDRDCA

Q1 Some people have disturbing thoughts that seem to occur on their own. Have you often been bothered by unpleasant and unwanted thoughts that you considered unreasonable and tried to fight against. (An example would be the idea that you would physically hurt or kill someone you love.)

**IF NO, CODE 1, AND SKIP TO Q3.  
IF YES, ASK FOR AN EXAMPLE BEFORE CODING.**

EXAMPLE: \_\_\_\_\_

OCD3RA3  
OCD3RA4

**IF EXAMPLE ONLY ABOUT FEELING GUILTY; WEIGHT LOSS;  
OR THOUGHT INSERTION; CODE 1, AND SKIP TO Q3.**

OC1

CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

A. How long were you bothered by these thoughts? OC1A \_\_\_ MONTHS

B. How old were you when you (first/last) were bothered by these thoughts? OC\_AO1 AGE ONS: \_\_\_/\_\_\_  
OC\_O1 ONS: 1 2 3 4 5  
OC\_AR1 AGE REC: \_\_\_/\_\_\_  
OC\_R1 REC: 1 2 3 4 5

OCD3RA2

Q2 Did these unreasonable thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them? NO.....1  
YES.....5

OCD3RC01  
OCD3RC02  
OCD3RB  
OCDRDCE

Q3 Did you ever need to do something over and over in order to feel less anxious? Examples might be washing your hands, checking door locks, checking the stove, or counting tiles. Another example might be doing things in a certain order and having to start over again if you get the order wrong.

**IF NO, SKIP TO BOX BEFORE Q4.  
IF YES, ASK FOR EXAMPLE BEFORE CODING.**

EXAMPLE: \_\_\_\_\_

OC3

CODE: 1 2 3 4 5

WHOM SAW: \_\_\_\_\_ WHAT TOLD: \_\_\_\_\_

A. Did this (these) behaviors occur on 3 or more different occasions? NO.....1  
YES.....5

OCD3RC03

B. How old were you when you (first/last) did these? OC\_AO3 AGE ONS: \_\_\_/\_\_\_  
OC\_O3 ONS: 1 2 3 4 5  
OC\_AR3 AGE REC: \_\_\_/\_\_\_  
OC\_R3 REC: 1 2 3 4 5

OCD3RA7

C. Did you ever feel that these behaviors were excessive or unreasonable? OC3C  
NO.....1  
YES.....5

\*\*\*\*\*  
\* IF Q1 OR Q3 CODED 3, 4, 5, ASK Q4. \*  
\* OTHERS SKIP TO SECTION R. \*  
\*\*\*\*\*

OCD3RB Q4 Did these recurring thoughts/behaviors ever cause you to feel extremely uncomfortable or nervous or interfere a lot with your life or activities? OC4  
NO.....1  
YES.....5

OCD3RB Q5 Did these thoughts/behaviors bother you for more than one hour at a time? OC5  
NO.....1  
YES...(ASK A).....5

A. How many hours?

OC5A \_\_\_ \_\_\_ HOURS

**R: SUBJECT COMMENTS**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME ENDED:**      \_\_\_ \_\_\_:\_\_\_ \_\_\_

**(USE 24 HOUR CLOCK)**

**INTERVIEWER:**

**AT THIS TIME HAND R TPQ (TCI) AND SSV TO COMPLETE.  
WHILE R IS COMPLETING THESE, REVIEW AGE ONS/AGE REC  
AND COMPLETE TIMELINE FOR COMORBIDITY SECTIONS.**

RECORD INFORMATION FROM SSAGA  
HERE AND ON TIMELINE.

**ALCOHOL**

E4: ONSET OF REGULAR DRINKING	AGE ONS: ___/___
E8B: ABSTINENT PERIODS (RECORD AGES)	AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___
APPROXIMATE CLUSTERING ONSET (E40 OR INDIVIDUAL INTERVIEW QUESTIONS)	AGE ONS: ___/___ AGE REC: ___/___

**MARIJUANA**

F2: ONSET AGE OF MARIJUANA USE	AGE ONS: ___/___
F2B: REC AGE OF MARIJUANA USE	AGE REC: ___/___
F22A: ABSTINENT PERIODS (RECORD AGES)	AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___
APPROXIMATE CLUSTERING ONSET	AGE ONS: ___/___
APPROXIMATE CLUSTERING RECENCY (FROM F19B OR FROM ONS AGES OF INDIVIDUAL SX AND F19)	AGE REC: ___/___

**DRUGS**

G1B: ONSET/RECENCY OF DRUG USE:	
COCAINE	AGE ONS: ___/___ AGE REC: ___/___
STIMULANTS	AGE ONS: ___/___ AGE REC: ___/___
SEDATIVES	AGE ONS: ___/___ AGE REC: ___/___
OPIATES	AGE ONS: ___/___ AGE REC: ___/___
OTHER _____	AGE ONS: ___/___ AGE REC: ___/___

**DEPRESSION**

I3: ONSET OF CURRENT AGE: \_\_\_/\_\_\_

I4A,B: ONSET/RECENCY OF MOST SEVERE AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

I4G,H: ONSET/RECENCY OF MOST SEVERE CLEAN AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

I32A,C: ONSET/RECENCY ADDITIONAL CLEAN AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

I33A,C: ONSET/RECENCY ADDITIONAL DIRTY AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

I34: ONSET/RECENCY OF ALL EPISODES AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**DYSTHYMIA**

J1A,B OR J2B,C: ONSET/RECENCY AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

J3B,C: AGE ONSET/RECENCY OF CLEAN AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**MANIA**

K2A: ONSET OF CURRENT AGE: \_\_\_/\_\_\_

K3: ONSET/RECENCY OF MOST SEVERE AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

K3F,G: ONSET/RECENCY OF MOST SEVERE CLEAN AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

K26A: ONSET/RECENCY ADDITIONAL CLEAN AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

K27: ONSET/RECENCY OF ALL EPISODES AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**SCHIZOPHRENIA (PSYCHOSIS)**

L15: ONSET/RECENCY AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

**DRUGS**

**ABSTINENT PERIODS:**

**COMPUTE AGES FROM G19F**

COCAINE

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

STIMULANTS

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

SEDATIVES

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

OPIATES

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

OTHER \_\_\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**DRUGS - Cont.**

APPROX. CLUSTERING ONSET/APPROX. CLUSTERING RECENCY  
(FROM G19 D)

COCAINE: AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

STIMULANTS: AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

SEDATIVES: AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

OPIATES: AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

OTHER: AGE ONS: \_\_\_/\_\_\_  
AGE REC: \_\_\_/\_\_\_

**PANIC**

O7: AGE OF ONSET/RECENCY OF PANIC ATTACKS

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**AGORAPHOBIA**

P2: AGE OF ONSET/RECENCY OF AGORAPHOBIA

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**SOCIAL PHOBIA**

P7: AGE OF ONSET/RECENCY OF SOCIAL PHOBIA

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

**OBSESSIVE COMPULSIVE DISORDER**

Q1: AGE OF ONSET/RECENCY OF OBSESSIONS

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

Q3 AGE OF ONSET/RECENCY OF COMPULSIONS

AGE: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

| READ INTRODUCTORY PARAGRAPH AND THEN CHECK |  
| APPROPRIATE SECTIONS FOR ACCURACY. |

S1 Let's review some of the information you've given me during the interview. I have recorded information on this timeline based on what you've told me.

The questions I'm going to ask you will help me make sure that we have the order of your (substance/alcohol) use and (psychiatric problems) as accurately as we can. As I go over them with you one more time, you may find that some of the dates need to be changed. This is fine, and do not hesitate to let me know. I will go back through the rest of the interview later to make everything consistent.

- A. According to what you told me, you first began drinking alcohol regularly at age \_\_\_\_\_. Your experiences with alcohol tended to cluster together around age \_\_\_\_\_ (or age range: i.e. 24-27) (CHECK AGES ON TIMELINE).
- B. You also had periods of abstinence from alcohol at \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ (CHECK AGES ON TIMELINE).

S2 You also told me you had some experiences with (MARIJUANA/DRUGS) (REPEAT FOR EACH DRUG ON TIMELINE).

- A. You began using (DRUG) regularly at age \_\_\_\_\_ (SSAGA questions F2, G1B), and your experiences with (DRUG) seemed to cluster around age(s) \_\_\_\_\_ (or age range; i.e. 24-27) (CHECK AGES ON TIMELINE).
- B. Also, since age \_\_\_\_\_ (age or range of symptom clustering) you were abstinent from (DRUG) (for 3 or more months) at age/ages \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_. (CHECK AGE/AGES ON TIMELINE).

**THIS PATTERN WOULD BE REPEATED SUCCESSIVELY FOR ALL DRUGS CHECKED ON P.95.**

S3 Now, we have also discussed that you have had some emotional problems (REVIEW PATTERN FOR EACH DIAGNOSIS):

- A. Let's review your periods of \_\_\_\_\_ (DEPRESSION/DYSTHYMIA/MANIA/SCHIZOPHRENIA).

I have indicated on the timeline the ages at which these (DEPRESSIONS/DYSTHYMIC PERIODS/MANIC/SCHIZOPHRENIC PERIODS) occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

		<u>NO</u>	<u>YES</u>	
B. So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?	DEPRESSION	1	5	<a href="#">CM3B_1</a>
	DYSTHYMIA	1	5	<a href="#">CM3B_2</a>
	MANIA	1	5	<a href="#">CM3B_3</a>
	SCHIZOPHRENIA	1	5	<a href="#">CM3B_4</a>
C. So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?	DEPRESSION	1	5	<a href="#">CM3B_1</a>
	DYSTHYMIA	1	5	<a href="#">CM3B_2</a>
	MANIA	1	5	<a href="#">CM3B_3</a>
	SCHIZOPHRENIA	1	5	<a href="#">CM3B_4</a>
D. So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?	DEPRESSION	1	5	<a href="#">CM3B_1</a>
	DYSTHYMIA	1	5	<a href="#">CM3B_2</a>
	MANIA	1	5	<a href="#">CM3B_3</a>
	SCHIZOPHRENIA	1	5	<a href="#">CM3B_4</a>



S4 You have also told me you had problems with \_\_\_\_\_ (PANIC ATTACKS/AGORAPHOBIA/SOCIAL PHOBIA).

A. I have indicated on the timeline the ages at which these (PANIC ATTACKS ETC.) occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

B.	So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?		<u>NO</u>	<u>YES</u>	
		PANIC ATTACKS	1	5	CM4B_1
		AGORAPHOBIA	1	5	CM4B_2
		SOCIAL PHOBIA	1	5	CM4B_3

C.	So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?				
		PANIC ATTACKS	1	5	CM4C_1
		AGORAPHOBIA	1	5	CM4C_2
		SOCIAL PHOBIA	1	5	CM4C_3

D.	So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?				
		PANIC ATTACKS	1	5	CM4D_1
		AGORAPHOBIA	1	5	CM4D_2
		SOCIAL PHOBIA	1	5	CM4D_3

S5 Finally, you have also told me that you have had problems with (OBSESSIONS/COMPULSIONS).

A. I have indicated on the timeline the ages at which these problems lasting 2 or more weeks and interfering with functioning occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

B.	So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?		<u>NO</u>	<u>YES</u>	
		OBSESSIONS	1	5	CM5B_1
		COMPULSIONS	1	5	CM5B_2

C.	So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?				
		OBSESSIONS	1	5	CM5C_1
		COMPULSIONS	1	5	CM5C_2

D.	So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?				
		OBSESSIONS	1	5	CM5D_1
		COMPULSIONS	1	5	CM5D_2

S6	Well, it appears as if we have taken care of recording the information that you have given me regarding repetitive life problems with alcohol, similar problems with drugs other than alcohol, and psychological/emotional problems. Does the timeline appear accurate?				CM6
		NO.....			1
		YES.....			5

INTERVIEWER: PLEASE CODE SUMMARY:

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

CM7

1. EMOTIONAL/PSYCHIATRIC SYMPTOMS APPEAR TO HAVE OCCURRED ONLY OUTSIDE THE CONTEXT OF SUBSTANCE USE DISORDERS.
2. EMOTIONAL/PSYCHIATRIC SYMPTOMS APPEAR TO HAVE OCCURRED BOTH WITHIN THE CONTEXT OF SUBSTANCE USE DISORDERS AND INDEPENDENT OF SUBSTANCE USE DISORDERS.
3. EMOTIONAL/PSYCHIATRIC SYNDROMES APPEAR TO HAVE OCCURRED ONLY WITHIN THE CONTEXT OF SUBSTANCE USE DISORDERS.

T: INTERVIEWER OBSERVATIONS

CHECK ALL THAT APPLY

BORDERLINE	= 3
DEFINITE	= 4
DOES NOT APPLY	= 9

INTERVIEWER:

TYPE OF INTERVIEW: (Choose 1)

- PERSONAL INTERVIEW = 1
- TELEPHONE INTERVIEW = 2
- PROXY INTERVIEW = 3

RATE FACIAL EXPRESSION AND DRESS FIRST. IF NORMAL (5), GO TO NEXT CATEGORY.

10A

- A. FACIAL EXPRESSION IS NORMAL? NO.....1  
YES.....5
- 1. Sad IOA\_1 3 4 9
  - 2. Gloomy IOA\_2 3 4 9
  - 3. Hostile IOA\_3 3 4 9
  - 4. Worried IOA\_4 3 4 9
  - 5. Avoids gaze IOA\_5 3 4 9
  - 6. Immobile IOA\_6 3 4 9

IOB

- B. DRESS IS NORMAL? NO.....1  
YES.....5
- 1. Meticulous IOB\_1 3 4 9
  - 2. Clothing, hygiene poor IOB\_2 3 4 9
  - 3. Eccentric IOB\_3 3 4 9
  - 4. Seductive IOB\_4 3 4 9
  - 5. Inadequate for warmth and protection IOB\_5 3 4 9

IOC

- C. MOTOR ACTIVITY IS NORMAL? NO.....1  
YES.....5
- 1. Increased amount IOC\_1 3 4 9
  - 2. Constantly fiddling, changing position, standing or sitting down IOC\_2 3 4 9
  - 3. Agitation IOC\_3 3 4 9
  - 4. Tics IOC\_4 3 4 9
  - 5. Tremor IOC\_5 3 4 9
  - 6. Peculiar posturing IOC\_6 3 4 9
  - 7. Unusual gait IOC\_7 3 4 9
  - 8. Repetitive acts IOC\_8 3 4 9
  - 9. Very slow to move; unusual for age & physical condition IOC\_9 3 4 9
  - 10. Rigid posture IOC\_10 3 4 9

IOD

- D. FLOW OF THOUGHT IS NORMAL? NO.....1  
YES.....5
- 1. Blocking IOD\_1 3 4 9
  - 2. Circumstantial IOD\_2 3 4 9
  - 3. Tangential IOD\_3 3 4 9
  - 4. Perseveration IOD\_4 3 4 9
  - 5. Flight of ideas IOD\_5 3 4 9
  - 6. Indecisive IOD\_6 3 4 9
  - 7. Illogical IOD\_7 3 4 9

10E

- E. LEVEL OF CONSCIOUSNESS IS NORMAL? NO.....1  
YES.....5
- 1. Hypervigilant IOE\_1 3 4 9
  - 2. Drowsy IOE\_2 3 4 9
  - 3. Stupor IOE\_3 3 4 9

IOF

- F. SPEECH IS NORMAL? NO.....1  
YES.....5
- 1. Excessive amount IOF\_1 3 4 9
  - 2. Reduced amount IOF\_2 3 4 9
  - 3. Push of speech IOF\_3 3 4 9
  - 4. Slowed IOF\_4 3 4 9
  - 5. Loud IOF\_5 3 4 9
  - 6. Soft IOF\_6 3 4 9
  - 7. Mute IOF\_7 3 4 9
  - 8. Slurred IOF\_8 3 4 9
  - 9. Stuttering IOF\_9 3 4 9
  - 10. Neologisms IOF\_10 3 4 9
  - 11. Gloomy, voice choking on distressing topic IOF\_11 3 4 9
  - 12. Fails to answer, questions need repeating IOF\_12 3 4 9
  - 13. Monotonous voice IOF\_13 3 4 9

IOG

- G. INTERVIEW BEHAVIOR IS NORMAL? NO.....1  
YES.....5
- 1. Angry outbursts IOG\_1 3 4 9
  - 2. Irritable IOG\_2 3 4 9
  - 3. Impulsive IOG\_3 3 4 9
  - 4. Hostile IOG\_4 3 4 9
  - 5. Silly IOG\_5 3 4 9
  - 6. Sensitive IOG\_6 3 4 9
  - 7. Apathetic IOG\_7 3 4 9
  - 8. Withdrawn IOG\_8 3 4 9
  - 9. Evasive IOG\_9 3 4 9
  - 10. Passive IOG\_10 3 4 9
  - 11. Aggressive IOG\_11 3 4 9
  - 12. Naive IOG\_12 3 4 9
  - 13. Overly dramatic IOG\_13 3 4 9
  - 14. Manipulative IOG\_14 3 4 9
  - 15. Dependent IOG\_15 3 4 9
  - 16. Uncooperative IOG\_16 3 4 9
  - 17. Demanding IOG\_17 3 4 9
  - 18. Negativistic IOG\_18 3 4 9
  - 19. Callous IOG\_19 3 4 9

INTERVIEWER OBSERVATIONS - CONT.

**IOH**

**H. MOOD AND AFFECT IS NORMAL?** NO.....1  
 YES.....5

1. Anxious **IOH\_1** 3 4 9  
 2. Inappropriate affect **IOH\_2** 3 4 9  
 3. Flat affect **IOH\_3** 3 4 9  
 4. Elated mood **IOH\_4** 3 4 9  
 5. Depressed mood **IOH\_5** 3 4 9  
 6. Labile mood **IOH\_6** 3 4 9

**IOI**

**I. CONTENT OF THOUGHT IS NORMAL?** NO.....1  
 YES.....5

1. Suicidal thoughts **IOI\_1** 3 4 9  
 2. Suicidal plans **IOI\_2** 3 4 9  
 3. Assaultive ideas **IOI\_3** 3 4 9  
 4. Homicidal thoughts **IOI\_4** 3 4 9  
 5. Homicidal plans **IOI\_5** 3 4 9  
 6. Antisocial attitudes **IOI\_6** 3 4 9  
 7. Suspiciousness **IOI\_7** 3 4 9  
 8. Poverty of content **IOI\_8** 3 4 9  
 9. Phobias **IOI\_9** 3 4 9  
 10. Obsessions **IOI\_10** 3 4 9  
 11. Compulsions **IOI\_11** 3 4 9  
 12. Feelings of unreality **IOI\_12** 3 4 9  
 13. Feels persecuted **IOI\_13** 3 4 9  
 14. Thoughts of running away **IOI\_14** 3 4 9  
 15. Somatic complaints **IOI\_15** 3 4 9  
 16. Ideas of guilt **IOI\_16** 3 4 9  
 17. Ideas of hopelessness **IOI\_17** 3 4 9  
 18. Ideas of worthlessness **IOI\_18** 3 4 9  
 19. Excessive religiosity **IOI\_19** 3 4 9  
 20. Sexual preoccupation **IOI\_20** 3 4 9  
 21. Blames others **IOI\_21** 3 4 9  
 22. Illusions are present **IOI\_22** 3 4 9  
 23. Auditory hallucination **IOI\_23** 3 4 9  
 24. Visual hallucination **IOI\_24** 3 4 9  
 25. Other hallucinations **IOI\_25** 3 4 9  
 26. Delusion of persecution **IOI\_26** 3 4 9  
 27. Delusion of grandeur **IOI\_27** 3 4 9  
 28. Delusion of reference **IOI\_28** 3 4 9  
 29. Delusion of influence **IOI\_29** 3 4 9  
 30. Somatic delusion **IOI\_30** 3 4 9  
 31. Other delusions **IOI\_31** 3 4 9  
 32. Delusions are systematized **IOI\_32** 3 4 9

**IOJ**

**J. ORIENTATION IS NORMAL?** NO.....1  
 YES.....5

1. Time **IOJ\_1** 3 4 9  
 2. Place **IOJ\_2** 3 4 9  
 3. Person **IOJ\_3** 3 4 9

**IOK**

**K. MEMORY IS NORMAL?** NO.....1  
 YES.....5

1. Clouding of consciousness **IOK\_1** 3 4 9  
 2. Inability to concentrate **IOK\_2** 3 4 9  
 3. Amnesia **IOK\_3** 3 4 9  
 4. Poor recent memory **IOK\_4** 3 4 9  
 5. Poor remote memory **IOK\_5** 3 4 9  
 6. Confabulation **IOK\_6** 3 4 9

**IOL**

**L. INTELLECT IS NORMAL?** NO.....1  
 YES.....5

1. Above normal **IOL\_1** 3 4 9  
 2. Below normal **IOL\_2** 3 4 9  
 3. Paucity of knowledge **IOL\_3** 3 4 9  
 4. Vocabulary poor **IOL\_4** 3 4 9

**IOM**

**M. INSIGHT AND JUDGEMENT ARE NORMAL?** NO.....1  
 YES.....5

1. Poor insight **IOM\_1** 3 4 9  
 2. Poor judgement **IOM\_2** 3 4 9  
 3. Unrealistic regarding degree of illness **IOM\_3** 3 4 9  
 4. Doesn't know why being treated **IOM\_4** 3 4 9  
 5. Unmotivated for treatment **IOM\_5** 3 4 9

**INTERVIEWER: RATE ACCURACY OF YOUR RATINGS:**

NO DIFFICULTY.....1  
 SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE...2  
 MAJOR DIFFICULTY IN CONDUCTING EXAM.....3  
 IMPOSSIBLE TO RATE WITH ANY CONFIDENCE.....4

INTERVIEWER NARRATIVE  
ABOUT THE RESPONDENT

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