

# C-SSAGA-A-II

RESPONDENT'S I.D.:   \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

SITE I.D.: (Choose one)

- CONNECTICUT.....1
- INDIANA.....2
- IOWA.....3
- NEW YORK.....4
- ST. LOUIS.....5
- SAN DIEGO.....6

INTERVIEWER'S I.D.:   \_\_\_ \_\_\_

DATE OF INTERVIEW:   \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                          MONTH       DAY                   YEAR

TIME STARTED:   \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(USE 24-HOUR CLOCK)

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

TYPE OF INTERVIEW: (Choose one)

- PERSONAL INTERVIEW.....1
- TELEPHONE INTERVIEW.....2

DATE EDITED:   \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                  MONTH       DAY                   YEAR

DATE ENTERED:   \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                  MONTH       DAY                   YEAR

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- SARAH
- SUBJECT COMMENTS
- INTERVIEWER OBSERVATIONS
- INTERVIEWER NARRATIVE

I am going to ask you some questions about yourself. A lot of the questions ask about what you like to do and how you feel. I'd also like to ask you some questions about your family, your friends, and your school.

If I ask you a question that you don't wish to answer, just say so, and we'll skip to the next one. If you don't understand a question, please let me know and I will explain it to you. It is also important for you to remember that I won't tell anyone what you tell me - not even your parent(s), unless I find out that you or somebody might be getting seriously hurt.

**IF YOU HAVE ALREADY CODED INFORMATION FOR A1-A16A FROM PHONE CONTACT WITH PARENT; SKIP TO B1, P.7. OTHERWISE, CONTINUE.**

A1. Gender (OBSERVED) MALE . . . . . 1  
FEMALE . . . . . 2

A2A. How tall are you? \_\_\_\_\_ - \_\_\_\_\_  
FT. INCHES  
B. How much do you weigh? \_\_\_\_\_ LBS.

(A3) A3A. How old are you? \_\_\_\_\_ AGE

**VERIFY THAT THIS IS R'S CURRENT AGE,  
NOT AGE AT NEXT BIRTHDAY.**

(A4) B. When is your birthday? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**IF CHILD DOES NOT KNOW YEAR OF BIRTH,  
USE A3A TO CALCULATE**

**INTERVIEWER GO TO CARD A.**

(A2) **HAND CARD A-1.**

A4. This card has the names of some racial and ethnic groups. Which groups do your grandparents belong to? Let's start with your mother's mother. MOTHER'S MOTHER: \_\_\_\_\_  
MOTHER'S FATHER: \_\_\_\_\_  
If CODED 08, SPECIFY: FATHER'S MOTHER: \_\_\_\_\_  
FATHER'S FATHER: \_\_\_\_\_

A5A. What grade are you in? \_\_\_\_\_ GRADE

**CODE CURRENT GRADE AND SKIP TO BOX A6.  
IF SUMMER, CODE LAST GRADE COMPLETED AND SKIP TO BOX A6.  
IF NOT IN SCHOOL, CODE -1 AND CONTINUE.**

B. Why aren't you in school? DROPPED OUT . . . . . 1  
EXPELLED . . . . . 2  
SPECIFY: \_\_\_\_\_ ILLNESS . . . . . 3  
\_\_\_\_\_ GRADUATED (SKIP TO BOX A6) 4  
OTHER . . . (SPECIFY) . . . 5

1. How old were you when you (left/dropped out of/were expelled from) school? \_\_\_\_\_ AGE

2. What was the last grade you completed? \_\_\_\_\_ GRADE

3. Are you working on or have you completed a GED? NO . . . . . 1  
WORKING ON . . . 2  
COMPLETED . . . 3

**BOX A6: BOYS, SKIP TO A7A.**

A6A. How many times have you been pregnant? \_\_\_\_\_ TIMES  
IF NEVER, SKIP TO A7A

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

C. How many stillbirths and miscarriages have you had? \_\_\_\_\_ NUMBER

D. How many children do you have? \_\_\_\_\_ CHILDREN

**DO NOT COUNT CHILDREN WHO ARE ADOPTED, WHO ARE STEPCHILDREN, OR WHO WERE STILLBORN.**

**RECORD SEX AND DOB.**

SEX    MONTH            YEAR  
M F    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
M F    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
M F    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

(A7) A7A. Tell me who lives in your home and how old they are.

RECORD RELATIONSHIP TO CHILD: I.E., SELF, MOM, STEPDAD, BROTHER, OWN CHILD;  
NOT NAMES.

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>
_____	___ ___	___ ___	_____	___ ___	___ ___
_____	___ ___	___ ___	_____	___ ___	___ ___
_____	___ ___	___ ___	_____	___ ___	___ ___
_____	___ ___	___ ___	_____	___ ___	___ ___

(A8) B. Do you have any brothers or sisters who do not live with you? NO (SKIP TO A8A) . 1  
YES . (SPECIFY) . . 5

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

C. How many? \_\_\_\_\_ SIBS

(A9) A8A. Is your real (biological) father living with you? NO . . . . . 1  
YES (SKIP TO A10A) 5

B. Why isn't your real (biological) father living with you now? **READ OPTIONS:**  
SEPARATED . . . . . 1t  
DIVORCED . . . . . 2t  
SPECIFY OTHER: \_\_\_\_\_ DIED . . (SKIP TO A10A) . 3t  
\_\_\_\_\_ PARENTS NEVER MARRIED . . 4  
OTHER . . . (SPECIFY) . . 5

(A10) A9A. How often do you see your real (biological) father?  
NEVER . . . . . (SKIP TO A10A) . 0  
COUPLE OF TIMES A WEEK . . . (SKIP TO A10A) . 1  
ONCE A WEEK . . . . . (SKIP TO A10A) . 2  
EVERY TWO WEEKS . . . . . (SKIP TO A10A) . 3  
ONCE A MONTH . . . . . (SKIP TO A10A) . 4  
ONCE A YEAR . . . . . (SKIP TO A10A) . 5  
LESS THAN ONCE A YEAR . . . . (SKIP TO A10A) . 6  
VACATIONS/SCHOOL BREAKS ONLY . . (CONTINUE) . . 7

B. About how many days a year do you get to see him? \_\_\_\_\_ DAYS

- (A11) A10A. Is your real (biological) mother living with you? NO . . . . . 1  
 YES (SKIP TO A12) 5
- B. Why isn't your real (biological) mother living with you now? **READ OPTIONS:**  
 SEPARATED . . . . . 1t  
 DIVORCED . . . . . 2t  
 DIED . . (SKIP TO A12) . 3t  
 PARENTS NEVER MARRIED . . 4  
 SPECIFY OTHER: \_\_\_\_\_ OTHER . . . (SPECIFY) . . 5  
 \_\_\_\_\_

- (A12) A11A. How often do you see your real (biological) mother?  
 NEVER . . . . . (SKIP TO A12) . . 0  
 COUPLE OF TIMES A WEEK. . . . (SKIP TO A12) . . 1  
 ONCE A WEEK . . . . . (SKIP TO A12) . . 2  
 EVERY TWO WEEKS . . . . . (SKIP TO A12) . . 3  
 ONCE A MONTH . . . . . (SKIP TO A12) . . 4  
 ONCE A YEAR . . . . . (SKIP TO A12) . . 5  
 LESS THAN ONCE A YEAR . . . . (SKIP TO A12) . . 6  
 VACATIONS/SCHOOL BREAKS ONLY . . (CONTINUE) . . 7
- B. About how many days a year do you get to see her? \_\_\_\_\_ DAYS

(A13) A12. Now I'd like to ask you some questions about your health.

**BOYS, SKIP TO A12B.**

- A. Have you started your menstrual (monthly) period? NO . . (SKIP TO B) . . 1  
 YES . . . . . 5
1. How old were you when you had your first menstrual (monthly) period? \_\_\_\_\_ AGE
- B. Have there been times when you had lots of headaches or stomachaches? NO . . . . . 1  
 HEADACHES . . . . . 2  
 STOMACHACHES . . . . . 3  
 BOTH . . . . . 4
- C. Have you made a lot of visits to the doctor? NO . (SKIP TO A13) . 1  
 YES . . . . . 5
- D. What kinds of things did you go to the doctor for? (Did you go to the doctor for the headaches or stomachaches?)  
 \_\_\_\_\_  
 \_\_\_\_\_

Now I'd like to know about times when you might have been sick for a very long time or had a very serious illness.

A13. Did a doctor ever talk to you or your parents about your having . . .

	<u>NO</u>	<u>YES</u>
1. Allergies? . . . . .	1	5
2. Asthma? . . . . .	1	5
3. Bronchitis? . . . . .	1	5
4. Cancer/Leukemia? . . . . .	1	5
5. Diabetes? . . . . .	1	5
6. Epilepsy/Seizures? . . . . .	1	5
7. Very bad headaches? . . . . .	1	5
8. Been knocked out or unconscious? . . . . .	1	5
9. Heart disease? . . . . .	1	5
10. Kidney disease? . . . . .	1	5
11. Lead Poisoning? . . . . .	1	5
12. Sickle Cell Anemia? . . . . .	1	5
13. An operation? . . . . . (SPECIFY) . . . . .	1	5
14. Any other serious illness? . . (SPECIFY) . . . . .	1	5

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

A14A. Have you ever gone to the emergency room? NO . . . (SKIP TO B) . . . 1  
 YES . . . (SPECIFY) . . . 5

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

1. How many times in your life have you gone to the emergency room? \_\_\_\_\_ TIMES

B. Have you ever stayed in the hospital overnight or longer? NO . . (SKIP TO BOX A15) . . 1  
 YES . . . (SPECIFY) . . . 5

<u>AGE</u>	<u>PROBLEM</u>	<u>HOSPITAL</u>	<u>NO. DAYS IN HOSPITAL</u>
____	_____	_____	____ t
____	_____	_____	____ t
____	_____	_____	____ t
____	_____	_____	____ t

**BOX A15:  
IF NO POSITIVES IN A13-A14, SKIP TO A15B.**

- A15A. Have you ever had to take any medicine for (NAME CONDITIONS IN A13-A14)? NO . . . . . 1  
YES . . . . . 5
- B. Have you ever had to take any (other) medicine that a doctor gave you (besides aspirin, Tylenol, or cough syrup, etc.)? NO . . . . . 1  
YES . . . . . 5

**IF YES TO A OR B, ASK C.**

- C. Do you remember the name of the medicine(s) or what it was for? NO . . . . . 1  
YES . . (SPECIFY) . . 5

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

- A16. Has there ever been a time when you were having troubles or problems and went to talk to someone about them? For example, a school counselor, someone at your church/temple, a doctor, or anyone else outside the family? NO (SKIP TO B1, P.7) 1  
YES . . (SPECIFY) . . 5

**DO NOT COUNT ROUTINE VISITS TO THE SCHOOL COUNSELOR TO SCHEDULE CLASSES OR PLAN NEXT YEAR'S COURSES.**

**IF YES, ASK WHO WAS SEEN, AGE, AND WHY.**

AGE	PERSON SEEN	PROBLEM	
____	_____	_____	t
____	_____	_____	t
____	_____	_____	t

- PERSON SEEN:**
- SCHOOL COUNSELOR/SCHOOL PSYCHOLOGIST . . . . . 1
  - MINISTER/PRIEST/RABBI . . . . . 2
  - PSYCHIATRIST/PSYCHOLOGIST . . . . . 3
  - PERSON AT HEALTH CLINIC . . . . . 4
  - SOCIAL WORKER . . . . . 5
  - OTHER (SPECIFY) . . . . . 6

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



Now I'd like to ask you about how you get along at school and what you do when you're not in school.

B1. I'd like to know what your grades (are/were) like in school. Are/Were they ...

- BETTER THAN MOST OF THE CLASS? . . . . . 1
- SAME AS MOST OF THE CLASS? . . . . . 2
- WORSE THAN MOST OF THE CLASS? . . . . . 3

B2A. Have your grades always been that way? NO . . . . . 1  
 (Were your grades always that way?) YES . .(SKIP TO B5A) . 5

B. Were they higher or lower than they are now?  
 MOSTLY HIGHER . . . . . 1  
 MOSTLY LOWER . . . . .(SKIP TO B4) . . . . . 2  
 SOME YEARS HIGHER/OTHER YEARS LOWER . . . . . 3

B3. In which grade did you get your best grades?

(**PROBE:** FOR POSSIBLE REASON, BUT DON'T SPEND MUCH TIME IF ANSWER IS NOT OBVIOUS OR FORTHCOMING.) \_\_\_ \_\_\_  
1ST GRADE OF HIGH MARKS

SPECIFY REASON(S): \_\_\_\_\_  
 \_\_\_\_\_  
\_\_\_ \_\_\_  
2ND GRADE OF HIGH MARKS

\_\_\_\_\_  
\_\_\_ \_\_\_  
3RD GRADE OF HIGH MARKS

IF GRADES WERE EQUALLY HIGH FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES.  
 IF ONE GRADE WAS HIGHEST, JUST CODE ONE GRADE.

IF B2B IS CODED 1, SKIP TO B5A.  
 IF B2B IS CODED 3, CONTINUE.

B4. In which grade did you get your worst grades?

(**PROBE:** FOR POSSIBLE REASON, BUT DON'T SPEND MUCH TIME IF ANSWER IS NOT OBVIOUS OR FORTHCOMING.) \_\_\_ \_\_\_  
1ST GRADE OF LOW MARKS

SPECIFY REASON(S): \_\_\_\_\_  
 \_\_\_\_\_  
\_\_\_ \_\_\_  
2ND GRADE OF LOW MARKS

\_\_\_\_\_  
\_\_\_ \_\_\_  
3RD GRADE OF LOW MARKS

IF GRADES WERE EQUALLY LOW FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES.  
 IF ONE GRADE WAS LOWEST, JUST CODE ONE GRADE.

(B6) B5A. Have you ever skipped a grade? NO . (SKIP TO C) 1  
 YES . . . . . 5

B. Which grade(s) did you skip? \_\_\_ GRADEt  
 \_\_\_ GRADEt  
 \_\_\_ GRADEt

(B7) C. Have you ever been in a special group for kids who are doing very well in school - the top reading group, or math class, or some kind of gifted program? NO . . . . . 1  
 YES . (SPECIFY) . 5  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

(B5) B6A. Did you ever repeat a grade in school? NO . (SKIP TO C) 1  
**CODE NO IF ONLY DUE TO ILLNESS** YES . (SPECIFY) . 5  
 SPECIFY WHY: \_\_\_\_\_  
 \_\_\_\_\_

B. Which grade(s) did you repeat? \_\_\_ GRADEt  
 \_\_\_ GRADEt  
 \_\_\_ GRADEt

**IF CHILD REPEATED THE SAME GRADE TWICE,  
 CODE THE GRADE TWICE**

C. Have you ever been in a special group for kids who were not doing well in their schoolwork? NO . . . . . 1  
 YES . (SPECIFY) . 5  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

(B8) B7A. Do you play any sports just for fun, like hockey, baseball, basketball, or soccer? Do you skate or swim? Anything else? NO . . . . . 1  
 YES . (SPECIFY) . 5

**ALL KINDS OF EXERCISE COUNT; THAT IS, AEROBICS, BIKING, ETC.**

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

B. Have you ever been on a sports team, or are you on a team now? NO .(SKIP TO B8A) 1  
 YES . (SPECIFY) . 5  
 SPECIFY TEAMS: \_\_\_\_\_  
 \_\_\_\_\_

C. What was the last grade in which you were on a sports team? \_\_\_ GRADE

D. How many hours a week do/did you spend on team practice and games? 1-4 HOURS . . . . . 1  
 5-9 HOURS . . . . . 2  
 10+ HOURS . . . . . 3

(PROBE: FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

(B9) B8A. Do you go to any other activities such as music lessons, choir, scouts, religious programs, weekend classes, or anything else like that? NO .(SKIP TO B9A) 1  
 YES . (SPECIFY) . 5  
 SPECIFY ACTIVITIES: \_\_\_\_\_  
 \_\_\_\_\_

- B. How many hours a week do you spend in after-school or weekend activities?
  - 1-4 HOURS . . . . 1
  - 5-9 HOURS . . . . 2
  - 10+ HOURS . . . . 3

(**PROBE:** FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

- (B10) B9A. In the past year, have you had a part-time job, like doing yard work, babysitting, or working in a store?
  - NO .(SKIP TO B11) 1
  - YES . (SPECIFY) . 5

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

- B. How many hours a week do/did you spend working during the school year? \_\_\_\_\_ HOURS

(**PROBE:** FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

- C. How many hours a week do/did you spend working during the summer? \_\_\_\_\_ HOURS

B10. BLANK

- (B12) B11. How often do you find that you're bored?
  - NEVER? . . . . . 1
  - ONLY OCCASIONALLY? . . . 2
  - SOME OF THE TIME? . . . 3
  - MOST OF THE TIME? . . . 4

- B12A. Have you ever been left at home alone all night until the next morning?
  - NO (SKIP TO B13A) 1
  - YES . . . . . 5

B. OMITTED

- C. What was the reason? \_\_\_\_\_
  - PARENT'S**
  - WORK SCHEDULE . . . . . 1
  - RECREATION . . . . . 2
  - OTHER RESPONSIBILITIES 3
  - UNKNOWN . . . . . 4
  - OTHER . . . . . 5

- D. Did this happen ...
  - A LITTLE . . . . . 1
  - SOMETIMES . . . . . 2
  - A LOT . . . . . 3

(B14)	B13A. Have you ever won a contest or received a prize or an award for anything?	NO (SKIP TO C1A, P.11)	1
		YES . . . . .	5

DO NOT COUNT PRIZES WON BY CHANCE; I.E., RAFFLES
--

B. Tell me about it.

<u>EVENT</u>	<u>AGE</u>
_____	___ __t
_____	___ __t
_____	___ __t
_____	___ __t

C. Were these very important for you, not a big deal, or somewhere in between?	VERY IMPORTANT . . . . .	1
	NO BIG DEAL . . . . .	2
	IN BETWEEN . . . . .	3

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In this section I'll ask you about how you get along with your family and friends and what school has been like for you. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

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ADHD4A1a ICDG1-1	C1A. Have you had a <u>really</u> hard time doing your schoolwork or homework, because you had so much trouble remembering all the details you had to do?	NO . . . . . 1 YES . . . . . 5
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B.	Have you made <u>a lot</u> of careless mistakes in your schoolwork or homework?	NO . . . . . 1 YES . . . . . 5
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(C7A) ADHD3RA7 ADHD4A1b ICDG1-2	C2A. Have you spent <u>a lot</u> of time daydreaming or thinking about something else when you should have been keeping your mind on schoolwork, homework, or anything you're doing?	NO . . . . . 1 YES . . . . . 5
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(**EXAMPLE:** HAS THE TEACHER TOLD YOU THAT YOU WEREN'T PAYING ATTENTION TO YOUR WORK?)

(C7B) ADHD3RA7 ADHD4A1b ICDG1-2	B. When playing games (or participating in sports) have you had <u>a lot</u> of trouble paying attention to the rules or remembering whose turn it was?	NO . . . . . 1 YES . . . . . 5
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(**EXAMPLE:** DID OTHER KIDS GET ANGRY WITH YOU BECAUSE YOU HAD TROUBLE PAYING ATTENTION TO WHAT WAS GOING ON?)

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(C12) ADHD3RA12 ADHD4A1c ICDG1-3	C3. Have your parents or teachers <u>often</u> told you that you didn't seem to be listening to them, even when they were talking directly to you?	NO . . . . . 1 YES . . . . . 5
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(C6) ADHD3RA6 ADHD4A1d ICDG1-4	C4. Have you had <u>a lot</u> of problems understanding what you were supposed to do, even after the teacher or your parents explained it to you?	NO . . . . . 1 YES . . . . . 5
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(**EXAMPLE:** DID YOUR PARENTS OR TEACHERS SAY THAT YOU QUICKLY FORGOT WHAT YOU WERE SUPPOSED TO DO?)

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ADHD4A1e ICDG1-5	C5. When getting ready to do homework or another activity, have you found that you were never organized, or that you never had all the things you needed?	NO . . . . . 1 YES . . . . . 5
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ADHD4A1f ICDG1-6	C6. Have you <u>really</u> disliked doing schoolwork or homework, because it has been <u>so hard to sit still</u> and pay attention?	NO . . . . . 1 YES . . . . . 5
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**IF NO 5'S IN C1A-C6, SKIP TO C11.  
OTHERS, CONTINUE.**

(C13) C7. Have you lost things a lot, like pencils, NO . . . . . 1  
 ADHD3RA13 notebooks, or papers from school? YES . . (SPECIFY) . . 5  
 ADHD4A1g  
 ICDG1-7

**OTHER EXAMPLES** MIGHT BE LOSING THE KEYS TO THE HOUSE OR LOSING YOUR HOMEWORK.

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

(C3) C8. Have you often been distracted from schoolwork or NO . . . . . 1  
 ADHD3RA3 other things that require concentration when YES . . (SPECIFY) . . 5  
 ADHD4A1h something else was going on around you?  
 ICDG1-8

(**EXAMPLE:** EVEN WHEN SOMETHING LITTLE WAS GOING ON AROUND YOU, HAVE YOU OFTEN STOPPED WHAT YOU WERE DOING AND PAID ATTENTION TO IT?)

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

ADHD4A1i C9. Have you often forgotten to do things that you NO . . . . . 1  
 ICDG1-9 were supposed to do? For example, have you YES . . (SPECIFY) . . 5  
 forgotten appointments or things your parents or friends asked you to do?

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

(C8) C10. Have you often started doing one thing and then NO . . . . . 1  
 ADHD3RA8 changed to something else without finishing the YES . . (SPECIFY) . . 5  
 first thing?

(**EXAMPLE:** HAVE YOU LEFT THINGS UNFINISHED A LOT OF THE TIME, LIKE GAMES OR PUZZLES?)

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

(C5) C11. Have your teachers or parents often said that you NO . . . . . 1  
 ADHD3RA5 started answering a question before they could YES . . . . . 5  
 ADHD4A2g finish asking it?  
 ICDG3-1

(C4) C12. Has it been really hard for you to wait your turn NO . . . . . 1  
 ADHD3RA4 when standing in line or when playing a game? YES . . . . . 5  
 ADHD4A2h  
 ICDG3-2

(**EXAMPLE:** HAVE YOU GOTTEN BORED AND STARTED CLOWNING AROUND OR PUSHING AHEAD IN LINE? HAVE YOU HAD TROUBLE LINING UP TO SEE A MOVIE, OR LINING UP FOR CLASS?)

(C11) C13. Have adults often said that you jump in and start NO . . . . . 1  
 ADHD3RA11 talking when you shouldn't, or have your friends YES . . . . . 5  
 ADHD4A2i often said that you butt into their games or  
 ICDG3-3 activities, without being asked?

ADHD3RA14 C14. Have you often done careless things, like running NO . . . . . 1  
 into the street without looking, running into YES . . (SPECIFY) . . 5  
 things because you didn't look where you were  
 going, or climbing up on things that were  
 dangerous?

(EXAMPLE: HAVE YOUR PARENTS OR TEACHERS OFTEN SAID THAT YOU SHOULD BE MORE CAREFUL?)

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

**IF YES, ASK "DID YOU DO THESE THINGS BECAUSE YOU DIDN'T THINK ABOUT WHAT MIGHT HAPPEN OR BECAUSE YOU THOUGHT IT WAS EXCITING?"  
 CODE 5 ONLY IF RESPONDENT DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.**

(C1) C15. Have you often been fidgety or restless? That is, NO . . . . . 1  
 ADHD3RA1 fiddling with your hands, jigglng your feet, or YES . . . . . 5  
 ADHD4A2a twisting around in your seat?  
 ICDG2-1

(C2) C16. Have you had a lot of trouble staying in your seat NO . . . . . 1  
 ADHD3RA2 at school or home? YES . . . . . 5  
 ADHD4A2b  
 ICDG2-2

(EXAMPLE: HAVE YOU OFTEN BEEN TOLD TO STAY IN YOUR SEAT, OR TO STOP GETTING UP FROM THE DINNER TABLE AT HOME?)

ADHD4A2c C17. Have you often felt like you had to be active; NO . . . . . 1  
 ICDG2-3 that is, moving around and doing things? YES . . . . . 5

**IF NO 5'S IN C11-C17, SKIP TO BOX C20.  
 OTHERS, CONTINUE.**

(C9) C18. Has it been really hard for you to do anything NO . . . . . 1  
 ADHD3RA9 quietly by yourself or with your friends? YES . . . . . 5  
 ADHD4A2d  
 ICDG2-4

(EXAMPLE: HAS IT BEEN HARD FOR YOU TO SIT AND READ A BOOK OR LISTEN TO MUSIC?)

ADHD4A2e C19. Have people often said that you just couldn't slow NO . . . . . 1  
 ICDG2-5 down; that you were always moving around or on the YES . . . . . 5  
 go?

ADHD3RA10 C20. Have people told you that you talked all the time NO . . . . . 1  
 ADHD4A2f or that you never stopped talking? YES . . . . . 5  
 ICDG3-4

**BOX C20:  
 IF 3 OR FEWER BOXES IN C1-C20 HAVE A 5 CODED; SKIP TO D1, P.16.  
 OTHERS, CONTINUE.**

(C15A) C21A. How old were you when things like (NAME 5'S IN C1A-C20) AGE ONS: \_\_\_\_\_  
 ADHD3RB started happening? ONS: 1 2 3 4 5  
 ADHD4B  
 ICDG4

(**PROBE:** WERE YOU LIKE THAT IN KINDERGARTEN OR FIRST GRADE? WERE YOU LIKE THAT IN NURSERY SCHOOL?)

**IF 3 YEARS OLD OR YOUNGER OR IF ALWAYS, CODE 03.**

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

(C15E) C. Did these things last for six months or longer? NO . . . . . 1  
 ADHD3RA YES . . . . . 5  
 ADHD4A  
 ICDG1

(C15D) D. Did most of these things happen around the same NO . . . . . 1  
 ADHD3RA time (**for example**, in the same grade)? YES . . . . . 5

**FOR EACH 5 IN COL. I, ASK  
 "Did this happen (1) a little, (2) somewhat, or (3) a lot?"  
 AND CODE IN COL. II.**

ADHD4D	C22A. Because of (NAME POSITIVES IN C1A-C20) did any of these ever happen? ( <b>CODE IN COL. I</b> )	<u>COL. I</u>		<u>COL. II</u>		
		<u>NO</u>	<u>YES</u>			
	1. Did your parents get really angry with you?	1	5	1	2	3
	2. Were your parents very worried about you?	1	5	1	2	3
	3. Did other kids not want you around?	1	5	1	2	3
	4. Did the teacher tell your parent(s) you were having problems in school?	1	5	1	2	3
	5. Did you get low grades in school?	1	5	1	2	3



C23A. Did your parents ever take you to anyone like a doctor, a social worker, or another professional because you were having problems like the ones we've been talking about? NO (SKIP TO D1, P.16) 1  
 YES . . . . . 5

B. Did you see: NO YES

1. a psychiatrist or psychologist? . . . . . 1 5  
 2. another medical doctor? . . . . . 1 5  
 3. a school counselor or social worker? . . . . . 1 5  
 4. someone like a minister, priest, or rabbi? . . . . . 1 5  
 5. another professional?. . .(SPECIFY) . . . . . 1 5

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

C. Did talking with (PERSON CHILD SAW) help you with your problem(s)? NO . . . . . 1  
 YES . . . . . 5

D. Did (PERSON CHILD SAW) give you any tests to find out more about the problem(s) you were having? NO . . . . . 1  
 YES . . . . . 5

E. Did you ever receive any medicine for the problem(s) you were having? NO (SKIP TO D1, P.16) 1  
 YES . . . . . 5

F. Do you know the name of the medicine(s)? NO . . . . . 1  
 YES . . (SPECIFY) . . 5

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

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

G. Are you still taking the medicine(s)? NO . . . . . 1  
 YES . .(SKIP TO I) . 5

H. How old were you when you stopped taking the medicine(s)? \_\_\_\_\_ AGE

I. After you started taking the medicine, did these problems start to get better? NO . . . . . 1  
 YES . . . . . 5

Now I'm going to ask you some more questions about the way some young people behave. I want to know if you behave this way more than most people your age. Think about people your age in general and not just about your close friends. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

**STANDARD PROBE: FOR EVERY "YES" ASK, "Has it been more than most people your age?"**

ODD3RA1 D1. Have you often lost your temper with adults like NO . . . . . 1  
ODD4A1 your parents, or with your friends? YES . . . . . 5  
ODD1CDG1-1

(EXAMPLE: WOULD YOU OFTEN YELL, SCREAM OR TALK BACK TO THEM?)

ODD3RA2 D2A. Have you argued a lot with your parents, your NO (SKIP TO D3A) 1  
ODD4A2 teachers, or other adults? YES . . . . . 5  
ODD1CDG1-2

B. With whom do you argue a lot?

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

ODD3RA3 D3A. Have you often just refused to do things that NO (SKIP TO D4) 1  
ODD4A3 your parents, teachers, or other adults have YES . . . . . 5  
ODD1CDG1-3 asked you to do?

(EXAMPLE: IF YOUR MOM ASKS YOU TO TAKE OUT THE GARBAGE, RUN AN ERRAND OR PICK UP YOUR JACKET, WOULD YOU JUST SAY "NO" IF YOU DIDN'T FEEL LIKE DOING IT? HAVE YOU GOTTEN IN TROUBLE A LOT AT HOME OR SCHOOL FOR NOT FOLLOWING RULES OR NOT DOING WHAT YOU WERE TOLD?)

B. What kinds of things have you refused to do?

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

ODD3RA4 D4. Have other people said that you were always doing NO . . . . . 1  
ODD4A4 things on purpose to annoy or bother them? For YES . . . . . 5  
ODD1CDG1-4 example, arguing, or teasing people when they wanted to be left alone?

**DO NOT COUNT SIBLINGS.**

ODD3RA5 D5. **NO STANDARD PROBE FOR D5.** When you have been caught doing something wrong **READ OPTIONS:**  
ODD4A5 or when something bad has happened to you, have YOURSELF? . . . . . 1  
ODD1CDG1-5 you usually blamed . . . OTHERS? . . . . . 2  
SOME OF BOTH? . . . 3  
NOBODY? . . . . . 4

(EXAMPLE: DO PEOPLE SAY THAT YOU MAKE TOO MANY EXCUSES?)

**DO NOT COUNT SIBLINGS.**

**IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE. OTHERS; SKIP TO E1A, P.19.**

**STANDARD PROBE: FOR EVERY "YES" ASK,  
"Has it been more than most people your age?"**

ODD3RA6 D6. Have you often felt that people bug you or get on NO . . . . . 1  
ODD4A6 your nerves a lot? YES . . . . . 5  
ODD1CDG1-6

(EXAMPLE: ARE PEOPLE ALWAYS SAYING OR DOING THINGS THAT ANNOY YOU?)

**DO NOT COUNT SIBLINGS.**

ODD3RA7 D7. Have you often gotten angry and resentful with NO . . . . . 1  
ODD4A7 your parents, teachers, or friends, because you YES . . . . . 5  
ODD1CDG1-7 feel that they are being mean or unfair to you?

(EXAMPLE: HAVE YOU OFTEN FELT LIKE PEOPLE ARE ALWAYS DOING SOMETHING TO MAKE YOU ANGRY, OR TREATING YOU UNFAIRLY?)

**DO NOT COUNT SIBLINGS.**

ODD3RA8 D8A. When someone has done something unfair to you, NO .(SKIP TO D9) 1  
ODD4A8 have you often tried to get back at them in some YES . (SPECIFY) . 5  
ODD1CDG1-8 mean way?

(EXAMPLE: WOULD YOU TELL OTHER PEOPLE THINGS ABOUT THEM THAT WEREN'T TRUE? WOULD YOU TRY TO GET THEM IN TROUBLE WITH PARENTS OR TEACHERS ON PURPOSE?)

**DO NOT COUNT SIBLINGS.**

B. What kind of things would you do?

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

ODD3RA9 D9. Have you used a lot of dirty words or curse words NO . . . . . 1  
at times when you shouldn't? YES . . . . . 5

ODD3RA D10A. How old were you the (first/last) time things AGE ONS: \_\_\_\_ \_\_\_\_  
ODD4A like (NAME POSITIVES IN D1-D9) happened? ONS: 1 2 3 4 5

(PROBE: DO YOU REMEMBER WHAT GRADE YOU WERE IN?) AGE REC: \_\_\_\_ \_\_\_\_  
REC: 1 2 3 4 5

ODD3RA B. Did (NAME POSITIVES) last for 6 months or longer? NO . . . . . 1  
ODD4A YES . . . . . 5  
ODD1CDDB

**IF ONLY 1 POSITIVE SYMPTOM CODED IN D1-D9; SKIP TO E1A, P.19. OTHERS, CONTINUE.**

ODD3RA C. Did most of the things like (NAME POSITIVES) NO . . . . . 1  
ODD4A happen around the same time (for example, in the YES . . . . . 5  
ODD1CDB same grade)?

**FOR EACH 5 IN COL. I, ASK**  
 "Did this happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II**

ODD4B

	<u>COL. I</u>	<u>COL. II</u>
	NO	YES
D11A. Because of (NAME POSITIVES IN D1-D9), have any of the following things happened? (CODE IN COL. I)		
1. Did your grades go down?	1 5	1 2 3
2. Did your teachers get angry with you or tell you that you had a bad attitude?	1 5	1 2 3
3. Did you feel very sad or lonely?	1 5	1 2 3
4. Did you lose friends?	1 5	1 2 3
5. Did your parents get really angry with you?	1 5	1 2 3
6. Were you grounded or not allowed to do something you really wanted to do?	1 5	1 2 3
B. Were you sent somewhere else to live?	NO . . . . . 1 YES . . . . . 5	
C. Were you sent to see a counselor or any other professional?	NO . . . . . 1 YES . (SPECIFY) . 5	
SPECIFY: _____		
_____		
D. Were you sent to juvenile court?	NO . . . . . 1 YES . (SPECIFY) . 5	
SPECIFY: _____		
_____		
E. Anything else?	NO . . . . . 1 YES . (SPECIFY) . 5	
SPECIFY: _____		
_____		

- E1A. Have you ever had a chance to try smoking a cigarette or chewing tobacco? Maybe you didn't try it, but you could have if you wanted to? NO(SKIP TO F1A, P.25)1  
YES . . . . . 5
- B. How old were you the first time you had a chance to try smoking a cigarette, or chewing tobacco? AGE ONS: \_\_\_\_ \_\_\_\_  
ONS: 1 2 3 4 5
- C. Did you ever try smoking a cigarette? NO . . . . . 1  
YES . . . . . 5
- D. Did you ever try chewing tobacco? NO . . . . . 1  
YES . . . . . 5

IF YES TO C OR D, SKIP TO F. OTHERS, CONTINUE.

E. Why didn't you try cigarettes (or chewing tobacco)?  
\_\_\_\_\_

SKIP TO F1A, P.25.

- F. How old were you the first time you actually tried smoking a cigarette (or chewing tobacco)? AGE ONS: \_\_\_\_ \_\_\_\_  
ONS: 1 2 3 4 5
- G. How old were you the last time you smoked a cigarette (or chewed tobacco)? AGE REC: \_\_\_\_ \_\_\_\_  
REC: 1 2 3 4 5
- H. Who first gave you a cigarette (or some chewing tobacco)? SELF . . . . . 1  
FRIEND/PEER . . . . . 2  
MINOR FAMILY . . . . . 3  
ADULT FAMILY . . . . . 4  
PARENT . . . . . 5  
OTHER . (SPECIFY) . 6  
SPECIFY OTHER: \_\_\_\_\_
- I. Who (usually) gets cigarettes (or chewing tobacco) for you? SELF . . . . . 1  
FRIEND/PEER . . . . . 2  
MINOR FAMILY . . . . . 3  
ADULT FAMILY . . . . . 4  
PARENT . . . . . 5  
OTHER . (SPECIFY) . 6  
SPECIFY OTHER: \_\_\_\_\_
- J. Did you enjoy your first experience with using tobacco...  
A LOT? . . . . . 1  
SOME? . . . . . 2  
A LITTLE? . . . . . 3  
NOT AT ALL? . . . . . 4

E2. OMITTED.

- E3. The first few times you used tobacco, did you... NO YES
- 1. cough? . . . . . 1 5
- 2. feel dizzy or light-headed? . . . . . 1 5
- 3. get a headache? . . . . . 1 5
- 4. feel your heart racing? . . . . . 1 5
- 5. feel nauseated, like vomiting? . . . . . 1 5
- 6. experience anything else, either good or bad? (IF YES, SPECIFY) 1 5
- SPECIFY POSITIVE EFFECT: \_\_\_\_\_ 1 5
- SPECIFY NEGATIVE EFFECT: \_\_\_\_\_ 1 5

E4. Over your lifetime, have you (smoked 5 or more packs of cigarettes or used 30 pinches or more of snuff or tobacco)?

NO . (SKIP TO F1A, P.25)	1
YES . . . . .	5

**FOR EACH 5 CODED IN E1C-D ASK:**

E5A. When you were using tobacco the most, how many days per week did you (smoke cigarettes/use snuff or chewing tobacco)?

	<u>CIGS</u>	<u>CHEW</u>
DAYS:	___	___

**IF NOT AS OFTEN AS ONCE A WEEK, CODE 0 AND SKIP TO F1A, P.25.**

B. How many (cigarettes/pinches) did you usually (smoke/use) in a day? UNITS: \_\_\_ \_\_\_

C. For how long did you use this many? MONTHS: \_\_\_ \_\_\_

D. How old were you the (first/last) time you used (cigarettes/pinches) at that rate?

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

E6A. Since you began using tobacco, what is the longest amount of time you have gone without using any tobacco? \_\_\_ \_\_\_ \_\_\_ UNITS

**IF NEVER: CODE 000, CIRCLE DAYS, AND SKIP TO E7.**

**CODE UNITS:**

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

B. How old were you when the longest time (began/ended)?

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

Think about the time lasting a month or more when you were using tobacco the most.

E7. During this month, when you were using tobacco the most, about how soon after you woke up did you (smoke/use) your first (cigarette/pinch)? \_\_\_ \_\_\_ \_\_\_ MINUTES

**IF DK, ASK A.**

A. **IF DK,** Was it usually . . .

WITHIN 5 MINUTES? . . . . .	1
WITHIN 6-30 MINUTES? . . . . .	2
WITHIN 31-60 MINUTES? . . . . .	3
MORE THAN ONE HOUR? . . . . .	4

E8. During the time you were using tobacco the most, did you usually smoke more often in the first few hours of the day, than during the rest of the day?

FIRST FEW HOURS . . . . .	1
REST OF DAY . . . . .	5

E9. During the time when you were using tobacco the most, was it hard to keep from (smoking/using) in places where it was not allowed? For example, at school, in movie theaters, or when someone asked you not to?

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

E10. During the time when you were using tobacco the most, were there times you used tobacco even when you were so sick that you had to be in bed most of the day?

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

**BEGIN SCORING \*'S ON TOBACCO TALLY SHEET FOR SECTION E.**

Now I'd like to ask you some questions about experiences people sometimes have with using tobacco.

**IF QUIT, SAY:** Since you don't use tobacco now, I'd like you to answer for when you used to use tobacco.

E11. Have you ever chain smoked cigarettes; that is, where you smoked one right after another? NO . (SKIP TO B) . 1  
YES . . . . . 5

ND4-5 A. How many cigarettes have you smoked in a row? \_\_\_\_\_\*  
**IF DK, ASK A1.** \* **MARK TALLY IF: 3 OR MORE**

1. **IF DK,** Was it at least 3 in a row? NO . . . . . 1  
YES . . . . . 5\*

ND4-5 B. Have you spent a lot of time using tobacco? NO . . . . . 1  
YES . . . . . 5\*

E12A. Have you ever stopped doing things with any of your good friends because of your tobacco use? NO . . . . . 1  
YES . . . . . 5

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your tobacco use? NO . . . . . 1  
YES . . . . . 5

**IF BOTH A & B ARE NO, SKIP TO E13.**

ND4-6 C. Did (5'S IN A & B) happen 3 or more times, or did it last a month or longer? NO . . . . . 1  
YES . . . . . 5\*

ND4-3 E13. Have you often used tobacco a lot more than you meant to or for more days in a row than you meant to? For example, smoking half a pack or more when trying to only smoke 1 or 2 cigarettes? NO . . . . . 1  
YES .(SKIP TO E14) 5\*

ND4-3 A. Have there been a lot of times when you ran out of tobacco sooner than you meant to? NO . . . . . 1  
YES . . . . . 5\*

E14. Have you smoked in places where it was dangerous to smoke? For example, when in bed, or around things like gasoline, paint thinners, or cleaning fluids? NO .(SKIP TO E15) . 1  
YES . . . . . 5

A. Has this happened 3 or more times? NO . . . . . 1  
YES . . . . . 5

B. Have you smoked in a situation where it was dangerous more than once in any 12-month period? NO . . . . . 1  
YES . . . . . 5

ND4-4 E15. Have you often wanted to quit or cut down on using tobacco? NO . . . . . 1  
 YES . (SPECIFY) . . 5\*

SPECIFY REASON (**DON'T COUNT PREGNANCY**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Have you ever tried to quit or cut down on using tobacco? NO .(SKIP TO E16A) 1  
 YES . . . . . 5

ND4-4 B. Have you always been able to stop or cut down when you wanted to? NO . . . . . 1  
 YES . (SKIP TO C) . 5

1. Have you more than once found you were unable to stop or cut down on using tobacco in any 12-month period? NO, ONLY ONCE . . . 1  
 YES, MORE THAN ONCE 5\*

C. How old were you the (first/last) time you tried to quit or cut down? AGE ONS: \_\_\_\_\_  
 ONS: 1 2 3 4 5

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

D. Have you ever tried to stop or cut down on using tobacco by going to a class, using medication, or anything else? NO . . . . . 1  
 YES . . . . . 5

E. Why did you try to quit or cut down on using tobacco? BAD FOR HEALTH . . 1  
 NO MONEY . . . . . 2  
 DIDN'T LIKE IT . . 3  
 NOT COOL . . . . . 4  
 OTHER . (SPECIFY) . 5

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

\_\_\_\_\_

F. Have you ever smoked to keep your weight down? NO . . . . . 1  
 YES . . . . . 5



E16A. I'm going to ask you about some problems that you might have had after you stopped or cut down on using tobacco. Think about the time when you had the most problems after you stopped or cut down on using tobacco.  
**(CODE IN COLUMN I.)**

	<u>COL. I</u>		<u>COL. II</u>		<u>COL. III</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
During that time. . .						
1. Were you irritable, angry, or frustrated?	1	5	1	5	1	5
2. Were you nervous or anxious? . . . . .	1	5	1	5	1	5
3. Were you restless? . . . . .	1	5	1	5	1	5
4. Did you have trouble concentrating? . . .	1	5	1	5	1	5
5. Did your heart slow down? . . . . .	1	5	1	5	1	5
6. Did you feel sad or depressed? . . . . .	1	5	1	5	1	5
7. Did you want tobacco so badly that you couldn't think of anything else? . . . . .	1	5	1	5	1	5
8. Did you feel hungrier or gain weight? . .	1	5	1	5		
9. Did you have trouble sleeping? . . . . .	1	5	1	5		

**BOX E16:**  
**HOW MANY 5'S ARE CODED IN COL. I?**

NONE . . . . . (SKIP TO E17A)	1
1-3 . . . . . (SKIP TO C)	2
4 OR MORE . (CONTINUE)	3

ND4-2A

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

1. Which ones? **(CODE IN COL. II.)**

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

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

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

**FOR EACH 5 CODED IN E16A.1-7 IN COL. I, ASK C.**

C. Did (SX) last for at least 24 hours? **(CODE IN COL. III.)**

D. Have any of the problems you had after quitting or cutting down on tobacco often interfered with how you got along at home, school (work), or in other activities? NO . . . . . 1  
 YES . . . . . 5

ND4-2B

E. Did you keep using tobacco or go back to using it to make these problems go away, or to avoid having them again? NO . . . . . 1  
 YES . . . . . 5\*

- E17A. Has using tobacco ever made you nervous or shaky or caused you any emotional problems? NO (SKIP TO E18A) . 1  
YES . . . . . 5
- B. Has this ever kept you from doing the things you normally do? NO (SKIP TO E18A) . 1  
YES . (SPECIFY) . . 5

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

ND4-7

- C. Did you keep on using tobacco after you knew it caused you problems like that? NO . . . . . 1  
YES . . . . . 5\*

- E18A. Has using tobacco caused you any health problems such as a problem with your heart, lung trouble, a cough that wouldn't go away, or any other health problem? NO .(SKIP TO E19) . 1  
YES . .(SPECIFY) . 5

ND4-7

SPECIFY ILLNESS: \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_

- B. Did you keep using tobacco after you knew it caused you (this/these) health problem(s)? NO . . . . . 1  
YES . . . . . 5\*

ND4-7

- E19. Have you used tobacco when you already had a serious illness that you knew was made worse by your tobacco use, such as asthma, bronchitis, etc.? NO (SKIP TO E20A) . 1  
YES . (SPECIFY) . . 5\*

SPECIFY ILLNESS: \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_

- E20A. After you had been (smoking/using tobacco) for awhile, did you start to need more (cigarettes/chews) each day? NO . (SKIP TO C) . 1  
YES . . . . . 5\*

ND4-1A

- B. Was this a big increase? For example, if you used to smoke 10 cigarettes a day, did you increase to 15, or maybe you went from 20 to 30 cigarettes? NO . . . . . 1  
YES(SKIP TO BOX E21)5

ND4-1B

- C. After you had been using tobacco for awhile, did you find tobacco had less effect on you than before? NO . . . . . 1  
YES . . . . . 5\*

**BOX E21: CHECK TALLY SHEET.  
IF 3 OR MORE BOXES CHECKED, SHOW R TALLY SHEET AND ASK E21.  
OTHERS; SKIP TO F1A, P.25.**

I'd like to review the experiences you've told me you had with using tobacco. You've said that: **(READ SX ON TALLY SHEET)**.

- ND4 E21. Did you ever have 3 or more of these experiences in any 12-month period? NO(SKIP TO F1A, P.25)1  
YES . . . . . 5  
**(NOTE: MUST BE FROM 3 DIFFERENT GROUPS.)**

- A. How old were you the first time you had 3 or more of these experiences in any 12-month period? AGE ONS: \_\_\_\_ \_\_\_\_  
ONS: 1 2 3 4 5

- B. How old were you when the last 12-month period like that ended? AGE REC: \_\_\_\_ \_\_\_\_  
REC: 1 2 3 4 5

Now I'm going to ask you some questions about your experiences with alcohol. Because this is a study about alcohol, it is very important that you answer the questions as best as you can.

- F1A. Have you ever had a chance to try alcohol? NO (SKIP TO G1A, P.48) 1  
 Maybe you didn't try it, but you could have if YES . . . . . 5  
 you wanted to?
  
- B. How old were you the first time you had a AGE ONS: \_\_\_\_ \_\_\_\_  
 chance to try alcohol? ONS: 1 2 3 4 5
  
- C. Did you ever try it? NO . . (SKIP TO E) . 1  
 1. OMITTED YES . . . . . 5
  
- D. How old were you the first time you actually AGE ONS: \_\_\_\_ \_\_\_\_  
 tried alcohol? ONS: 1 2 3 4 5

**SKIP TO F.**

E. Why didn't you try it?  
\_\_\_\_\_  
\_\_\_\_\_

**SKIP TO G1A, P.48**

- (F1) F. Have you ever had a whole drink, like a can of NO . . . . . 1  
 beer, a glass of wine, a wine cooler, a shot of YES . . (SKIP TO F3A) 5  
 hard liquor (like gin, scotch or vodka) or any  
 other kind of drink with alcohol in it?
  
- (F2) G. So you've never had one whole drink of alcohol? NEVER HAD A DRINK  
 (SKIP TO G1A, P.48) 1  
 HAD A DRINK . . . . . 5

F2. OMITTED

- (F3) F3A. How old were you when you had your very first whole drink? AGE ONS: \_\_\_\_ t  
ONS: 1 2 3 4 5
- B. How old were you the last time you had a whole drink? AGE REC: \_\_\_\_ t  
REC: 1 2 3 4 5
- C. Who gave you your first whole drink of alcohol? SELF . . . . . 1  
FRIEND/PEER . . . . . 2  
SPECIFY OTHER: \_\_\_\_\_ MINOR FAMILY . . . . . 3  
\_\_\_\_\_ ADULT FAMILY . . . . . 4  
PARENT . . . . . 5  
OTHER . . (SPECIFY) . . 6
- D. Who (usually) gets alcohol for you? SELF . . . . . 1  
FRIEND/PEER . . . . . 2  
SPECIFY OTHER: \_\_\_\_\_ MINOR FAMILY . . . . . 3  
\_\_\_\_\_ ADULT FAMILY . . . . . 4  
PARENT . . . . . 5  
OTHER . . (SPECIFY) . . 6

IS E4 CODED 5?	NO . . (SKIP TO F4C) . .1
	YES . . . . . . . . . .5

- F4A. When you drink, do you almost always smoke at the same time? NO . . . . . 1  
YES . . . . . 5
- B. OMITTED
- C. Once you (started/tried) drinking, did you find that you were invited to more parties and activities, or to hang out with friends more often? NO . . . . . 1  
YES . . . . . 5
- D. Has drinking (usually) made you feel less shy or more relaxed with people? NO . . . . . 1  
YES . . . . . 5
- E. Has drinking helped you find people to date? NO . . . . . 1  
YES . . . . . 5
- F. Has drinking helped you in any (other) way? NO . . . . . 1  
YES . . (SPECIFY) . . 5  
SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

(F4) F5A. While drinking, has one or two drinks of alcohol ever made you:  
 (CODE IN COL. A)  
 DO NOT COUNT IF ONLY ONE TYPE OF ALCOHOL CAUSES REACTION.

	<u>COL. A</u>		<u>COL. B</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. flush or blush that is, when your face and hands felt hot and your face turned red? . . . . .	1	5	1	5
<b>IF F5A1 = 5, ASK:</b>				
a. Did you flush or blush a few minutes after only one drink? . . . . .	1	5		
2. break out into a rash? . . . . .	1	5	1	5
3. feel very sleepy? . . . . .	1	5	1	5
4. feel sick to your stomach? . . . . .	1	5	1	5
5. have headaches, or head pounding or throbbing? . .	1	5	1	5
6. feel your heart beating hard inside your chest? . .	1	5	1	5

**FOR EACH 5 IN COL. A, ASK B. OTHERS, SKIP TO F6A.**

B. Did (Sx) ever keep you from drinking alcohol? (CODE IN COL. B)

(F8) F6A. Let's talk about the last week. Did you drink anything with alcohol in it during the last 7 days? NO . . (SKIP TO F7A) . 1  
 YES . . . . . 5

B. I'd like to know about the alcoholic drinks you have had each day in the last week. Today is \_\_\_\_\_. Let's begin with yesterday.

How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.  
 IF OTHER, RECORD SPECIFIC DRINK NAME.**

	<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
	<u># Dr</u>	<u># Dr</u>	<u># Dr</u>	<u># Dr</u>	
M	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____

F7A. Think about your use of alcohol over the past 6 months (**SUGGEST TIME MARKER.**) Did you drink anything with alcohol in it during the last 6 months? (So you (have/have not) had a drink with alcohol in it during the last 6 months?)

NO . . (SKIP TO C) . . . 1  
 YES, HAD A DRINK . . . 5

(F9) B. I'd like to know about the alcoholic drinks that you would usually have in a typical week when you drank alcohol. Think about a week since (**REPEAT TIME MARKER**) that is an example of the way you usually drank. Let's start on the weekend. On a usual Friday night when you drank, how many (beers, coolers, etc.) would you have?

**IF R VOLUNTEERS THAT DRINKING IN THE LAST WEEK WAS TYPICAL, CONFIRM AND RE-CODE AMOUNTS FROM F6 CHART.**

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.  
 IF OTHER, RECORD SPECIFIC DRINK NAME.**

How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

	<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
	# Dr	# Dr	# Dr	# Dr	
M	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____

(F4C) C. How many drinks of alcohol have you had in your life? **IF DK, ASK C1.** \_\_\_\_\_ DRINKS

1. **IF DK, Was it . . .** 6 OR FEWER . . . . . 0  
**PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE** 7 OR MORE . . . . . 1  
 11 OR MORE . . . . . 2  
 20 OR MORE . . . . . 3  
 40 OR MORE . . . . . 4

(F5) F8A. Have you ever gotten drunk, where you couldn't talk clearly and it was hard to keep your balance?

NO . . (SKIP TO F9A) . . . 1  
 YES . . . . . 5

B. How old were you the very (first/last) time you got drunk, where you couldn't talk clearly and it was hard to keep your balance?

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

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

You said that you were (AGE IN F3A) years old when you first drank alcohol.

F9A. Was this during the summer, or was it during the school year? SUMMER . . . . . 1  
SCHOOL YR (SKIP TO C) 5

B. What grade would you have just completed? \_\_\_ \_\_\_ GRADE

**SKIP TO D**

C. What grade would you have been in? \_\_\_ \_\_\_ GRADE

D. I'm going to ask you some questions about your past alcohol use. I will refer to how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

**HAND R CARD F-1.**

For some of the questions, I want you to choose from these answers. I will tell you which questions to use them with. Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) \_\_\_ grade and the summer afterwards, (REPEAT QUESTIONS 1-8 FOR EACH GRADE UP TO THE PRESENT TIME).

<b>RECORD FOR EACH GRADE:</b>	<b>6 &amp; earlier</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Age when entered:	--	--	--	--	--	--	--
1. How often did you usually drink alcohol? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
2. <u>On average</u> , how many drinks did you usually have each time you drank? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
3. What was the <u>most</u> that you ever drank at one time in the ___ grade? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
4. How often did you drink this amount? REFER TO NUMBER OF DRINKS ABOVE. (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
5. What is the <u>least</u> number of drinks you ever drank when you were drinking in the ___ grade? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
6. About how often did you drink enough to get a little buzzed? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
7. About how often did you drink enough to get drunk? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
8. How often did you drink enough to stay drunk for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--

**FREQUENCY CODES** (For Questions 1, 4, 6, 7, 8):

Daily	<b>01</b>	3-4 times/month	<b>04</b>	1-3 times ever	<b>07</b>
4+ times/week	<b>02</b>	1-2 times/month	<b>05</b>	NEVER	<b>08</b>
2-3 times/week	<b>03</b>	Once every 2-4 months	<b>06</b>	NA/DK	<b>-9</b>

F10. How old were you when you started drinking regularly, that is, you drank at least once a month for 6 months or longer? AGE: \_\_\_ t  
**IF NEVER, CODE 00**

F11A. What is the largest number of drinks you have ever had in a 24-hour period? I mean whole drinks, like a can of beer or a shot of hard liquor, not just sips.

\_\_\_ DRINKS

**IF LESS THAN 3, SKIP TO G1A, P.48.**

B. How many times have you had at least 3 drinks in a 24-hour period?

\_\_\_ TIMES

**IF LESS THAN 2, SKIP TO G1A, P.48.**

C. How old were you the (first/last) time you had 3 or more drinks in a 24-hour period?

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

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



**BEGIN SCORING ALCOHOL TALLY SHEETS.**

Now I'm going to ask you about how things may have changed for you since you started drinking.

(F19) F12A. Have you ever needed to drink a lot more alcohol than you used to in order to get a little buzzed or get drunk? For example, did you once need 2 beers to feel "buzzed", but later needed to drink 3 beers to feel the same way? NO . . .(SKIP TO F) . 1 YES . . . . . 5

B. When you first started drinking, how many drinks did it take for you to get "buzzed"? \_\_\_ DRINKS

C. How many drinks did you increase to? \_\_\_ DRINKS

**D. WAS INCREASE TO 4 DRINKS OR MORE? NO...(SKIP TO F)...1 YES.....5  
E. WAS INCREASE 50% OR MORE? NO.....1 YES..(SKIP TO G) ..5 A,B,C**

AD3RA7  
AD4-1a  
ADICDA4

F. Have you ever found that you couldn't get an effect when you drank the same amount you used to? NO .(SKIP TO F13A) 1 YES . . . . . 5

AD3RA7  
AD4-1b  
ADICDA4

1. When you first started drinking, how many drinks did it take for you to get an effect? \_\_\_ DRINKS

2. How many drinks did you increase to? \_\_\_ DRINKS

**3. WAS INCREASE TO 4 DRINKS OR MORE? NO..(SKIP TO F13A)..1 YES.....5  
4. WAS INCREASE 50% OR MORE? NO..(SKIP TO F13A)..1 YES.....5 A,B,C**

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

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

(F20) F13A. Have you often wanted to stop or cut down on how much you drank? NO .(SKIP TO C) . 1  
 AD3RA2/B YES . . . . . 5**A,B,C**  
 ADICD2  
 AD4-4

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

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

C. Have you ever tried to stop or cut down on drinking? NO (SKIP TO F14A) 1  
 YES . . . . . 5

AD3RA2  
 FGNALCB1

1. Were you always able to stop or cut down on drinking? NO, UNABLE . . . 1**A**  
 YES (SKIP TO F14A) 5

AD4-4  
 ADICDA2

2. Have you been unable to stop or cut down on drinking 3 or more times? NO . . . . . 1  
 YES . . . . . 5**B,C**

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

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

FGNALCB2 F14A. 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 F15A) 1  
 YES . (SPECIFY) . 5

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

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

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

(F21) F15A. Have you ever drank much more than you really meant to? NO (SKIP TO F16A) 1  
 FGNALCB1 YES . . . . . 5

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

AD3RA1/B  
 AD4-3  
 ADICDA2

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

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

(F22) F16A. Have you ever started drinking one or two drinks and then ended up drinking for a longer time than you really wanted to? NO (SKIP TO F17A) 1  
 YES . . . . . 5

(PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON DRINKING?)

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

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

AD3RA1/B  
AD4-3  
ADICDA2

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

(F23) F17A. Have you ever needed to take a drink before going out -- say to a party, or going to drink with your friends? NO (SKIP TO F18A) 1  
 YES . . . . . 5

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

(F28) F18A. Have you ever spent a lot of time getting alcohol, drinking alcohol, or trying to feel better after drinking alcohol? NO (SKIP TO F19A) 1  
 YES . . . . . 5

AD3RA3  
AD4-5  
ADICDA5

B. Did this period last for a month or more, or did you have 3 or more periods like that? NO (SKIP TO F19A) 1  
 YES . . . . . 5A,B,C

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

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

(F18) F19A. Have you ever stopped doing things with any of your good friends because of your drinking? NO . . . . . 1  
 YES . . . . . 5

B. Have you missed activities, club meetings, or sports practices you usually participated in because you were drinking, drunk, or hung over? NO . . . . . 1  
 YES . . . . . 5

**IF BOTH A & B ARE NO, SKIP TO F20A.**

C. How old were you the (first/last) time (NAME 5'S IN F19A & B) happened? AGE ONS: \_\_\_\_ \_\_\_\_  
 ONS: 1 2 3 4 5

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

AD3RA5/B  
AD4-6  
ADICDA5

D. Did this happen 3 or more times or for a month or more? NO . . . . . 1  
 YES . . . . . 5A,B,C

(F17)	F20A. Have you ever been drunk for 2 days or more without sobering up, except for when you were sleeping?	NO (SKIP TO F21A) 1 YES . . . . . 5
	B. Did this keep you from doing schoolwork, homework, chores, or other things you were supposed to do?	NO (SKIP TO F21A) 1 YES . . . . . 5
	C. How old were you the (first/last) time?	AGE ONS: _____ ONS: 1 2 3 4 5
AD3RA4/B ADICDA5 FGNALCA4		AGE REC: _____ REC: 1 2 3 4 5
AA4A1	D. Did this happen 3 or more times?	NO (SKIP TO F21A) 1 YES . . . . . 5 <b>A,C</b>
	E. Did this happen 3 or more times in any 12-month period?	NO . . . . . 1 YES . . . . . 5
<hr/>		
	F21A. Have you ever passed out from drinking?	NO . . . . . 1 YES . . . . . 5
FGNALCA3	B. Have you ever had blackouts? That is, you did <u>not</u> pass out while drinking, but you drank enough so that the next day you couldn't remember things you had said or done?	NO (SKIP TO F22A) 1 YES . . . . . 5
	C. How old were you the (first/last) time?	AGE ONS: _____ ONS: 1 2 3 4 5
FGNALCA3		AGE REC: _____ REC: 1 2 3 4 5
	D. Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5
<hr/>		
FGNALCB3	F22A. Have you ever taken a drink just after you had gotten up?	NO (SKIP TO F23A) 1 YES . . . . . 5
	B. How old were you the (first/last) time?	AGE ONS: _____ ONS: 1 2 3 4 5
		AGE REC: _____ REC: 1 2 3 4 5
	C. Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5
<hr/>		
ADICDA1	F23A. At times when you couldn't drink, did you ever want to drink so badly that you couldn't think of anything else?	NO (SKIP TO F24A) 1 YES . . . . . 5 <b>C</b>
	B. How old were you the (first/last) time?	AGE ONS: _____ ONS: 1 2 3 4 5
		AGE REC: _____ REC: 1 2 3 4 5

FGNALCB4 F24A. Have you ever drank unusual things such as mouthwash or cough syrup (like Nyquil) to get an effect, "buzzed", or drunk? NO (SKIP TO F25A) 1  
 YES .(SPECIFY) . 5

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

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

(F14C) F25A. Have you ever drunk alcohol while taking medicines or other drugs you knew were clearly dangerous to mix with alcohol? NO (SKIP TO F26A) 1  
 YES .(SPECIFY) . 5

SPECIFY MED/DRUG(S): \_\_\_\_\_ CODE: \_\_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_\_

AD3RA4/B  
 AA3RA2

B. Did this happen 3 or more times? NO (SKIP TO F26A) 1  
 YES . . . . . 5A

AA4A2 C. How old were you the (first/last) time that happened? AGE ONS: \_\_\_\_\_  
 ONS: 1 2 3 4 5

ADICDA6 AGE REC: \_\_\_\_\_  
 REC: 1 2 3 4 5

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

E. Did you have any negative effects from mixing alcohol and (DRUG)? NO . . . . . 1  
 YES . (SPECIFY) . 5C

SPECIFY EFFECT(S): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (F26) F26A. Have you ever driven a car when you had been drinking? NO . (SKIP TO D) . 1  
YES . . . . . 5
- FGNALCC2 B. Have you ever been stopped or arrested for drunk driving? NO . . . . . 1  
YES . . . . . 5
- FGNALCC2 C. Has your drinking and driving ever resulted in you damaging a car or having an accident? NO . . . . . 1  
YES . . . . . 5
- D. When you've been drinking, have you ever ridden in a car when the driver had been drinking or using drugs? NO . . . . . 1  
YES . . . . . 5

**IF NO 5'S IN F26A-D, SKIP TO G. OTHERS, CONTINUE.**

E. How old were you the (first/last) time (NAME 5'S IN F26A-D) happened? AGE ONS: \_\_\_\_ \_\_\_\_  
ONS: 1 2 3 4 5

AD3RA4/B AA3RA2/B AGE REC: \_\_\_\_ \_\_\_\_  
REC: 1 2 3 4 5

- AA4A2 F. Did you (NAME 5'S IN F26A-D) 3 or more times in your lifetime? NO . (SKIP TO G) . 1  
YES . . . . . 5A
- 1. Did this happen 3 or more times in any 12-month period? NO . . . . . 1  
YES . . . . . 5

G. When you have been under the influence of alcohol, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous? NO (SKIP TO F28A) . 1  
YES . (SPECIFY) . . 5

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

AD3RA4/B AD3RA2/B H. How old were you the (first/last) time? AGE ONS: \_\_\_\_ \_\_\_\_  
AA4A2 ONS: 1 2 3 4 5

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

- I. Did things like this happen 3 or more times? NO . (SKIP TO J) . 1  
YES . . . . . 5A
- 1. Did this happen 3 or more times in any 12-month period? NO . . . . . 1  
YES . . . . . 5

J. Have you ever handled a gun while drinking? NO (SKIP TO F28A) . 1  
YES . . . . . 5

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

F27. BLANK

---

F28A. Have you ever skipped school (work) or cut class so you could drink? NO (SKIP TO F29A) . 1  
YES . . . . . 5

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

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

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

---

F29A. Have you ever gone to school (or to work) when drunk or hung over? NO (SKIP TO F30A) . 1  
YES . . . . . 5

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

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

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

---

F30A. Have you ever had a drink or gotten drunk at school (or at work)? NO (SKIP TO F31A) . 1  
YES . . . . . 5

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

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

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

---

- (F15) F31A. Have you ever missed any school (or work) because you were drunk or hung over? NO . . . . . 1  
YES . . . . . 5
- (F16) B. Have your grades gone down when you were drinking, drunk, or hung over? NO . . . . . 1  
(F18) YES . . . . . 5
- C. Have you ever dropped out of school (or quit a job) because of drinking? NO . . . . . 1  
YES . . . . . 5
- (F15) D. Have you had any other problems at school (or at work) because you were drinking, drunk, or hung over? NO . . . . . 1  
YES . . . . . 5
- E. Have you had any problems at home with getting your chores done because of your drinking? NO . . . . . 1  
YES . . . . . 5

**IF NO 5'S IN F31A-E, SKIP TO F32A.  
OTHERS, CONTINUE.**

F. How old were you the (first/last) time (NAME 5'S IN F31A-E) happened? AGE ONS: \_\_\_\_ \_\_\_\_  
ONS: 1 2 3 4 5

AD3RA4/B

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

- AA4A1 G. Have you (NAME 5'S IN F31A-E) 3 or more times in your lifetime? NO .(SKIP TO F32A) . 1  
YES . . . . . 5A
- 1. Did this happen 3 or more times in any 12-month period? NO . . . . . 1  
YES . . . . . 5

FGNALCD2 F32A. Has anyone in your family told you they thought you were drinking too much? NO .(SKIP TO F33A) . 1  
YES . (SPECIFY) . . . 5

AD3RA6  
AA3RA1/B

SPECIFY PERSON(S): \_\_\_\_\_

B. Was this because of your age, the amount you were drinking, or because (PERSON) is against anyone drinking alcohol? AGE . . . . . 1A  
AMOUNT OF DRINKING . 2A  
AGAINST ALL DRINKING 3  
OTHER . (SPECIFY) . . 4

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



**FOR EACH 5 CODED IN F33A-E, GET AGE ONSET, THEN ASK, "Did this happen 3 or more times?", AND CODE IN COL. II.**

COL. I                      COL. II  
NO YES                      AGE ONS                      NO YES

(F10)  
 FGNALCD4  
 AD3RA6  
 AA3RA1/B

F33A. Have your friends or anyone outside your family told you they thought you were drinking too much? (IF YES, SPECIFY)

1 5    \_\_\_ \_\_\_    1 5A

SPECIFY PERSON(S): \_\_\_\_\_

AD3RA6  
 AA3RA1/B  
 FGNALCC4

B. When you've been drinking, have there been times when you've gotten really angry at someone and shouted or yelled at them?

1 5    \_\_\_ \_\_\_    1 5

FGNALCD3  
 AD3RA6  
 AA3RA1/B

C. Have you gotten into fights where you shoved or hit someone when you were drinking?

1 5    \_\_\_ \_\_\_    1 5A

AD3RA6  
 AA3RA1/B

D. Has anyone ever stopped being friends with you because of your drinking?

1 5    \_\_\_ \_\_\_    1 5A

E. Have there been times when you stayed away from everyone and just drank by yourself? (IF YES, SPECIFY)

1 5    \_\_\_ \_\_\_    1 5A

SPECIFY WHAT HAPPENED: \_\_\_\_\_

**IF NO 5'S IN F33A-E COL. I, SKIP TO F34A. OTHERS, CONTINUE.**

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

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

AD3RA6  
 AA3RA1

G. Did you think that drinking had anything to do with these problems?

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

AA4RA4

H. Did you continue to drink anyway?

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

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

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

FGNALCC1 F34A. Have you ever been arrested or held by the police, even for a short time, because of drinking (other than for drunk driving)? NO . (SKIP TO F35A) 1  
 YES . . . . . 5

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

AD3RA6  
 AA3RA1/B

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

AA4A3 C. Did this happen 3 or more times? NO . (SKIP TO F35A) 1  
 YES . . . . . 5A

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

(F27) F35A. Have you ever accidentally been seriously hurt when you were drinking? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident? NO . (SKIP TO F36A) 1  
 YES . . . . . 5

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

AD3RA4/B  
 AA3RA2/B  
 ADICDA6  
 AHUICD-10

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

AA4A2 C. Did this happen 3 or more times? NO . . (SKIP TO E) . 1  
 YES . . . . . 5A,C

AHUICD-10

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

E. Did you go to an emergency room or see a doctor because of the accident(s)? NO . (SKIP TO F36A) 1  
 YES . . . . . 5

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

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

(F14A) F36A. Have there been times when you drank even though you knew that you had an illness or problem with your health that might be made worse by drinking? NO . (SKIP TO F37A) 1  
 YES . . (SPECIFY) . 5A,B,C

AD3RA6  
 AD4-7  
 ADICDA6  
 AA3RA1

SPECIFY ILLNESS: \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
 \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_

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

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

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

(F13) When you have been drinking alcohol, have any of the following things happened to you?

- F37A. Did you feel really depressed or not interested in things for more than a day (24 hours)?
 

NO . . . . .	1
YES . . . . .	5
  
- B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)?
 

NO . . . . .	1
YES . . . . .	5
  
- C. Did you see or hear things that weren't really there for more than a day (24 hours)?
 

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

**IF NO 5'S IN F37A-C, SKIP TO F38.  
OTHERS, CONTINUE.**

- D. Did you think that drinking had anything to do with problems like (NAME 5's in F37A-C)?
 

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

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

AD3RA6  
AD4-7  
ADICDA6  
AA3RA1

- E. Did you continue to drink anyway?
 

NO . . . . .	1
YES . . . . .	5 <b>A,B,C</b>

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

AGE ONS: _____	
ONS: 1 2 3 4 5	

AGE REC: _____	
REC: 1 2 3 4 5	

(F11)	F38.	Have there been times when most of your friends were kids who drank a lot?	NO . . . . . 1 YES . . . . . 5
(F12) FGNALCD1	F39A.	Have you ever thought that you were drinking too much?	NO . (SKIP TO F40A) . 1 YES . . . . . 5
	B.	How old were you the first time you thought that?	AGE ONS: ____ ____ ONS: 1 2 3 4 5
FGNALCD5	F40A.	Have you ever felt guilty about drinking?	NO . (SKIP TO F41) . 1 YES . . . . . 5
	B.	How old were you the first time you felt that way?	AGE ONS: ____ ____ ONS: 1 2 3 4 5

Sometimes when people drink, things happen that otherwise might not have.

F41.	When you have been drinking, have you ever had sex when you otherwise would not?	NO . . . . . 1 YES . . . . . 5
F42.	When you have been drinking, have you ever pressured someone to have sex with you?	NO . (SKIP TO F43) . 1 YES . . . . . 5
A.	Would you have done this if you had not been drinking?	NO . . . . . 1 YES . . . . . 5
F43.	Has drinking ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)?	NO . . . . . 1 YES . . . . . 5
F44.	When you have been drinking, have you taken any other risks that you wouldn't have otherwise? <b>For example</b> , did you walk outside late at night or go into dangerous area?	NO . . . . . 1 YES . . (SPECIFY) . . 5
	SPECIFY: _____ _____	
F45.	Have you ever physically hurt someone else when you were drinking?	NO . . . . . 1 YES . . (SPECIFY) . . 5
	SPECIFY: _____ _____	

**BOX F45:**  
CHECK TALLY A, B, AND C. IF NO MARKS, SKIP TO G1A, P.48.

Some people who are used to drinking a large amount of alcohol may get sick or feel a lot worse when they cut down or stop drinking for awhile. This is different from a hangover since it lasts for several days.

(F24) F46. After you had stopped or cut down on drinking, did any of the following things happen most of the day for 2 days or longer? REPEAT STEM OFTEN. CODE IN COL. I (NO = 1, YES = 5)

Table with 4 columns: I, II (DSM3R), III (DSM4), IV (ICD). Rows A-M describe various symptoms like shakes, trouble sleeping, irritability, sweating, heart rate, anxiety, etc.

IF NO 5'S IN COL. I, SKIP TO BOX F47. OTHERS, CONTINUE.

AD3RB N. What was the longest time (this/any of these) problems lasted? \_\_\_ DAYS

IF ONLY ONE 5 IN COL. I, SKIP TO R. OTHERS, CONTINUE.

(F25) 0. Has there ever been a time when two or more of these problems occurred together? NO .(SKIP TO R) . 1 YES . . . . . 5

AD3RA8 AD42A ADICDA3 P. Which ones? (CODE IN COLS. II, III, & IV: NO = 1, YES = 5) IF SHAKES + 1 SX IN COL. II, CHECK TALLY A A IF 2+ SX IN COL. III, CHECK TALLY B. B IF 3+ SX IN COL. IV, CHECK TALLY C. C

F46Q. How old were you the (first/last) time these problems occurred together? AGE ONS: \_\_\_\_\_  
 ONS: 1 2 3 4 5

AD3RB

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

1. Did these problems occur together 3 or more times? NO . . . . . 1  
 YES . . . . . 5

R. Have you ever taken a drink to keep from having any of these problems or to make them go away? NO(SKIP TO BOX F47) 1  
 YES . . . . . 5

AD3RA9/B  
AD42B  
ADICDA3

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

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

T. Did this happen 3 or more times? NO . . . . . 1  
 YES . . . . . 5A,B,C

(F30)  
DSMIIR

**BOX F47:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO BOX F48.**

**HAND R ALCOHOL TALLY A.**

Look at this sheet of paper. You told me that you (**NAME SYMPTOMS**).

AD3RB

F47A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1  
 YES . . . . . 5

**IF YES:** Tell me which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. Did these experiences last a month or longer? NO . . . . . 1  
 YES . (SKIP TO E) . 5

C. Did you ever have experiences from 2 different boxes happen around the same time? NO(SKIP TO BOX F48) 1  
 YES . . . . . 5

**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

D. Did these experiences last a month or longer? NO(SKIP TO BOX F48) 1  
 YES . . . . . 5

E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more? AGE ONS: \_\_\_\_\_t  
 ONS: 1 2 3 4 5

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

DSMIV

**BOX F48:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.**  
**OTHERS, SKIP TO BOX F49.**

**HAND R ALCOHOL TALLY B.**

This is a different sheet with some of the same information, but in different boxes. You told me that you (**NAME SYMPTOMS**).

F48A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO(SKIP TO BOX F49) 1  
YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period? AGE ONS: \_\_\_ \_\_\_  
AGE REC: \_\_\_ \_\_\_

ICD-10

**BOX F49:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.**  
**OTHERS, SKIP TO BOX F50.**

**HAND R ALCOHOL TALLY C.**

This is a another sheet with the experiences you told me about. You told me that you (**NAME SYMPTOMS**).

F49A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1  
YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. Did they last a month or longer? NO . . . . . 1  
YES . (SKIP TO D) . 5

C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO(SKIP TO BOX F50) 1  
YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

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

<b>BOX F50:</b> <b>IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS, SKIP TO F51.</b>
---

F50A. Since (AGE OF DRINKING IN F10), what is the longest time you went without drinking any alcohol? \_\_\_\_\_ MONTHS

<b>IF LESS THAN 3 MONTHS, SKIP TO F51.</b>
--

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

D. When did these times happen?

Period 1	_____ / _____	TO	_____ / _____	t
	MONTH YEAR		MONTH YEAR	
Period 2	_____ / _____	TO	_____ / _____	t
	MONTH YEAR		MONTH YEAR	
Period 3	_____ / _____	TO	_____ / _____	t
	MONTH YEAR		MONTH YEAR	
Period 4	_____ / _____	TO	_____ / _____	t
	MONTH YEAR		MONTH YEAR	

---



(F31) F51. Have you ever talked about your drinking with a doctor or counselor? NO (SKIP TO F52A) 1  
 YES . . . . . 5

A. Did you talk with: NO YES

1. a psychiatrist or psychologist? . . . . .	1	5
2. another medical doctor? . . . . .	1	5
3. a school counselor or social worker? . . . . .	1	5
4. someone like a minister, priest, or rabbi? . . . . .	1	5
5. another professional (SPECIFY)? . . . . .	1	5

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

(F32) F52A. Have you ever been in treatment for your drinking? NO(SKIP TO G1A, P.48)1  
 YES . .(SPECIFY) . 5

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

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL . . . . .	1	
DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E)	2	
BOTH . . . . .	3	
OTHER . . . . .	4	

C. How many times have you started treatment as a hospital patient? \_\_\_\_\_ TIMES

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

**IF F52B = 1; SKIP TO G1A, P48.  
 IF F52B = 3 OR 4, CONTINUE**

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

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? \_\_\_\_\_ TIMES

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

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

G1A. Have you ever had a chance to try marijuana? NO (SKIP TO H1A, P.62) 1  
 Maybe you didn't try it, but you could have if YES . . . . . 5  
 you wanted to?

B. How old were you the first time you had a chance to try marijuana? AGE ONS: \_\_\_ \_\_\_  
 ONS: 1 2 3 4 5

(H1) C. Have you ever actually tried it? NO . . . . . 1  
 1. OMITTED YES . . (SKIP TO E) . 5

D. Why didn't you try it?  
 \_\_\_\_\_  
 \_\_\_\_\_

SKIP TO H1A, P.62.

E. How old were you the first time you tried marijuana? AGE ONS: \_\_\_ \_\_\_t  
 ONS: 1 2 3 4 5

F. How old were you the last time you used marijuana? AGE REC: \_\_\_ \_\_\_t  
 REC: 1 2 3 4 5

G2A. Who first gave you marijuana? SELF . . . . . 1  
 FRIEND/PEER . . . . . 2  
 SPECIFY OTHER: \_\_\_\_\_ MINOR FAMILY . . . . . 3  
 \_\_\_\_\_ ADULT FAMILY . . . . . 4  
 \_\_\_\_\_ PARENT . . . . . 5  
 \_\_\_\_\_ DEALER . . . . . 6  
 \_\_\_\_\_ OTHER . . (SPECIFY) . 7

B. Who (usually) gets marijuana for you? SELF . . . . . 1  
 FRIEND/PEER . . . . . 2  
 SPECIFY OTHER: \_\_\_\_\_ MINOR FAMILY . . . . . 3  
 \_\_\_\_\_ ADULT FAMILY . . . . . 4  
 \_\_\_\_\_ PARENT . . . . . 5  
 \_\_\_\_\_ DEALER . . . . . 6  
 \_\_\_\_\_ OTHER . . (SPECIFY) . 7

G3. OMITTED

G4A. Once you (started/tried) using marijuana, did you find that you were invited to more parties and activities, or to hang out with friends more often? NO . . . . . 1  
 YES . . . . . 5

B. Has using marijuana (usually) made you feel less shy or more relaxed with people? NO . . . . . 1  
 YES . . . . . 5

C. Has using marijuana helped you find people to date? NO . . . . . 1  
 YES . . . . . 5

D. Has using marijuana helped you in any (other) way? NO . . . . . 1  
 YES . . (SPECIFY) . . 5

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

You said that you were (AGE IN G1E) years old when you first used marijuana.

G5A. Was this during the summer, or was it during the school year? SUMMER . . . . . 1  
SCHOOL YR (SKIP TO C) 5

B. What grade would you have just completed? \_\_\_ \_\_\_ GRADE

SKIP TO D

C. What grade would you have been in? \_\_\_ \_\_\_ GRADE

D. I'm going to ask you some questions about your past marijuana use. I will refer to how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

**HAND R CARD F-1.**

For some of the questions, I want you to choose from these answers. I will tell you which questions to use them with.

Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) \_\_\_ grade and the summer afterwards,  
(REPEAT QUESTIONS 1-3 FOR EACH GRADE UP TO THE PRESENT TIME).

<b>RECORD FOR EACH GRADE:</b>	<b>6 &amp; earlier</b>	7	8	9	10	11	12
Age when entered:	--	--	--	--	--	--	--
1. How often did you usually use marijuana? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
2. <u>On average</u> , how many times a day did you use marijuana? (RECORD NUMBER OF TIMES)	--	--	--	--	--	--	--
3. How often did you use enough to stay high for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--

**FREQUENCY CODES** (For Questions 1 and 3):

Daily	<b>01</b>	3-4 times/month	<b>04</b>	1-3 times ever	<b>07</b>
4+ times/week	<b>02</b>	1-2 times/month	<b>05</b>	NEVER	<b>08</b>
2-3 times/week	<b>03</b>	Once every 2-4 months	<b>06</b>	NA/DK	<b>-9</b>

G6. BLANK

(H1E) G7A. How many times have you used marijuana? \_\_\_\_\_ TIMES  
**IF DK, ASK B.**

IF G7A = 20 OR FEWER; SKIP TO H1A, P.62.  
 = 21 OR MORE, SKIP TO G8A.

B. **IF DK**, Have you used marijuana . . . 20 OR FEWER TIMES?  
 (SKIP TO H1A, P.62) . . . 0  
PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE 21 OR MORE TIMES? . . . 1  
 40 OR MORE TIMES? . . . 2  
 60 OR MORE TIMES? . . . 3  
 80 OR MORE TIMES? . . . 4

**BEGIN SCORING MARIJUANA TALLY SHEETS**

(H4) G8A. Have you ever needed to use more and more marijuana to get high? For example, did you once need 2 hits to feel high, but later you needed 3 hits to feel the same way? NO . . . . . 1  
 YES . . . . . **5A,B,C**  
 DD3RA7  
 DD4-1a  
 DDICDA4

DD3RA7 B. Have you ever found that you couldn't get high when you used the same amount of marijuana that you used to? NO . . . . . 1  
 YES . . . . . **5A,B,C**  
 DD4-1b  
 DDICDA4

(H8) G9A. Have you often wanted to stop or cut down on your marijuana use? NO (SKIP TO C) . . . 1  
 YES . . . . . 5

DD3RA2/B B. Did this happen 3 or more times? NO . . . . . 1  
 YES . . . . . **5A,B,C**  
 DDICDA2  
 DD4-4

DD3RA2 C. Have you ever tried to stop or cut down on marijuana and couldn't do it? NO (SKIP TO G10A) 1  
 YES . . . . . **5A**

DD4-4 D. Have you been unable to stop or cut down on your use of marijuana 3 or more times? NO . . . . . 1  
 YES . . . . . **5B,C**  
 DDICDA2

(H6) G10A. Have you ever used much more marijuana than you really meant to? NO (SKIP TO C) . . . 1  
 YES . . . . . 5

DD3RA1/B B. Did this happen 3 or more times? NO . . . . . 1  
 YES . . . . . **5A,B,C**  
 DD4-3  
 DDICDA2

(H7) C. Have you ever started using marijuana and then ended up using it for a longer time than you really wanted to? NO (SKIP TO G11) 1  
 YES . . . . . 5

(**PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON USING IT?**)

DD3RA1/B D. Did this happen 3 or more times? NO . . . . . 1  
 YES . . . . . **5A,B,C**  
 DD4-3  
 DDICDA2

(H20) DD3RA3 DD4-5 DDICDA5 G11. Have you ever spent a lot of time getting marijuana, using marijuana, or trying to feel better after using marijuana? NO . . . . . 1 YES . . . . . 5**A,B,C**

(H9) G12A. Have you ever stopped doing things with any of your good friends because of your marijuana use? NO . . . . . 1 YES . . . . . 5

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your marijuana use? NO . . . . . 1 YES . . . . . 5

**IF BOTH A & B ARE NO, SKIP TO G13A.**

DD3RA5/B DD4-6 DDICDA5 C. Did (5's in A & B) happen 3 or more times, or for a month or longer? NO . . . . . 1 YES . . . . . 5**A,B,C**

DDICDA1 G13A. At times when you couldn't use marijuana, have you ever wanted to use marijuana so badly that you couldn't think of anything else? NO (SKIP TO G14) 1 YES . . . . . 5**C**

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

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

G14. Have you ever used marijuana together with alcohol or any other drug? NO (SKIP TO G15A) 1 ALCOHOL ONLY . . 3 YES .(SPECIFY) . 5

IF YES, Which ones?

1. \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
2. \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
3. \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
4. \_\_\_\_\_ CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_

(H16)	G15A. Have you ever driven a car when you had been using marijuana?	NO . (SKIP TO C) . 1 YES . . . . . 5
	B. Has your marijuana use ever resulted in your damaging a car or having an accident?	NO . . . . . 1 YES . . . . . 5
	C. When you've been high from using marijuana, have you ever ridden in a car when the driver had been using alcohol or drugs?	NO . . . . . 1 YES . . . . . 5

**IF NO 5'S IN G15A-C, SKIP TO E. OTHERS, CONTINUE.**

DD3RA4/B DA3RA2/B	D. Did you (NAME 5'S IN G15A-C) 3 or more times in your lifetime?	NO . (SKIP TO E) . 1 YES . . . . . <b>5A</b>
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DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO . . . . . 1 YES . . . . . 5
-------	--	-----------------------------------

	E. When you have been high from using marijuana, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous?	NO .(SKIP TO G17A) 1 YES . (SPECIFY) . . 5
--	--	---

DD3RA4/B  
DD3RA2/B

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

DA4A2

\_\_\_\_\_

	F. Did things like this happen 3 or more times?	NO . (SKIP TO G) . 1 YES . . . . . <b>5A</b>
--	---	---

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

	G. Have you ever handled a gun while using marijuana?	NO .(SKIP TO G17A) 1 YES . . . . . 5
--	---	---

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

---

G16. OMITTED

---

	G17A. Have you ever skipped school (work) or cut class so you could use marijuana?	NO .(SKIP TO G18A) 1 YES . . . . . 5
--	--	---

	B. Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5
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	G18A. Have you ever gone to school (or to work) when your were high from using marijuana?	NO . (SKIP TO G19A) . 1 YES . . . . . 5
	B. Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5
<hr/>		
	G19A. Have you ever used marijuana at school (or at work)?	NO . (SKIP TO G20A) . 1 YES . . . . . 5
	B. Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5
<hr/>		
(H14)	G20A. Have you ever missed any school (or work) because you were high from using marijuana?	NO . . . . . 1 YES . . . . . 5
(H15)	B. Have your grades gone down when you were using marijuana?	NO . . . . . 1 YES . . . . . 5
	C. Have you ever dropped out of school (or quit a job) because of using marijuana?	NO . . . . . 1 YES . . . . . 5
	D. Have you had any other problems at school (or at work) because of your marijuana use?	NO . . . . . 1 YES . . . . . 5
	E. Have you had any problems at home with getting your chores done because of your marijuana use?	NO . . . . . 1 YES . . . . . 5
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>IF NO 5'S IN G20A-E, SKIP TO G21A. OTHERS, CONTINUE.</b></p> </div>		
DD3RA4/B	F. Have you (NAME 5'S IN G20A-E) 3 or more times in your lifetime?	NO . (SKIP TO G21A) . 1 YES . . . . . 5A
DA4A1	G. Did this happen 3 or more times in any 12-month period?	NO . . . . . 1 YES . . . . . 5
<hr/>		

**FOR EACH 5 CODED IN G21A-C, GET AGE ONSET, THEN ASK, "Did this happen 3 or more times?", AND CODE IN COL. II.**

		COL. I		AGE ONS		COL. II	
		NO	YES			NO	YES
(H10) DD3RA6 DA3RA1/B	G21A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using marijuana? (IF YES, SPECIFY)  SPECIFY PERSON(S): _____ _____	1	5	___	___	1	5A
DD3RA6 DA3RA1/B	B. Has anyone ever stopped being friends with you because of your marijuana use?	1	5	___	___	1	5A
DD3RA6 DA3RA1/B	C. Have there been times when you stayed away from everyone and just used marijuana by yourself? (IF YES, SPECIFY)  SPECIFY WHAT HAPPENED: _____ _____	1	5	___	___	1	5A

**IF NO 5'S IN G21A-C COL. I, SKIP TO G22A. OTHERS, CONTINUE.**

DD3RA6 DA3RA1	D. Did you think that using marijuana had anything to do with these problems? (REVIEW SX CODED 5 IN COL. I)	NO . . . (SKIP TO F) . . .	1	YES . . . . .	5
DA4A4	E. Did you continue to use marijuana anyway?	NO . . . . .	1	YES . . . . .	5
	F. Did any of these things happen 3 or more separate times in any 12-month period?	NO . . . . .	1	YES . . . . .	5



G22A. Have you ever been arrested or had any other problems with the police because of your marijuana use? NO .(SKIP TO G23A) 1  
 YES . . . . . 5

DD3RA6  
DA3RA1/B

B. Did this happen 3 or more times? NO .(SKIP TO G23A) 1  
 YES . . . . . 5A

DA4A3

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

(H17)

G23A. Have you ever accidentally been seriously hurt when you were using marijuana? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident? NO .(SKIP TO G24A) 1  
 YES . . . . . 5

DD3RA4/B  
DA3RA2/B  
DDICDA6  
DHUICD-10

B. Did this happen 3 or more times? NO . (SKIP TO D) . 1  
 YES . . . . . 5A,C

DA4A2

DHUICD-10

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

D. Did you go to an emergency room or see a doctor because of the accident(s)? NO . . . . . 1  
 YES . . . . . 5

(H12)

When you have been using marijuana, have any of the following things happened to you?

G24A. Did you feel really depressed or not interested in things for more than a day (24 hours)? NO . . . . . 1  
 YES . . . . . 5

B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)? NO . . . . . 1  
 YES . . . . . 5

C. Did you see or hear things that weren't really there for more than a day (24 hours)? NO . . . . . 1  
 YES . . . . . 5

**IF NO 5'S IN G24A-C, SKIP TO G25.  
 OTHERS, CONTINUE.**

D. Did you think that using marijuana had anything to do with problems like (NAME 5's in G24A-C)? NO . (SKIP TO G25) 1  
 YES . .(SPECIFY) . 5

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

DD3RA6  
DD4-7  
DDICDA6  
DA3RA1

E. Did you continue to use marijuana anyway? NO . . . . . 1  
 YES . . . . . 5A,B,C

(H11)	G25.	Have there been times when most of your friends were kids who used marijuana a lot?	NO . . . . . 1 YES . . . . . 5
	G26.	Have you ever thought that you were using marijuana too much?	NO . . . . . 1 YES . . . . . 5

Sometimes when people get high, things happen that otherwise might not have.

G27A.	When you have been using marijuana, have you ever had sex when you otherwise would not have?	NO . . . . . 1 YES . . . . . 5
B.	When you have been using marijuana, have you ever pressured someone to have sex with you?	NO . . . . . 1 YES . . . . . 5
1.	Would you have done this if you had not been using marijuana?	NO . . . . . 1 YES . . . . . 5
C.	Has using marijuana ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)?	NO . . . . . 1 YES . . . . . 5

G28.	When you have been using marijuana, have you taken any other risks that you wouldn't have otherwise? <b>For example</b> , did you walk outside late at night or go into dangerous area?	NO . . . . . 1 YES . . . . . 5
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SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

(H18) G29A. After you had stopped or cut down on using marijuana, did any of the following things happen most of the day for 2 days or longer?

	COL. I		COL. II	
	NO	YES	NO	YES
<b>REPEAT STEM OFTEN. CODE IN COL. I</b>				
Did you . . .				
1. feel nervous, tense, restless or irritable? . . . .	1	5	1	5
2. have trouble sleeping? . . . . .	1	5	1	5
3. tremble or twitch? . . . . .	1	5	1	5
4. sweat or have a fever? . . . . .	1	5	1	5
5. feel sick to your stomach or did you throw up? . .	1	5	1	5
6. have diarrhea or stomachaches? . . . . .	1	5	1	5
7. have a change in your appetite; that is, getting hungrier or <u>losing</u> your appetite? . . . . .	1	5	1	5

**IF NO 5'S IN COL. I, SKIP TO BOX G30. OTHERS, CONTINUE.**

- B. Have you ever used marijuana to keep from having any of these problems or to make them go away? NO(SKIP TO BOX G29D) 1 YES . . . . . 5
- C. Did this happen 3 or more times? NO . . . . . 1 YES . . . . . 5A,B,C

DD3RA9/B  
DD42B  
DDICDA3

**BOX G29D:  
IF ONLY ONE 5 IN COL. I, SKIP TO BOX G30. OTHERS, CONTINUE.**

- D. Did these problems ever occur together? NO (SKIP TO BOX G30) 1 YES . . . . . 5A,B,C
- E. Which ones? **CODE IN COL. II**

DD3RB  
DA3RA

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

DD3RB

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

DSMIIR

**BOX G30:**  
**IF 1 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO BOX G31.**

**HAND R MARIJUANA TALLY A.**

G30. I have checked on this sheet the experiences with marijuana that you have told me about. You told me (**REVIEW SX**). When was the (first/last) time that you had any of these experiences?

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

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

**BOX G30A:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO BOX G31.**

DD3RB

- A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1  
YES . . . . . 5  
**IF YES: Tell me which ones. CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- B. Did these experiences last a month or longer? NO . . . . . 1  
YES . (SKIP TO E) . 5
- C. Did you ever have experiences from 2 different boxes happen around the same time? NO (SKIP TO BOX G31) 1  
YES . . . . . 5  
**IF YES: Which ones. CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- D. Did these experiences last a month or longer? NO (SKIP TO BOX G31) 1  
YES . . . . . 5
- E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more?  
AGE ONS: \_\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_\_  
REC: 1 2 3 4 5

DSM-IV

**BOX G31:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.**  
**OTHERS, SKIP TO BOX G32.**

**HAND R MARIJUANA TALLY B.**

This is a different sheet with some of the same information, but in different boxes. You told me that you (**NAME SYMPTOMS**).

- DD4 G31A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO (SKIP TO BOX G32) 1  
 YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period? AGE ONS: \_\_\_ \_\_\_  
 AGE REC: \_\_\_ \_\_\_

ICD-10

**BOX G32:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.**  
**OTHERS, SKIP TO BOX G33.**

**HAND R MARIJUANA TALLY C.**

This is a another sheet with the experiences you told me about. You told me that you (**NAME SYMPTOMS**).

- G32A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1  
 YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- B. Did they last a month or longer? NO . . . . . 1  
 YES . (SKIP TO D) . 5
- C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO (SKIP TO BOX G33) 1  
 YES . . . . . 5  
**IF YES:** Which ones. **CIRCLE SYMPTOMS**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- D. How old were you the (first/last) time? AGE ONS: \_\_\_ \_\_\_  
 AGE REC: \_\_\_ \_\_\_

<b>BOX G33:</b> <b>IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS, SKIP TO G34.</b>
---

G33A. Since (AGE IN G1E), what is the longest time you've gone without using marijuana? \_\_\_\_\_ MONTHS

<b>IF LESS THAN 3 MONTHS, SKIP TO G34.</b>
--

B. How many times have you gone without using marijuana for 3 months or more? \_\_\_\_\_ TIMES

C. When did these times happen?

Period 1	_____/_____	TO	_____/_____	t
	MO YEAR		MO YEAR	
Period 2	_____/_____	TO	_____/_____	t
	MO YEAR		MO YEAR	
Period 3	_____/_____	TO	_____/_____	t
	MO YEAR		MO YEAR	
Period 4	_____/_____	TO	_____/_____	t
	MO YEAR		MO YEAR	

G34. Have you ever talked about your marijuana use with a doctor or counselor? NO (SKIP TO G35A) 1  
 YES . . . . . 5

- A. Did you talk with:
- |   | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| 1. a psychiatrist or psychologist? . . . . .            | 1         | 5          |
| 2. another medical doctor? . . . . .                    | 1         | 5          |
| 3. a school counselor or social worker? . . . . .       | 1         | 5          |
| 4. someone like a minister, priest, or rabbi? . . . . . | 1         | 5          |
| 5. another professional (SPECIFY)? . . . . .            | 1         | 5          |

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

G35A. Have you ever been in treatment for your marijuana use? NO(SKIP TO H1A, P.62) 1  
 YES . . (SPECIFY) . . 5

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

- B. Were you treated in a hospital, in a doctor's office, or in a clinic?
- |   |   |
|---|---|
| HOSPITAL . . . . .  | 1 |
| DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E) | 2 |
| BOTH . . . . .  | 3 |
| OTHER . . . . .   | 4 |

C. How many times have you started treatment as a hospital patient? \_\_\_\_\_ TIMES

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

**IF G35B = 1; SKIP TO H1A, P.62.  
 IF G35B = 3 OR 4, CONTINUE**

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

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? \_\_\_\_\_ TIMES

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

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

**HAND R CARD H.**

Sometimes people use drugs like these to feel good or high.

- H1A. Have you ever had a chance to try any of these drugs to feel good or high? Drugs like . . .
- |    |  |           |            |
|----|--|-----------|------------|
|    |  | <u>NO</u> | <u>YES</u> |
| 1. | Cocaine or crack?  | 1         | 5          |
| 2. | Uppers, like speed, Ritalin, Dexedrine, crystal meth, diet pills, or any other amphetamines?               | 1         | 5          |
| 3. | Heroin, Codeine, Morphine, or any other opiates?   | 1         | 5          |
| 4. | Hallucinogens, like LSD (Acid), Mushrooms (Psilocybin), or PCP (Angel Dust)?                               | 1         | 5          |
| 5. | Downers, like sleeping pills, tranquilizers, Valium, Seconal, or any other sedatives?                      | 1         | 5          |
| 6. | Anything else, like glue, gasoline, paint thinner, or anything else I haven't mentioned? (IF YES, SPECIFY) | 1         | 5          |

(IF DRUG NAMED BELONGS IN H1A.1-5, CODE APPROPRIATELY AND CONTINUE.)

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

- B. Have you ever had a chance to use prescription medicines either your own or someone else's, in order to get high? (IF YES, SPECIFY)
- |  |  |   |   |
|--|--|---|---|
|  |  | 1 | 5 |
|--|--|---|---|

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

- C. Have you ever had a chance to use any medicines you can buy without a prescription in order to get high; for example, Dexatrim, or cough syrup? (IF YES, SPECIFY)
- |  |  |   |   |
|--|--|---|---|
|  |  | 1 | 5 |
|--|--|---|---|

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

**IF NO 5'S IN H1A-C, SKIP TO I1A, P. 78. OTHERS, CONTINUE.**

- D. How old were you the first time you had a chance to try any of these drugs? AGE ONS: \_\_\_\_\_
- |  |  |        |   |   |   |   |
|--|--|--------|---|---|---|---|
|  |  | ONS: 1 | 2 | 3 | 4 | 5 |
|--|--|--------|---|---|---|---|

- (I1) E. Did you ever actually try any of these drugs? NO . (SKIP TO G) 1  
YES . . . . . 5

			1	2	3	4	5	6
			<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>
1.	Which ones? (CODE AND SKIP TO H)	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

F. OMITTED

G. Why didn't you try them?

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

**SKIP TO I1A, P. 78.**

			1	2	3	4	5	6
			<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>
(I5)	H. How old were you the (first/last) time you used (DRUG)?	AGE ONS	___	___	___	___	___	___
		ONS	___	___	___	___	___	___
		AGE REC	___	___	___	___	___	___
		REC	___	___	___	___	___	___



H2A.	Who first gave you drugs?	SELF . . . . .	1
		FRIEND/PEER . . . . .	2
	SPECIFY OTHER: _____	MINOR FAMILY . . . . .	3
	_____	ADULT FAMILY . . . . .	4
		PARENT . . . . .	5
		DEALER . . . . .	6
		OTHER . (SPECIFY) . . .	7
B.	Who (usually) gets drugs for you?	SELF . . . . .	1
		FRIEND/PEER . . . . .	2
	SPECIFY OTHER: _____	MINOR FAMILY . . . . .	3
	_____	ADULT FAMILY . . . . .	4
		PARENT . . . . .	5
		DEALER . . . . .	6
		OTHER . (SPECIFY) . . .	7

H3. OMITTED

H4A.	Once you (started/tried) using drugs, did you find that you were invited to more parties and activities, or to hang out with friends more often?	NO . . . . .	1
		YES . . . . .	5
B.	Has using drugs (usually) made you feel less shy or more relaxed with people?	NO . . . . .	1
		YES . . . . .	5
C.	Has using drugs helped you find people to date?	NO . . . . .	1
		YES . . . . .	5
D.	Has using drugs helped you in any (other) way?	NO . . . . .	1
		YES . . (SPECIFY) . . .	5
	SPECIFY: _____		
	_____		

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
(I6)	H5A. How many times have you used (DRUG)?	_____	_____	_____	_____	_____	_____
	IF DK, ASK A1.						
		TIMES					
	1. IF DK, Have you used (DRUG). . .						
	6 OR FEWER TIMES?	0	0	0	0	0	0
	7 OR MORE TIMES? .	1	1	1	1	1	1
	PROBE ALL OPTIONS AND CODE						
	11 OR MORE TIMES? .	2	2	2	2	2	2
	THE LAST POSITIVE RESPONSE						
	20 OR MORE TIMES? .	3	3	3	3	3	3
	40 OR MORE TIMES? .	4	4	4	4	4	4

IF NO DRUG USED 7 OR MORE TIMES; SKIP TO I1A, P. 78.  
 FOR ANY DRUG USED 7 OR MORE TIMES, CONTINUE.

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
H6A.	Have you ever used (DRUG) at least <u>once or twice a week</u> for 2 months or more? For example, on the weekends?	NO	1	1	1	1	1
		YES	5	5	5	5	5
			(IF YES, SKIP TO C)				
B.	So you have <u>NEVER</u> used (DRUG), for example, every Friday or Saturday for 2 months or more?	NEVER USED	1	1	1	1	1
		HAS USED	5	5	5	5	5
			(IF NEVER USED, SKIP TO H7A)				
C.	How old were you the (first/last) time you used (DRUG) once or twice a week for at least 2 months?	AGE ONS	___	___	___	___	___
		ONS	___	___	___	___	___
		AGE REC	___	___	___	___	___
		REC	___	___	___	___	___
D.	How long did this period last?	WEEKS	___	___	___	___	___
<hr/>							
H7A.	Think about the time when you were using (DRUG) the most. During that time, did you use (DRUG) <u>every</u> day, or nearly <u>every</u> day for 1 week or more?	NO	1	1	1	1	1
		YES	5	5	5	5	5
B.	On the days that you used (DRUG), how many times a day did you use (DRUG)?	TIMES	___	___	___	___	___
C.	When you used (DRUG) this much, were you able to do your schoolwork or get along with people as well as when you were not using (DRUG)?	NO	1	1	1	1	1
		YES	5	5	5	5	5
D.	How old were you the (first/last) time you used (DRUG) the most?	AGE ONS	___	___	___	___	___
		ONS	___	___	___	___	___
		AGE REC	___	___	___	___	___
		REC	___	___	___	___	___
E.	What was the longest amount of time that you used (DRUG) this much?	WEEKS	___	___	___	___	___
<hr/>							
H8A.	Have you ever stayed high from using (DRUG) for a whole day (or night)?	NO	1	1	1	1	1
		YES	5	5	5	5	5
			(IF NO, SKIP TO H11A)				
B.	How old were you the (first/last) time you stayed high from using (DRUG) for a whole day (or night)?	AGE ONS	___	___	___	___	___
		ONS	___	___	___	___	___
		AGE REC	___	___	___	___	___
		REC	___	___	___	___	___
<hr/>							
H9.	BLANK						
<hr/>							
H10.	BLANK						
<hr/>							

**BEGIN SCORING DRUG TALLY SHEETS.**

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I8) DD3RA7 DD4-1a DDICDA4	H11A. Have you ever needed to use more and more (DRUG) to feel an effect?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
DD3RA7 DD4-1b DDICDA4	B. Have you ever found that you couldn't get high when you used the same amount of (DRUG) that you used to?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
DD3RA2/B DDICDA2 DD4-4	H12A. Have you often wanted to stop or cut down on using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
DD3RA2	B. Have you ever tried to stop or cut down on using (DRUG) and couldn't do it?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A (IF NO, SKIP TO H13A)
DD4-4 DDICDA2	C. Have you been unable to stop or cut down on your use of (DRUG) 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5B,C
(I12)	H13A. Have you ever used <u>much more</u> (DRUG) than you really meant to?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5 (IF NO, SKIP TO C)
DD3RA1/B DD4-3 DDICDA2	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
(I13)	C. Have you ever started using (DRUG) and then ended up using it for a <u>longer time</u> than you really wanted to? ( <b>PROBE:</b> DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON USING IT?)	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5 (IF NO, SKIP TO H14)
DD3RA1/B DD4-4 DDICDA2	D. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
(I11) DD3RA3 DD4-5 DDICDA5	H14. Have you ever spent a lot of time getting (DRUG), using (DRUG), or trying to feel better after using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C

1 2 3 4 5 6  
COC AMP OP HAL BAR OTH

(I10)	H15A. Have you ever stopped doing things with any of your good friends because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	B. Have you missed activities, club meetings, or sports practices you usually participated in because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

**IF BOTH A & B ARE NO, SKIP TO H16A.**

DD3RA5/B DD4-6 DDICDA5	C. Did (NAME 5'S IN H15A-B) happen 3 or more times, or for a month or more?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C

DDICDA1	H16A. At times when you couldn't use (DRUG), did you ever want to use (DRUG) so badly that you couldn't think of anything else?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5C

(IF NO, SKIP TO H17)

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

H17. Have you ever used 2 or more drugs together? NO . . . . . 1  
 YES .(SPECIFY) . 5

IF YES: Which Ones?

- 1. \_\_\_\_\_ w/ \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ w/ \_\_\_ \_\_\_ \_\_\_
- 2. \_\_\_\_\_ w/ \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ w/ \_\_\_ \_\_\_ \_\_\_
- 3. \_\_\_\_\_ w/ \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ w/ \_\_\_ \_\_\_ \_\_\_
- 4. \_\_\_\_\_ w/ \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ w/ \_\_\_ \_\_\_ \_\_\_

1 2 3 4 5 6  
 COC AMP OP HAL BAR OTH

(I16)	H18A. Have you ever driven a car when you had been using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO C)					
	B. Has your (DRUG) use ever resulted in your damaging a car or having an accident?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	C. When you've been high from using (DRUG), have you ever ridden in a car when the driver had been using alcohol or drugs?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

**IF NO 5'S IN H18A-C, SKIP TO E. OTHERS, CONTINUE.**

DD3RA4/B DA3RA2/B	D. Did you (NAME 5'S IN H18A-C) 3 or more times in your lifetime?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO E)					

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

	E. When you have been high from using (DRUG), have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H19A; IF YES, SPECIFY)					

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

DD3RA4/B DA3RA2/B	F. Did things like this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO H19A)					

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

H19A.	Have you ever handled a gun while using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H21A)					

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

H20. OMITTED

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
	H21A. Have you ever skipped school (work) or cut class so you could use (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H22A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
	H22A. Have you ever gone to school (or to work) when you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H23A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
	H23A. Have you ever used (DRUG) at school (or at work)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H24A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
(I14)	H24A. Have you ever missed any school (or work) because you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I15)	B. Have your grades gone down when you were using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I10)	C. Have you ever dropped out of school (or quit a job) because of using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	D. Have you had any other problems at school (or at work) because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	E. Have you had any problems at home with getting your chores done because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>IF NO 5'S IN H24A-E, SKIP TO H25A. OTHERS, CONTINUE.</b> </div>								
DD3RA4/B	F. Have you (NAME 5'S IN H24A-E) 3 or more times in your lifetime?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
(IF NO, SKIP TO H25A)								
DA4A1	G. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I18) DD3RA6 DA3RA1	H25A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF YES, SPECIFY)					
		SPECIFY PERSON(S): _____						
		_____						
DD3RA6 DA3RA1	B. Has anyone ever stopped being friends with you because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
DD3RA6 DA3RA1	C. Have there been times when you stayed away from everyone and just used (DRUG) by yourself?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF YES, SPECIFY)					
		SPECIFY WHAT HAPPENED: _____						
		_____						

**IF NO 5'S IN H25A-C, SKIP TO H26A.  
OTHERS, CONTINUE.**

DD3RA6 DA3RA1	D. Did you think that using (DRUG) had anything to do with problems like (NAME 5'S IN H25A-C)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO F)					
DD3RA6 DA3RA1	E. Did you continue to use (DRUG) after you realized it was causing you a problem(s)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
DA4A4	F. Did any of these things like (NAME 5'S IN H25A-C) happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
DD3RA6 DA3RA1	H26A. Have you ever been arrested or had any other problems with the police because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H27A)					
DA4A3	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO H27A)					
DA4A3	1. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

1 2 3 4 5 6  
COC AMP OP HAL BAR OTH

(I17)	H27A. Have you ever accidentally been seriously hurt when you were using (DRUG)? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H28)					
DD3RA4/B DA3RA2/B DDICDA6 DHUICD-10	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,C
			(IF NO, SKIP TO D)					
DA4A2 DHUICD-10	C. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	D. Did you go to an emergency room or see a doctor because of the accident(s)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

(I20)	H28. When you have been using (DRUG), have any of the following things happened to you?							
	A. Did you feel really depressed or not interested in things for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	C. Did you see or hear things that weren't really there for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

**IF NO 5'S IN H28A-C, SKIP TO H29.  
 OTHERS, CONTINUE.**

	D. Did you think that using (DRUG) had anything to do with problems like (NAME 5's in H28A-C)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H29; IF YES, SPECIFY)					
	SPECIFY: _____							
	_____							
DD3RA6 DD4-7 DDICDA6 DA3RA1	E. Did you continue to use (DRUG) anyway?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C



			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I19)	H29.	Have there been times when most of your friends were kids who also used (DRUG)?	NO YES	1 5	1 5	1 5	1 5	1 5
	H30.	Have you ever thought that you were using (DRUG) too much?	NO YES	1 5	1 5	1 5	1 5	1 5

Sometimes when people get high, things happen that otherwise might not have.

H31A.	When you have been using drugs, have you ever had sex when you otherwise would not have?	NO YES	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	1 5
B.	When you have been using drugs, have you ever pressured someone to have sex with you?	NO YES	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	1 5
1.	Would you have done this if you had not been using drugs?	NO YES	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	1 5
C.	Has using drugs ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)?	NO YES	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	1 5

H32.	When you have been using drugs, have you taken any other risks that you wouldn't have otherwise? <b>For example</b> , did you walk outside late at night or go into dangerous area?	NO YES	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	1 5
------	---	-----------	-----------	-----------	-----------	-----------	-----------	--------

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

(I22) H33. People who stop, cut down, or go without drugs after using drugs for awhile may not feel well. These feelings are stronger and can last longer than the usual hangover.

After you had stopped, cut down, or went without using (DRUG), did any of the following things happen most of the day for 2 days or longer?

**NO = 1, YES = 5**  
**ASK H33A-D ONE COLUMN AT A TIME.**  
**REPEAT STEM OFTEN.**

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

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

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
DD3RA8 DD42A DDICDA3	H33B. Was there ever a time when 2 or more of these problems occurred together after stopping, cutting down, or going without (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
			(IF NO, SKIP TO C)					
		<b>REVIEW SX AS NEEDED.</b>						
	1. <b>IF YES:</b> Did these problems occur <u>together</u> for 2 days or longer?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO C)					
	2. <b>IF YES:</b> How old were you the (first/last) time?	AGE ONS	___	___	___	___	___	___
		ONS	___	___	___	___	___	___
		AGE REC	___	___	___	___	___	___
		REC	___	___	___	___	___	___
DD3RB	C. Did you have any of these problems 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	D. Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO BOX H34.)					
	1. <b>IF YES:</b> How old were you the (first/last) time?	AGE ONS	___	___	___	___	___	___
		ONS	___	___	___	___	___	___
		AGE REC	___	___	___	___	___	___
		REC	___	___	___	___	___	___
DD3RA9/B DD42B DDICDA3	2. Did you do that 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C

DSMIIR

**BOX H34:**  
**IF ONE OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO BOX H35.**

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
<b>HAND R (DRUG) TALLY A.</b>	AGE ONS	___	___	___	___	___	___
	ONS	___	___	___	___	___	___
H34. I have checked on this sheet the experiences with (DRUG) that you have told me about. You told me (REVIEW SX). When was the (first/last) time that you had any of these experiences?	AGE REC	___	___	___	___	___	___
	REC	___	___	___	___	___	___

**BOX H34A:**  
**IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE.**  
**OTHERS, SKIP TO BOX H35.**

DD3RB

A. Did you ever have experiences from 3 different boxes happen around the same time? <b>IF YES:</b> Tell me which ones. <b>CIRCLE SYMPTOMS. DO NOT COUNT SX WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.</b>	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
(IF NO, SKIP TO C)							
B. Did these experiences last a month or longer?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
(IF YES, SKIP TO E)							
C. Did you ever have experiences from 2 different boxes happen around the same time? <b>IF YES:</b> Which ones. <b>CIRCLE SYMPTOMS. DO NOT COUNT SX WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.</b>	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
(IF NO, SKIP TO BOX H35)							
D. Did these experiences last a month or longer?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
(IF NO, SKIP TO BOX H35)							
E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more?	AGE ONS	___	___	___	___	___	___ <sup>t</sup>
	ONS	___	___	___	___	___	___
	AGE REC	___	___	___	___	___	___ <sup>t</sup>
	REC	___	___	___	___	___	___

DSMIV

**BOX H35:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.**  
**OTHERS, SKIP TO BOX H36.**

**HAND R DRUG TALLY B.**

This is a different sheet with some of the same information, but in different boxes.  
 You told me that you (**NAME SYMPTOMS**).

1	2	3	4	5	6
<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>

DD4

H35A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO 1 1 1 1 1 1  
YES 5 5 5 5 5 5  
 (IF NO, SKIP TO BOX H36)

**IF YES: Which ones? CIRCLE SYMPTOMS.**  
**DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period?  
 AGE ONS \_\_\_\_\_  
 AGE REC \_\_\_\_\_

ICD-10

**BOX H36:**  
**IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.**  
**OTHERS, SKIP TO BOX H37.**

**HAND R DRUG TALLY C.**

This is a another sheet with the experiences you told me about.  
 You told me that you (**NAME SYMPTOMS**).

DDICD

H36A. Did you ever have experiences from 3 different boxes happen around the same time? NO 1 1 1 1 1 1  
YES 5 5 5 5 5 5  
 (IF NO, SKIP TO C)

**CIRCLE SYMPTOMS. DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

B. Did they last a month or longer? NO 1 1 1 1 1 1  
YES 5 5 5 5 5 5  
 (IF YES, SKIP TO D)

C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO 1 1 1 1 1 1  
YES 5 5 5 5 5 5  
 (IF NO, SKIP TO BOX H37)

**CIRCLE SYMPTOMS. DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

DDICD

D. How old were you the (first/last) time?  
 AGE ONS \_\_\_\_\_  
 AGE REC \_\_\_\_\_

**BOX H37:**  
**IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO H38.**

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
H37A. Since the age of (ONS), has there ever	NO	1	1	1	1	1	1
been a period of time lasting 3 months	YES	5	5	5	5	5	5
or longer when you did not use (DRUG)							
at all?							

**FOR EACH 5, ASK B.**  
**OTHERS, SKIP TO H38.**

B. When did that/these occur?

	<u>MONTH</u>	<u>YEAR</u>		<u>MONTH</u>	<u>YEAR</u>
COCAINE:	___	___	TO	___	___
	___	___	TO	___	___
AMPHETAMINES:	___	___	TO	___	___
	___	___	TO	___	___
OPIATES:	___	___	TO	___	___
	___	___	TO	___	___
HALLUCINOGENS:	___	___	TO	___	___
	___	___	TO	___	___
BARBITURATES:	___	___	TO	___	___
	___	___	TO	___	___
OTHER:	___	___	TO	___	___
	___	___	TO	___	___

H38. Have you ever talked about your drug use with a doctor or counselor? NO . (SKIP TO H39A) 1  
 YES . . . . . 5

A. Did you talk with: NO YES  
 1. a psychiatrist or psychologist? . . . . . 1 5  
 2. another medical doctor? . . . . . 1 5  
 3. a school counselor or social worker? . . . . . 1 5  
 4. someone like a minister, priest, or rabbi? . . . . . 1 5  
 5. another professional (SPECIFY)? . . . . . 1 5

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

H39A. Have you ever been in treatment for your drug use? NO(SKIP TO I1A, P.78)1  
 YES . .(SPECIFY) . 5

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

B. Were you treated in a hospital, in a doctor's office, or in a clinic?  
 HOSPITAL . . . . . 1  
 DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E) 2  
 BOTH . . . . . 3  
 OTHER . . . . . 4

C. How many times have you started treatment as a hospital patient? \_\_\_\_\_ TIMES

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

**IF H39B = 1; SKIP TO I1A, P. 78.  
 IF H39B = 3 OR 4, CONTINUE**

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

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? \_\_\_\_\_ TIMES

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

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

Now I'd like to ask some questions about your feelings.

**BEGIN SCORING \*'S ON TALLY SHEET FOR SECTION J.**

J1. Are you the kind of person who feels sad, unhappy or depressed a lot of the time? NO . . . . . 1  
 YES . . . . . 5

FOR EACH SX, ASK A AND CODE IN COL. A.

**BEFORE CODING YES IN COL. A.; ASK PROBE,  
 "Is this a lot different from the way you usually feel?"**

IF YES TO A, ASK B AND CODE IN COL. B.  
 IF YES TO B, ASK C AND CODE IN COL. C.

- (J2) A. During the past two weeks . . .
- (J3) B. Have you been feeling that way for at least four days in a week?
- (J3) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A</u>		<u>COL. B</u>		<u>COL. C</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Have you been feeling <u>very</u> sad, unhappy or depressed? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Have you often felt like crying? . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1 DEPICDB2	3. Have you felt that nothing seemed fun anymore? . . . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Have you not wanted to do things you usually like? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Have you felt irritable or angry? . . .	1	5	1	5	1	5*

**IF NO 5'S IN COL. C, SKIP TO J7.  
 OTHERS, CONTINUE.**

DEP3RA6  
DEP4A6  
DEPICDB3

6. Have you felt more tired? . . . . . 1 5 1 5 1 5\*

J2A. How old were you when these feelings of (NAME 5\*'S IN J1, COL. C) began? AGE ONS: \_\_\_\_ \_\_\_\_  
 \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_  
 MONTH YEAR

DEP3RA  
DEP4A

B. How long have you been feeling (sad, irritable, tired, or not interested in things)? \_\_\_\_ \_\_\_\_ UNITS

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



(J5) J3. Has there been anything going on in your life that has been making you feel bad or has been making you have these problems we've been talking about? NO . . . (SKIP TO BOX J4) . . . 1  
 YES . . . (CODE BELOW) . . . 5

**CODE ALL:** . . . . . NO YES  
 PARENTAL CONFLICT . . . 1 5  
 PARENT/CHILD PROBLEMS . . . 1 5  
 PEER PROBLEMS . . . . . 1 5  
 ROMANTIC PEER PROBLEMS . . . 1 5  
 MOVING . . . . . 1 5  
 ILLNESS/DEATH (OTHER'S) . . . 1 5  
 ILLNESS (SELF) . . . . . 1 5

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

CODE: \_\_\_\_\_  
 OTHER . . (SPECIFY) . . . 1 5

**BOX J4:**  
 IF NEVER USED ALCOHOL, SKIP TO BOX J5.

J4A. Were you drinking alcohol during the 6 weeks before you began to feel (NAME MOOD)? NO . . (SKIP TO BOX J5) . . 1  
 YES . . . . . 5

B. How many days a week did you usually drink? \_\_\_\_\_ DAYS  
**IF 2 OR FEWER, SKIP TO E.**

C. How many drinks would you usually have in one day? \_\_\_\_\_ DRINKS

DEP3RB1 D. **CODE SILENTLY:** NO . . . . . 1  
 DEP4D **DOES USUAL DRINKING = 3(+) DRINKS ON** YES . (SKIP TO J19A, P.100 AND  
 AHUICD-10 **3(+) DAYS/WEEK?** CODE CURRENT EPISODE . 5

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? \_\_\_\_\_ DRINKS  
**IF 2 OR FEWER, SKIP TO BOX J5.**

F. How many days a week did you usually have at least 3 drinks? \_\_\_\_\_ DAYS

DEP3RB1 G. **CODE SILENTLY:** NO . . . . . 1  
 DEP4D **DOES MAXIMUM DRINKING = 3(+) DRINKS FOR** YES . (SKIP TO J19A, P.100 AND  
 AHUICD-10 **2(+) DAYS/WEEK?** CODE CURRENT EPISODE . 5



(J6) J7. Has there been any other time in your life when you felt sad, unhappy, or depressed? NO .(SKIP TO BOX J34, P.105) 1  
 YES . . . . . 5

FOR EACH SX, ASK A AND CODE IN COL. A.

BEFORE CODING YES IN COL. A.; ASK PROBE,  
 "Is/Was this a lot different from the way you usually feel?"

IF YES TO A, ASK B AND CODE IN COL. B.  
 IF YES TO B, ASK C AND CODE IN COL. C.

- A. During the worst time . . .
- (J7) B. Did you feel that way for at least four days in a week?
- (J7) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A.</u>		<u>COL. B.</u>		<u>COL. C.</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Did you feel <u>very</u> sad, unhappy or depressed? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Did you often feel like crying? . . . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	3. Did you feel that nothing seemed fun anymore? . . . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Did you not want to do things you usually liked? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Did you feel irritable or angry? . . . . .	1	5	1	5	1	5*

IF NO 5'S IN COL. C; SKIP TO BOX J34, P.105.  
 OTHERS, CONTINUE.

DEP3RA6  
DEP4A6  
DEPICDB3

6. Did you feel more tired? . . . . . 1 5 1 5 1 5\*

J8. How old were you when this really bad period of feeling (NAME 5\*'S IN J7, COL. C) began? AGE ONS: \_\_\_ \_\_\_  
 \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
 MONTH YEAR

DEP3RA  
DEP4A

J9. How long did it last? \_\_\_ \_\_\_ UNITS

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

(J11) J10. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?

NO . . (SKIP TO BOX J11) . . 1  
 YES . . . (CODE BELOW) . . . 5

**CODE ALL:** . . . . . NO YES  
 PARENTAL CONFLICT . . 1 5  
 PARENT/CHILD PROBLEMS . 1 5  
 PEER PROBLEMS . . . . . 1 5  
 ROMANTIC PEER PROBLEMS 1 5  
 MOVING . . . . . 1 5  
 ILLNESS/DEATH (OTHER'S) 1 5  
 ILLNESS (SELF) . . . . . 1 5

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

CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_  
 OTHER . . (SPECIFY) . . 1 5

**BOX J11:  
 IF NEVER USED ALCOHOL, SKIP TO BOX J12.**

(J10) J11A. Were you drinking alcohol during the 6 weeks before this time you began to feel (NAME MOOD)? NO (SKIP TO BOX J12) 1  
 YES . . . . . 5

B. How many days a week did you drink? \_\_\_\_\_ DAYS  
**IF 2 OR FEWER, SKIP TO E.**

C. How many drinks would you usually have in one day? \_\_\_\_\_ DRINKS

D. **CODE SILENTLY:**  
**DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS PER WEEK?**  
 NO . . . . . 1  
 YES. . . (SKIP TO J14A) . . 5

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? \_\_\_\_\_ DRINKS  
**IF 2 OR FEWER, SKIP TO BOX J12.**

F. How many days a week did you have at least 3 drinks? \_\_\_\_\_ DAYS

G. **CODE SILENTLY:**  
**DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS PER WEEK?**  
 NO . . . . . 1  
 YES . . . (SKIP TO J14A) . . 5

DEP3RB1  
 DEP4D  
 AHUICD-10

DEP3RB1  
 DEP4D  
 AHUICD-10

**BOX J12:  
IF NEVER USED MJ OR DRUGS, SKIP TO J13A.**

**SHOW R CARD J-1.**

COC AMP OP HAL BAR MJ OTH

(J10) DEP3RB1 DEP4D DHUICD-10	J12A. During the 6 weeks before you	NO	1	1	1	1	1	1	1
	began to feel (NAME MOOD), did you use any of these drugs or take any prescription drugs more than you were supposed to?	YES	5	5	5	5	5	5	5

**IF NO TO ALL IN J12A, SKIP TO J13A.  
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J12A.**

B. Did you use any of these drugs	NO	1	1	1	1	1	1	1
every day or almost every day?	YES	5	5	5	5	5	5	5

**IF NO TO ALL IN J12B, SKIP TO J13A.**

- C. How many days a week did you usually use (DRUG)?      DAYS: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- D. How many times a day did you usually use (DRUG)?      TIMES: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of times you used (DRUG) in one day?      TIMES: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- F. During that 6 weeks, how many days did you use (DRUG) that much (# in E)?      DAYS: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**SKIP TO J14A.**

DEP3RB1 DEP4D	J13A. Did your feeling of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine you were already taking?	NO . (SKIP TO J19A, P.100 AND CODE PAST EPISODE) . . . . .	1
		YES . . . . .	5

B. What medicine did you take?

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

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

**IF MEDICINE IS NOT ON CARD J-2;  
SKIP TO J19A, P.100 AND CODE THIS PAST EPISODE.**

(J12) DEP3RA1 DEP3RA2 DEP3RB1 DEP4A DEP4A1 DEP4A2	J14A. Have you ever had another really bad time that lasted more than one day when you were feeling (NAME SX IN J7A.1-6), and <u>had not been (drinking, using drugs, or taking medicine)?</u>	NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1 YES . . . . . 5
	1. Was it as long as four days?	NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1 YES . . . . . 5
	2. Did this bad time last most of the day? For example, in the morning and afternoon or in the afternoon and evening?	NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1 YES . . . . . 5
DEP3RA1 DEP4A2	B. Were you feeling sad, unhappy, depressed, or irritable?	NO . . . . . 1 YES . . . . . 5
DEP3RA2 DEP4A2	C. Did you stop wanting to do the things you liked or stop having fun doing things you liked?	NO . . . . . 1 YES . . . . . 5
DEP3RA6 DEP4A6 DEPICDB3	D. Did you feel more tired?	NO . . . . . 1 YES . . . . . 5

(J13)	J15. How old were you when this time began?	AGE ONS: ____ ____  ____ ____ / ____ ____ MONTH YEAR
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(J14) DEP3RA DEP4A	J16. How long did it last?	____ ____ UNITS  <b>CODE UNITS:</b> DAYS . . . . . 1 WEEKS . . . . . 2 MONTHS . . . . . 3 YEARS . . . . . 4
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(J15)	J17. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?	NO . . . (SKIP TO BOX) . . . 1 YES . . . (CODE BELOW) . . . 5
	SPECIFY OTHER: _____ _____ _____	<b>CODE ALL:</b> . . . . . NO YES PARENTAL CONFLICT . . . 1 5 PARENT/CHILD PROBLEMS . 1 5 PEER PROBLEMS . . . . . 1 5 ROMANTIC PEER PROBLEMS 1 5 MOVING . . . . . 1 5 ILLNESS/DEATH (OTHER'S) 1 5 ILLNESS (SELF) . . . . . 1 5
		CODE: ____ ____ OTHER . . (SPECIFY) . . 1 5

**CODE THIS EPISODE IN MOST SEVERE PAST EPISODE COLUMN.**

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
J18. OMITTED		
DEP3RA3 DEP4A3 DEPICDC7 J19A. Did you eat a lot less than usual?	NO . . . . . 1 YES .(SKIP TO J20A) 5*	NO . . . . . 1 YES.(SKIP TO J20A) 5*
DEP3RA3 DEP4A3 DEPICDC7 1. Did you feel a lot less hungry, but ate anyway because someone made you?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA3 DEP4A3 DEPICDC7 J20A. Did you eat a lot more than usual?	NO . . . . . 1 YES.(SKIP TO J21A) 5*	NO . . . . . 1 YES.(SKIP TO J21A) 5*
DEP3RA3 DEP4A3 DEPICDC7 1. Did you feel a lot more hungry than usual, but couldn't eat more because someone wouldn't let you?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6 J21A. Did you have <u>a lot more trouble</u> than usual falling asleep at night?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6 B. Did you wake up in the middle of the night and have a hard time getting back to sleep?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6 C. Did you wake up <u>very early</u> in the morning and couldn't get back to sleep?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6 D. Did you sleep a lot <u>more</u> than usual? For example, did you sleep during the day or go to bed early at night?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...		CURRENT EPISODE	MOST SEVERE PAST EPISODE
DEP3RA5 DEP4A5 DEPICDC5	J22. Did you have a lot more trouble than usual keeping still, so that even other people could have noticed it?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(PROBE: DID YOU HAVE TO GET UP AND WALK AROUND DURING DINNER OR WHEN YOU WERE WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)			
DEP3RA5 DEP4A5 DEPICDC5	J23. Did you feel slowed down, so slowed down that other people could have noticed it?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(PROBE: DID IT TAKE YOU LONGER TO MOVE AROUND? WERE YOU WALKING OR TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT YOU WERE THINKING MORE SLOWLY?)			
(J25) DEP3RA7 DEP4A7 DEPICDC1	J24. Did you feel like everything you did was wrong or that you just weren't any good?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(J26) DEP3RA7 DEP4A7 DEPICDC2	J25. Did you feel that everything was your fault or did you feel guilty about a lot of things?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(PROBE: DID YOU FEEL THAT FAMILY PROBLEMS WERE YOUR FAULT? DID YOU FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)			
DEP3RA7 DEP4A7 DEPICDC1	A. Did you feel like nothing would ever work out for you?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(J27) DEP3RA8 DEP4A8 DEPICDC4	J26A. Did you have more trouble than usual keeping your mind on what you were supposed to be doing, or did you have trouble paying attention to what you were doing?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble keeping your mind on things?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(J28) DEP3RA8 DEP4A8 DEPICDC4	J27A. Did you have <u>a lot</u> more trouble than usual making up your mind about things?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble making up your mind?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*



During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J29) DEP3RA9 DEP4A9 DEPICDC3 J28A. Were there times when things seemed so bad that you wished you were dead?  DEP3RA9 DEP4A9 DEPICDC3 B. Did you think a lot about being dead or dying?  DEP3RA9 DEP4A9 DEPICDC3 C. Did you make a plan about how you might kill yourself?  DEP3RA9 DEP4A9 DEPICDC3 D. Did you try to kill yourself?	NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*  NO . . . . . 1 YES . . . . . 5*
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>FOR ANY 5 IN A-D, ASK E. OTHERS, SKIP TO J29.</b> </div>		
E. Do you feel that way now?	NO . . . . . 1 YES . . (SPECIFY) . 5 SPECIFY FEELINGS: _____ _____ _____	NO . . . . . 1 YES . . (SPECIFY) . 5 SPECIFY FEELINGS: _____ _____ _____
J29. <b>INTERVIEWER BOX:</b>	<b>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</b>	<b>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</b>
<p style="text-align: center;"><b>SHOW R TALLY J</b></p>		
J30A. You've told me that you felt (sad, uninterested, or irritable, etc.). Were you also having problems with (appetite, sleeping, concentrating, etc.) at that time?  1. Did most of these problems happen most of the day, nearly every day?  DEP3RA DEP4A DEPICDG1 B. Did it last 2 weeks or more?  C. When did it begin?  D. How long did it last?	NO. (SKIP TO J31A) 1 YES . . . . . 5  NO . . . . . 1 YES . . . . . 5  NO. (SKIP TO J31A) 1 YES . . . . . 5  ___ ___ / ___ ___ t MONTH YEAR  ___ ___ WEEKS	NO. (SKIP TO J31A) 1 YES . . . . . 5  NO . . . . . 1 YES . . . . . 5  NO. (SKIP TO J31A) 1 YES . . . . . 5  ___ ___ / ___ ___ t MONTH YEAR  ___ ___ WEEKS

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE																																																														
<p>J31A. Did you feel like this <u>only</u> because someone close to you died?</p> <p>1. Did the feelings begin within 6 months after (PERSON's) death?</p> <p>DEP3RB2 DEP4E 2. When did (PERSON) die?</p> <p>DEP3RB1 DEP4D B. Did you feel like this <u>only</u> while you were very sick?</p> <p>DEP3RB1 DEP4D C. Did you feel like this <u>only</u> while you were taking medicine?</p>	<p>NO . (SKIP TO B) . 1 YES. (CODE BELOW) . 5</p> <p>DEATH OF FAMILY MEMBER.(SPECIFY) . 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____</p> <p>NO . .(SKIP TO B) . 1 YES . . . . . 5</p> <p>____ / ____ MONTH YEAR</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>SKIP TO J32</b></p> </div> <p>NO . . . . . 1 YES . .(SPECIFY) . 5 SPECIFY: _____</p> <p>CODE: _____</p> <p>NO . . . . . 1 YES . .(SPECIFY) . 5 SPECIFY: _____</p> <p>CODE: _____ CODE: _____ CODE: _____</p>	<p>NO. .(SKIP TO B) . 1 YES .(CODE BELOW) . 5</p> <p>DEATH OF FAMILY MEMBER .(SPECIFY) 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____</p> <p>NO. .(SKIP TO B) . 1 YES . . . . . 5</p> <p>____ / ____ MONTH YEAR</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>SKIP TO J32</b></p> </div> <p>NO . . . . . 1 YES . .(SPECIFY) . 5 SPECIFY: _____</p> <p>CODE: _____</p> <p>NO . . . . . 1 YES . .(SPECIFY) . 5 SPECIFY: _____</p> <p>CODE: _____ CODE: _____ CODE: _____</p>																																																														
<p>(J33) DEP4C J32. Did having these feelings change things for you at/with ... <b>COUNT NEGATIVE EFFECTS ONLY.</b></p> <p>A. How much did things change with _____? (1) A little, (2) somewhat, or (3) a lot?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">NO</th> <th style="text-align: center;">YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </tbody> </table> <p>SPECIFY: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A.</b></p> </div> <table border="0"> <tbody> <tr> <td>SCHOOL . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HOME . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		NO	YES	SCHOOL . . . . .	1	5	HOME . . . . .	1	5	FRIENDS . . . . .	1	5	OTHER (SPECIFY) 1	5		SCHOOL . . . . .	1	2	3	HOME . . . . .	1	2	3	FRIENDS . . . . .	1	2	3	OTHER . . . . .	1	2	3	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">NO</th> <th style="text-align: center;">YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </tbody> </table> <p>SPECIFY: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A.</b></p> </div> <table border="0"> <tbody> <tr> <td>SCHOOL . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HOME . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		NO	YES	SCHOOL . . . . .	1	5	HOME . . . . .	1	5	FRIENDS . . . . .	1	5	OTHER (SPECIFY) 1	5		SCHOOL . . . . .	1	2	3	HOME . . . . .	1	2	3	FRIENDS . . . . .	1	2	3	OTHER . . . . .	1	2	3
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During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J34) J33A. Did your parents ever take you to a doctor or any other professional because of the way you were feeling?	NO. .(SKIP TO E) . 1 YES . . . . . 5	NO. .(SKIP TO E) . 1 YES . . . . . 5
	<b>AS AN OUTPATIENT</b>	<b>AS AN OUTPATIENT</b>
B. Did you see:		
1. a psychiatrist or a psychologist?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
2. another medical doctor?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
3. a school counselor or social worker?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
4. someone like a minister, priest, or rabbi?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
5. another professional?	NO . . . . . 1 YES. . (SPECIFY) . 5	NO . . . . . 1 YES. . (SPECIFY) . 5
C. How many times did you see (PERSON(S) CHILD SAW) for help?	SPECIFY: _____ _____ TIMES	SPECIFY: _____ _____ TIMES
D. Did you get any medicine?	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____
	CODE: _____	CODE: _____
	CODE: _____	CODE: _____
	CODE: _____	CODE: _____
E. Did you have to go into the hospital?	NO.(SKIP TO BOX J33) 1 YES . .(SPECIFY) . 5	NO. (SKIP TO J34A) 1 YES . . (SPECIFY) . 5
	SPECIFY: _____	SPECIFY: _____
F. How long did you stay in the hospital?	_____ DAYS	_____ DAYS
G. Did they give you any medicine or pills while you were in the hospital?	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____
	CODE: _____	CODE: _____
	CODE: _____	CODE: _____
	<b>BOX J33: GO BACK TO J7 AND ASK ABOUT MOST SEVERE PAST EPISODE.</b>	

**BOX J34:**  
**IF NO CURRENT OR PAST EPISODE; SKIP TO BOX K1, P.107.**  
**OTHERS, CONTINUE.**

- J34A. Have you had any other really bad periods of feeling sad, depressed or irritable for at least 2 weeks? NO (SKIP TO BOX J35) 1  
YES . . . . . 5
- B. How many times like that have you had in your lifetime? \_\_\_ \_\_\_ TIMES
- C. How old were you the (first/last) time? AGE ONS: \_\_\_ \_\_\_  
ONS: 1 2 3 4 5
- RECORD ALL EPISODES ON TIMELINE.**
- AGE REC: \_\_\_ \_\_\_  
REC: 1 2 3 4 5
- D. How many different times have you been in the hospital for feeling that way? \_\_\_ \_\_\_ TIMES
- E. How many different times have you been treated for these feelings without staying in a hospital? \_\_\_ \_\_\_ TIMES
-

**BOX J35:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO BOX K1, P.107.**

**J35. FOR EACH EPISODE OF DEPRESSION, ASK A.**

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

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS, SKIP TO 2.**

CLUSTERING PER EPISODE

1. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you having experiences from 3 or more boxes on this (ALC/MJ/DRUG) sheet?

**IF NO, CONTINUE TO 2.**  
**IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.**  
**IF NO OTHER EPISODES, SKIP TO J35B.**

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

**IF NO, RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.**  
**IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.**  
**IF NO OTHER EPISODE, SKIP TO J35B.**

B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

1. ...your episodes of feeling (depressed/sad/down/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?	NEVER . . . . . 1 SOMETIMES . . . . . 3 ALWAYS (SKIP TO BOX K1, P.107) 5
--	--

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. ...your episodes (that did <u>not</u> start when you were having problems with alcohol or drugs) (NEVER/SOMETIMES/ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?	NEVER . . . . . 1 SOMETIMES . . . . . 3 ALWAYS . . . . . 5
---	--

**BOX K1:**  
**IF NO 5\*'S IN J1, COL. C OR J7, COL. C**  
**OR**  
**IF J2B, J9, OR J16 IS 1 YEAR OR LONGER,**  
**SKIP TO L1, P.111.**

In the last section, I asked if you had ever had a couple of weeks or so when you felt very sad, unhappy or depressed. Now I'm going to ask you if you have ever had sad or down feelings that lasted for a year or longer.

Some of the questions may sound like ones you have already answered, but they are a little different.

DYS3RA DYS4A	K1. Have you ever felt sad or unhappy, for as long as a year?	NO . . . . . 1 YES . . . (SPECIFY) . 5
-----------------	---	---

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

DYS3RA DYS4A	K2. Has there ever been a year or longer when nothing you did seemed fun -- even things you used to enjoy doing like being with friends or going to the movies?	NO . . . . . 1 YES . . . (SPECIFY) . 5
-----------------	---	---

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

DYS3RA DYS4A	K3. Have you ever felt irritable nearly every day for a year or more?	NO . . . . . 1 YES . . . . . 5
-----------------	---	-----------------------------------

**IF NO 5'S IN K1-K3; SKIP TO L1, P.111.**  
**OTHERS, CONTINUE.**

DYS3RB2 DYS4B2	K4. When you were (NAME MOOD), for that long time, did you . . .	NO YES
	A. have problems falling asleep? . . . . .	1 5
	B. wake up in the middle of the night? . . . . .	1 5
	C. wake up a lot earlier than usual? . . . . .	1 5
	D. sleep a lot more than usual? . . . . .	1 5

DYS3RB1 DYS4B1	K5A. When you were (NAME MOOD), did you have long periods of time when you didn't seem very hungry?	NO . . . . . 1 YES . . . . . 5
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DYS3RB1 DYS4B1	B. When you were (NAME MOOD), did you have long periods of time when you felt hungry all the time?	NO . . . . . 1 YES . . . . . 5
-------------------	--	-----------------------------------

DYS3RB3 DYS4B3	K6. When you were (NAME MOOD), did you feel tired most of the time?	NO . . . . . 1 YES . . . . . 5
-------------------	---	-----------------------------------

DYS3RB4 DYS4B4	K7. When you were (NAME MOOD) did you feel very bad about yourself, that you were, not as good as other people, not as smart, good-looking, or well-liked as others?	NO . . . . . 1 YES . . . . . 5
-------------------	--	-----------------------------------



K12A. Was there ever a time during that long period of feeling (NAME POSITIVES IN K1A-K9B) when you felt a lot better? NO . . . (SKIP TO K13A) 1  
 YES . . . . . 5

(PROBE: DID YOU THINK THE DOWN FEELINGS HAD GONE AWAY OR WERE NEARLY GONE?)

DYS3RC  
 DYS4C

B. For how long did you feel better? LESS THAN 2 WEEKS . . . 1  
 1 MONTH . . . . . 2  
 2 MONTHS . . . . . 3  
 MORE THAN 2 MONTHS . . 4

**IF K12B CODED 1, 2, OR 3;  
 RECORD DYSTHYMIC EPISODE ON TIMELINE AND SKIP TO K13A.  
 OTHERS, CONTINUE.**

C. Did you ever have another time when you felt (NAME MOOD) that lasted at least a year? NO (SKIP TO L1, P.111) 1  
 YES . . . . . 5

D. How old were you when that time (began/ended)? AGE ONS: \_\_\_\_ t  
 ONS: 1 2 3 4 5  
 AGE REC: \_\_\_\_ t  
 REC: 1 2 3 4 5

**CONTINUE WITH SECTION, ASKING ABOUT THIS EPISODE.**

**FOR EACH 5 IN COL. I, ASK  
 "Did it happen (1) a little, (2) somewhat, or (3) or a lot?"  
 AND CODE IN COL. II.**

DYS4H

K13A. When you were feeling sad and down for this long time, did any of these things happen? (CODE IN COLUMN I)

	<u>COL. I</u>		<u>COL. II</u>		
	<u>NO</u>	<u>YES</u>			
1. Did you get into arguments with your parents? . . . . .	1	5	1	2	3
2. Did your parents get angry with you? . . . . .	1	5	1	2	3
3. Were your parents or others always asking you what was wrong? . . . . .	1	5	1	2	3
4. Did you get into arguments with your friends? . . . . .	1	5	1	2	3
5. Did you feel that the kids didn't like you? . . . . .	1	5	1	2	3
6. Did your grades go down in school? . . . . .	1	5	1	2	3
7. Was it hard for you to get your work done? . . . . .	1	5	1	2	3



**BOX K14:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A; CONTINUE.**  
**OTHERS, SKIP TO L1, P.111.**

K14. We talked about a long period of feeling sad, down, or blue.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time this long period first started, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES (SKIP TO L1, P.111) 5
HEAVY USE WHEN NOT CLUSTERING	B. Around the time this long period first started, were you (drinking heavily/using DRUGS) daily or almost daily?	NO . . . . . 1 YES . . . . . 5

---

**STANDARD PROBE: FOR EVERY YES, ASK:  
 "Was that a lot different from the way you usually are?"**

L1. Has there ever been a time when you felt absolutely on top of the world? Maybe you wanted to spend a lot more time than usual with your friends. You had much more energy than usual and didn't need to sleep very much. You made all kinds of fantastic plans and felt great about yourself.

NO (SKIP TO M1A, P.119) 1  
 YES . . (SPECIFY) . . 5

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

MAN3RA  
 MAN4A

L2A. During that time, did you feel really happy and excited about everything? What I mean is, everything in your life seemed just great for no reason at all?

NO . . (SKIP TO L3A) 1  
 YES . . (SPECIFY) . . 5

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

B. How long did that happy feeling last? \_\_\_\_\_ DAYS  
**IF 4 OR MORE, SKIP TO L3B.**

MAN3RA  
 MAN4A

L3A. Has there been any other time when you had really happy and energetic feelings for 4 days or more?

NO (SKIP TO M1A, P.119) 1  
 YES . . (SPECIFY) . . 5

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

- B. Think about the most recent time you felt that way for 4 days or more.
1. How old were you then? \_\_\_\_\_ AGE
  2. When did it begin? \_\_\_\_\_ / \_\_\_\_\_  
 MONTH YEAR
  3. How long did it last? \_\_\_\_\_ DAYS

MAN3RA  
 MAN4A

L4A. When you were up and happy, were there times when you felt unusually irritable or on edge with your parents and friends?

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

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

**IF NEVER USED ALCOHOL, SKIP TO L6A.**

- L5A. Were you drinking during the 2 weeks before the (happy/energetic/irritable) feelings started? NO . (SKIP TO L6A) 1  
YES . . . . . 5
- B. How many days a week did you drink? \_\_\_\_\_ DAYS  
IF 2 OR FEWER, SKIP TO D.
- C. How many drinks in a day would you usually have? \_\_\_\_\_ DRINKS  
IF 3 OR MORE, SKIP TO L7.
- D. During the 2 weeks before these feelings began, what was the largest number of drinks you had in one day? \_\_\_\_\_ DRINKS  
IF 2 OR FEWER, SKIP TO L6A.
- E. How many days a week did you usually have at least 3 drinks? \_\_\_\_\_ DAYS  
IF 2 OR MORE, SKIP TO L7.

MAN3RF  
MAN4E  
AHUICD-10

- L6A. During the 2 weeks before this episode of feeling (really happy/energetic/very irritable) began, were you using any drugs or taking any prescription medicines more than you should? NO . (SKIP TO E) . 1  
YES . (SPECIFY) . . 5

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

IF DRUG OR MEDICINE IS NOT ON CARD L, SKIP TO E.

- B. Were you using (DRUG/MED) every day or almost every day? NO . (SKIP TO E) . 1  
YES . . . . . 5
- C. During that time, on average, how many days per week did you take (DRUG/MED)? \_\_\_\_\_ DAYS
- D. What is the average number of times you took (DRUG/MED) on those days you were taking (DRUG/MED)? \_\_\_\_\_ TIMES

MAN3RF  
MAN4E  
DHUICD-10

SKIP TO L7.

- E. During the 2 weeks before this episode began, did you start taking any new medicine or change the amount of medicine you were already taking? NO . (SKIP TO L8A) 1  
YES . . . . . 5
- F. What medicine did you take? (SPECIFY) \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_  
\_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_

IF MEDICINE IS NOT ON CARD L, SKIP TO L8A.

L7. Has there been any other time in your life when you were not using alcohol, drugs, or medicines and felt unusually happy or energetic and didn't need much sleep? NO . (SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B) 1  
 YES . . . . . 5

A. During that time did you feel really happy and excited about everything? Everything in your life seemed just great for no reason at all? NO . . (SKIP TO C) . 1  
 YES . . . . . 5

B. How long did that happy feeling last? \_\_\_\_\_ DAYS

**IF 4 OR MORE DAYS, SKIP TO L8A, ASKING ABOUT THIS EPISODE**

C. During that time, did you feel that all kinds of good things were going to happen to you; that life was just wonderful, and nothing bad could ever happen to you? NO . . (SKIP TO E) . 1  
 YES . . . . . 5

D. How long did that feeling last? \_\_\_\_\_ DAYS

**IF 4 OR MORE DAYS, SKIP TO L8A, ASKING ABOUT THIS EPISODE.**

E. During that time, did you feel very irritable or on edge with your parents and friends? NO . (SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B) 1  
 YES . . . . . 5

F. How long did that irritable feeling last? \_\_\_\_\_ DAYS

**IF 4 DAYS OR MORE; CONTINUE, ASKING ABOUT THIS EPISODE.  
 IF 3 DAYS OR FEWER; CONTINUE, ASKING ABOUT EPISODE IDENTIFIED IN L3B.**

MAN3RB2  
 MAN4B2

L8A. When you were feeling (NAME MOOD), were there nights when you didn't need very much sleep? NO . . (SKIP TO L9A) 1  
 YES . . . . . 5

B. Did you have 2 or more nights when you slept very little, but still had lots of energy? NO . . . . . 1  
 YES . . . . . 5

MAN3RB1 MAN4B1	L9A.	When you were feeling (NAME MOOD), did you think you were a <u>really great</u> person, that you were really fantastic at everything, and could do <u>anything</u> you wanted?	NO . . . . . 1 YES (SPECIFY) 5
-------------------	------	--	-----------------------------------

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

MAN3RB1 MAN4B1	B.	When you were feeling (NAME MOOD), did you think that you were a lot smarter, better, funnier, or more attractive than other people your age?	NO . . . . . 1 YES (SPECIFY) 5
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SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB1 MAN4B1	C.	Did you think you could do very unusual or more important things than other people your age?	NO . . . . . 1 YES (SPECIFY) 5
-------------------	----	--	-----------------------------------

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

MAN3RB6 MAN4B6	L10A.	When you were feeling (NAME MOOD), did you take on a lot of extra activities or start seeing your friends a lot more than usual?	NO . . . . . 1 YES (SPECIFY) 5
-------------------	-------	--	-----------------------------------

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

MAN3RB6 MAN4B6	B.	Did you call up your friends <u>a lot more than usual</u> or spend <u>a lot</u> more time on the phone?	NO . . . . . 1 YES . . . . . 5
-------------------	----	---	-----------------------------------

MAN3RB6 MAN4B6	L11.	When you were (NAME MOOD), did you have a lot more trouble than usual keeping still? For example, were you restless, in and out of your seat, or pacing up and down?	NO . . . . . 1 YES . . . . . 5
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MAN3RB3 MAN4B3	L12.	When you were (NAME MOOD), did you talk a lot faster than usual?	NO . . . . . 1 YES . . . . . 5
-------------------	------	--	-----------------------------------

(**PROBE:** DO YOU REMEMBER JUST TALKING ON AND ON? DID THE WORDS JUST COME OUT WITHOUT YOU HAVING TO THINK ABOUT WHAT TO SAY NEXT?)

MAN3RB4 MAN4B4	L13.	When you were (NAME MOOD), did you feel your thoughts coming too fast?	NO . . . . . 1 YES (SPECIFY) 5
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(**PROBE:** WOULD YOU BE TALKING ABOUT ONE THING, AND SUDDENLY THINK ABOUT SOMETHING ELSE AND START TALKING ABOUT THAT? DID YOUR THOUGHTS COME SO FAST THAT YOU WOULD BECOME CONFUSED?)

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

MAN3RB5 MAN4B5	L14.	During the time when you were (NAME MOOD), was it hard for you to keep your mind on one thing at a time? Were you always distracted by every little thing?	NO . . . . . 1 YES (SPECIFY) 5
-------------------	------	--	-----------------------------------

(**PROBE:** WERE THERE SO MANY THINGS YOU WANTED TO DO THAT YOU KEPT SHIFTING FROM ONE THING TO ANOTHER?)

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

MAN3RB7 MAN4B7	L15A.	When you were (NAME MOOD), like we've been talking about, did you do things that you usually wouldn't do? For example, did you give many of your things away or spend too much money?	NO . . . . . 1 YES (SPECIFY) 5
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SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB7 MAN4B7	B.	When you were feeling (NAME MOOD), did you get involved with people that you normally wouldn't get involved with?	NO . . . . . 1 YES . . . . . 5
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MAN3RB7 MAN4B7	C.	Did you engage in sexual activities that you normally wouldn't have?	NO . . . . . 1 YES . . . . . 5
-------------------	----	--	-----------------------------------

HYPOMAN-D	L16A.	During this time when you (NAME BEHAVIORS AND MOOD), did anyone notice that you were acting differently than usual?	NO . . . . . 1 YES (SPECIFY) 5
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SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

B.	Did your parents worry about you?	NO . . . . . 1 YES . . . . . 5
----	-----------------------------------	-----------------------------------

**IF NO 5'S IN L8A-L16B; SKIP TO M1A, P.119.  
OTHERS, RECORD EPISODE ON TIMELINE AND CONTINUE.**



MAN4A

- L18A. How long did (NAME MOOD AND BEHAVIORS) last? 3 DAYS OR FEWER  
 (SKIP TO M1A, P.119) 1  
 4 DAYS . . . . . 2  
 1 WEEK . . . . . 3  
 2 WEEKS . . . . . 4  
 3 WEEKS . . . . . 5  
 1 MONTH . . . . . 6  
 LONGER THAN 1 MONTH . 7
- B. How many times have you felt like this; when things like (NAME POSITIVES) happened together for most of the week? That is, 4 days or more? 1 TIME . . . . . 1  
 2 TIMES . . . . . 2  
 3-4 TIMES . . . . . 3  
 5-9 TIMES . . . . . 4  
 10+ TIMES . . . . . 5

**RECORD ALL EPISODES ON TIMELINE.**

- L19A. How old were you the first time you had any of these feelings like (NAME POSITIVES)? AGE ONS: \_\_\_ \_\_t  
 ONS: 1 2 3 4 5
- B. How old were you the last time you felt that way? AGE REC: \_\_\_ \_\_t  
 REC: 1 2 3 4 5

**FOR EACH 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, (3) or a lot?  
**AND CODE IN COL. II.**

MAN3RC  
 MAN4D

	<u>COL. I</u>		<u>COL. II</u>		
	<u>NO</u>	<u>YES</u>			
L20A. When you were feeling like (NAME MOOD AND BEHAVIOR) did any of the following things happen? (CODE IN COL. I)					
1. Did your parents get angry with you? . . . . .	1	5	1	2	3
2. Did you get into arguments with your parents?	1	5	1	2	3
3. Did your parents get upset and worried about you? . . . . .	1	5	1	2	3
4. Did you get into trouble at school, and the teacher spoke to your parents about you? . . .	1	5	1	2	3
5. Were you unable to get your homework or schoolwork done? . . . . .	1	5	1	2	3
6. Did your friends think something was wrong with you? . . . . .	1	5	1	2	3
7. Did you get into arguments with your friends?	1	5	1	2	3
8. Did you say or do things that you were really embarrassed about later? . . . . .	1	5	1	2	3



**BOX L21:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO M1A, P.119.**

**L21. FOR EACH EPISODE OF MANIA, ASK A.**

- A. You said you had an episode of feeling (happy/excited/energetic/irritable) that started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS, SKIP TO 2.**

CLUSTERING PER EPISODE

- 1. Around the time this episode of feeling (happy/excited/energetic/irritable) began, were you having experiences from 3 or more boxes on this (ALC/MJ/DRUG) sheet?

**IF NO, CONTINUE TO 2.**  
**IF YES, RECORD ON TIMELINE AND RETURN TO L21A FOR NEXT EPISODE OF MANIA.**  
**IF NO OTHER EPISODES, SKIP TO L21B.**

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

- 2. Around the time this episode of feeling (happy/excited/energetic/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

**IF NO, RETURN TO L21A FOR NEXT EPISODE OF MANIA.**  
**IF YES, RECORD ON TIMELINE AND RETURN TO L21A FOR NEXT EPISODE OF MANIA.**  
**IF NO OTHER EPISODE, SKIP TO L21B.**

B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

- 1. ...your episodes of feeling (happy/excited/energetic/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?
 

NEVER . . . . .	1
SOMETIMES . . . . .	3
ALWAYS (SKIP TO M1A, P.119) . . . . .	5

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

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

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

Some people worry a lot about being away from their families or away from home. I'm going to ask you some questions about times when you're away from home or away from members of your family. This may have happened when you were younger, so think about those times also.

(K1) M1A. Have there been a lot of times when you NO . . (SKIP TO M2A) . 1  
 SADD3RA1 really worried that something bad might YES . . .(SPECIFY) . . 5  
 SADD4A2 happen to one of your parents or another  
 SADDICDA1 family member -- like they might get hurt  
 or die? Perhaps you worried that they  
 might never come back?

(PROBE: MAYBE YOU DIDN'T KNOW EXACTLY WHAT MIGHT HAPPEN, BUT YOU WERE AFRAID IT WOULD BE SOMETHING TERRIBLE.)

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

PERSON: \_\_\_\_\_

B. Did you ever try to stay home from school NO . . . . . 1  
 or some other place because you were ALC/DRUG ONLY . . . . . 3  
 worried about (PERSON)? YES . . . . . 5

(K2) M2A. Have there been a lot of times when you NO . . (SKIP TO BOX) . 1  
 SADD3RA2 really worried that something bad might YES . . .(SPECIFY) . . 5  
 SADD4A3 happen to you - like getting kidnapped,  
 SADDICDA2 killed, or lost, so that you couldn't see  
 your parents or other family members again?

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

PERSON: \_\_\_\_\_

B. Did you ever try to stay home from school NO . . . . . 1  
 or some other place because you were ALC/DRUG ONLY . . . . . 3  
 worried about (PERSON)? YES . . . . . 5

**IF M1B OR M2B IS CODED 3 OR 5, SKIP TO M3C.  
 OTHERS, CONTINUE.**

(K3)  
SADD3RA3  
SADD4A4  
SADDICDA3

M3A. Have you ever tried to stay home from school a lot because of being afraid to leave (PERSON/SOMEONE YOU ARE CLOSE TO)?

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

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

B. Have there been many times when you really didn't want to go other places without (PERSON/SOMEONE YOU ARE CLOSE TO) because you were worried that something bad might happen?

NO . . . . . 1  
ALC/DRUG ONLY (SPECIFY) 3  
YES . . . . . (SPECIFY) 5

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

**IF NO TO M3A AND M3B; SKIP TO N1, P. 124.  
OTHERS, CONTINUE**

C. How long did (POSITIVES IN M1B-M3B) last?  
IF DK, ASK C1.

\_\_\_\_ WEEKS

**IF M3C = 00 or 01; SKIP TO N1, P.124.**

1. IF DK, Did it last . . .

1 WEEK OR LESS (SKIP TO N1, P.124) 1  
2 WEEKS . . . . . 2  
3 WEEKS . . . . . 3  
4 WEEKS . . . . . 4

**CONTINUE WITH SECTION:  
ASKING ONLY ABOUT PERSON(S)  
CODED 3 OR 5 IN M1B, M2B, M3A, OR M3B.**

Now I want you to think about the time(s) when you worried about (PERSON(S) in M1B-M3B). I want to know if any of the things I'm going to ask you about also happened around the same time.

(K4)  
SADD3RA4  
SADD4A6  
SADDICDA4a

M4A. During the time you were worried about (PERSON(S) in M1B-M3B), were there of needed someone like a parent or grandparent, brother or sister to stay close to you could get to sleep?

ALC/DRUG ONLY 3  
YES . . . . . 5

B. Would you often get up to make sure (PERSON IN M1B-M3B) was there or get into bed with him/her?

NO . . . . . 1  
ALC/DRUG ONLY . . . . . 3  
YES . . . . . 5

SADDICDA4b

(K5)  
SADD3RA4  
SADD4A6  
SADDICDA4c

M5A. During that time, would you say "no" if someone asked you to sleep over at home?  
SPECIFY REASON: \_\_\_\_\_

ALC/DRUG ONLY (SPECIFY) 3  
YES . . . . . (SPECIFY) 5

B. Were there times when you had to sleep over at ~~NO~~ someone else's house, but you to, because you were worried about being away ~~ALC/DRUG ONLY~~ (PERSON(S) in M1B-M3B)?  
 YES . . . . . 5

(K6) SADD3RA5 SADD4A5 SADDICDA5  
 M6A. Were there a lot of times when you were afraid ~~NO~~ to be in the house alone, and someone all of the time?  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5  
 B. Would you follow around or hang onto (PERSON(S) in M1B-M3B) so you wouldn't SPECIFY: \_\_\_\_\_  
 NO . . . . . 1  
 ALC/DRUG ONLY (SPECIFY) 3  
 YES . . . . . (SPECIFY) 5

(PROBE: NOT JUST WHEN SOMETHING LIKE A THUNDERSTORM SCARED YOU, BUT JUST BE

(K7) SADD3RA9 SADD4A1 SADDICDA8  
 M7. Were there times when you went to camp or to ~~NO~~ visit someone. -. like your grand and you became so upset and worried that you ~~ALC/DRUG ONLY~~ (SPECIFY)ly?  
 YES . . . . . (SPECIFY) 5  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_  
 R'S REACTION: \_\_\_\_\_

(K8) SADD3RA9 SADDICDA8  
 M8A. Were there many times when you needed to call ~~NO~~ home because you were worried M1B-M3B), or you were worried that something ~~ALC/DRUG ONLY~~ happened?  
 YES . . . . . 5  
 B. If (PERSON(S) IN M1B-M3B) went somewhere without you, would you need to call you were worried that something bad might have happened?  
 NO . . . . . 1  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5

(K9) SADD3RA6 SADD4A7 SADDICDA6  
 M9. During that time, did you often have bad dreams ~~NO~~ about being away from (PERSON or other people you love?  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5

(K10) SADD3RA6 SADD4A8 SADDICDA7  
 M10. During the time when you were worried about (PERSON(S) IN M1B-M3B), were the when you got really bad headaches or stomachaches ~~ALC/DRUG ONLY~~ threw up when you or someplace else?  
 YES . . . . . 5

(K11) SADD3RA8 SADD4A1 SADDICDA8  
 M11A. When you have had to leave (PERSON(S) IN M1B-M3B), did you often cry and beg you were afraid something terrible might happen ~~ALC/DRUG ONLY~~ . . . . . 3  
 YES . . . . . 5  
 B. When (PERSON(S) IN M1B-M3B) had to leave, did you cry and beg him/her to stay afraid something terrible might happen?  
 NO . . . . . 1  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5

IF NO 5'S CODED IN M1B-M11B, SKIP TO BOX M13.  
 OTHERS, CONTINUE.

(K12)  
SADD3RC  
SADD4C  
SADDICDC

M12A. How old were you when you started having feelings like ~~AGE~~ PERSON'S S IN M1B-M11B  
ONS: 1 2 3 4 5  
B. How old were you the last time you had any of those feelings?  
AGE REC: \_\_\_\_ t  
C. How long did the longest period of (NAME 5'S IN M1B-M11B) last? ~~IF DK, ASK~~ REC: last 1 2 3 4 5

SADD3RB  
SADD4B  
SADDICDE

1. IF DK, Did it last ...

(K13)

	WEEKS
1 WEEK OR LESS . . .	1
2 WEEKS . . . . .	2
3 WEEKS . . . . .	3
4 WEEKS OR MORE . . .	4

**BOX M13:**  
**IF NO 3'S IN M1B-M11B, SKIP TO M14A.**  
**OTHERS, CONTINUE.**

SADD3RC  
SADD4C  
SADDICDC

M13A. How old were you when you started having feelings like ~~AGE~~ PERSON'S S IN M1B-M11B  
ONS: 1 2 3 4 5  
(**PROBE:** DO YOU REMEMBER WHAT GRADE YOU WERE IN?)

SADD3RB  
SADD4D  
SADDICDE

B. How old were you the last time you had any of those feelings?  
AGE REC: \_\_\_\_ t  
C. How long did (NAME 3'S IN M1B-M11B) last? ~~IF DK, ASK~~ REC: 1 2 3 4 5

1. IF DK, Did it last ...

	WEEKS
1 WEEK OR LESS . . .	1
2 WEEKS . . . . .	2
3 WEEKS . . . . .	3
4 WEEKS OR MORE . . .	4

**FOR EACH 3 OR 5 IN COL. I, ASK**  
**"Did it happen (1) a little, (2) somewhat, or (3) a lot?"**  
**AND CODE IN COL II.**

SADD4D

M14A. When you were worried and upset about being away from (PERSON), did any the  
**IN COL. I)**

	<u>COL. I</u>			<u>COL. II</u>		
	<u>NO</u>	<u>A/D</u>	<u>YES</u>			
1. Was it hard for you to get along with family? . . . . .	1	3	5	1	2	3
2. Was it hard for you to get your schoolwork done? . . . . .	1	3	5	1	2	3
3. Was it hard for you to get along with teachers at school? . . . . .	1	3	5	1	2	3
4. Did you miss any school? . . . . .	1	3	5	1	2	3
5. Was it hard for you to have fun with your friends? . . . . .	1	3	5	1	2	3

**BOX M15:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO N1, P.124.**

M15. We talked about feeling afraid of being away from (PERSON/HOME).  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time these feelings first started, were you having experiences first found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES (SKIP TO N1, P.124) 5
	B. Around the time these feelings first started, were you (drinking heavily/using almost daily)?	NO . . . . . 1 YES . . . . . 5
HEAVY USE WHEN NOT CLUSTERING		

---

I'm going to ask you some questions about things you might worry about.

(L1) N1. Have you ever been the kind of person who worries a lot? . . . . . 1  
YES . . . . . 5

(L2) N2A. Have you ever worried a lot about things before they happened like starting a party, going to see the doctor, taking a test, participating in a sport?  
(PROBE: DID YOU THINK ABOUT WHAT WAS GOING TO HAPPEN AND WORRY THAT IT WAS PROBE FOR MORE THAN ONE EXAMPLE:

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

OD3RA1 GAD4A GADICDA B. Did you worry about these things over and over so that it really upset you ALC/DRUG ONLY (SPECIFY) 3\*  
SPECIFY HOW IT UPSET R: \_\_\_\_\_ YES . . (SPECIFY) . . 5\*

\_\_\_\_\_

(L3) N3A. Have you ever really worried a lot about little things that someone did to you in example, did you ever say something to someone that made them angry?  
SPECIFY EXAMPLE: \_\_\_\_\_

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

OD3RA2 GAD4A GADICDA B. Did you worry about these things a lot, so that it really upset you? ALC/DRUG ONLY (SPECIFY) 3\*  
SPECIFY HOW IT UPSET R: \_\_\_\_\_ YES . . (SPECIFY) . . 5\*

\_\_\_\_\_

**BOX N3:  
IF NO 3\*'s OR 5\*'s, SKIP TO NN1A, P.129.  
OTHERS, CONTINUE.**

(L4) OD3RA3 GAD4A GADICDA N4A. Have you ever worried a lot that your parents or teachers would be unhappy ALC/DRUG ONLY . . . . 3\*

B. Have you ever worried a lot about how well you would do in things like sports making friends, things like that?

SPECIFY EXAMPLE: \_\_\_\_\_ NO . . . . . 1  
ALC/DRUG ONLY (SPECIFY) 3\*  
YES . . (SPECIFY) . . 5\*

\_\_\_\_\_

(L5) OD3RA4 N5. Have you ever gotten sick from worrying? For example, did you worry so much stomach started to hurt? ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

(L6)	N6A.	Have you ever worried about how you looked, what to say, or how to act to your friends?	NO . . . . . 5 YES . . . . . 5
OD3RA5	B.	Everyone feels that way a little bit. Did you feel that way <u>a lot</u> , so that it really made you upset with yourself?	NO . . . . . 1 ALC/DRUG ONLY . . . . 3* YES . . . . . 5*
(L7)	N7A.	Have there been times when you were always asking someone in your family, a friend to check that your schoolwork was done	NO . . . . . 3 ALC/DRUG ONLY . . . . 3 YES . . . . . 5
	B.	Have there been <u>a lot of times</u> when you asked your family or friends if the good at doing things you like to do, like sports, games, or other activities	NO . . . . . 1 ALC/DRUG ONLY . . . . 3 YES . . . . . 5
	C.	Have there been a lot of times when you asked your family or someone else friends really liked you?	NO . . . . . 1 ALC/DRUG ONLY . . . . 3 YES . . . . . 5
	D.	Have there been many times when you would ask your friends or someone else your teacher or other adults were angry with you?	NO . . . . . 1 ALC/DRUG ONLY . . . . 3 YES . . . . . 5
OD3RA6 GAD4A GADICDA	E.	ARE 2 OR MORE 5'S CODED IN N7A-D?	NO . . . . . 1 YES . . . . . 5*
	F.	ARE 2 OR MORE 3'S CODED IN N7A-D?	NO . . . . . 1 YES . . . . . 5*
(L8) OD3RA7	N8.	Have you ever been <u>so</u> worried that it was hard for you to just have fun with watch TV?	NO . . . . . 3* ALC/DRUG ONLY . . . . 3* YES . . . . . 5*
GAD4B GADICDB	N9.	Have you worried so much that you couldn't make the worry go away?	NO . . . . . 1 ALC/DRUG ONLY . . . . 3* YES . . . . . 5*
GAD4C1 GADICDC1	N10.	When you worried about (NAME WORRIES), was it hard for you to relax and sit	NO . . . . . 3* ALC/DRUG ONLY . . . . 3* YES . . . . . 5*
GAD4C2 GADICDC2	N11.	Did worrying like that make you tired?	NO . . . . . 1 ALC/DRUG ONLY . . . . 3* YES . . . . . 5*



GAD4C3  
GADICDC3

N12A. When you've gotten really worried, have you had trouble keeping your mind on schoolwork or homework? NO 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

B. When you've been worried, have you had trouble remembering things you were  
NO . . . . . 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

GAD4C4  
GADICDC4

N13. When you've been really worried, have you felt irritable or angry? NO 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

GAD4C5  
GADICDC5

N14. When you've been really worried, have your muscles felt tight? NO 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

GAD4C6  
GADICDC6

N15A. When you've worried a lot, have you had a hard time falling asleep at night? NO 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

B. When you've worried a lot, have you often woken up at night or earlier than morning? NO 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

C. Would you wake up tired in the morning? YES . . . . . 5\*

NO . . . . . 1  
ALC/DRUG ONLY . . . . 3\*  
YES . . . . . 5\*

**IF NO 5\*'S IN N2B-N15C, SKIP TO BOX N18.  
OTHERS, CONTINUE.**

(L9)  
GADICDE

N16A. How old were you when you first started (NAME AGE IN ~~AGE-ONSC~~)? \_\_\_ t  
ONS: 1 2 3 4 5

B. How old were you the last time you had any of these worries? AGE REC: \_\_\_ t  
REC: 1 2 3 4 5

(L10)  
OD3RA

N17A. Did most of these things happen around the same time. (for example, in the summer?) YES . . . . . 5

B. Did these things last for 6 months or longer? NO . . . . . 1  
YES . . . . . 5

OD3RA  
GAD4A

**BOX N18:  
IF NO 3\*'S IN N2B-N15C, SKIP TO N20A.  
OTHERS, CONTINUE.**

GAD4F  
GADICDG

N18A. How old were you when you first started (NAME 3\*'S IN ~~AGE-ONSC~~)? \_\_\_ t  
ONS: 1 2 3 4 5

B. How old were you the last time you had any of these worries? AGE REC: \_\_\_ t  
REC: 1 2 3 4 5

OD3RA

N19A. Did most of these things happen around the same time. (for example, in the  
 YES . . . . . 5  
 B. Did these things last for 6 months or longer?

OD3RA  
 GAD4A

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

N20A. Did your parents ever take you to a doctor or any (NAME) professional because  
 worries like the ones we've been talking about? . . . . . 5  
 YES . . . . . 5

B. Did you see:

	<u>NO</u>	<u>YES</u>
1. a psychiatrist or psychologist? . . . . .	1	5
2. another medical doctor? . . . . .	1	5
3. a school counselor or social worker? . . . . .	1	5
4. someone like a minister, priest, or rabbi? . . . . .	1	5
5. another professional? (IF YES, SPECIFY) . . . . .	1	5

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

C. Did the (PERSON) give you any medicine for you worrying? . . . . . 1  
 YES . . (SPECIFY) . . 5

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

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

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

D. What did the (PERSON) say?

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

**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

N21A. When you were (NAME 3\*'S AND 5\*'S IN N2B-N15C), did any the following things  
 (CODE IN COL. I)

GAD4E  
 GADICDF

	<u>COL. I</u>			<u>COL. II</u>		
	<u>NO</u>	<u>A/D</u>	<u>YES</u>			
1. Was it hard for you to get along with your parents? . . . . .	1	3	5	1	2	3
2. Was it hard for you to get along with your teachers? . . . . .	1	3	5	1	2	3
3. Was it hard to do your homework? . . . . .	1	3	5	1	2	3
4. Was it hard for you to get along with your friends? . . . . .	1	3	5	1	2	3
5. Was it hard for you to be happy? . . . . .	1	3	5	1	2	3

**BOX N22:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO NN1A, P. 129.**

N22 We talked about feeling worried.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	Around the time the worrying first started, were you having experiences from : found on this (ALC/MJ/DRUG) sheet?	NO YES (SKIP TO NN1A, P.129)	1 5
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Around the time the worrying first started, were you (drinking heavily/ using almost daily?

HEAVY USE WHEN NOT CLUSTERING	NO . . . . . YES . . . . .	1 5
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PAN3RA  
PAN4A  
PANICDA/B

NN1A. Sometimes people suddenly feel scared, even when most other people wouldn't be scared. Have you ever suddenly felt very upset and afraid and didn't know why?

1	2	3	4	5
---	---	---	---	---

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

DRUG/MED CODE: \_\_\_ \_\_\_ \_\_\_

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

(**PROBE:** THIS WOULD HAVE HAPPENED AT A TIME WHEN YOU USUALLY WOULDN'T BE AFRAID. FOR EXAMPLE, YOU WEREN'T TAKING A TEST, OR SPEAKING IN FRONT OF THE CLASS, OR DOING SOMETHING ELSE THAT WOULD MAKE YOU NERVOUS.)

**IF NN1A = 1, SKIP TO 01, P.133.  
= 2, 4, OR 5; SKIP TO NN2A.  
= 3, CONTINUE.**

B. Did you feel like this while you were USING . . . . . 1  
taking (DRUG/MED), or after you stopped STOPPED/CUT DOWN. . . . . 2  
or cut down on using (DRUG/MED), or both? BOTH . . . . . 3

PAN3RC  
PAN4A1  
PANICDB

NN2A. I'm going to ask you about some things that can happen when a person suddenly feels very scared and upset for no real reason.

When you (NAME EXAMPLE IN NN1A), did you also ...

	<u>NO</u>	<u>YES</u>
1. feel your heart beating hard? . . . . .	1	5
2. start sweating? . . . . .	1	5
3. feel your body shaking? . . . . .	1	5
4. have trouble breathing, like a pillow was covering your face? . . . . .	1	5
5. feel like you were choking? . . . . .	1	5
6. feel pain in your chest? . . . . .	1	5
7. feel sick to your stomach or feel pain in your stomach? . . . . .	1	5
8. feel dizzy, faint, or like you might fall down? . . . . .	1	5
9. feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream? . . . . .	1	5
10. feel like you might go crazy or lose control of yourself? . . . . .	1	5
11. feel a strange tickling or tingling in your fingers or toes, like they had gone to sleep? . . . . .	1	5
12. feel cold? . . . . .	1	5
13. feel hot? . . . . .	1	5
14. have a dry mouth? . . . . .	1	5
15. think you were going to die? . . . . .	1	5

**IF 3 OR FEWER 5'S IN NN2A.1-15, SKIP TO 01, P. 133. OTHERS, CONTINUE.**

PAN3RD  
PAN4A1  
PANICDB2/3

NN3. When you got very scared and upset, did NO . . . . . 1  
(NAME 5'S IN NN2A) happen all of a sudden and YES . . . . . 5  
get worse very quickly?

PAN4A1 NN4A. How many times have you been scared and upset and had (NAME 5'S IN NN2A)? IF DK, ASK A1. \_\_\_\_\_ TIMES

IF 2 TIMES OR FEWER, SKIP TO NN5.  
IF 3 OR MORE TIMES, SKIP TO B.

1. IF DK, Was it at least ... 1-2 TIMES .(SKIP TO NN5) 1  
3-5 TIMES . . . . . 2  
6-9 TIMES . . . . . 3  
10-20 TIMES . . . . . 4  
MORE THAN 20 TIMES . . . . 5

PAN3RB B. Have you ever had . . .  
1. 3 attacks within a three-week period? NO . . . . . 1  
YES . . . . . 5

PANICDF41.00 2. 4 attacks within a four-week period? NO . . . . . 1  
YES . . . . . 5

NN5. How old were you the (first/last) time you suddenly felt very scared and (NAME 5'S IN NN2A)? AGE ONS: \_\_\_\_\_t  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_\_\_t  
REC: 1 2 3 4 5

NN6A. After one of those times when you were suddenly very scared and upset, did you worry that it might happen again? NO .(SKIP TO NN7A) 1  
YES . . . . . 5

B. Did you worry about that a lot? NO .(SKIP TO NN7A) 1  
YES . . . . . 5

PAN3RB PAN4A2(a) C. Did you worry like that for ... 1 WEEK OR LESS? . . 1  
2-3 WEEKS? . . . . 2  
4 WEEKS OR MORE? . 5

NN7A. After one of those times when you felt really scared and upset, did you worry that your heart might stop, you might die, you were going crazy, or that something terrible might happen to you? NO . (SKIP TO NN8) 1  
YES . . . . . 5

1. What did you worry about?  
\_\_\_\_\_  
\_\_\_\_\_

B. Did you worry about that a lot? NO . (SKIP TO NN8) 1  
YES . . . . . 5

PAN4A2(b) C. Did you worry like that for ... 1 WEEK OR LESS? . . 1  
2-3 WEEKS? . . . . 2  
4 WEEKS OR MORE? . 5

NN8. Sometimes people act differently, because they are worried that they are going to become scared in front of other people. Because of this, they might miss more school, stop going places, or stop doing things with their friends.

A. Have you ever behaved differently because you were worried that you might become scared in front of other people? NO (SKIP TO BOX NN8) 1 YES . . . . . 5

B. How did you act differently? \_\_\_\_\_

PAN4A2(c)

C. How long did you (NAME BEHAVIOR)? 1 WEEK OR LESS? . . 1 2-3 WEEKS? . . . . 2 4 WEEKS OR MORE? . 5

**BOX NN8:  
IF NO 5'S IN NN6C, NN7C, AND NN8C; SKIP TO O1, P.133  
OTHERS, CONTINUE.**

NN9A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about? NO .(SKIP TO NN10A) 1 YES . . . . . 5

B. Did s/he see: NO YES  
1. a psychiatrist or psychologist . . . . . 1 5  
2. another medical doctor . . . . . 1 5  
3. a school counselor or social worker? . . . . . 1 5  
4. someone like a minister, priest, or rabbi? . . . . . 1 5  
5. another professional? (SPECIFY) . . . . . 1 5

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

C. Did the (PERSON CHILD SAW) give you any medicine? NO . . . . . 1 YES . .(SPECIFY) . 5

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

D. What did (PERSON CHILD SAW) say? \_\_\_\_\_

**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

NN10A. When you suddenly became scared and upset, did any the following things happen? (CODE IN COL. I)	COL. I NO A/D YES	COL. II
1. Was it hard for you to get along with your parents? . . . . .	1 3 5	1 2 3
2. Was it hard for you to get along with you teachers? . . . . .	1 3 5	1 2 3
3. Was it hard to do your schoolwork? . . . .	1 3 5	1 2 3
4. Was it hard for you to get along with your friends? . . . . .	1 3 5	1 2 3

**BOX NN11:**  
 IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.  
 OTHERS, SKIP TO 01, P. 133.

NN11. We talked about sudden attacks of feeling  
 panicky, frightened, or nervous.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time the attacks first started, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES .(SKIP TO 01, P.133) 5
HEAVY USE WHEN NOT CLUSTERING	B. Around the time the attacks first started, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO . . . . . 1 YES . . . . . 5

01. Was there a time when you felt very anxious in most situations where you had to be with people you didn't know? NO . . . . . 1  
 YES . . . . . 5

SP3RA  
SP4A  
SPICDA1

02. Some people become anxious in certain situations, because they think that they might become embarrassed, or that others may think they are weak, crazy, stupid or anxious. Have there been situations such as meeting people, or talking in front of a group, that caused you to feel very anxious or afraid, because you thought people would be watching you, or that you might become embarrassed? NO .(SKIP TO P1A, P.137) 1  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5

03A. Have you ever had a strong, unreasonable fear of. . .(CODE IN COL. I) **FOR ANY YES, USE STANDARD PROBE:**

"Was it because you were afraid that you would do something embarrassing?"

	COL. I		ALMOST ALWAYS COL. II		USUALLY UNREASONABLE COL. III	
	NO	YES	NO	YES	NO	YES
1. starting or continuing conversations with people your own age? . . .	1	5	1	5	1	5
2. going to parties? . . . . .	1	5	1	5	1	5
3. dating? . . . . .	1	5	1	5	1	5
4. speaking to a teacher, boss or others in authority? . . . . .	1	5	1	5	1	5
5. eating or drinking in public? . . . . .	1	5	1	5	1	5
6. using public toilets? . . . . .	1	5	1	5	1	5
7. talking to a group of strangers? . . . . .	1	5	1	5	1	5
8. writing while someone watches? . . . . .	1	5	1	5	1	5
9. calling someone on the telephone? . . . . .	1	5	1	5	1	5
10. taking a test or exam? . . . . .	1	5	1	5	1	5
11. asking for directions or asking for help in a store? . . . . .	1	5	1	5	1	5
12. performing in front of others? . . . . .	1	5	1	5	1	5
13. anything else (SPECIFY)? . . . . .	1	5	1	5	1	5

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

**FOR EACH 5 IN COL. I, ASK B AND CODE IN COL. II. IF NO 5'S IN COL. I; SKIP TO P1A, P.137.**

SP4GEN

B. Was there a period of time when you almost always felt scared or very anxious when (NAME 5'S IN COL. I, ONE AT A TIME)?

**FOR EACH 5 IN COL. II, ASK C AND CODE IN COL. III. IF NO 5'S IN COL. II; SKIP TO P1A, P.137.**

SP3RF  
SP4C  
SPICD-C

C. Do you feel that your fear of (NAME 5'S IN COL. II, ONE AT A TIME) was usually unreasonable?

**IF NO 5'S CODED IN COL. III; SKIP TO P1A, P.137. OTHERS, CONTINUE.**

SPICD-B

04A. When you felt scared or very anxious about (NAME 5'S IN O3A.1-13, COL. III), did you have any of these other experiences?



Did you:	<u>NO</u>	<u>YES</u>
1. feel your heart pounding? . . . . .	1	5
2. start sweating? . . . . .	1	5
3. start shaking? . . . . .	1	5
4. have trouble breathing or feel like a pillow was covering your face? . . . . .	1	5
5. feel like you were choking? . . . . .	1	5
6. feel pain in your chest? . . . . .	1	5
7. feel sick to your stomach or feel pain in your stomach? . . . . .	1	5
8. feel dizzy, faint, or like you might fall down? . . .	1	5
9. feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream? . . . . .	1	5
10. think that you might go crazy or lose control of yourself? . . . . .	1	5
11. feel strange tickling in your fingers or toes like they had gone to sleep? . . . . .	1	5
12. feel cold? . . . . .	1	5
13. feel your face getting hot or red? . . . . .	1	5
14. have a dry mouth? . . . . .	1	5
15. think you were going to die? . . . . .	1	5
16. suddenly <u>have</u> to use the bathroom or <u>think</u> you might have to? . . . . .	1	5
17. have a fear that you were going to throw up? . . . .	1	5

**IF NO 5'S IN O4A.1-17, SKIP TO O5. OTHERS, CONTINUE.**

SPICD-D	B. Did you experience (NAME 5'S IN O4A.1-17) only when (NAME 5'S IN O3A.1-13, COL. III)?	NO . . . . . 1 YES . . . . . 5
<hr/>		
SP3RD SP4D SPICD-A2	05. Have you often tried to avoid (this situation/ any of these situations) because of your fear?	NO . . . . . 1 YES . (SPECIFY) . 5
	SPECIFY: _____ _____	
<hr/>		
SP3RC SP4B	06. Did you usually get nervous or panicky right away when you (NAME 5'S IN O3A.1-13, COL. III)?	NO . . . . . 1 YES . . . . . 5

SP3RE SP4E SPICD-C	07.	Did it bother you a lot that you were so afraid of (NAME 5'S IN O3A.1-13, COL. III)?	NO . . . . . 1 YES . . . . . 5
SP3RE SP4E	A.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) cause you difficulties at home or with your family?	NO . . . . . 1 YES . . . . . 5
SP3RE SP4E	B.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) make it difficult for you to do things such as leave the house, go shopping, go to the movies, belong to clubs, or do other things that other people your age like to do?  SPECIFY: _____ _____	NO . . . . . 1 YES .(SPECIFY) 5
SP3RE SP4E	C.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) ever cause you difficulties getting along with friends or difficulties making new friends?	NO . . . . . 1 YES . . . . . 5
SP3RE SP4E	D.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) ever cause you difficulties at school?  SPECIFY: _____ _____	NO . . . . . 1 YES .(SPECIFY) 5
08.			AGE ONS: ____ __t ONS: 1 2 3 4 5  AGE REC: ____ __t REC: 1 2 3 4 5
SP4F	09.	Did you ever have (this fear/these fears) for 6 months or more?	NO . . . . . 1 YES . . . . . 5
SP4G SPICD-E	010.	Do you have a physical illness, or were you taking any medication or drugs before you started to worry about (NAME 5'S IN O3A.1-13, COL. III)?  SPECIFY ILLNESS: _____ _____  SPECIFY DRUG/MED: _____ _____	NO . . . . . 1 ILLNESS .(SPECIFY) 2 DRUG/MED (SPECIFY) 3  CODE: ____ __ __ CODE: ____ __ __ CODE: ____ __ __ CODE: ____ __ __

**BOX 011:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO P1A, P. 137.**

011. We talked about when you were worried about (situations) in public.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time you first worried about (situations) in public, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES (SKIP TO P1A, P.137) 5
HEAVY USE WHEN NOT CLUSTERING	B. Around the time you first worried about (situations) in public, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO . . . . . 1 YES . . . . . 5

---

Now I would like to ask you some (more) questions about times when you might have been feeli

(M1) P1A. Have you ever thought a lot about death or dying? NO . (SKIP TO P2A) 1  
 YES . . . . . 5

B. Can you tell me what was going on?  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Did you have these thoughts every day or almost every day?  
 NO . (SKIP TO P2A) 1  
 ALC/DRUG ONLY . . . 3

D. How old were you when you (first/last) had these thoughts? . . . . 5

**IF P1A/B RELATES TO SELF, CODE E SILENTLY.**

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

E. Have you ever thought about killing yourself? AGE REC: \_\_\_\_ t  
 REC: 1 2 3 4 5

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

---

(M2) P2A. Have you ever made a plan about how you might kill yourself? NO . (SKIP TO P3A) 1  
 ALC/DRUG ONLY . . . 3

B. How many times have you made a plan like that? YES . . . . . 5

C. How old were you when you (first/last) made a plan? \_\_\_\_ TIMES

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

D. Can you tell me about (a/the) plan?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 AGE REC: \_\_\_\_  
 REC: 1 2 3 4 5

---

(M3) P3A. Have you ever tried to kill yourself? NO . . . . . 1  
 ALC/DRUG ONLY . . . . . 3  
 YES . . . . . 5

**IF NO TO P1C, P2A, AND P3A; SKIP TO P7A.  
 IF NO TO P3A AND YES TO P1C OR P2A, SKIP TO P6A.  
 IF YES TO P3A, CONTINUE.**

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

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

**IF MORE THAN ONE ATTEMPT,  
 ASK ABOUT THE MOST SERIOUS ATTEMPT.**

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

D. Could you tell me what happened (during your most serious try)?

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

E. Did you see a doctor for medical treatment? NO . . . . . 1  
 SPECIFY: \_\_\_\_\_ YES . . (SPECIFY) . 5  
 \_\_\_\_\_

F. How old were you then? \_\_\_\_\_ AGE

G. Were you sorry that you didn't die? NO . . . . . 1  
 YES . . . . . 5

CODE FOR MOST SEVERE ATTEMPT.
-------------------------------

P4A.	CODE SILENTLY: <u>TYPE OF METHOD INTENDED</u>	CODE: ____ ____
	1. Fire gun.	
	2. Crash car.	
	3. Carbon monoxide poisoning.	
	4. Cut wrists, or stab self.	
	5. Take pills.	
	6. Jump from height.	
	7. Jump in front of train/car.	
	8. Strangulation, choking, suffocation, hanging.	
	9. Other or combination.	
B.	CODE SILENTLY: <u>DEGREE OF COMPLETION</u>	CODE: _____
	1. Contemplated only.	
	2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).	
	3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car.)	
	4. Attempted act (jumped, pulled trigger, swallowed pills).	
P5	CODE SILENTLY: <u>INTENT</u>	CODE: _____
(M5)	1. Unclear (no information or not sure).	
	2. Denies intent.	
	3. Reports minimal intent.	
	4. Reports significant intent with some ambivalence.	
	5. Very severe/extreme intent to die.	

(M6) P6A. Did you see a doctor or a counselor because you had thoughts about suicide or death plans/tried to kill yourself/hurting yourself on purpose? NO (SKIP TO P7A) YES . . . . . 5

B. What did the (doctor/counselor) do or say?

\_\_\_\_\_

\_\_\_\_\_

P7A. (Other than when you were trying to kill yourself/hurting yourself on purpose) (SKIP TO BOX P8) tried to kill yourself/hurting yourself on purpose? NO (SKIP TO BOX P8) YES . . (SPECIFY) . 5

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

\_\_\_\_\_

B. How many times have you done something like this?

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

AGE ON: \_\_\_\_\_ t  
 ON: 1 2 3 4 5

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

**BOX P8:  
 IF YES TO P1C, P2A, OR P3A; CONTINUE.  
 OTHERS, SKIP TO Q1, P.141.**

**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A; CONTINUE.  
 OTHERS, SKIP TO Q1, P.141.**

P8 We talked about having thoughts about (death/trying to kill yourself/hurting yourself on purpose). You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS, SKIP TO B.**

CLUSTERING AT ONSET A. Around the time this first started, were you having experiences from 31 or more days in the last 12 months? YES (SKIP TO Q1, P.141) 5

B. Around the time this first started, were you (drinking heavily/using DRUGS) daily? NO . . . . . 1 YES . . . . . 5

HEAVY USE WHEN NOT CLUSTERING

(N1) OCD3RA01 OCD4A01/2 OCDICDB2	Q1. Have you ever had strange thoughts, ideas, or images that upset you and wouldn't go away even though you tried not to think about them?	NO . . . . . 1 ALC/DRUG ONLY (SPECIFY) 3* YES . . . . . (SPECIFY) 5*
---	---	--

**DON'T COUNT REAL WORRIES LIKE MOM BEING SICK OR OTHERS BEING MEAN TO HIM/HER.**

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

(N2)	Q2A. Have you ever worried a lot about having germs or dirt on your hands or on other parts of your body?	NO .(SKIP TO Q3A) . 1 YES . . . . . 5
------	---	--

OCD3RA01 OCD4A01/2 OCDICDB2	B. I don't mean a time when you were playing and got your clothes dirty. I mean did you really just worry about germs and dirt a <u>lot</u> , you tried not to, but the thought just stayed in your head?	NO . . . . . 1 ALC/DRUG ONLY . . . 3* YES . . . . . 5*
-----------------------------------	---	--

(N3)	Q3A. Have you worried a <u>lot</u> that you might get really sick? For example, did you think you might catch some really bad illness or disease?	NO .(SKIP TO Q4A) . 1 YES . . . . . 5
------	---	--

B.	Did you keep on thinking about getting sick, even though you tried to stop thinking about it?	NO .(SKIP TO Q4A) . 1 YES . . . . . 5
----	---	--

OCD3RA01 OCD4A01 OCDICDB2	C. Did these thoughts really upset you?	NO . . . . . 1 ALC/DRUG ONLY . . . 3* YES . . . . . 5*
---------------------------------	---	--



(N4)  
 OCD3RA01  
 OCD4A01/2  
 OCDICDB2

Q4A. Sometimes people have thoughts about hurting someone, like killing someone in their family, stabbing someone with a knife, pushing someone down the stairs, or poking someone's eyes out.

Have you had thoughts about doing something bad, like hurting someone you really liked? NO .(SKIP TO Q5A) . 1  
 YES . (SPECIFY) . . 5

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

1. Were you angry with that person when you were having these thoughts? NO .(SKIP TO Q4B) . 1  
 YES . . . . . 5

2. Has there been another time when you thought about doing something to hurt someone you liked when you weren't angry with that person? NO .(SKIP TO Q5A) . 1  
 YES . (SPECIFY) . . 5

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

OCD3RA01  
 OCD4A01/3  
 OCDICDB2/3

B. Sometimes people think like that, but the thoughts go away quickly. Have you thought about things like that a lot? Have you tried to stop thinking about it, but couldn't make the thoughts go away? NO . . . . . 1  
 ALC/DRUG ONLY . . . 3\*  
 YES . . . . . 5\*

(N5)

Q5A. Have you worried that you might do something you shouldn't, like screaming out curse words in front of the teacher, or yelling out loud in church or in the library?

NO .(SKIP TO Q6A) . 1  
 YES . . . . . 5

B. Did you think these thoughts over and over? NO .(SKIP TO Q6A) . 1  
 YES . . . . . 5

OCD3RA01  
 OCD4A01  
 OCDICDB2

C. Did these thoughts really upset you? NO . . . . . 1  
 ALC/DRUG ONLY . . . 3\*  
 YES . . . . . 5\*

Q6A. Have you had any other strange thoughts, ideas, or images over and over? NO (SKIP TO BOX Q6) 1  
 YES . . (SPECIFY) . 5

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

OCD3RA01  
 OCD4A01  
 OCDICDB

B. Did these thoughts really upset you? NO . . . . . 1  
 ALC/DRUG ONLY . . . 3\*  
 YES . . . . . 5\*

**BOX Q6:**  
 IF NO 3\*'S OR 5\*'S IN Q1-Q6B; SKIP TO R1A.1, P.146.  
 OTHERS, CONTINUE

(N6) OCD3RA02 OCD4A03 OCDICDB3	Q7. Have you tried to stop thinking about (NAME 3*'S AND 5*'S IN Q1-Q6B) by doing something else, but it usually didn't work?	NO . . . . . 1 ALC/DRUG ONLY . . . 3* YES . . . . . 5*
---	---	--

(N7) OCD3RA03 OCD4A04 OCDICDB1	Q8A. These thoughts that you've been telling me about, were they your own thoughts? What I mean is, were they coming from your own mind, or was it more like somebody put them inside your head?	SOMEONE PUT THEM IN YOUR HEAD 1 OWN THOUGHTS . . . 5*
---	--	---

B. Could you tell me a little bit more about that?

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

\_\_\_\_\_

(N8) OCD3RB OCD4C OCDICDC	Q9A. Did these thoughts, ideas, or images take up a lot of your time?	NO . . . . . 1 YES . . . . . 5*
	B. How much time (do/did) you spend each day thinking about (NAME 3*'S AND 5*'S IN Q1-Q6B)?	AN HOUR OR LESS . . 1 MORE THAN AN HOUR 5*

**IF NO 5\*'S IN Q1-Q9B, SKIP TO BOX Q13.  
OTHERS, CONTINUE.**

(N9)	Q10A. How old were the first time you started having these thoughts like (NAME 5*'S IN Q1-Q6B)?	AGE ONS: ___ ___ t ONS: 1 2 3 4 5
	B. How old were the last time you were worried like that?	AGE REC: ___ ___ t REC: 1 2 3 4 5

OCDICDA	Q11. Did you have these thoughts almost every day for at least 2 weeks?	NO . . . . . 1 YES . . . . . 5
---------	---	-----------------------------------

OCD4E	Q12. Were you sick at the time you were having these thoughts?	NO . . . . . 1 YES . (SPECIFY) . . 5
	SPECIFY ILLNESS: _____	CODE: ___ ___ ___
	_____	CODE: ___ ___ ___

**BOX Q13:  
IF NO 3\*'S IN Q1-Q7, SKIP TO Q14A.  
OTHERS, CONTINUE.**

Q13A.	How old were you the first time you started having thoughts like (NAME 3*'S IN Q1-Q6B)?	AGE ONS: ___ ___ t ONS: 1 2 3 4 5
B.	How old were you the last time you were worried like that?	AGE REC: ___ ___ t REC: 1 2 3 4 5

**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

OCD3RB  
 OCD4C  
 OCDICDC

	COL. I			COL. II		
	NO	A/D	YES			
Q14A. Did any the following things happen because you had these thoughts over and over? (CODE IN COL. I)						
1. Did your parents get upset with you for having these thoughts? . . . . .	1	3	5	1	2	3
2. Did you try to keep from telling your parents about these thoughts? . . . . .	1	3	5	1	2	3
3. Was it hard to be with your friends because of these thoughts? . . . . .	1	3	5	1	2	3
4. Did thinking about these things make you very upset or unhappy? . . . . .	1	3	5	1	2	3
5. Was it hard for you to do your schoolwork or homework because of these thoughts? . . . . .	1	3	5	1	2	3
6. Did the teacher tell your parents you weren't doing your schoolwork? . . . . .	1	3	5	1	2	3

Q15A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about?	NO (SKIP TO BOX Q16)	1
	YES . . . . .	5

B. Did you see:

	NO	YES
1. a psychiatrist or psychologist? . . . . .	1	5
2. another medical doctor? . . . . .	1	5
3. a school counselor or social worker? . . . . .	1	5
4. someone like a minister, priest, or rabbi? . . . . .	1	5
5. another professional? . . . . (SPECIFY) . . . . .	1	5

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

C. Did the (PERSON CHILD SAW) give you any medicine?	NO . . . . .	1
	YES . . (SPECIFY) . . . . .	5

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

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

D. What did (PERSON CHILD SAW) say?

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

\_\_\_\_\_

**BOX Q16:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO R1A.1, P. 146.**

Q16. We talked about thoughts that happened over and over.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,  
 HAND TALLY(IES) TO R AND ASK A.  
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time you first had thoughts over and over, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES(SKIP TO R1A.1, P.146) 5
HEAVY USE WHEN NOT CLUSTERING	B. Around the time you first had thoughts over and over, were you (drinking heavily/using DRUGS) daily or almost daily?	NO . . . . . 1 YES . . . . . 5

---

(01) Some people have things that they feel they have to do over and over again. Tell me if you have ever done any of these things over and over.

OCD3RAC1  
OCD4AC1  
OCDICDB2

R1A1. Was there ever a time when you washed your hands over and over because you were afraid they were dirty or had germs on them? NO . . . . . 1  
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

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

2. Was there ever a period of time when you took showers over and over because you were worried about dirt or germs? NO . . . . . 1  
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

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

3. Was there ever a period of time when you went back to check on something over and over? For example, you checked to see if you left the water running or if the door was locked? NO . . . . . 1  
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

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

4. Was there ever a period of time when you felt like you had to say prayers over and over? NO . . . . . 1  
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

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

5. Was there ever a period of time when you felt like you had to do anything else over and over? NO . . . . . 1  
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

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

**IF NO 5'S IN R1A.1-5, SKIP TO R2A.1.  
OTHERS, CONTINUE.**

OCD3RB  
OCD4C

B. Did it really upset you or make you angry if you couldn't (NAME POSITIVES)? NO . . . . . 1  
ALC/DRUG ONLY . . 3\*  
YES . . . . . 5\*

(02) Some people need to do things in a special order or they get upset.

OCD3RAC1  
OCD4AC1

R2A1. Did you ever feel like you <u>had</u> to put your	NO . . . . .	1
clothes on in the same order, or do your	YES . .(SPECIFY) .	5
schoolwork in the same order, or eat food in		
the same order, or anything like that?		

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

2. Did you ever feel like you <u>had</u> to do something	NO . . . . .	1
in a special way, like touch the doorknob	YES . .(SPECIFY) .	5
three times before opening the door?		

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

3. Did you ever feel like you <u>needed</u> to keep	NO . . . . .	1
things in a special order? For example, did	YES . .(SPECIFY) .	5
you always have to line up all the books on		
the shelf with the tallest one on one end and		
the shortest at the other? Or did you have to		
put all the blue things in one place and all		
the red things in another?		

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

**IF NO 5'S IN R2A.1-3, SKIP TO R3A.  
OTHERS, CONTINUE.**

OCD3RB  
OCD3RAC2  
OCD4AC2

B. Did it <u>really</u> upset you or make you angry if	NO . . . . .	1
you couldn't do things in your special order?	ALC/DRUG . . . . .	3*
	YES . . . . .	5*

OCD3RAC1  
OCD4AC1

R3A. Did you ever feel like you had to count things	NO (SKIP TO BOX R3B)	1
when you saw them? For example, all the	YES . .(SPECIFY) .	5
square tiles on a floor or ceiling?		

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

OCD3RB  
OCD3RAC2  
OCD4AC2

B. Did it <u>really</u> upset you or make you angry if	NO . . . . .	1
you couldn't count things?	ALC/DRUG ONLY . . .	3*
	YES . . . . .	5*

**BOX R3B:  
IF NO 3\*'S OR 5\*'S IN R1A-R3B; SKIP TO S1, P.151.  
OTHERS, CONTINUE.**

OCD3RB	R4A.	Did you (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than you really needed to?	NO . . . . .	1
			ALC/DRUG ONLY . . .	3*
			YES . . . . .	5*
	B.	Have your parents or other people said that you (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than you really needed to?	NO . . . . .	1
			ALC/DRUG ONLY . . .	3*
			YES . . . . .	5*
	C.	When you (NAME 3*'S AND 5*'S IN R1A-R3B), did you feel that it kept bad things from happening?	NO . . . . .	1
			ALC/DRUG ONLY . . .	3*
			YES . . . . .	5*
OCDICDA	R5.	Did you (NAME 3*'S AND 5*'S IN R1A-R3B) almost every day for at least 2 weeks?	NO . . . . .	1
			YES . . . . .	5
OCD4E	R6.	Did you have any kind of physical illness at the time you were doing these things?	NO . . . . .	1
			YES . . (SPECIFY) . .	5
		SPECIFY: _____	CODE: ____	____
		_____	CODE: ____	____

**IF NO 5\*'S IN R1A-R3B, SKIP TO BOX R9. OTHERS, CONTINUE.**

(O6A) OCD3RB OCD4C OCDICDC	R7A.	Is (NAME 5*'S IN R1A-R3B) a problem for you? For example, does it take up a lot of your time?	NO . . . . .	1
			YES . . . . .	5
OCD3RB OCD4C OCDICDC	B.	How much time do/did you spend each day (NAME 5*'S IN R1A-R3B)?	AN HOUR OR LESS . .	1
			MORE THAN AN HOUR .	5
	R8A.	How old were you when you first felt that you had to (NAME 5*'S IN R1A-R3B)?	AGE ONS: ____	____t
			ONS: 1 2 3 4 5	
	B.	How old were you the last time you had to (NAME 5*'S IN R1A-R3B)?	AGE REC: ____	____t
			REC: 1 2 3 4 5	

**BOX R9:  
IF NO 3\*'S IN R1B-R3B, SKIP TO R11A. OTHERS, CONTINUE.**

OCD3RB OCD4C OCDICDC	R9A.	Is (NAME 3*S IN R1B-R3B) a problem for you? For example, does it take up a lot of your time?	NO . . . . .	1
			YES . . . . .	5
OCD3RB OCD4C OCDICDC	B.	How much time do you spend each day (NAME 3'S IN R1B-R3B)?	AN HOUR OR LESS . .	1
			MORE THAN AN HOUR	5
	R10A.	How old were you when you first felt that you had to (NAME 3*'S IN R1B-R3B)?	AGE ONS: ____	____t
			ONS: 1 2 3 4 5	
	B.	How old were you the last time you had to (NAME 3*'S IN R1B-R3B)?	AGE REC: ____	____t
			REC: 1 2 3 4 5	

**FOR EACH 3 OR 5 CODED IN COL. I, ASK**  
 "Did that happen (1) a little, (2) somewhat (2); or (3) a lot?"  
**AND CODE IN COL. II.**

OCD3RB  
 OCD4C  
 OCDICDC

	<u>COL. I</u>			<u>COL. II</u>		
	<u>NO</u>	<u>A/D</u>	<u>YES</u>			
R11A. Did any the following things happen because you felt you had to do things over and over? (CODE IN COL. I)						
1. Did your parents get upset or angry with you for doing things over and over? . . . . .	1	3	5	1	2	3
2. Did you try to keep your parents from seeing you do things over and over? . . . . .	1	3	5	1	2	3
3. Did the other kids tease you or make fun of you? . . . . .	1	3	5	1	2	3
4. Did you stay away from other kids because you thought they would tease you or be mean to you? . . . . .	1	3	5	1	2	3
5. Was it hard for you to get your schoolwork or homework done, or did your grades go down? .	1	3	5	1	2	3
6. Did the teacher tell your parents you were having a hard time getting your schoolwork done? . . . . .	1	3	5	1	2	3

R12A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about?	NO (SKIP TO BOX R13)	1
	YES . . . . .	5

B. Did you see:

	<u>NO</u>	<u>YES</u>
1. a psychiatrist or psychologist? . . . . .	1	5
2. another medical doctor? . . . . .	1	5
3. a school counselor or social worker? . . . . .	1	5
4. someone like a minister, priest, or rabbi? . . . . .	1	5
5. another professional? . . . . (SPECIFY) . . . . .	1	5

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

C. Did the (PERSON CHILD SAW) give you any medicine?	NO . . . . .	1
	YES . . (SPECIFY) . .	5

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

D. What did (PERSON CHILD SAW) say?

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



**BOX R13:**  
**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.**  
**OTHERS, SKIP TO S1, P. 151.**

R13. We talked about behaviors that happened over and over.  
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,**  
**HAND TALLY(IES) TO R AND ASK A.**  
**OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time the behaviors first started happening over and over, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO . . . . . 1 YES (SKIP TO S1, P.151) 5
HEAVY USE WHEN NOT CLUSTERING	B. Around the time the behaviors first started happening over and over, were you (drinking heavily/using DRUGS) daily or almost daily?	NO . . . . . 1 YES . . . . . 5

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(Q1) BUL3RA BUL4A1	T1A.	Have you ever gone on eating binges? What I mean is, you would keep on eating and eating a very large amount of food in a very short period of time (usually less than 2 hours)? <b>(EXCLUDE IF ONLY DURING HOLIDAYS OR SPECIAL OCCASIONS.)</b>	NO .(SKIP TO U1, P.153) . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
	B.	How much did you eat? About how long did it take? <b>(PROBE: FOR AMOUNT OF TIME.)</b>	
<hr/> <hr/>			
(Q2) BUL3RD BUL4C	T2A.	Have you ever eaten large amounts of food like that at least twice a week?	NO . . . . . 1 ALC/DRG ONLY (SKIP TO T3) 3 YES . . . . .(SKIP TO T3) 5
	B.	So you've <u>never</u> eaten a <u>very</u> large amount of food twice in one week?	NEVER EATEN LARGE AMOUNT (SKIP TO U1, P.153) . 1 HAS EATEN LARGE AMOUNT . 5
(Q3) BUL3RD BUL4C	T3.	Have you eaten large amounts of food twice a week for 3 months or longer?	NO . (SKIP TO U1, P.153) . 1 YES . . . . . 5
(Q4) BUL3RE BUL4D	T4A.	Have you often worried a lot about how your body looked?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
	B.	Have you often worried a lot about how much you weighed?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
(Q5) BUL3RC BUL4B	T5.	When you were on eating binges like the ones we described earlier, did you often try to keep your weight down by taking laxatives or making yourself throw up?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
(Q6) BUL3RC BUL4B	T6.	Did you exercise <u>a lot</u> to help keep your weight down?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
(Q7) BUL3RB BUL4A2	T7.	When you were on one of those eating binges, did you ever feel like you couldn't stop eating?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5
(Q8)	T8.	How old were you the (first/last) time you had an eating binge?	AGE ONS: ____ ____ ONS: 1 2 3 4 5  AGE REC: ____ ____ REC: 1 2 3 4 5
	<b>IS S4D CODED 5?</b>		NO .(SKIP TO U1. P.153) . 1 YES . . . . . 5
BUL4E	T9.	Did you have eating binges only during the time (you lost a lot of weight/others thought you were too thin)?	NO . . . . . 1 ALC/DRUG ONLY . . . . . 3 YES . . . . . 5

**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

(R1)  
SOM3RA  
SOM4A

U1. Have you been sick a lot of times -- more than most people your age?

1 2 3 4 5

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_(R2)  
SOM3RB3  
SOM4A

U2. Have you had to see the doctor a lot or visit the school nurse more often than other people your age?

1 2 3 4 5

**(PROBE: HAVE YOU MISSED A LOT OF SCHOOL BECAUSE YOU WERE FEELING SICK?)**(R3)  
SOM3RB-1  
SOM4B2

U3. Have you had times in your life when you've thrown up a lot (much more than usual -- much more than your friends or others your age)?

1 2 3 4 5

(R4)

U4. Have you had a lot of trouble with any of the following problems -- more than most people your age?

SOM3RB-3  
SOM4B2

A. Have you felt sick to your stomach a lot of the time?

1 2 3 4 5

SOM3RB-4  
SOM4B2

B. Has your stomach filled up with gas a lot of the time?

1 2 3 4 5

SOM3RB-5  
SOM4B2

C. Have you ever had a lot of problems with diarrhea?

1 2 3 4 5

SOM3RB-6  
SOM4B2

D. Have you ever had a lot of problems with getting sick easily from eating different foods?

1 2 3 4 5

SOM3RB-2  
SOM4B1

E. Have you had a lot of trouble with pains in your stomach?

1 2 3 4 5

IF NO 5'S IN U4A-E; SKIP TO V1A, P. 157.  
OTHERS, CONTINUE.

**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

(R5) SOM3RB-7 SOM4B1	U5.	Have you ever had a lot of problems with bad pain in your arms or legs?	1 2 3 4 5
SOM3RB-8 SOM4B1	U6A.	Have you ever had a lot of problems with back pain?	1 2 3 4 5
SOM3RB-10 SOM4B1	B.	Have you ever had a lot of problems with pain when you go to the bathroom (urinate)?	1 2 3 4 5
SOM4B1	C.	Have you ever had a lot of problems with headaches?	1 2 3 4 5
SOM3RB-9 SOM4B1	D.	Have you ever had a lot of pain in your joints (ankles, knees, wrist, elbows)?	1 2 3 4 5
SOM3RB-11 SOM4B1	E.	Have you ever had a lot of problems with any other kind of pain (EXCLUDING HEADACHES)?	1 2 3 4 5
<b>IF 4 OR MORE 5'S IN U5-U6E, CONTINUE. OTHERS, SKIP TO V1A, P.157.</b>			
(R7) SOM3RB-12	U7.	Have you often had trouble with running out of breath at times when you're <u>not</u> exercising; like when you're just walking or sitting around?	1 2 3 4 5
(R8) SOM3RB-13	U8A.	Have you ever had a lot of trouble with your heart pounding or beating too fast?	1 2 3 4 5
SOM3RB-14 SOM4B1	B.	Have you ever had problems with chest pain (a tight feeling or pain in the chest)?	1 2 3 4 5
SOM3RB-15	C.	Have you often felt dizzy or like you were going to faint?	1 2 3 4 5
(R9) SOM3RB-16 SOM4B4	U9.	Have you ever had problems with <u>amnesia</u> for any amount of time, when you couldn't remember anything that happened to you?	1 2 3 4 5
(R10) SOM3RB-17 SOM4B4	U10.	Have you often had problems swallowing?	1 2 3 4 5

**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

- |                             |   |           |
|-----------------------------|---|-----------|
| (R4)<br>SOM3RB-18<br>SOM4B4 | U11A. Have you ever found that you suddenly just couldn't speak (lost your voice)?  | 1 2 3 4 5 |
| SOM3RB-19<br>SOM4B4         | B. Have you ever gone suddenly deaf and not been able to hear anything?   | 1 2 3 4 5 |
| SOM3RB-20<br>SOM4B4         | C. Have you ever had a lot of problems with double vision? Did you see two of one thing -- like when you cross your eyes? | 1 2 3 4 5 |
| SOM3RB-21                   | D. Have you ever had a lot of problems with your eyes where things looked fuzzy?  | 1 2 3 4 5 |
| SOM3RB-22<br>SOM4B4         | E. Have you ever suddenly gone blind for no reason?   | 1 2 3 4 5 |
| SOM3RB-23<br>SOM4B4         | F. Have there been times when you fainted or passed out?  | 1 2 3 4 5 |
| SOM3RB-24<br>SOM4B4         | G. Has a doctor or nurse ever told you that you have had a seizure?   | 1 2 3 4 5 |
| SOM3RB-25<br>SOM4B4         | H. Have you ever had a lot of trouble walking?  | 1 2 3 4 5 |
| SOM3RB-26<br>SOM4B4         | I. Have you ever felt so weak that you couldn't lift or move things that you could ordinarily lift or move?               | 1 2 3 4 5 |
| SOM3RB-27<br>SOM4B4         | J. Have you had a hard time going to the bathroom where you had a hard time getting your urine (pee) to come out?         | 1 2 3 4 5 |

**GIRLS WHO HAVE NOT BEGUN MENSTRUATING (A12A=1) AND BOYS, SKIP TO U13A. OTHERS, CONTINUE.**

- |                              |   |           |
|------------------------------|---|-----------|
| (R12)<br>SOM3RB-32<br>SOM4B1 | U12A. Have you had a lot of problems with menstrual cramps? | 1 2 3 4 5 |
|------------------------------|---|-----------|

**IF CODED 5, CONTINUE. OTHERS, SKIP TO U13A.**

- |                     |   |           |
|---------------------|---|-----------|
| SOM3RB-33<br>SOM4B3 | B. Have you had a lot of problems with irregular menstrual periods?                 | 1 2 3 4 5 |
| SOM3RB-34<br>SOM4B3 | C. Have you had heavy bleeding (more than most girls) during your menstrual period? | 1 2 3 4 5 |

U13A. You've told me that you've had (NAME 4'S AND 5'S IN U1-U12C). Have you ever faked any of those problems to keep from going to school or to keep from doing other things you didn't want to do?

NO (SKIP TO BOX U14) 1  
 YES . (SPECIFY) . 5

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

SOM4D B. Did you always fake (NAME SX IN U13A)? NO . . . . . 1  
 YES . . . . . 5

**BOX U14:**  
**IF NO 4'S IN U1-U12C; SKIP TO BOX U15.**  
**OTHERS, CONTINUE.**

(R13) U14. How old were you the (first/last) time AGE ONS: \_\_\_\_\_  
 SOM3RA (NAME 4'S IN U1-U12C) happened? ONS: 1 2 3 4 5  
 AGE REC: \_\_\_\_\_  
 REC: 1 2 3 4 5

**BOX U15:**  
**IF NO 5'S IN U1-U12C; SKIP TO V1A, P.157.**  
**OTHERS, CONTINUE.**

(R13) U15. You've told me that (NAME 5'S IN U1-U12C). AGE ONS: \_\_\_\_\_  
 SOM3RA How old were you the (first/last) time these ONS: 1 2 3 4 5  
 problems happened? AGE REC: \_\_\_\_\_  
 REC: 1 2 3 4 5

**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

(S1) SCZ3RA1b V1A. Have you ever seen things that other people looking at the same spot couldn't see? NO .(SKIP TO V2A) 1  
 YES . . . . . 5

B. Did you see things when you were falling asleep or waking up? NO (SKIP TO C) . 1  
 YES . . . . . 5

1. Did you ever see things at any other time, when you were not waking up or falling asleep? NO .(SKIP TO V2A) 1  
 YES . . . . . 5

C. Tell me about what you saw. 1 2 3 4 5

\_\_\_\_\_

\_\_\_\_\_

(S2) SCZ3RA1b V2A. Have you more than once heard voices that only you could hear, and the voices sounded like they were coming from outside your head, like the way we are talking now? NO . (SKIP TO V3) 1  
 YES . . . . . 5

B. Did you hear voices when you were falling asleep or waking up? NO . (SKIP TO C) 1  
 YES . . . . . 5

1. Did you ever hear voices at any other time, when you were not waking up or falling asleep? NO . (SKIP TO V3) 1  
 YES . . . . . 5

C. Tell me a little more about what you heard and what the voices said to you. 1 2 3 4 5

\_\_\_\_\_

\_\_\_\_\_

(S7) SCZ3RA2 V3. While you were watching TV, have you thought that someone on TV was sending a special message to you and nobody else? 1 2 3 4 5

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

\_\_\_\_\_

(S8) SCZ3RA2 V4. Have you ever felt that someone on TV or on the radio was making fun of you or saying bad things about you? 1 2 3 4 5

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

\_\_\_\_\_

**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

(S9)  
SCZ3RA2

V5. Have you ever heard your thoughts spoken out loud?  
 (**PROBE:** LIKE THEY WERE BEING BROADCAST ON THE RADIO?)  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

1	2	3	4	5
---	---	---	---	---

IF NO PROBING BOX IS CODED 3, 4, OR 5 IN V1-V5; SKIP TO W1, P.161.  
 OTHERS, CONTINUE.

(S3)  
SCZ3RA1b

V6A. Have you more than once heard very strange sounds or noises besides voices that only you could hear?  
 B. Did you hear strange sounds when you were falling asleep or waking up?  
 1. Did you ever hear strange sounds at any other time when you were not waking up or falling asleep?  
 C. Tell me about what you heard.  
 \_\_\_\_\_  
 \_\_\_\_\_

NO	.(SKIP TO V7A)	1
YES	.....	5
NO	.(SKIP TO C)	1
YES	.....	5
NO	.(SKIP TO V7A)	1
YES	.....	5

1	2	3	4	5
---	---	---	---	---

(S4)  
SCZ3RA1b

V7A. Have you ever smelled something very strange -- something that other people couldn't smell?  
 B. Did you smell something strange when you were falling asleep or waking up?  
 1. Did you ever smell something strange at any other time when you were not waking up or falling asleep?  
 C. Tell me about what you smelled.  
 \_\_\_\_\_  
 \_\_\_\_\_

NO	.(SKIP TO V8)	1
YES	.....	5
NO	.(SKIP TO C)	1
YES	.....	5
NO	.(SKIP TO V8)	1
YES	.....	5

1	2	3	4	5
---	---	---	---	---

(S5)  
SCZ3RA1a

V8. Have you ever felt like strangers were watching what you were doing, like they were spying on you?  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

1	2	3	4	5
---	---	---	---	---



**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**

(S6)  
SCZ3RA1a

V9. Have there been times when you thought that people were talking about you behind your back?

1 2 3 4 5

(**PROBE:** WERE THEY PLANNING TO HURT YOU IN SOME WAY -- LIKE MAYBE POISON YOU?)

**BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE CHILD, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.**

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

(S10)  
SCZ3RA2

V10. Have you ever thought that someone was able to control what you were thinking and make you do things you didn't want to do?

1 2 3 4 5

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

(S11)  
SCZ3RA2

V11. Have you ever felt that people could read your mind or hear what you were thinking?

1 2 3 4 5

(**PROBE:** IS THIS ONLY BECAUSE THEY'VE KNOWN YOU FOR A LONG TIME OR KNOW YOU VERY WELL?)

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

(S12)  
SCZ3RA2

V12. Have you ever been able to actually read someone else's mind?

1 2 3 4 5

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

**BOX V13:**  
**IF NO 3'S OR 4'S IN V1-V12, SKIP TO BOX V14.**  
**OTHERS, CONTINUE.**

(S13) V13. You've told me that (NAME 3'S AND 4'S IN V1-V12). AGE ONS: \_\_\_\_ \_\_\_\_  
 How old were you the (first/last) time things like ONS: 1 2 3 4 5  
 this happened?  
 AGE REC: \_\_\_\_ \_\_\_\_  
 REC: 1 2 3 4 5

**BOX V14:**  
**IF ANY PROBING BOX IS CODED 5 IN V1-V12, CONTINUE.**  
**OTHERS; SKIP TO W1, P.161.**

(S13) V14. You've told me that (NAME 5'S IN V1-V12). AGE ONS: \_\_\_\_ \_\_\_\_  
 How old were you the (first/last) time things like ONS: 1 2 3 4 5  
 this happened?  
 AGE REC: \_\_\_\_ \_\_\_\_  
 REC: 1 2 3 4 5

V15A. Did your parents take you to a doctor or a NO .(SKIP TO W1, P.161) 1  
 counselor because of (NAME 5'S IN V1-V12). YES . . . . . 5

B. Did you see:

- |   | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| 1. a psychiatrist or psychologist? . . . . .            | 1         | 5          |
| 2. another medical doctor? . . . . .                    | 1         | 5          |
| 3. a school counselor or social worker? . . . . .       | 1         | 5          |
| 4. someone like a minister, priest, or rabbi? . . . . . | 1         | 5          |
| 5. another professional? . . . . (SPECIFY) . . . . .    | 1         | 5          |

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

C. Did (PERSON CHILD SAW) give you any medicine? NO . . . . . 1  
 YES . (SPECIFY) . 5

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

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

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

D. What did the (PERSON CHILD SAW) say?

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

E. Did you have to go into the hospital? NO . . . . . 1  
 YES . (SPECIFY) . 5

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

# SHOW R THE COMPLETED TIMELINE

W1. I have marked some of the information you have given me on this page. I'm going to go over it with you, and I'd like you to tell me if any of the dates or ages need to be changed.

**A. REVIEW AGES/YEARS OF LIFE EVENTS.**

BOX W1A:

DID R EVER USE ALCOHOL, MARIJUANA, OR DRUGS?	NO .(SKIP TO BOX W1B)	1
	YES . . . . .	5

**B. REVIEW SUBSTANCES ONE SECTION AT A TIME, ESPECIALLY PERIODS OF REGULAR USE, ABSTINENCE, AND CLUSTERING ONSET/RECENCY.**

BOX W1B:

ARE ANY EPISODES RECORDED ON THE BOTTOM HALF OF THE TIMELINE?	NO . . (SKIP TO W2) .	1
	YES . . . . .	5

**C. REVIEW PSYCHIATRIC EPISODES ONE SECTION AT A TIME, CHECKING ONSETS AND OFFSETS. ADD ADDITIONAL EPISODES TO TIMELINE IF THERE ARE ANY.**

---

W2. So, does the timeline look complete and accurate to you?	NO . . .(SPECIFY) . .	1
	YES . . . . .	5

**CORRECT TIMELINE AND SECTIONS AS APPROPRIATE.**

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

		<u>MOTHER</u>	
X1.	Has the child had a relationship with his/her biological parents in the past year?	NO . . . . .	1
		YES . . . . .	5
		<u>FATHER</u>	
		NO . . . . .	1
		YES . . . . .	5
<p>IF THE CHILD HAS NOT HAD A RELATIONSHIP WITH THE BIOLOGICAL PARENT, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE FOR BIOLOGICAL PARENTS <u>ONLY</u> IN "MOTHER" AND "FATHER" SPACES.</p>			
X2.	Does child live with ...		
		NO STEP-PARENT . . (ASK X3) . . . . .	1
		STEP-MOTHER . . . .(CODE 1 IN X3) . . . .	2
		STEP-FATHER . . . .(CODE 2 IN X3) . . . .	3
		BOTH STEP-MOTHER AND STEP-FATHER (CODE 1 IN X3) . . . .	4

X3.	Is there any adult besides your parents whom you see a lot and who is like a parent to you?	NO OTHER . . . . .	0
		STEP MOTHER . . . . .	1
		STEP FATHER . . . . .	2
		FOSTER MOTHER . . . . .	3
		FOSTER FATHER . . . . .	4
		GRANDMOTHER . . . . .	5
		GRANDFATHER . . . . .	6
		SIBLING (18 OR OLDER) . . . . .	7
		OTHER RELATIVES (AUNTS, UNCLES, COUSINS, ETC.) . . . .	8
		OTHER ADULTS (TEACHERS, CLERGY, FAMILY FRIENDS) . . . .	9
		PARENT'S SIGNIFICANT OTHER . . . . .	10

The person should be someone who frequently spends time with the child, acts in a parental role, and provides ongoing support beyond his/her normal role (such as teachers, or clergy, family, or friends). If child designates more than one close adult and absolutely cannot pick one, Interviewer should pick one for him/her.

**IN THIS PART OF THE INTERVIEW,  
PROBE FOR ALL PARENTING FIGURES THAT APPLY.**

Now I'm going to ask you about the kinds of things some families do together. You tell me if your family does any of these things together.

**IF CHILD LIVES AWAY FROM BOTH BIOLOGICAL PARENTS SAY:**

Since you don't live with (MOTHER/FATHER) now, I'd like you to answer for the last year that you lived with (MOTHER/FATHER).

Y1A. Does your (M/F/O) do helpful or fun things with you like ...	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
Schoolwork or projects? . . . . .	1	5	1	5	1	5
Chores at home? . . . . .	1	5	1	5	1	5
Fun activities? . . . . .	1	5	1	5	1	5
Shopping? . . . . .	1	5	1	5	1	5
Making plans? . . . . .	1	5	1	5	1	5
Anything else? . . (SPECIFY) . . . . .	1	5	1	5	1	5
SPECIFY: _____						

B. Would you say that your (MOTHER/FATHER/OTHER) spends time with you ...	<u>M</u>			<u>F</u>			<u>O</u>		
	MORE THAN MOST PARENTS? . . . . .								
	1	1	1	1	1	1	1	1	1
	SAME AS MOST PARENTS? . . . . .								
	2	2	2	2	2	2	2	2	2
	LESS THAN MOST PARENTS? . . . . .								
	3	3	3	3	3	3	3	3	3

Y2A. Do you and your (M/F/O) ever talk about the news or what's going on in the world?	<u>MOTHER</u>		
	NO	YES	
	1	5	
	<u>FATHER</u>		
	NO	YES	
	1	5	
	<u>OTHER</u>		
	NO	YES	
	1	5	
B. Do you and your (M/F/O) spend time talking about other things, like movies, your friends, or anything else?	<u>MOTHER</u>		
	NO	YES	
	1	5	
	<u>FATHER</u>		
	NO	YES	
	1	5	
	<u>OTHER</u>		
	NO	YES	
	1	5	

Y3. Family celebrations or holidays like Thanksgiving, birthdays, or graduations are supposed to be a lot of fun, but sometimes they end up with people getting upset. In your family, are holidays ...

- READ OPTIONS:**  
 VERY UPSETTING? . . (SPECIFY) 1  
 KIND OF UPSETTING? (SPECIFY) 2  
 AVERAGE/BORING? . . . . . 3  
 KIND OF FUN? . . . . . 4  
 VERY FUN? . . . . . 5

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

Y4A. Does your (M/F/O) give you hugs or kisses to show that s/he cares about you?

- MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

- FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

- OTHER**  
 NO . . . . . 1  
 YES . . . . . 5

B. Did your (M/F/O) give you hugs or kisses when you were younger?

- MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

- FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

- OTHER**  
 NO . . . . . 1  
 YES . . . . . 5

C. Does your (M/F/O) show that s/he cares about others in the family by giving them hugs or kisses?

- MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

- FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

- OTHER**  
 NO . . . . . 1  
 YES . . . . . 5

Y5A. Do you feel like your (M/F/O) criticizes you or tells you that what you're doing is wrong?	<u>MOTHER</u>			
	NO .(SKIP TO Y6A) .	1		
	YES . . . . .	5		
	<u>FATHER</u>			
	NO .(SKIP TO Y6A) .	1		
	YES . . . . .	5		
	<u>OTHER</u>			
	NO .(SKIP TO Y6A) .	1		
	YES . . . . .	5		
B. Does this happen a little, somewhat, or a lot?		<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3

---

Y6A. Does your (M/F/O) ever upset you by teasing you in a mean way or saying things that hurt your feelings?	<u>MOTHER</u>			
	NO .(SKIP TO Y7A) .	1		
	YES . . . . .	5		
	<u>FATHER</u>			
	NO .(SKIP TO Y7A) .	1		
	YES . . . . .	5		
	<u>OTHER</u>			
	NO .(SKIP TO Y7A) .	1		
	YES . . . . .	5		
B. Does this happen a little, somewhat, or a lot?		<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3

---

Y7A. Does your (M/F/O) ever go out of his/her way to say you did a good job when you do something well? For example, when you get a good grade in school, does s/he tell you something nice about it or give you a reward?	<u>MOTHER</u>			
	NO .(SKIP TO Y8A) .	1		
	YES . . . . .	5		
	<u>FATHER</u>			
	NO .(SKIP TO Y8A) .	1		
	YES . . . . .	5		
	<u>OTHER</u>			
	NO .(SKIP TO Y8A) .	1		
	YES . . . . .	5		
B. Does this happen a little, somewhat, or a lot?		<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3

---

Y8A. When you have problems or are worried about something, do you talk to (M/F/O)?

**MOTHER**  
 NO . .(CONTINUE) . 1  
 YES . (SKIP TO C) . 5

**FATHER**  
 NO . .(CONTINUE) . 1  
 YES . (SKIP TO C) . 5

**OTHER**  
 NO . .(CONTINUE) . 1  
 YES . (SKIP TO C) . 5

B. What is the reason that you don't usually talk to your (M/F/O) about your problems? Is it that s/he is not interested, you don't feel comfortable, s/he is not around, some other reason, or for no reason?

**MOTHER**  
 SPECIFY REASON (M): \_\_\_\_\_ NO REASON . . . . . 1  
 \_\_\_\_\_ SHE IS NOT INTERESTED . . . . . 2  
 \_\_\_\_\_ YOU DON'T FEEL COMFORTABLE . . . . . 3  
 \_\_\_\_\_ SHE IS NOT AROUND . . . . . 4  
 \_\_\_\_\_ OTHER REASON . .(SPECIFY) . . . . . 5

**FATHER**  
 SPECIFY REASON (F): \_\_\_\_\_ NO REASON . . . . . 1  
 \_\_\_\_\_ HE IS NOT INTERESTED . . . . . 2  
 \_\_\_\_\_ YOU DON'T FEEL COMFORTABLE . . . . . 3  
 \_\_\_\_\_ HE IS NOT AROUND . . . . . 4  
 \_\_\_\_\_ OTHER REASON . .(SPECIFY) . . . . . 5

**OTHER**  
 SPECIFY REASON (O): \_\_\_\_\_ NO REASON . . . . . 1  
 \_\_\_\_\_ S/HE IS NOT INTERESTED . . . . . 2  
 \_\_\_\_\_ YOU DON'T FEEL COMFORTABLE . . . . . 3  
 \_\_\_\_\_ S/HE IS NOT AROUND . . . . . 4  
 \_\_\_\_\_ OTHER REASON . .(SPECIFY) . . . . . 5

**SKIP TO Z1A, P. 167.**

C. Do you feel that (5'S IN Y8A) usually does a good job of listening to your troubles?

**MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

**FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

**OTHER**  
 NO . . . . . 1  
 YES . . . . . 5



Parents have many different rules for their children.  
 I'm going to name some of the things that parents do, and  
 you tell me if any of the things I mention happen in your home.

Z1A.	When you do something that your (MOTHER/FATHER/OTHER) thinks is wrong, does s/he yell or fuss at you ...		<u>M</u>	<u>F</u>	<u>O</u>
		MORE THAN MOST PARENTS? . .	1	1	1
		SAME AS MOST PARENTS? . . .	2	2	2
		LESS THAN MOST PARENTS? . .	3	3	3

<b>ADOLESCENTS AGES 15-17, SKIP TO Z2.</b>
--

B.	When you do something wrong, does your (MOTHER/FATHER/OTHER) spank you ...		<u>M</u>	<u>F</u>	<u>O</u>
		NEVER? . . . .	1	1	1
		HARDLY EVER? . .	2	2	2
		SOMETIMES? . .	3	3	3
		OFTEN? . . . .	4	4	4

Z2.	Sometimes when kids do something wrong, their parents ground them -- that is, not allow them to do something they want to do. Does your (MOTHER/FATHER/OTHER) ground you. . .		<u>M</u>	<u>F</u>	<u>O</u>
		MORE THAN MOST KIDS? . .	1	1	1
		SAME AS MOST KIDS? . .	2	2	2
		LESS THAN MOST KIDS? . .	3	3	3

Z3.	Do you get into trouble with your (MOTHER/FATHER/OTHER) ...		<u>M</u>	<u>F</u>	<u>O</u>
		MORE THAN MOST KIDS? . .	1	1	1
		SAME AS MOST KIDS? . .	2	2	2
		LESS THAN MOST KIDS? . .	3	3	3

Z4A.	In your family, is your (MOTHER/FATHER/OTHER) generally fair in scolding or punishing (you/the kids)?		<u>M</u>	<u>F</u>	<u>O</u>
		YES, FAIR . . . . .	1	1	1
		NO, TOO EASY . . . . .	2	2	2
		NO, TOO HARD . . . . .	3	3	3
		DOES NOT SCOLD OR PUNISH . .	4	4	4

<b>IF ONLY ONE CHILD; SKIP TO AA1, P.168. OTHERS, CONTINUE.</b>
---

B.	Is your (MOTHER/FATHER/OTHER) usually easier or harder on you than on your brother(s)/sister(s)?		<u>M</u>	<u>F</u>	<u>O</u>
		NEITHER . . . .	1	1	1
		HARDER ON YOU . .	2	2	2
		EASIER ON YOU . .	3	3	3

AA1. Does your (M/F/O) belong to any groups or clubs, like the P.T.A., a church or synagogue, or a sports team?

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

**DO NOT COUNT 12-STEP TYPE TREATMENT GROUPS, INCLUDING AA.**

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

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

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

AA2. Does your (M/F/O) have some friends s/he sees from time to time?

**MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

**FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

**OTHER**  
 NO . . . . . 1  
 YES . . . . . 5

AA3. Does your (M/F/O) get together with friends and relatives for celebrations like Thanksgiving, 4th of July, or birthdays?

**MOTHER**  
 NO . . . . . 1  
 YES . . . . . 5

**FATHER**  
 NO . . . . . 1  
 YES . . . . . 5

**OTHER**  
 NO . . . . . 1  
 YES . . . . . 5

AA4A. When you are in an activity like a game, a play, or a concert at school, does your (M/F/O) usually attend?

**MOTHER**  
 NO . . . . . 1  
 YES (SKIP TO AA5) . 5

**FATHER**  
 NO . . . . . 1  
 YES (SKIP TO AA5) . 5

**OTHER**  
 NO . . . . . 1  
 YES (SKIP TO AA5) . 5

B. Why doesn't your (M/F/O) attend?

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

CODE ALL:	M		F		O	
	NO	YES	NO	YES	NO	YES
WORK . . . . .	1	5	1	5	1	5
CARING FOR SOMEONE	1	5	1	5	1	5
PARENTAL TENSION	1	5	1	5	1	5
LIVES OUT OF TOWN	1	5	1	5	1	5
NOT INTERESTED .	1	5	1	5	1	5
NO REASON . . . .	1	5	1	5	1	5
OTHER .(SPECIFY)	1	5	1	5	1	5

AA5. Does your (M/F/O) have any activities that s/he enjoys doing, like crafts, gardening, reading, or sports?

	<b><u>MOTHER</u></b>	
	NO . . . . .	1
	YES (SPECIFY) . . . . .	5
SPECIFY OTHER: _____		
	<b><u>FATHER</u></b>	
	NO . . . . .	1
	YES (SPECIFY) . . . . .	5
_____		
	<b><u>OTHER</u></b>	
	NO . . . . .	1
	YES (SPECIFY) . . . . .	5

**IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE, SAY  
"In spite of all their difficulties ..."**

AA6A. Would you say that your (M/F/O) is a pretty happy person?

	<b><u>MOTHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO AA7A)	5
	<b><u>FATHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO AA7A)	5
	<b><u>OTHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO AA7A)	5

B. How much of the time is your (MOTHER/FATHER/OTHER) unhappy (READ OPTIONS)?

	<b><u>M</u></b>	<b><u>F</u></b>	<b><u>O</u></b>
A LITTLE . . . . .	1	1	1
SOME . . . . .	2	2	2
A LOT . . . . .	3	3	3

AA7A. Now I would like you to think about how you get along with your (MOTHER/FATHER/OTHER). Most of the time, how well do you get along?

	<b><u>M</u></b>	<b><u>F</u></b>	<b><u>O</u></b>
POOR . . . . .	1	1	1
FAIR . . . . .	2	2	2
GOOD . . . . .	3	3	3
EXCELLENT . . . . .	4	4	4

B. Do you feel very close to your (M/F/O)?

	<b><u>MOTHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO BOX AA8A)	5
	<b><u>FATHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO BOX AA8A)	5
	<b><u>OTHER</u></b>	
	NO . . . . .	1
	YES (SKIP TO BOX AA8A)	5

C. Why don't you feel very close to your (M/F/O)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BOX AA8A:  
IF 1 OR BOTH BIOLOGICAL PARENTS ARE DECEASED OR  
IF PARENTS HAVE HAD NO CONTACT WITH EACH OTHER IN PAST YEAR,  
SKIP TO BOX AA8D.**

AA8A. Some parents enjoy being with each other, while others don't. Do your parents seem to enjoy being with each other?	NO . . . . .	1
	YES . . . . .	5
B. Now I would like you to think about how well your biological parents get along with each other. Most of the time, how well do they get along?	EXCELLENT? . . . . .	1
	GOOD? . . . . .	2
	FAIR? . . . . .	3
	POOR? . . . . .	4
C. Do your parents argue and fight in front of you?	NEVER? . . . . .	1
	HARDLY EVER? . . . . .	2
	SOMETIMES? . . . . .	3
	OFTEN? . . . . .	4
D. Do your parents fight when you are not around?	NEVER? . . . . .	1
	HARDLY EVER? . . . . .	2
	SOMETIMES? . . . . .	3
	OFTEN? . . . . .	4

**BOX AA8D:**  
**IF OTHER IS A STEP PARENT OR SIGNIFICANT OTHER AND HAS LIVED WITH R FOR 1 YEAR OR MORE, CONTINUE.**  
**IF NO OTHER OR OTHER IS NOT A SIGNIFICANT OTHER, SKIP TO AA9.**

E. Now I would like you to think about how well your (BIO MOM/DAD) and your (STEP MOM/DAD) get along with each other. Most of the time, how well do they get along?	EXCELLENT? . . . . .	1
	GOOD? . . . . .	2
	FAIR? . . . . .	3
	POOR? . . . . .	4
F. Do your (BIO MOM/DAD) and (STEP MOM/DAD) argue and fight in front of you . . .	NEVER? . . . . .	1
	HARDLY EVER? . . . . .	2
	SOMETIMES? . . . . .	3
	OFTEN? . . . . .	4
G. Do your (BIO MOM/DAD) and your (STEP MOM/DAD) fight when you are not around . . .	NEVER? . . . . .	1
	HARDLY EVER? . . . . .	2
	SOMETIMES? . . . . .	3
	OFTEN? . . . . .	4

---

AA9. Everyone gets irritable and crabby some of the time, but some people seem to be irritable and crabby most of the time. Is your (MOTHER/FATHER/OTHER) . . .		<u>M</u>	<u>F</u>	<u>O</u>
	MORE FUSSY AND CRABBY THAN MOST PARENTS? . . .	1	1	1
	ABOUT THE SAME AS MOST PARENTS? . . . .	2	2	2
	LESS FUSSY AND CRABBY THAN MOST PARENTS? . . .	3	3	3

---

BB1A. Does your family let you bring friends home to spend time with you? NO . . . . . 1  
 YES .(SKIP TO BB2A) . 5

B. What is the reason your family doesn't let your friends come over to visit? **CODE ALL:** . . . . . NO YES  
 A/D PROBLEMS AT HOME . 1 5  
 OTHER PROBLEMS AT HOME 1 5  
 SPECIFY OTHER: \_\_\_\_\_ A/D PROBLEMS W/FRIENDS 1 5  
 \_\_\_\_\_ OTHER PROBLEMS W/FRIENDS 1 5  
 \_\_\_\_\_ OTHER . . (SPECIFY) . . 1 5

BB2A. Do you get to go to your friends' homes to visit? NO . . . . . 1  
 YES .(SKIP TO BB3A) . 5

B. What is the reason you don't get to go to your friends' homes to visit? **CODE ALL:** . . . . . NO YES  
 A/D PROBLEMS AT HOME . 1 5  
 OTHER PROBLEMS AT HOME 1 5  
 SPECIFY OTHER: \_\_\_\_\_ A/D PROBLEMS W/FRIENDS 1 5  
 \_\_\_\_\_ OTHER PROBLEMS W/FRIENDS 1 5  
 \_\_\_\_\_ OTHER . . (SPECIFY) . . 1 5

BB3A. Do you have to let your family or someone else know where you are whenever you go somewhere? NO . . . . . 1  
 YES . . . . . 5

B. If you don't let someone know where you are going, are you ... IN NO TROUBLE AT ALL? . . . 1  
 IN SOME TROUBLE? . . . . . 2  
 IN BIG TROUBLE? . . . . . 3

BB4A. Does your family have rules about watching TV; for example, how much you can watch or what you can watch? NO . (SKIP TO BB5A) . 1  
 YES . . . . . 5

B. What are the rules about? **CODE ALL:** . . . . . NO YES  
 AMOUNT OF TIME . . . . . 1 5  
 SPECIFY OTHER: \_\_\_\_\_ TYPE OF PROGRAM . . . . . 1 5  
 \_\_\_\_\_ WHEN TO WATCH . . . . . 1 5  
 \_\_\_\_\_ NO TV ALLOWED . . . . . 1 5  
 \_\_\_\_\_ OTHER . . (SPECIFY) . . 1 5

BB5A. How many hours a day do you usually spend watching TV or videos on school days? \_\_\_\_\_ HOURS SCHOOL DAY

B. How many hours a day do you usually spend watching TV or videos on weekends? \_\_\_\_\_ HOURS WEEKEND

C. How many hours a day do you usually spend watching TV or videos during the summer? \_\_\_\_\_ HOURS SUMMER

CC1A. Do you have any difficulty making friends?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
B. Do you have any difficulty keeping friends?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
CC2. Do you have a best friend, or some best friends?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
CC3A. Have you ever had a boy/girl friend?	NO . (SKIP TO CC4) .	1
	YES . . . . .	5

<b>CODE ONLY ROMANTIC RELATIONSHIPS OR WHAT THE CHILDREN CONSIDER ROMANTIC.</b>
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B. Have you had more than one in your life?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
CC4. Do you have (boys/girls) for friends? Not like (boy/girl) friends, but <u>just</u> friends?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
CC5A. Do your parents know most of your friends?	NO . . . . .	1
	YES . . . . .	5
<hr/>		
B. Do your parents dislike any of your friends?	NO (SKIP TO BOX CC6)	1
	YES . . . . .	5
<hr/>		
C. Why do they dislike your friends?		

SPECIFY OTHER: _____	<b>CODE ALL:</b> . . . . .	<b>NO</b>	<b>YES</b>
_____	NO REASON . . . . .	1	5
_____	FRIEND GETS YOU IN TROUBLE . . . . .	1	5
_____	FRIEND BEHAVES BADLY . . . . .	1	5
	FRIEND'S A/D USE . . . . .	1	5
	FRIEND'S PARENTS NOT RESPONSIBLE . . . . .	1	5
	OTHER . . . . (SPECIFY) . . . . .	1	5

<b>BOX CC6:</b> <b>IF THERE IS MORE THAN ONE CHILD IN THE FAMILY; CONTINUE WITH DD1, P.173.</b> <b>IF ONLY ONE CHILD; RECORD TIME ENDED ON P.173 AND SKIP TO SARAH, P.1.</b>
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SHOULD THIS SECTION BE CODED?	NO . . .(RECORD TIME ENDED) . . .	1
	YES . . . . .	5

DD1. All brother(s) and sister(s) fight some of the time.  
 Do you think that you and your brother(s)/sister(s) fight. . .

MORE THAN MOST BROTHER(S)/SISTER(S)? . . . . . 1  
 SAME AS MOST BROTHER(S)/SISTER(S)? . . . . . 2  
 LESS THAN MOST BROTHER(S)/SISTER(S)? . . . . . 3

DD2. Even though you sometimes fight with your brother(s)/sister(s),  
 would you say that you really like each other . . .

MORE THAN MOST BROTHER(S)/SISTER(S)? . . . . . 1  
 SAME AS MOST BROTHER(S)/SISTER(S)? . . . . . 2  
 LESS THAN MOST BROTHER(S)/SISTER(S)? . . . . . 3

DD3A. Do you and your brother(s)/sister(s) do anything together besides watch TV? NO .(SKIP TO DD4) . 1  
 YES . . . . . 5

B. What sorts of things do you do together?  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR EDITOR'S USE ONLY:</b>	
HE = . . . . .	1
NON-HE = . . . . .	5

DD4. In your family, do the older children help take care of the younger ones? NO . . . . . 1  
 YES . . . . . 5

(**PROBE:** HELPING WITH HOMEWORK, BABYSITTING, PLAYING WITH THEM?)

DD5. Do you ever tell your brother(s)/sister(s) about your problems or worries? NO . . . . . 1  
 YES . . . . . 5

DD6. Do you and your brother(s)/sister(s) often talk about what's going on at school, with your friends, or things like that? NO . . . . . 1  
 YES . . . . . 5

DD7A. Do you and your brother(s)/sister(s) stick up for each other in arguments with your parents? NO . . . . . 1  
 YES . . . . . 5

B. Do you and your brother(s)/sister(s) stick up for each other in arguments with other kids? NO . . . . . 1  
 YES . . . . . 5

**TIME ENDED:** \_\_\_\_ : \_\_\_\_  
 (USE 24-HOUR CLOCK)

**INTERVIEWER OBSERVATIONS**

1B, 1D, 1E, 3 and 7 N/A for phone interview

1. **General appearance**

A. Does s/he act his/her age?

- YES . . . . . 1
- WOULD MISTAKE HIM/HER FOR YOUNGER CHILD . . . 2
- WOULD MISTAKE HIM/HER FOR AN OLDER CHILD . . . 3

B. Is s/he appropriately and cleanly dressed?

- YES . . . . . 1
- DIRTY AND UNKEMPT, TORN/RAGGED . . . . . 2
- INAPPROPRIATE
- SPECIFY: \_\_\_\_\_ . . . . . 3
- ODD, BIZARRE . . . . . 4
- OTHER: \_\_\_\_\_ . . . . . 5

C. General air, pervasive attitude is:

- OPEN AND FRIENDLY . . . . . 1
- SHY BUT COMMUNICATES . . . . . 2
- HOSTILE AND SUSPICIOUS . . . . . 3
- EXCESSIVELY SHY, WITHDRAWN,
- ANXIOUS OR SCARED . . . . . 4
- BLASE, OVERCONFIDENT . . . . . 5
- OTHER: \_\_\_\_\_ . . . . . 6

D. State of nutrition:

- AVERAGE, LOOKS WELL-FED . . . . . 1
- UNDERNOURISHED AND/OR EXTREMELY THIN . . . . . 2
- OVERWEIGHT OR OBESE . . . . . 3
- THIN, BELOW AVERAGE, BUT NOT
- UNDERNOURISHED . . . . . 4
- CHUBBY, BUT APPEARS NORMAL FOR AGE . . . . . 5

E. Facial expression (pattern during interview):

- NATURAL AND UNREMARKABLE . . . . . 1
- EXPRESSIONLESS, NO VARIATION
- WITH THOUGHT CONTENT . . . . . 2
- ANXIOUS AND WORRIED . . . . . 3
- SAD, TEARFUL OR CRYING, DEPRESSED . . . . . 4
- HOSTILE, ANGRY (FROWNS, POUTS) . . . . . 5
- HIDES FACE FROM VIEW (AVOIDS EYE CONTACT) . . . 6
- FLUCTUATED MARKEDLY DURING INTERVIEW . . . . . 7
- OTHER: \_\_\_\_\_ . . . . . 8



2. Affect

SHOWS FEELINGS APPROPRIATE TO CONTENT OF THOUGHT AND SITUATION . . . . .	1
INAPPROPRIATELY SAD, ELATED, SILLY OR HOSTILE . . . . .	2
UNUSUALLY FLAT, DISTANT, COLD . . . . .	3
OTHER: _____ . . . . .	4

3. Motor Behavior

SITS OR STANDS WITH NORMAL AMOUNT OF MOVEMENT . . . . .	1
OVERACTIVE, FIDGETY . . . . .	2
REPETITIVE, STEREOTYPED MOVEMENTS . . . . .	3
BIZARRE, PURPOSELESS OR UNUSUAL MOVEMENTS, NOT NECESSARILY REPETITIVE . . . . .	4
SITS OR STANDS STIFF, RIGID, TENSE . . . . .	5
TICS . . . . .	6
OTHER: _____ . . . . .	7

4. Speech

A. General description:

NORMAL, INTELLIGIBLE, APPROPRIATE AMOUNT . . . . .	1
EXCESSIVE AMOUNT, CONSTANT . . . . .	2
REDUCED AMOUNT, ANSWERS QUESTIONS WITH AS FEW WORDS AS POSSIBLE . . . . .	3
OTHER: _____ . . . . .	4

B. Pattern:

REGULAR, SMOOTH, EVEN . . . . .	1
POOR ARTICULATION (LISPING, SLURRING, "BABY TALK", DIFFICULTY WITH CONSONANTS, ETC.) . . . . .	2
STUTTERING, STAMMERING . . . . .	3
INTERMITTENT, UNUSUAL SOUNDS, EXPLETIVES, GRUNTS, BARKS, ETC. . . . .	4
OTHER: _____ . . . . .	5

5. Attention

NORMALLY ATTENTIVE FOR AGE . . . . .	1
INATTENTIVE, EASILY DISTRACTED . . . . .	2
OTHER: _____ . . . . .	3

6. Flow of thought

RELEVANT, COHERENT, NORMAL . . . . .	1
THOUGHTS SEEM TO RACE CAUSING PUSH OF SPEECH . . . . .	2
THINKING PROCESS IS SLOW WITH SLOW RESPONSES . . . . .	3
PERSEVERATION (REPEATS WORDS OR PHRASES) . . . . .	4
CIRCUMSTANTIAL AND/OR IRRELEVANT . . . . .	5
DIFFICULT TO FOLLOW . . . . .	6
DOESN'T MAKE SENSE . . . . .	7
MORE THAN ONE ABOVE (CIRCLE) . . . . .	8

7. Substance Use

NO SUBSTANCE USE APPARENT . . . . .	1
SUSPICIOUS OF SOME SUBSTANCE USE . . . . .	2
SUSPICIOUS OF INTOXICATION . . . . .	3
INTOXICATED BUT ABLE TO FUNCTION . . . . .	4

8. General response to interview

NO SPECIAL PROBLEMS, COOPERATIVE, ADEQUATE EFFORT . . . . .	1
SHOWED PERSISTENT, EXCESS ANXIETY RELATED TO INTERVIEW OR OVER-CONCERN ABOUT "RIGHT ANSWERS" . . . . .	2
EXCESS USE OF FANTASY OR CONFABULATION . . . . .	3
GAVE UP EASILY, DID NOT TRY . . . . .	4
UNCOOPERATIVE . . . . .	5
HAD TO BE COAXED CONTINUALLY . . . . .	6
TIRED EASILY, WANTED TO STOP, BUT KEPT ON WITH ENCOURAGEMENT . . . . .	7
MADE NO EFFORT TO THINK ABOUT ANSWERS . . . . .	8
QUIT AND REFUSED TO GO ON . . . . .	9

<b>RATE ACCURACY OF RATINGS THROUGHOUT C-SSAGA:</b>	
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**

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**SUBJECT COMMENTS**

I've asked you a lot of questions about your feelings, experiences, and behavior. Of course, people are not all the same, and maybe there is something that is important to you that I have missed. Is there anything else that you think I should know?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like to say about this interview?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME ENDED:** \_\_\_\_ : \_\_\_\_  
**(USE 24-HOUR CLOCK)**