

INDIVIDUAL ASSESSMENT MODULE

INFORMANT'S ID: _____ DATE _____

ADMINISTERED: _____

RELATIVE'S ID NUMBER: _____

RELATIONSHIP: _____

Let me ask you some questions about your (RELATIVE):	N	Y	U	COMMENTS
Would you say that you know/knew him/her well?	1	5	9	

When was the last time you had any contact with him/her? (CODE SILENTLY) Deceased?	YEAR: ___/___	
	NO, ALIVE	1
	YES, DECEASED	5

INTERVIEWER: WHICH SECTIONS WILL BE COMPLETED? (CHECK ALL THAT APPLY)

- | | |
|---------|--------|
| ___ALC | ___MAN |
| ___DRUG | ___SCH |
| ___DEP | ___ASP |

ALC

Because of drinking, did your (RELATIVE) ever have problems, such as:	N	Y	U
1. using alcohol in larger amounts or over a longer period than s/he intended?	1	5	9
2. being unable to stop or cut down on drinking?	1	5	9
3. spending a lot of time drinking or being hung over?	1	5	9
4. being unable to work, go to school or take care of household responsibilities?	1	5	9
5. being high from drinking when s/he could get hurt?	1	5	9
6. having accidental injuries?	1	5	9
7. reducing or giving up important activities?	1	5	9
8. objections from family or friends, or at work or school?	1	5	9
9. having a legal problem (DWIs, arrests)?	1	5	9
10. having blackouts?	1	5	9
11. going on binges or benders, drinking 2 or more days without sobering up?	1	5	9
12. physical health problems (liver disease, pancreatitis)?	1	5	9
13. emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)?	1	5	9
14. withdrawal symptoms (shakes, seizures/convulsions, DTs)?	1	5	9
15. needing to drink a great deal more in order to get an effect, or finding that s/he could no longer get drunk on the amount s/he used to drink?	1	5	9
16. any kind of treatment or hospitalization?	1	5	9
17. making rules to control drinking (never drinking alone, never drinking before 5 p.m.), drinking before breakfast, or drinking non-beverage alcohol like vanilla extract, cough syrup, or rubbing alcohol?	1	5	9
18. trouble at work or school or getting into fights while drinking?	1	5	9
19. losing friends because of his/her drinking, considering him/herself an excessive drinker, or feeling guilty about his/her drinking?	1	5	9

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

20. Did (RELATIVE) have a period of a month or more when 3 or more of these experiences occurred together?

- NO (SKIP TO 21) 1
- YES 5
- DON'T KNOW ... (SKIP TO 21) 9

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

AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

21. OMIT PHRASE IN BRACKETS IF 20 CODED NO.

[Since (RELATIVE) developed problems at about age (AGE ONSET IN #20),] was there ever a period of three months or longer when (RELATIVE) did not have anything to drink?

- NO (SKIP TO NEXT SECTION) 1
- YES 5
- DON'T KNOW .. (SKIP TO NEXT SECTION) 9

a. How old was (RELATIVE) when these periods occurred?

AGE to AGE
Period 1 ___ to ___
Period 2 ___ to ___
Period 3 ___ to ___
Period 4 ___ to ___

DRUG

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

RECORD DRUGS: _____

DRUG CODE: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Because of his/her drug use, did your (RELATIVE) ever have problems, such as:

	N	Y	U
1. using drugs in larger amounts or over a longer period than s/he intended?	1	5	9
2. being unable to stop or cut down on use of drugs?.	1	5	9
3. spending a lot of time using drugs or recovering from their effects?	1	5	9
4. being unable to work, go to school or take care of household responsibilities?	1	5	9
5. being high from drugs when s/he could get hurt?	1	5	9
6. having accidental injuries?	1	5	9
7. reducing or giving up important activities?	1	5	9
8. problems with family or friends, or at work or school?	1	5	9
9. having legal problems (arrests for possessing, selling or stealing drugs)?	1	5	9
10. physical health problems (hepatitis, overdose)?	1	5	9
11. emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)?	1	5	9
12. withdrawal symptoms?	1	5	9
13. needing larger amounts of drug(s) to get an effect, or finding that s/he could no longer get high on the amount s/he used to use?	1	5	9
14. any kind of treatment or hospitalization?	1	5	9

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

15. Did (RELATIVE) have a period of a month or longer when 3 or more of these experiences occurred together?

NO (SKIP TO 16) 1
YES 5
DON'T KNOW ... (SKIP TO 16) 9

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

AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

16. **OMIT PHRASE IN BRACKETS IF 15. CODED NO.**

[Since (RELATIVE) developed problems at about age (AGE ONSET IN #15),] was there ever a period of three months or longer when (RELATIVE) did not take any (LIST DRUGS)?

NO (SKIP TO NEXT SECTION) 1
YES 5
DON'T KNOW .. (SKIP TO NEXT SECTION) 9

a. How old was (RELATIVE) when these periods occurred?

AGE to AGE
Period 1 ___ to ___
Period 2 ___ to ___
Period 3 ___ to ___
Period 4 ___ to ___

DEP

INTERVIEWER: SX SHOULD OCCUR IN SAME TIME PERIOD

While depressed, did your (RELATIVE) also ...

N Y U

- 1. become anxious, worried or irritable? 1 5 9
- 2. cry often or become tearful? 1 5 9
- 3. lose interest in things s/he usually enjoyed? 1 5 9
- 4. lose or gain appetite/weight, without trying to? 1 5 9
- 5. sleep too much or too little? 1 5 9
- 6. move or speak slower than usual? 1 5 9
- 7. pace or wring his/her hands? 1 5 9
- 8. have less energy or feel tired out? 1 5 9
- 9. become unable to work/take care of house/go to school? 1 5 9
- 10. feel guilty, worthless or blame him/herself? 1 5 9
- 11. have trouble concentrating or making decisions? 1 5 9
- 12. think or talk a lot about death or suicide? 1 5 9
- 13. attempt suicide? 1 5 9
- 14. have any kind of treatment or hospitalization? 1 5 9

IF NO 5'S IN QUESTIONS 1-14, SKIP TO NEXT SECTION.

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN ALCOHOL SECTION, CONTINUE.
OTHERS SKIP TO INSTRUCTIONS BEFORE Q. 16.**

- 15. Did these experiences (LIST ALL 5'S CODED IN 1-14) occur only when (RELATIVE) was having problems with alcohol? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM ALCOHOL SECTION TO ASSIST RESPONDENT.)
 - ALWAYS WITH ALCOHOL 3
 - SOMETIMES WITH ALCOHOL 4
 - NEVER WITH ALCOHOL 5
 - DON'T KNOW 9

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN DRUG SECTION, CONTINUE.
OTHERS SKIP TO NEXT SECTION.**

- 16. Did these experiences (LIST 5'S CODED IN 1-14) occur only when (RELATIVE) was having problems with drugs? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM DRUG SECTION TO ASSIST RESPONDENT.)
 - ALWAYS WITH DRUGS 3
 - SOMETIMES WITH DRUGS 4
 - NEVER WITH DRUGS 5
 - DON'T KNOW 9

MAN

INTERVIEWER: SX SHOULD OCCUR IN SAME TIME PERIOD

While being much more active than usual, did your (RELATIVE) also seem...

	N	Y	U
1. too happy/high/excited?	1	5	9
2. very irritable?	1	5	9
3. to feel that s/he had special gifts or powers?	1	5	9
4. to need less sleep?	1	5	9
5. more talkative than usual?	1	5	9
6. to jump from one idea to another?	1	5	9
7. easy to get off the track?	1	5	9
8. involved in too many activities at work or school?	1	5	9
9. too sociable?	1	5	9
10. to have more interest in sex than usual?	1	5	9
11. to show poor judgement (spending sprees)?	1	5	9
12. Did s/he have any kind of treatment or hospitalization?	1	5	9

IF NO 5'S IN QUESTIONS 1-12, SKIP TO NEXT SECTION.

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN ALCOHOL SECTION, CONTINUE.
OTHERS SKIP TO INSTRUCTIONS BEFORE Q. 14.**

13. Did these experiences (LIST 5'S CODED IN 1-12) occur only when (RELATIVE) was having problems with alcohol? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM ALCOHOL SECTION TO ASSIST RESPONDENT.)
- ALWAYS WITH ALCOHOL 3
 - SOMETIMES WITH ALCOHOL 4
 - NEVER WITH ALCOHOL 5
 - DON'T KNOW 9

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN DRUG SECTION, CONTINUE.
OTHERS SKIP TO NEXT SECTION.**

14. Did these experiences (LIST 5'S CODED IN 1-12) occur only when (RELATIVE) was having problems with drugs? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM DRUG SECTION TO ASSIST RESPONDENT.)
- ALWAYS WITH DRUGS 3
 - SOMETIMES WITH DRUGS 4
 - NEVER WITH DRUGS 5
 - DON'T KNOW 9

SCH

When your (RELATIVE) had unusual beliefs and experiences, did s/he also...

	N	Y	U
1. believe people were following him/her?	1	5	9
2. believe someone was trying to hurt or poison him/her?	1	5	9
3. believe someone was reading his/her mind?	1	5	9
4. believe s/he was under control of some person/power/force?	1	5	9
5. believe someone could put thoughts into his/her mind?	1	5	9
6. believe someone could steal thoughts out of his/her mind?	1	5	9
7. believe s/he had special powers or special mission?	1	5	9
8. see things that were not really there?	1	5	9
9. hear voices when no one was around?	1	5	9
10. have any kind of treatment or hospitalization?	1	5	9

IF NO 5'S CODED IN QUESTIONS 1-10, SKIP TO NEXT SECTION.

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN ALCOHOL SECTION, CONTINUE.
OTHERS SKIP TO INSTRUCTIONS BEFORE Q. 12.**

11. Did these experiences (LIST 5'S CODED IN 1-10) occur only when (RELATIVE) was having problems with alcohol? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM ALCOHOL SECTION TO ASSIST RESPONDENT.)
- | | |
|------------------------------|---|
| ALWAYS WITH ALCOHOL | 3 |
| SOMETIMES WITH ALCOHOL | 4 |
| NEVER WITH ALCOHOL | 5 |
| DON'T KNOW | 9 |

**IF (RELATIVE) HAD 3 OR MORE 5'S CODED IN DRUG SECTION, CONTINUE.
OTHERS SKIP TO NEXT SECTION.**

12. Did these experiences (LIST 5'S CODED IN 1-10) occur only when (RELATIVE) was having problems with drugs? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM DRUG SECTION TO ASSIST RESPONDENT.)
- | | |
|----------------------------|---|
| ALWAYS WITH DRUGS | 3 |
| SOMETIMES WITH DRUGS | 4 |
| NEVER WITH DRUGS | 5 |
| DON'T KNOW | 9 |

ASP

- Before s/he was 15, did your (RELATIVE) have problems like:
- | | | | |
|---|---|---|---|
| 1. troubles with teachers (expelled/suspended from school)? | 1 | 5 | 9 |
|---|---|---|---|

2. frequently starting physical fights?	1	5	9
3. running away from home overnight?	1	5	9
4. lying frequently?	1	5	9
5. troubles with the law?	1	5	9
6. stealing (from family or outside the home)?	1	5	9
7. being truant often?	1	5	9
8. being physically cruel to animals or people?	1	5	9
9. deliberately destroying others' property?	1	5	9
10. using weapons in fights?	1	5	9
11. deliberately engaging in fire setting?	1	5	9

Since s/he was 15, did your (RELATIVE) have problems like:

12. being frequently unemployed?	1	5	9
13. being fired from several jobs?	1	5	9
14. being involved in criminal activities?	1	5	9
15. being arrested or sent to prison?	1	5	9
16. being in debt?	1	5	9
17. being irresponsible as a spouse or parent?	1	5	9
18. travelling from place to place without fixed address?	1	5	9
19. using assumed names or aliases?	1	5	9
20. making money illegally?	1	5	9
21. driving while intoxicated or speeding?	1	5	9
22. being unfaithful/unable to sustain relationships?	1	5	9

IF AT LEAST ONE 5 IS CODED IN Q.1-11 AND AT LEAST TWO 5'S ARE CODED IN Q.12-22, SKIP TO INSTRUCTIONS BEFORE Q.23. OTHERS SKIP TO NEXT RELATIVE.

IF RELATIVE HAD THREE OR MORE 5'S CODED IN ALCOHOL SECTION, ASK Q.23. OTHERS SKIP TO Q.24.

23. Did these experiences (LIST 5'S CODED IN 12-22) occur only when (RELATIVE) was having problems with alcohol? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM ALCOHOL SECTION TO ASSIST RESPONDENT. ALWAYS WITH ALCOHOL	3
SOMETIMES WITH ALCOHOL	4
NEVER WITH ALCOHOL	5
DON'T KNOW	9

IF (RELATIVE) HAD THREE OR MORE 5'S CODED IN DRUG SECTION ASK Q. 24. OTHERS SKIP TO NEXT RELATIVE.

24. Did these experiences (LIST 5'S CODED IN 12-22) occur only when (RELATIVE) was having problems with drugs? (USE CLUSTERING AND ABSTINENCE INFORMATION IF AVAILABLE FROM DRUG SECTION TO ASSIST RESPONDENT.) ALWAYS WITH DRUGS	3
SOMETIMES WITH DRUGS	4
NEVER WITH DRUGS	5
DON'T KNOW	9