

SEMI STRUCTURED ASSESSMENT FOR THE GENETICS OF ALCOHOLISM - II

SSAGA-II

The SSAGA-II is an instrument designed to assess physical, psychological and social manifestations of alcoholism and related disorders. It is a semi-structured interview which capitalizes on prior research in psychiatric epidemiology. As such, it relies on items previously validated by other research interviews, including the DIS, CIDI, HELPER, SAM, SADS, and SCID.

The members of the COGA Assessment Committee are indebted to the many researchers who developed the interviews upon which, in part, the SSAGA-II is based.

RESPONDENT'S I.D.: ___ ___ ___ ___ ___ ___ ___ ___

COGA SITE I.D.: ___

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

INTERVIEWER'S I.D.: ___ ___

DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___ ___ ___
MO DAY YEAR

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

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

DATE EDITED: MO ___ ___ / ___ ___ / ___ ___ ___ ___
DAY YEAR

DATE ENTERED: MO ___ ___ / ___ ___ / ___ ___ ___ ___
DAY YEAR

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RECORD ITEMS MARKED "t" ON THE TIMELINE.

TIME STARTED: ___ __:___

A1 **RECORD SEX AS OBSERVED.**

MALE 1
(USE 24 HR CLOCK)
FEMALE 2

A2 How tall are you? _____

FT IN

A3 How much do you weigh? _____ LBS

A. What is the most you have ever weighed (when you were not pregnant)?

_____ LBS

B. How old were you when you first weighed (# LBS. IN A) (when you were not pregnant)?

_____ AGE

A4 How old are you now? _____

_____ AGE

A5 What is your birth date? _____

___/___/_____

MO DAY YEAR

A6 Were you adopted?

NO 1

YES 5

A7 Are you a twin or other multiple?

NO 1

YES 5

HAND R CARD A1.

A8 A. This card has the names of some racial groups.

CODE: _____

To which group do you belong?

IF OTHER, SPECIFY:_____

HAND R CARD A2.

I II

B. This card is a list of origins and descents. What is the origin or descent of your grandparents?

MATERNAL GRANDMOTHER	___	___
MATERNAL GRANDFATHER	___	___
PATERNAL GRANDMOTHER	___	___
PATERNAL GRANDFATHER	___	___

Let's start with your mother's mother.

IF KNOWN, RECORD THE GRANDPARENT'S FATHER IN COL. I AND THE GRANDPARENT'S MOTHER IN COL. II.

C. What is your religious preference?

IF NONE, SKIP TO A9.

RECORD: _____

CODE: ___ ___

1. Does your religion have rules forbidding the use of any alcohol?	NO	1
	YES	5

D. In the past twelve months, how many times did you attend religious services? ___ ___ ___ TIMES

A9 Are you presently married or are you widowed, separated, divorced, or have you never been married?	MARRIED	1
	WIDOWED . . . (CODE YR) . .	2
	_____ YEAR	<i>t</i>
	SEPARATED	3
	DIVORCED	4
	NEVER MARRIED	5

**CODE RELIGIOUS ANNULMENT AS
DIVORCED. CODE LEGAL ANNULMENT AS
NEVER MARRIED.**

A10 Have you ever lived with someone (else) for at least a year as though you were married? **DO NOT COUNT** NO 1
YES 5

INDIVIDUALS R HAS MARRIED.

**BOX A10 IF R NEVER MARRIED (A9=5),
SKIP TO BOX A12.**

A11 How many times have you been legally married? _____ TIMES

YEARS OF ALL MARRIAGES

_____ YR *t*

_____ YR *t*

_____ YR *t*

_____ YR *t*

ASPFGN

A12 (So you've never been/How many times have you been) divorced? **IF NEVER, CODE 00.** _____ TIMES

YEARS OF ALL DIVORCES

_____ YR *t*

_____ YR *t*

_____ YR *t*

_____ YR *t*

**BOX A12 IF R NEVER MARRIED (A9=5) AND
NEVER COHABITATED (A10=1), SKIP
TO A14. OTHERS CONTINUE.**

ASPFGN

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

NO.(SKIP TO A14) 1

YES 5

ASPFGN

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

___ ___ TIMES

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

AGE REC: ___/___

REC: 1 2 3 4 5

BOX A14 IF R IS MALE, SKIP TO A14C.

A14 How many times have you been pregnant? _____ TIMES

IF NEVER, SKIP TO A15.

A. Are you currently pregnant? NO 1
YES 5

B. How many stillbirths and miscarriages have you _____ NUMBER
had?

C. How many children have you had, not counting _____ CHILDREN
any who are yours by adoption, who are
stepchildren, or who were stillborn? **RECORD**

SEX AND DOB.

DATE OF BIRTH			DATE OF BIRTH		
<u>SEX</u>	<u>MO</u>	<u>YEAR</u>	<u>SEX</u>	<u>MO</u>	<u>YEAR</u>
M F	____/	_____ t	M F	____/	_____ t
M F	____/	_____ t	M F	____/	_____ t
M F	____/	_____ t	M F	____/	_____ t
M F	____/	_____ t	M F	____/	_____ t

A15 What is the highest grade in school you completed?

___ GRADE

CODE ACTUAL GRADE (00-17).

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

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

A. Do you have a high school diploma?

NO 1

YES. (SKIP TO C) 5

B. Did you pass a high school equivalency test
(GED)?

NO 1

YES 5

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

NO 1

YES 5

D. When did you graduate from ...

HIGH SCH: ___ YR *t*

GED: ___ YR *t*

COLLEGE: ___ YR *t*

GRAD: ___ YR *t*

OTHER: ___ YR *t*

NO 1

YES 5

E. Are you currently in school, in a program leading
to a degree?

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

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

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

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

HAND R CARD A3.

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

A18	Have you ever been on active duty in the military?	NO... (SKIP TO B1, p. 5) ... 1
	NATIONAL GUARD AND RESERVES ARE	YES 5
	NOT CONSIDERED ACTIVE DUTY UNLESS	
	OFFICIALLY ACTIVATED.	
A.	What kind of discharge did you have?	STILL IN THE MILITARY ... 0
	OTHER THAN HONORABLE INCLUDES	HONORABLE 1
	WITHOUT HONOR AND	GENERAL 2
	UNDESIRABLE.	MEDICAL 3
		OTHER THAN HONORABLE 4
		DISHONORABLE 6

B. What's the highest rank you achieved?

CODE: ____

1. RANK: _____

2. BRANCH OF MILITARY:

CODE: ____

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

B2	Has your health always been (ANSWER IN B1), or has it been better or worse?	NO, WORSE 1
		NO, BETTER 2
A.	Please explain: _____	YES, SAME . . (SKIP TO B3) 5
	_____	BOTH BETTER & WORSE 6

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

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

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

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

B4 B. How many times have you had surgery when you _____ TIMES
 did not have to stay in a hospital overnight (that
 is, outpatient surgery)?

C. How many times have you been examined or _____ TIMES
 treated in the emergency room because of an
 accident or injury?

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

B6 A. Have you ever taken any prescription medications for two weeks or longer . . . (READ 1-7)

IF YES, ASK: What did you take? **DO NOT COUNT OTC.**

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

IF ALL ARE CODED 1, SKIP TO B6B.8.

FOR EVERY 5 CODED IN B6A.1-7, ASK B6B.1-7, AND ASK B6B.8.

B. In the last 30 days, have you taken any prescription medications for two weeks or longer .

..

IF YES, ASK: What did you take? **DO NOT COUNT OTC.**

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

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

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

IF YES: Would you tell me about this?

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

A. Did you speak to a ...? NO YES

- 1. Psychiatrist 1 5
- 2. Psychologist 1 5
- 3. Social worker 1 5
- 4. Counselor 1 5
- 5. Other medical doctor 1 5
- 6. Nurse practitioner 1 5
- 7. Clergy 1 5
- 8. Other: _____ 1 5

B9 How many times have you been an inpatient in a psychiatric hospital or ward or in a chemical dependency program where you stayed overnight? _____ TIMES

IF NEVER, SKIP TO B10.

A. When was the first time you were treated as an inpatient? _____ / _____ t
 MO YEAR

REASON FOR TREATMENT CODES:

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

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

<u>YEAR</u>	<u>LENGTH OF STAY (DAYS)</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY</u>	<u>ADM. PHYSICIAN & SPECIALTY</u>
____	____	_____	1 2 3	_____	_____
____	____	_____	1 2 3	_____	_____
____	____	_____	1 2 3	_____	_____
____	____	_____	1 2 3	_____	_____

B10 Have you ever received outpatient treatment for psychiatric, emotional, or chemical dependency problems? This includes any visits to a psychiatrist, psychologist, therapist, or counselor. NO . . .(SKIP TO BOX B11) . . 1
YES 5

CODES FOR NUMBER OF VISITS:

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

REASON FOR TREATMENT CODES:

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

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

<u>YEAR</u>	<u>NUMBER OF VISITS</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN & SPECIALTY</u>
___-___-___	1 2 3	_____	1 2 3	_____	_____
___-___-___	1 2 3	_____	1 2 3	_____	_____
___-___-___	1 2 3	_____	1 2 3	_____	_____
___-___-___	1 2 3	_____	1 2 3	_____	_____

BOX B11	A. IS R CURRENTLY IN TREATMENT?	NO 1
		YES 5
	B. DOES R VOLUNTEER MORE THAN 4 SEPARATE OUTPATIENT TREATMENT PROGRAMS?	NO 1
		YES 5

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

SOM4B1	C1	Have you ever had <u>a lot</u> of problems with body pains such as:	<u>NO</u>	<u>YES</u>
		1. Headaches?	1	5
		2. Abdominal or belly pain (other than during menstruation)?	1	5
		3. Back or neck pain?	1	5
		4. Pain in your joints?	1	5
		5. Pain in your arms or legs other than in the joints?	1	5
		6. Chest pains?	1	5
		7. Pain in or around your genitals or rectum?	1	5
		8. Painful sexual intercourse?	1	5
		9. Pain during urination?	1	5
		10. WOMEN ONLY: Painful menstrual periods?	1	5
		11. Pain anywhere else?	1	5

BOX C1 IF FOUR OR MORE CODED 5, CONTINUE. OTHERS SKIP TO D1, p. 17.

FOR EACH SYMPTOM CODED 5, PROBE:

		WHOM SAW	WHAT TOLD		CODE
SOM4B1	C2	1. Headaches _____	_____		CODE: 2 3 4 5
SOM3RB2 SOM4B1		2. Abdominal pain _____	_____		CODE: 2 3 4 5
		A. IF CODED 5, ASK: Did this occur only during a panic attack?			NO 1 YES 5
SOM3RB8 SOM4B1		3. Back/neck pain _____	_____		CODE: 2 3 4 5
SOM3RB9 SOM4B1		4. Pain in joints _____	_____		CODE: 2 3 4 5
SOM3RB7 SOM4B1		5. Arm/leg pain _____	_____		CODE: 2 3 4 5
SOM3RB14 SOM4B1		6. Chest pains _____	_____		CODE: 2 3 4 5
		A. IF CODED 5, ASK: Did this occur only during a panic attack?			NO 1 YES 5
SOM3RB28 SOM4B1		7. Genital/rectum pain _____	_____		CODE: 2 3 4 5
SOM3RB30 SOM4B1		8. Painful intercourse _____	_____		CODE: 2 3 4 5
SOM3RB10 SOM4B1		9. Painful urination _____	_____		CODE: 2 3 4 5
SOM3RB32 SOM4B1		10. Painful menstrual periods _____	_____		CODE: 2 3 4 5
SOM3RB11 SOM4B1		11. Other pain _____	_____		CODE: 2 3 4 5

BOX C2 IF FOUR OR MORE CODED 3, 4, OR 5 IN C2.1-11, CONTINUE. OTHERS SKIP TO D1, p. 17.

C3 How old were you the (first/last) time you had any of the problems like (MENTION ALL SX CODED 3, 4, OR 5 IN C2.1-11)?

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

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

SOM3RB1
SOM4B2

1. Vomiting or regurgitation of food (other than when

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB3
SOM4B2

2. Nausea (other than motion sickness)?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5, ASK:

A. Did this occur only during a panic attack?

NO 1
 YES 5

SOM3RB4
SOM4B2

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

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5, ASK:

A. Did this occur only during a panic attack?

NO 1
 YES 5

SOM3RB5
SOM4B2

4. Loose bowels or diarrhea?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB6
SOM4B2

5. 3 or more different foods making you sick?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

BOX C4 IF ANY CODED 3, 4, OR 5 IN C4.1-5, CONTINUE. OTHERS SKIP TO D1, p.17.

C5 How old were you the first/last time you had any of the problems like (MENTION ALL SX CODED 3, 4, OR 5 IN C4.1-5)?

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

ONS/REC:

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

PROBING PATTERN:

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

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

SOM3RB22
SOM4B4

1. Temporary blindness in one or both eyes lasting several seconds or more?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB20
SOM4B4

2. Double vision?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB19
SOM4B4

3. Completely losing your hearing for a few seconds or

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26
SOM4B4

4. Being paralyzed, when you couldn't move a part of your body for at least a few minutes?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26
SOM4B4

5. Periods of weakness, when you could not lift or move things you normally could lift or move?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB25
SOM4B4

6. Trouble walking or keeping your balance?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM4B4

7. Clumsiness, when you would often drop things or knock things over?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM4B4

8. Losing feeling in an arm or leg (not just having it fall asleep after being in one position for too long)?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

- A. Did this occur only during a panic attack?

NO 1

YES 5

SOM4B4

9. Losing feeling anywhere else for a significant period of

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

- A. Did this occur only during a panic attack?

NO 1

YES 5

C6 (continued)

SOM3RB27
SOM4B4 10. Having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth/surgery)? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB17
SOM4B4 11. Having a lump in your throat that made it difficult to swallow (other than when you felt like crying)? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

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

SOM3RB24
SOM4B4 12. Having a seizure or convulsion where you were unconscious and your body jerked, after the age of 12? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB23
SOM4B4 13. Being unconscious? **SPECIFY:** _____ CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 2-5, CODE SILENTLY:

A. WAS BEING UNCONSCIOUS **ONLY** DUE TO FAINTING? NO 1
YES 5

SOM3RB16
SOM4B4 14. Amnesia for a period of several hours or days where you couldn't remember afterwards anything that happened? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB18
SOM4B4 15. Losing your voice for 30 minutes or more and only being able to whisper? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

BOX C6 IF ANY CODED 3, 4, OR 5 IN C6.1-15, CONTINUE. OTHERS SKIP TO D1, p. 17.

C7 How old were you the (first/last) time you had any of the problems like (**MENTION ALL SX CODED 3, 4, OR 5 IN C6.1-15**)? AGE ONS: ____/____
ONS: 1 2 3 4 5

AGE REC: ____/____
REC: 1 2 3 4 5

ONS/REC:

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

PROBING PATTERN:

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

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

- SOM3RB12 1. Shortness of breath when you hadn't exerted yourself? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- IF CODED 5 ASK:**
- A. Did this occur only during a panic attack? NO 1
YES 5
- SOM3RB21 2. Blurred vision, when not due to needing or changing CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB23 3. Fainting spells where you felt weak, dizzy, and passed out? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB13 4. Your heart beating so hard you could feel it pounding in your
your CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- IF CODED 5 ASK:**
- A. Did this occur only during a panic attack? NO 1
YES 5
- SOM3RB15 5. Dizziness? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- IF CODED 5 ASK:**
- A. Did this occur only during a panic attack? NO 1
YES 5
- SOM3RA
SOM4A 6. Feeling sickly for most of your life? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- HYSTFGN 7. Giving up your regular activities (work, school, etc.) for at least several weeks because you did not feel well enough to carry on (other than when in the hospital)? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- HYSTFGN 8. A period of time lasting 2 weeks or longer when you felt tired or had no energy? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- HYSTFGN 9. Any kind of fears or phobias, like fears of heights, insects, closed spaces, or anything else? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____

C8 (continued)

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

HYSTFGN 10. Feeling that you are a nervous person? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 11. Losing a lot of weight, say 10 lbs. or more, without trying CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 12. Having a sudden gain or loss of weight (15 lbs. in 2 weeks or less)? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 13. Having a lot of trouble with constipation? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

DYS3R 14. Being troubled by a period of lots of crying spells or crying easily since you became an adult? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

DYS3R
HYSTFGN 15. Having a period of time when you felt that life was CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB29
SOM4B3
HYSTFGN
SOMRDC 16. Feeling that your sex life was not very important? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM4B3
HYSTFGN
SOMRDC 17. Having a period of several months when sex was not pleasurable? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM4B3
SOM3RB31
HYSTFGN 18. **IF R IS MALE, READ A. IF FEMALE, READ B.** CODE: 1 2 3 4 5
[A] **IF MALE:** Having sexual difficulties, like a time when you were unable to achieve an erection or couldn't ejaculate?
[B] **IF FEMALE:** Having sexual difficulties, like a time when you were unable to achieve sufficient lubrication?

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN
SOM4B3 19. A time in your life when you were unable to reach orgasm? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

BOX C8 IF R IS MALE, SKIP TO BOX C9.

C8 (continued)

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

SOM3RB34
SOM4B3

20. Excessive menstrual bleeding?

CODE: 1 2 3 4 5

**MENOPAUSE COUNTS AS A PHYSICAL
CONDITION.**

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN
SOMRDC

21. Missing two periods in a row (other than when pregnant,
nursing, or when entering menopause)?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB33
SOM4B3

22. Having irregular menstrual periods?

CODE: 1 2 3 4 5

**EXERCISE AND MENOPAUSE COUNT AS
PHYSICAL CONDITIONS.**

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB35
SOM4B3

23. Vomiting all throughout a pregnancy or being hospitalized
for vomiting during pregnancy?

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

**BOX C9 IF ANY CODED 3, 4, OR 5 IN C8.1-23,
CONTINUE.
OTHERS SKIP TO D1, p. 17.**

C9 How old were you the (first/last) time you had any of the
problems like (**MENTION ALL SX CODED 3, 4, OR 5 IN
C8.1-23**)?

AGE ONS: _____/____

ONS: 1 2 3 4 5

AGE REC: _____/____

REC: 1 2 3 4 5

ONS/REC:

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

PROBING PATTERN:

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

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

- (3) D1 A. Have you ever tried any form of tobacco? NO 1
YES (SKIP TO C) 5
- B. So, you never have experimented with any form of tobacco (including cigarettes) even one time? NEVER... (SKIP TO E1, p. 23) 1
YES, HAS USED 5
- C. Have you ever:
- | | NO | YES |
|---|----|-----|
| 1. smoked a cigarette? | 1 | 5 |
| 2. smoked a cigar? | 1 | 5 |
| 3. smoked a pipe? | 1 | 5 |
| 4. used chewing tobacco or snuff? | 1 | 5 |
- D. How old were you the (first/last) time you used any form of tobacco? AGE ONS: ____/____
ONS: 1 2 3 4 5
- AGE REC: ____/____
REC: 1 2 3 4 5

(4) D2 OMITTED

IF NEVER SMOKED CIGARETTES (D1C.1=1), CODE D3 "NO" SILENTLY.

- (5) D3 Over your lifetime, have you smoked a total of 100 cigarettes? NO .. (SKIP TO E1, p. 23) 1
YES 5

BEGIN SCORING ASTERISKED ITEMS ON TALLY SHEET D.

- (1 & 6) D4 A. When you were smoking regularly, how many days per week did you usually smoke cigarettes? ____ DAYS
IF NOT AS OFTEN AS ONCE A WEEK, CODE 0.
- ND45(=20) B. How many cigarettes did you usually smoke in a day? ____ CIGS *
IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TALLY SHEET D.
- C. For about how long did you smoke this many cigarettes at that rate? ____ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
- D. How old were you the (first/last) time you smoked cigarettes at that rate? AGE ONS: ____/____
ONS: 1 2 3 4 5
- AGE REC: ____/____
REC: 1 2 3 4 5

Think about the period lasting a month or more when you were smoking the most.

- (7) D5 During this period when you were smoking the most, about _____ MINUTES
how many minutes after you woke up did you smoke your first cigarette? **IF DK, ASK A. OTHERS SKIP TO D6.**
- A. **IF DK:** Was it usually (READ OPTIONS)?
- WITHIN 5 MINUTES 1
WITHIN 6-30 MINUTES . . 2
WITHIN 31-60 MINUTES . 3
MORE THAN ONE HOUR 4

-
- (8) D6 During the period when you were smoking the most, did you usually smoke more frequently during the first hours after waking than during the rest of the day?
- NO 1
YES 5

-
- (9) D7 During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden; for example, on airplanes, in movie theaters, in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to?
- NO 1
YES 5

-
- D8 During the period when you were smoking the most, which cigarette would you have hated most to give up: the first one in the morning, after eating, while watching television, or some other one?
- FIRST ONE IN MORNING . 5
ANY OTHERS 1

-
- (10) D9 During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day?
- NO 1
YES 5

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

- (11) D10 Did you ever chain smoke; that is, were you smoked several cigarettes, one right after another?
- NO (SKIP TO D11) . . 1
YES 5
- A. For how many hours in a row did you smoke like that? _____ HOURS
CODE LESS THAN 1 HOUR = 00.

BOX D10 IF LESS THAN 3 HOURS, SKIP TO D11.

ND45

B. What is the longest period of time you have chain smoked every day or nearly every day?
IF 7 OR MORE DAYS, MARK TALLY SHEET D.

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

(12)
ND46

D11 Have you often given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to smoke?

NO 1
YES 5*

(13)
ND43

D12 Have you often smoked a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to limit yourself to only 1 or 2 cigarettes?

NO 1
YES 5*

ND43

A. Have you often found that you've run out of cigarettes sooner than you intended?

NO 1
YES 5*

(14)
ASP3RC7
ASP4A5

D13 Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids?

NO .. (SKIP TO D14) 1
YES 5

A. Did this happen a total of 3 or more times?

NO .. (SKIP TO D14) 1
YES 5

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

NO 1
YES 5

(15)
ND44

D14 Have you often wanted to quit or cut down on smoking?

NO 1
YES ... (SPECIFY) 5*

SPECIFY (DO NOT COUNT PREGNANCY): _____

A. Have you ever tried to quit smoking?

NO .. (SKIP TO D15) 1
YES 5

B. How many times did you try to quit?

_____ TIMES

C. Were you always able to stop or cut down when you tried to?

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

1. Was this for at least 1 month?

NO 1
YES . (SKIP TO D15) 5

ND44

D. Have you 3 or more times found that you were unable to stop or cut down on smoking (for at least 1 month)?

NO 1
YES 5*

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

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

BOX D15 IF D15 = 000 DAYS, SKIP TO D17. OTHERS CONTINUE.

- (23)
- A. Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?
 - B. Have you ever tried nicotine gum or a nicotine patch (to quit or reduce your use of tobacco)?
 - C. Have you ever tried nicotine-free cigarettes (to quit or reduce your use of tobacco)?
 - D. Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?

NO 1
 YES 5

NO 1
 YES 5

NO 1
 YES 5

NO 1
 YES ... (SPECIFY) 5

SPECIFY: _____

IF ANY 5 IS CODED IN D15A-D, CONTINUE. OTHERS SKIP TO D16.

- E. How old were you the (first/last) time you tried any of these methods to quit or cut down?

AGE ONS: ____/____
 ONS: 1 2 3 4 5

AGE REC: ____/____
 REC: 1 2 3 4 5

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

I-SX
II-CLSTR
III-24HRS

During that time:

(SX) (CLSTR) (24
HRS)
COL. I COL. II COL.
III NO YES NO YES NO
YES

1. Were you irritable, angry, or frustrated?	1	5	1	5	1	5
2. Were you nervous or anxious?	1	5	1	5	1	5
3. Were you restless?	1	5	1	5	1	5
4. Did you have trouble concentrating?	1	5	1	5	1	5
5. Did your heart slow down?	1	5	1	5	1	5
6. Did you feel down or depressed?	1	5	1	5	1	5
7. Did you have such a strong desire for cigarettes that you couldn't think of anything else?	1	5	1	5	1	5
8. Did your appetite increase or did you gain weight? . .	1	5	1	5		
9. Did you have trouble sleeping?	1	5	1	5		

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

ND42A

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

1. Which ones? **CODE IN COLUMN II.**

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

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

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

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

B. Did (SX) last for at least 24 hours?
CODE IN COL. III. ONLY COUNT SYMPTOMS THAT LAST FOR MOST WAKING HOURS.

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

ND42B	D.	Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause?	NO 1 YES 5*
(18)	D17	Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem?	NO .. (SKIP TO D18) 1 YES 5
	A.	Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning? SPECIFY: _____	NO .. (SKIP TO D18) 1 YES ... (SPECIFY) 5
ND47	B.	Did you continue to smoke after you knew it caused you problems like these?	NO 1 YES 5*
(19)	D18	Has smoking caused you any health problem such as a problem with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem? SPECIFY: _____	NO .. (SKIP TO D19) 1 YES (SPECIFY) 5 CODE: _____
ND47	A.	Did you continue to smoke after you knew it caused you (this/these) health problem(s)?	NO 1 YES 5*
(20) ND47	D19	Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis? SPECIFY: _____	NO 1 YES ... (SPECIFY) 5* CODE: _____
(21)	D20	A. After you had been smoking regularly for some time, did you need to increase your daily use to feel comfortable?	NO 1 YES .. (SKIP TO C) 5
	B.	After you had been smoking regularly, did you come to need more cigarettes each day?	NO ... (SKIP TO D) 1 YES 5
ND41A	C.	Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30?	NO 1 YES .. (SKIP TO BOX D21) 5*
ND41B	D.	After you had been smoking for some time, did you find that cigarettes had less effect on you than before?	NO 1 YES 5*

BOX D21 IF 3 OR MORE BOXES MARKED ON TALLY D, CONTINUE. OTHERS SKIP TO E1, p. 23.

HAND R TOBACCO TALLY SHEET.

(22) D21 I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that: **(READ SX MARKED ON TALLY SHEET D).**

ND4

Did you ever have experiences from 3 or more boxes in any 12-month period? **IF YES:** Which ones? **CIRCLE THE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES.**

NO. . . . (SKIP TO E1, p. 23) . 1
YES 5

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

AGE ONS: ___/___

AGE REC: ___/___

(1)	E1	Now I would like to ask you some questions about your use of alcoholic beverages, like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. Have you ever had a drink of alcohol?	NO 1 YES..... (SKIP TO E2) 5
	A.	So, you have never had even one full drink of alcohol?	NEVER. . . (SKIP TO F1, p. 46) 1 YES, HAD A DRINK 5

(7) E2 I'd like to ask you about reactions that some people have when they drink any type of alcohol.

A. While drinking, has one or two drinks of alcohol ever caused you to . . . **CODE IN COL. A.**

	COL A		COL B	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DO NOT COUNT IF ONLY ONE TYPE OF ALCOHOL CAUSED THE REACTION.				
1.				
	flush or blush--that is, your face and hands felt hot and your face turned red?	1	5	1 5
a.	IF E2A.1=5, ASK: Did the flushing or blushing begin within the <u>first few minutes</u> after the <u>first</u> drink?	1	5	
2.	break out into hives?	1	5	1 5
3.	feel very sleepy (when you weren't already tired)?	1	5	1 5
4.	have nausea?	1	5	1 5
5.	have headaches, head pounding, or throbbing? .	1	5	1 5
6.	have heart palpitations, where your heart beat so hard you could feel it?	1	5	1 5

FOR EACH 5 CODED IN COL. A, ASK B. OTHERS SKIP TO E3.

B. Did (SX) ever keep you from drinking any alcohol on at least one other occasion?
CODE IN COL. B.

(9)
AD3RA2/B
AD44
ADICD2

E10 Have you 3 or more times wanted to stop or cut down on drinking?
DO NOT COUNT DIETING OR PREGNANCY.

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

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

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

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

B. Have you ever tried to stop or cut down on drinking?
COUNT ANY REASON.

NO . . . (SKIP TO E11) . 1
YES 5

AD3RA2
ALCFGNB1

C. Were you always able to stop or cut down when you tried to?

NO, UNABLE 1 A
YES . . (SKIP TO E11) . . 5

AD44
ADICD2

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

_____ TIMES B,C

AD44
ADICD2

1. Was it 3 or more times?

NO 1
YES 5 B,C

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

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

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

(21)
ALCFGNB2

E11 Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made any rules to control your drinking?

NO . . (SKIP TO E12) . . . 1
YES . . (SPECIFY) 5

SPECIFY: _____

A. How old were you the first time?

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

(13)
ALCFGNB1

E12 Have you ever started drinking at times you promised yourself that you wouldn't, or have you ever drunk more than you intended? For example, when you decided to drink 2 drinks and ended up drinking 4 or more?

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

A. Have you ever continued drinking for more days in a row than you intended?

NO . . (SKIP TO E13) . . . 1
YES 5

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

AGE ONS: ___/___
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 A,B,C

(14)	E13	Have you ever started drinking and become drunk when you didn't want to?	NO . . (SKIP TO E14) . . . 1 YES 5
	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
			AGE REC: ___/___ REC: 1 2 3 4 5
AD3RA1/B AD43 ADICD2	B.	Did this happen 3 or more times?	NO 1 YES 5 A,B,C

(22)	E14	Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives?	NO . . . (SKIP TO E15) . . 1 YES . . . (SPECIFY) . . . 5
		SPECIFY: _____ _____	
	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
			AGE REC: ___/___ REC: 1 2 3 4 5
AD3RA5/B AD46 ADICD5	B.	Did this happen 3 or more times or for a month or more?	NO 1 YES 5 A,B,C

(15)	E15	Has there ever been a period of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?	NO . . . (SKIP TO E16) . 1 YES 5
AD3RA3 AD45 ADICD5	A.	Did this period last for a month or more or did you have 3 or more periods like that?	NO . . . (SKIP TO E16) . 1 YES 5 A,B,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

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

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

AD3RA4/B
ADICD5
ALCFGNA4

B. How many binges like that have you had? _____ TIMES A,C
IF 3 OR MORE, MARK TALLY SHEETS A AND C AND SKIP TO C. IF DK, ASK B1. OTHERS SKIP TO C.

AD3RA4/B
ADICD5
ALCFGNA4

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

C. How old were you the (first/last) time (you binged and neglected your responsibilities)?
AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

AA4A1

IF FEWER THAN 3 BINGES, CODE "NO" SILENTLY.

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

(31) E17 Have you ever had blackouts, that is when you did not pass out while drinking, but you drank enough so that the next day you could not remember things you had said or done? NO... (SKIP TO E18) .. 1
ALCFGNA3 YES 5

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

B. How many blackouts have you had from drinking? _____ TIMES
IF DK, ASK B1. OTHERS SKIP TO E18.

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

(10) E18 Did you ever need a drink just after you had gotten up (that is, before breakfast)? NO 1
ALCFGNB3 YES 5

A. Did you ever take a drink just after you had gotten up? NO 1
YES 5

**IF E18 AND E18A ARE BOTH CODED 1, SKIP TO E19.
OTHERS CONTINUE.**

B. How old were you the (first/last) time you took
(needed) a drink just after you had gotten up?

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

(11) ADICD1 E19 In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else? NO... (SKIP TO E20) .. 1
YES 5 C

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

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

(19) ALCFGNB4 E20 Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol? NO... (SKIP TO E21) . 1
YES 5

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

(36) AD3RA4/B AA3RA2 AA4A2 E21 Have you used alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol? **PROBE FOR AMOUNTS OF ALC/DRUGS AND REASON THOUGHT DANGEROUS.** NO... (SKIP TO E22) .. 1
YES.... (SPECIFY) ... 5 A

SPECIFY: _____

A. What medication(s) or drug(s)?

CODE: _____
CODE: _____

B. How old were you the (first/last) time you mixed alcohol and drugs when you knew it was dangerous?

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

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

AA4A2 C. Did this happen 3 or more times in any 12-month period?

NO 1
YES 5

ADICD6 D. Did you have any harmful effects from mixing alcohol and (DRUG)?

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

SPECIFY: _____

(30)	E22	When you were drunk, did you ever drive a car, motorcycle or boat; use a knife, power equipment or gun; cross against traffic; climb or swim; or put yourself in any other situation where you might have gotten hurt?	NO... (SKIP TO E23) .. 1 YES 5
	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E23. IF DK, ASK B1.	_____ TIMES A
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5	1.	Did this happen 3 or more times?	NO... (SKIP TO E23) .. 1 YES 5 A
AA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5

(27) ALCFGNC2	E23	Have you ever been arrested for drunk driving?	NO... (SKIP TO E24) .. 1 YES 5
	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E24. IF DK, ASK B1.	_____ TIMES A
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5	1.	Did this happen 3 or more times?	NO... (SKIP TO E24) .. 1 YES 5 A
AA4A3	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5

(27) ALCFGNC2	E24	Has your drinking and driving ever resulted in your damaging your car or having an accident? COUNT ALL ACCIDENTS, EVEN IF NOT REPORTED TO THE POLICE.	NO . . . (SKIP TO E25) . 1 YES 5
ASP3RC7	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E25. IF DK, ASK B1.	___ __ TIMES A
AD3RA4/B AA3RA2/B	1.	Did this happen 3 or more times?	NO . . . (SKIP TO E25) . . 1 YES 5 A
AA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5

(23) AD3RA4/B	E25	Has your drinking or being drunk or hung over <u>often</u> interfered with your work, school, household, or child care responsibilities? SPECIFY: _____ _____	NO . . . (SKIP TO E26) . 1 YES (SPECIFY) . . . 5 A
AA4A1	A.	How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5
	B.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5

FOR EACH 5 CODED IN E26A.1-8, GET AGE ONSET AND ASK, "Did this happen 3 or more times?" CODE IN COL II.

		COL I		AGE	COL II	
		<u>NO</u>	<u>YES</u>	<u>ONS</u>	<u>NO</u>	
		<u>YES</u>				
(17) ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B	E26A 1.	1	5	___/___	1	5
		A				
ALCFGND3 AD3RA6	2.	1	5	___/___	1	5
		A				
ALCFGNC3 AD3RA6 AA3RA1/B	3.	1	5	___/___	1	5
		A				
	4.	1	5	___/___	1	5
ALCFGNC4	5.	1	5	___/___	1	5
ALCFGNC4	6.	1	5	___/___	1	5
ALCFGNC4	7.	1	5	___/___	1	5
ALCFGNC4	8.	1	5	___/___	1	5

IF ANY 5 IS CODED IN COL. I, CONTINUE. OTHERS SKIP TO E27.

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

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

AA4A4 C. Did any of these experiences happen 3 or more
separate times in any 12-month period?

NO 1
YES 5

(24) E27 Did your drinking cause serious or repeated problems in
any marriage or love relationship?

NO. . . . (SKIP TO E28) . 1
YES 5

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

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

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

AA4A4 B. Did this happen 3 or more times in any 12-month
period?

NO 1
YES 5

C. Did you continue to drink knowing it caused these problems?

NO 1
YES 5 A

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

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

(16) E30 OMITTED.

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

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

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

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

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

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

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

AD3RA6
AD47
ADICD6
AA3RA1

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

(25) E34 Did you ever think that you were an excessive drinker or think that you drank too much for your own good? NO. . . . (SKIP TO E35) . 1
ALCFGND1 YES 5

A. How old were you the first time you thought that? AGE ONS: ___/___
ONS: 1 2 3 4 5

(26) E35 Have you ever felt guilty about drinking? NO. . (SKIP TO BOX E36) 1
ALCFGND5 YES 5

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

(18) E36 OMITTED.

BOX E36 CHECK TALLY A, B, AND C. IF NO MARKS, SKIP TO F1, p. 46. OTHERS CONTINUE.

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

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

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

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

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

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

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

AD3RB B. What was the longest time that (this/any of these) problem(s) lasted? ___ ___ DAYS

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

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

AD3RA8 D. Which ones? **CODE IN COL. II, III, IV. (NO=1, YES=5)**

IF SHAKES IN COL. II AND 1+ SX IN COL. II, MARK TALLY A. A
IF 2+ SX IN COL. III, MARK TALLY B. B
IF 3+ SX IN COL IV, MARK TALLY C. C

E. How old were you the (first/last) time these problems occurred together?

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

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

AD3RB F. How many times did you have problems like these _____ TIMES
 (occur together)? **IF DK, ASK F1. OTHERS
 SKIP TO G.**

AD3RB 1. Did this occur 3 or more times? NO 1
 YES 5

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

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

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

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

AD3RA9/B I. Did this happen 3 or more times? NO 1
 AD42B YES 5 A,B,C
 ADICD3

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

SPECIFY: _____ CODE: ____ ____
 _____ CODE: ____ ____

(33)
AD3RA8
AD42A
ADICD3
ALCFGNAI

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

NO . . . (SKIP TO E39) . 1
YES 5 A,B,C

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

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

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

AD3RB

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

___ ___ TIMES

1. Did this occur 3 or more times?

NO 1
YES 5

AD3RA9/B
AD42B
ADICD3

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

NO . . . (SKIP TO D) . . 1
YES 5 A,B,C

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

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

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

D. Did you ever take any medication or drug to avoid having fits, seizures, or convulsions (that occurred because you went without drinking) or to make them go away?

NO 1
YES .. (SPECIFY) 5

**DO NOT COUNT ASPIRIN, TYLENOL, ETC.
DO COUNT MEDS GIVEN IN TREATMENT.**

SPECIFY: _____

CODE: _____
CODE: _____

(34)
AD3RA8
AD42A
ADICD3
ALCFGNA1

E39 When you stopped, cut down, or went without drinking, did you ever have the DT's, that is, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there?

NO. . . . (SKIP TO E40) . 1
YES 5 A,B,C

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

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

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

AD3RB

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

___ __ TIMES

1. Did this occur 3 or more times?

NO 1
YES 5

AD3RA9/B
AD42B
ADICD3

C. On 3 or more different occasions have you taken a drink to keep from having the DT's or to make them go away?

NO. . . . (SKIP TO D) . . 1
YES 5 A,B,C

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

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

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

D. Did you ever take any medication or drug to avoid the DT's or to make them go away?

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

**DO NOT COUNT ASPIRIN, TYLENOL, ETC.
DO COUNT MEDS GIVEN IN TREATMENT.**

SPECIFY: _____

CODE: _____
CODE: _____

BOX E40 IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO BOX E41.

HAND R ALCOHOL TALLY A.

(40)
AD3RB

- E40 A. I have checked on this sheet the experiences with alcohol that you told me about. The experiences are grouped into boxes. You told me (**REVIEW SX**). I'd like you to tell me whether there has ever been a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for each experience. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

- B. Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? **IF YES:** Please tell me the box and number for each experience. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

- C. How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period lasting a month or more?

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

NO. (SKIP TO BOX E41) 1
YES 5

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

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

BOX E41 IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE. OTHERS SKIP TO BOX E42.

HAND R ALCOHOL TALLY B.

- E41 A. I have checked the experiences with alcohol that you told me about. The experiences are grouped into boxes different from the one I just showed you. You told me (**REVIEW SX**). I'd like you to tell me whether there has ever been a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for each experience that occurred during the same 12-month period, even if the problems did not last the full 12 months. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
 - NO. (SKIP TO BOX E42) 1
 - YES 5

- B. How old were you the (first/last) time you had experiences from 3 or more boxes occur within a 12-month period?
 - AGE ONS: ___/___
 - AGE REC: ___/___

BOX E42 IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE. OTHERS SKIP TO BOX E43.

HAND R ALCOHOL TALLY C.

- E42 A. This is (another) list of experiences grouped into boxes that are different from the ones you have already seen. You told me (**REVIEW SX**). I'd like you to tell me whether there has ever been a period lasting a month or longer when you had experiences from 3 boxes occurring together? **IF YES:** Which ones? **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
 - NO 1
 - YES... (SKIP TO C) .. 5

- B. Have experiences from 3 boxes ever occurred together repeatedly within a 12-month period? **IF YES:** Which ones? **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
 - NO. (SKIP TO BOX E43) 1
 - YES 5

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

AGE ONS: ___/___

AGE REC: ___/___

BOX E43 IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO E44.

(8) E43 (Since (AGE OF REGULAR DRINKING IN E5)), what _____ MONTHS
is the longest period of time you have gone without
drinking?

IF LESS THAN 3 MONTHS, SKIP TO E44.

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

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

PERIOD 1: FROM ___/___ TO ___/___ t
MO YEAR MO YEAR

PERIOD 2: FROM ___/___ TO ___/___ t
MO YEAR MO YEAR

PERIOD 3: FROM ___/___ TO ___/___ t
MO YEAR MO YEAR

PERIOD 4: FROM ___/___ TO ___/___ t
MO YEAR MO YEAR

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

A. Did you talk with:	<u>NO</u>	<u>YES</u>
1. a psychiatrist?	1	5
2. another medical doctor?	1	5
3. a psychologist?	1	5
4. another mental health professional?	1	5
5. a member of the clergy?	1	5
6. another professional? (IF YES, SPECIFY)	1	5

SPECIFY: _____

B. How old were you the (first/last) time you brought up any problem you had with drinking?

AGE ONS: ___/___

ONS: 1 2 3 4 5

AGE REC: ___/___

REC: 1 2 3 4 5

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

CODE: ___

(39)

E45

REFER TO B9 BEFORE ASKING

Have you ever been treated for a drinking problem?

NO (SKIP TO D) . . 1
YES 5

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

SPECIFY: _____

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

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

- | | |
|---|-----------------------------|
| D. Did you ever attend a self-help group (like AA) for your drinking? | NO. . (SKIP TO F1, p. 46) 1 |
| | YES 5 |
| 1. How old were you the (first/last) time you attended a self-help group for your drinking? | AGE ONS: ___/___ |
| | ONS: 1 2 3 4 5 |
| | AGE REC: ___/___ |
| | REC: 1 2 3 4 5 |

(1) F1 Have you ever used marijuana or hashish? NO . . . (SKIP TO G1, p. 56) . 1
 YES 5

A. How many times? _____ TIMES

IF FEWER THAN 21 TIMES, CODE B "NO" SILENTLY. OTHERS CONTINUE.

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

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

IF AGE ONS 15 OR LATER, SKIP TO B. OTHERS CONTINUE.

A. Did you use marijuana more than once before you were 15? NO 1
 YES 5

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

IF REC CODE=5, SKIP TO D. OTHERS CONTINUE.

C. How many times did you use marijuana in the last 12 months? _____ TIMES

IF DK, ASK C1. IF MORE THAN 20 TIMES, SKIP TO F3. OTHERS SKIP TO D.

1. Did you use marijuana at least 21 times during the past 12 months? NO 1
 YES . (SKIP TO F3) 5

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

BOX F2 IF F1B IS CODED 1, SKIP TO G1, p. 56. OTHERS CONTINUE.

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

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

DD3RA6/B
DD47
DDICD6
DA3RA1/B

A. Did you continue to use marijuana after you knew it caused this? **CODE IN COLUMN II.**

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

DA4A4

B. Did you have decreased contact with friends or family 3 or more times in any 12-month period?

NO 1
YES 5

(7)
DD3RA2
DD44
DDICD2

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

NO 1
YES 5
A,B,C

DD3RA2

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

NO, COULD STOP 1
YES, COULD NOT STOP 5 A

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

DD44
DDICD2

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

NO 1
YES 5 B,C

(8) DD3RA1/B DD43 DDICD2	F8	Have you <u>often</u> used marijuana more frequently or in larger amounts than you intended to?	NO 1 YES 5	A,B,C
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(9) DD3RA7 DD41 DDICD4	F9	Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?	NO 1 YES 5	A,B,C
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(10)	F10	When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems <u>for most of the day for 2 days or longer</u> ? Did you..... CODE IN COLUMN I.	COL. I NO YES	COL. II NO YES
		1. feel nervous, tense, restless or irritable?	1 5	1 5
		2. have trouble sleeping?	1 5	1 5
		3. tremble or twitch?	1 5	1 5
		4. sweat or have a fever?	1 5	1 5
		5. have nausea or vomiting?	1 5	1 5
		6. have diarrhea or stomach aches?	1 5	1 5
		7. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level? . . .	1 5	1 5

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

	A.	Have you ever used marijuana to keep from having any of these problems (or to make them go away)?	NO. . . (SKIP TO BOX F10B) 1 YES 5	
DD3RA9/B DD42B DDICD3	B.	Did this happen 3 or more times?	NO 1 YES 5	A,B,C

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

DD3RA8 DD42A DDICD3 DRFGNA	C.	Did these problems ever occur together?	NO.(SKIP TO G) 1 YES 5	A,B,C
-------------------------------------	----	---	---	-------

DD3RB DA3RA	D.	Which ones? CODE IN COL. II		
	E.	How many times did you have problems like that (when they occurred together)?	___ ___ TIMES	

F. What was the longest time these problems occurred together? _____ DAYS

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

(11) ASP3RC7 ASP4A5	F11	Have you ever been under the effects of marijuana when it increased your chances of getting hurt, for instance, when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming?	NO ... (SKIP TO B) 1 YES 5	
DD3RA4/B DA3RA2/B	A.	Have you been in situations like this 3 or more times?	NO..... (SKIP TO B) 1 YES 5	A
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5	
	B.	Did marijuana ever cause you to have any accidental injuries like a bad fall, cutting or burning yourself, or being hurt in a traffic accident?	NO .. (SKIP TO F12) 1 YES 5	
DD3RA6/B DDICD6 DA3RA1/B	C.	Did this happen 3 or more times?	NO. (SKIP TO F12) 1 YES 5	A,C
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5	
(12)	F12	Did your marijuana use ever cause you to have problems with your friends or family?	NO .. (SKIP TO F13) 1 YES 5	
DA4A4	A.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5	
DD3RA6 DA3RA1	B.	Did you continue to use marijuana after you realized it was causing these problems?	NO 1 YES 5	A
	F13	Have you ever been arrested or had any other trouble with the police because of your marijuana use? SPECIFY: _____ _____	NO(SKIP TO F14) 1 YES.....(SPECIFY) 5	
DD3RA6	A.	Did this happen 3 or more times?	NO (SKIP TO F14) 1 YES..... 5	A
DA4A3	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5	

(14) DD3RA4/B	F14	Has your being high on marijuana or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities?	NO. . . . (SKIP TO F16) 1 YES 5	A
DA4A1		A. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5	

(16) F15 OMITTED.

(15) DDICD1	F16	In situations where you couldn't use marijuana, did you ever have such a strong desire for it that you couldn't think of anything else?	NO. . . . (SKIP TO F17) 1 YES 5	C
		A. How old were you the (first/last) time?	AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5	

(13)	F17	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives while using marijuana?	NO. . . . (SKIP TO F18) 1 YES 5	
DD3RA5/B DD46 DDICD5		A. Has this happened 3 or more times, or did it last a month or longer?	NO 1 YES 5	A,B,C

(17)	F18	Have you ever used marijuana together with one or more other drugs, including alcohol?	NO. . . . (SKIP TO BOX F19) . 1 ALCOHOL ONLY 3 YES .. (SPECIFY) 5	
		IF YES: Which ones?		
		1. _____	CODE: ___ ___ ___	
		2. _____	CODE: ___ ___ ___	
		3. _____	CODE: ___ ___ ___	
		4. _____	CODE: ___ ___ ___	

DSMIII R

BOX F19 IF ONE OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO BOX F20.

(19) F19 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 F19A IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO BOX F20. NOTE: DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

DD3RB

A. Thinking about these experiences with marijuana, was there ever a period lasting a month or longer when you had experiences from 3 or more different boxes occurring together? **IF YES:** Please tell me the box and number of those experiences. **CIRCLE SYMPTOMS THAT CLUSTER. NOTE: MUST BE 3 FROM DIFFERENT BOXES.**

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

B. Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? **IF YES:** Which ones? **CIRCLE SX. MUST BE FROM 2 DIFFERENT BOXES.**

NO. . . .(SKIP TO BOX F20) . 1
YES 5

C. How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period of a month or more?

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

DSM-IV

BOX F20 IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE. OTHERS SKIP TO BOX F21.

HAND R MARIJUANA TALLY B.

DD4

F20 A. Please review this list of experiences which are grouped into boxes that are different from the last one I showed you. You told me (**REVIEW SX**). Was there ever a 12-month period in which you had experiences from 3 or more of these boxes? **IF YES:** Please tell me the box and number for each experience that occurred during the same 12-month period even if the problem didn't last the full 12 months. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO . . . (SKIP TO BOX F21) . . . 1
YES 5

B. How old were you the (first/last) time you had experiences from 3 or more boxes within a 12-month period?

AGE ONS: ___/___
AGE REC: ___/___

ICD-10

BOX F21 IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE. OTHERS SKIP TO BOX F22.

HAND R MARIJUANA TALLY C.

(20)

F21 A. Please review these experiences which are grouped into boxes that are different from the other lists I showed you. You told me (**REVIEW SX**). Was there ever a period lasting a month or longer when you had experiences from 3 or more different boxes occurring together? **IF YES:** Which ones? **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE 3 FROM DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO 1
YES (SKIP TO C) 5

B. Have 3 or more experiences from different boxes occurred together repeatedly within a 12-month period even if the problem didn't last for the full 12 months? **IF YES:** Which ones? **CIRCLE SYMPTOMS THAT CLUSTER. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO . . . (SKIP TO BOX F22) . . . 1
YES 5

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

AGE ONS: ___/___

AGE REC: ___/___

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

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

A. When did that/these occur? FROM ___/___/___ TO ___/___/___ *t*
MO YEAR MO YEAR

**IF R HAD MORE THAN 4
ABSTINENT PERIODS,
RECORD THE 4 LONGEST.**

FROM ___/___/___ TO ___/___/___ *t*
MO YEAR MO YEAR

FROM ___/___/___ TO ___/___/___ *t*
MO YEAR MO YEAR

FROM ___/___/___ TO ___/___/___ *t*
MO YEAR MO YEAR

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

A. To whom did you speak first? CODE: ___

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

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

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

REFER TO B9 BEFORE ASKING

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

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

SPECIFY: _____

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

C. Where were you first treated? **RECORD CODE (1-6) AND THEN SKIP TO G1, p. 56.** CODE: ___

D. Did you ever attend a self-help group (like NA) for your marijuana use? NO... (SKIP TO G1, p. 56) . 1
YES 5

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

HAND R CARD G.		1	2	3	4	5	6	7	8	9
		<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
G1	Have you ever used any of these drugs to feel good or high, or to feel more active or alert? Or did you use any prescription drugs when they were not prescribed, or more than prescribed?	NO	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5

A . **BOX G1 IF ALL NO, SKIP TO H1, p. 68. OTHERS CONTINUE FOR EACH DRUG CODED 5.** TIMES
H o
w
many times in your life have you used (DRUG)?

1. **IF DK, ASK:** Would you say 11 or more times?

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

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

AGE ONS	—	—	—	—	—	—	—	—	—	—	<i>t</i>
ONS	—	—	—	—	—	—	—	—	—	—	

FOR EACH AGE ONS BEFORE 15, ASK C. OTHERS SKIP TO D.

AGE REC	—	—	—	—	—	—	—	—	—	—	<i>t</i>
REC	—	—	—	—	—	—	—	—	—	—	

C. Did you use (DRUG) more than once before you were 15?

	1	2	3	4	5	6	7	8	9
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

IF NEVER USED COCAINE, SKIP TO F.

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

NO	1
YES	5

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

NO	1
YES	5

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

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

1. How many times?

TIMES	—	—	—	—	—	—	—	—	—	—
-------	---	---	---	---	---	---	---	---	---	---

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

AGE ONS	—	—	—	—	—	—	—	—	—	—
ONS	—	—	—	—	—	—	—	—	—	—
AGE REC	—	—	—	—	—	—	—	—	—	—
REC	—	—	—	—	—	—	—	—	—	—

G. Have you ever shared a needle?

NO.(SKIP TO H) 1
 YES 5

1. How many times? _____ TIMES

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

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

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

_____ (CODE)

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

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

NO 1
 YES (SPECIFY) 5

1a. _____ b. _____
 2a. _____ b. _____

CODE: _____ CODE: _____
 CODE: _____ CODE: _____

BOX G2 **CHECK G1A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO H1, p. 68.**
IF USED COCAINE, STIMULANTS, SEDATIVES, AND/OR OPIATES 11 OR MORE TIMES, CONTINUE. IF USED OTHER DRUGS 11 OR MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL. 5.
IF "OTHER" COLUMN USED, RECORD: _____ CODE: _____

FGNDRC

G2 **ASK ONE COLUMN AT A TIME.**
 What is the longest period you used (DRUG) almost every day? **IF NEVER ALMOST EVERY DAY, CODE 0 DAYS. IF USED DAILY FOR 1 MONTH OR LONGER, CODE G2A "YES" SILENTLY.**

		<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>
DAYS	_____	_____	_____	_____	_____	_____
WEEKS	_____	_____	_____	_____	_____	_____
MONTHS	_____	_____	_____	_____	_____	_____
YEARS	_____	_____	_____	_____	_____	_____
	NO	1	1	1	1	1
	YES	5	5	5	5	5
DAYS PER MO	_____	_____	_____	_____	_____	_____
MONTHS	_____	_____	_____	_____	_____	_____
TIMES PER DAY	_____	_____	_____	_____	_____	_____
AGE ONS	_____	_____	_____	_____	_____	<i>t</i>

A. Did you ever use (DRUG) at least once a week for one month or more?

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

1. How long did that period last?
2. During that period of heaviest use, how many times did you use (DRUG) on an average day?
3. How old were you when that period started?

				1	2	3	4	5
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(3) FGNDRC	G3	Have you ever stayed high from (DRUG) for a whole day or more?	NO YES	1 5	1 5	1 5	1 5	1 5
		A. IF YES: Did this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5
(4)	G4	OMITTED						
BEGIN SCORING DRUG TALLY SHEETS A, B, & C								
(5) DDICD1	G5	Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else?	NO YES	1 5	1 5	1 5	1 5	1 5 C
		A. IF YES: How old were you the (first/last) time?	AGE ONS: ONS: AGE REC: REC:	— — — —	— — — —	— — — —	— — — —	— — — —
(6) DD3RA3/B DD45 DDICD5 FGNDRC	G6	Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects?	NO YES	1 5	1 5	1 5	1 5	1 5 A,B,C
(7) DD3RA2 DD44 DDICD2	G7	Have you <u>often</u> wanted to stop or cut down on (DRUG)?	NO YES	1 5	1 5	1 5	1 5	1 5 A,B,C
DD3RA2		A. Have you ever tried to stop or cut down on (DRUG) but found that you couldn't?	NO YES	1 5	1 5	1 5	1 5	1 5 A
		IF NO (COULD STOP), SKIP TO G8. OTHERS CONTINUE.						
DD44 DDICD2		B. Were you unable to stop or cut down 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5 B,C
(8) DD3RA7 DD41 DDICD4	G8	Did you ever need larger amounts of (DRUG) to get an effect or find that you could no longer get high on the amount you used to use?	NO YES	1 5	1 5	1 5	1 5	1 5 A,B,C

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(9)	G9	Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives? SPECIFY: _____	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA5/B DD46 DDICD5	A.	IF YES: Did this happen 3 or more times or for a month or more?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C

(10) DD3RA1 DD43 DDICD2	G10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C

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

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

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

CONTINUE ASKING ONE COLUMN AT A TIME.

FOR EACH DRUG COLUMN:

IF ALL CODED 1, GO TO NEXT DRUG COLUMN.

IF ONLY ONE CODED 5, SKIP TO E.

IF TWO OR MORE 5'S CODED, CONTINUE.

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

				1	2	3	4	5
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(12B-D)	G12	Did using (DRUG) cause you to have any other problems like:						
	A.	an overdose?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		1. IF YES: Did you require medical treatment afterwards?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA6/B DD47 DDICD6 DA3RA1/B		2. IF YES: Did this happen 3 or more times? (overdose that required medical treatment)	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
	B.	hepatitis?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA6/B DD47 DDICD6 DA3RA1		1. IF YES: Did you continue to use (DRUG) knowing it caused hepatitis?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
	C.	other serious health problems? SPECIFY:	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA6 DD47 DDICD6 DA3RA1		1. IF YES: Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
(13A-C)	G13	A. Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your (DRUG) use?	NO	1	1	1	1	1
			YES	5	5	5	5	5
	B.	Did you ever get into any physical fights while using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
BOX G13 IF A AND B ARE BOTH CODED 1, SKIP TO G14. OTHERS CONTINUE.								
DA4A4	C.	Did (this/either of these experiences) happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA6 DA3RA1	D.	Did you continue to use (DRUG) after you realized it was causing you any problem?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A
(13D)	G14	Did you ever have trouble with the police because of (DRUG)? IF NO, SKIP TO G15.	NO	1	1	1	1	1
			YES	5	5	5	5	5
DA4A3	A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA6 DA3RA1	B.	Did you continue to use (DRUG) after you realized it was causing you trouble with the police?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(12A)	G15	Have you accidentally injured yourself when you were using (DRUG); that is had a bad fall, cut or burned yourself badly, got hurt in a traffic accident, or anything like that? IF NO, SKIP TO G16.	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA4/B DDICD6 DA3RA2/B	A.	IF YES: Did this happen 3 or more times?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,C
DA4A2	B.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
(14) DD3RA4/B	G16	Has your being high on (DRUG) or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities? IF NO, SKIP TO G17.	NO	1	1	1	1	1
			YES	5	5	5	5	5 A
IF YES, SPECIFY: _____								

DA4A1	A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
(16) DD3RA4/B DA3RA2/B ASP3RC7 ASP4A5	G17	Have there been 3 or more times when you have been under the influence of (DRUG) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing; or swimming? IF NO, SKIP TO G18.	NO	1	1	1	1	1
			YES	5	5	5	5	5 A
DA4A2	A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5

(15)	G18	Has your use of (DRUG) ever caused you emotional or psychological problems like:		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
	1.	Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
	2.	Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
	3.	Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
	4.	Hearing, seeing, or smelling things that weren't really there?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
	5.	Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
	IF ALL ARE CODED 1, SKIP TO G19. OTHERS CONTINUE.								
DD3RA6	A.	Did you continue to use (DRUG) after you knew it caused any of these problems? REVIEW SX AS NEEDED.	NO	1	1	1	1	1	
DD47			YES	5	5	5	5	5 A,B,C	
DDICD6									
DA3RA1									

BOX G19 IF ANY MARKS ON TALLY A, CONTINUE. OTHERS SKIP TO BOX G20.

1 2 3 4 5
COC STIM SED OP OTH

(19) G19 **HAND R DRUG TALLY A.** Please review these experiences that you told me about. **(REVIEW SX.)** When was the (first/last) time you had any of these experiences?

AGE ONS:	—	—	—	—	—
ONS:	—	—	—	—	—
AGE REC:	—	—	—	—	—
REC:	—	—	—	—	—

BOX G19A IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO BOX G20.

DD3RB

A.	Was there ever a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? IF YES: Please tell me the box and number for all the experiences that occurred together. CIRCLE SYMPTOMS THAT CLUSTER. MUST BE 3 FROM DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.	NO 1 1 1 1 1 YES 5 5 5 5 5	IF YES, CIRCLE SX THAT CLUSTER AND SKIP TO C. IF NO, ASK B.
B.	Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? IF YES: Please tell me the box and number for all the experiences that occurred together. CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.	NO 1 1 1 1 1 YES 5 5 5 5 5	IF YES, CIRCLE SX THAT CLUSTER AND ASK C. IF NO, SKIP TO BOX G20.
C.	How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period lasting a month or longer?	AGE ONS: — — — — — <i>t</i> ONS: — — — — — <i>t</i> AGE REC: — — — — — <i>t</i> REC: — — — — — <i>t</i>	

DSM-IV

BOX G20 IF 3 OR MORE BOXES MARKED ON TALLY B, CONTINUE. OTHERS SKIP TO BOX G21.

DD4

G20

HAND R DRUG TALLY B.

A. Was there ever a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for all the experiences that occurred during the same 12-month period even if it didn't last the full 12 months. **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SX RESULTING FROM AN ISOLATED INCIDENT.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
NO	1	1	1	1	1
YES	5	5	5	5	5

IF YES, CIRCLE SX THAT CLUSTER AND ASK B. IF NO, SKIP TO BOX G21.

B. How old were you the (first/last) time you had experiences from 3 or more boxes occur together within a period lasting 12 months or longer?

AGE ONS:	—	—	—	—	—
ONS:	—	—	—	—	—
AGE REC:	—	—	—	—	—
REC:	—	—	—	—	—

ICD-10

BOX G21 IF 3 OR MORE BOXES MARKED ON TALLY C, CONTINUE. OTHERS SKIP TO BOX G22.

(20)
DDICD

G21

HAND R DRUG TALLY C.

A. Was there ever a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for all the experiences that occurred together. **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SX RESULTING FROM AN ISOLATED INCIDENT.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
NO	1	1	1	1	1
YES	5	5	5	5	5

IF YES, CIRCLE SX THAT CLUSTER AND SKIP TO C. IF NO, ASK B.

B. Have experiences from 3 or more boxes occurred together repeatedly within any 12-month period?

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

IF YES: Please tell me the box and number for each experience. **CIRCLE SX THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES.**

IF YES, CIRCLE SX THAT CLUSTER AND ASK C. IF NO, SKIP TO BOX G22.

DDICD

C. How old were you the (first/last) time you had experiences from 3 or more boxes occur together within a period lasting (1 month/12 months) or longer?

AGE ONS:	—	—	—	—	—
ONS:	—	—	—	—	—
AGE REC:	—	—	—	—	—
REC:	—	—	—	—	—

**BOX G22 IF 2 OR MORE BOXES MARKED ON TALLY A,
CONTINUE. OTHERS SKIP TO G23.**

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

A. When did (that/these) occur?

	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO	<u>MO</u>	<u>YEAR</u>	TO		
COC	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
STIM	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
SED	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
OP	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
OTH	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>
	___	/	___	___	___	___	___	/	___	___	___	___	___	/	___	___	___	___	/	___	___	___	<i>t</i>

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

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

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

- B. How old were you the (first/last) time you brought up any problem you had with drugs? AGE ONS: _____/_____
 ONS: 1 2 3 4 5
- AGE REC: _____/_____
 REC: 1 2 3 4 5
- C. With whom did you speak first?
RECORD CODE (1-6). CODE: ____

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

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

FGNDRB
 FGNDRB

SPECIFY: _____

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

C. Where were you treated first? CODE: ____
RECORD CODE (1-6) AND THEN SKIP TO H1, p. 68.

D. Did you ever attend a self-help group (like NA) (like NA) because you had a problem with drugs? NO... (SKIP TO H1, p. 68) .. 1
 YES 5

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

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

ANR3RC ANR4C H2 Did you ever feel fat, even though your family or friends were very concerned that you had become much too thin?
NO 1
YES 5
A. Was there a period of time when people thought you were thin, but you were very dissatisfied with yourself because you were not thin enough?
NO 1
YES 5

BOX H2 IF H2 AND H2A ARE BOTH NO, SKIP TO H9. OTHERS CONTINUE.

ANR3A ANR4A H3 After purposely losing weight, what is the lowest weight you ever dropped to? _____ LBS
IF DK, ASK:
A. Did friends say you were too thin or skeleton-like?
NO 1
YES 5

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

H5 How old were you? AGE ____

BOX H5
A. **ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE.**
SMALL 2
MEDIUM 3
LARGE 4
B. **CONSULT TABLE. IS WEIGHT IN H3 LESS THAN TABLE ENTRY?**
NO .. (SKIP TO H9) 1
YES 5

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

MEN	Small Frame	Medium Frame	Large Frame	*WOMEN	Small Frame	Medium Frame	Large Frame
-----	-------------	--------------	-------------	--------	-------------	--------------	-------------

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

ANR3RB ANR4B H6 At that time, were you intensely afraid of gaining weight or becoming fat? NO 1 YES 5

ANR4C A. At that time (when you lost the most weight on purpose), did you, yourself, think that you were so thin that your health was in danger? NO 1 YES 5

BOX H7 IF R IS MALE, SKIP TO H8.

ANR3RD ANR4D H7 While you were losing weight did your period stop for 3 or more cycles in a row (when you were not pregnant or taking hormones, like estrogen)? NO 1 YES 5

H8 Was there a medical disorder that caused your weight loss? NO 1 YES . (SPECIFY) 5

IF R VOLUNTEERS ANOREXIA, CODE NO.

SPECIFY: _____

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

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

SPECIFY: When was that? _____

Where? _____

_____/_____
MO YEAR

BUL3RA BUL4A1 H10 Has there ever been a time in your life when you went on eating binges -- eating a large amount of food in a short period of time (usually less than 2 hours)? NO . . (SKIP TO II, p. 71) . . 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN ... 6

SPECIFY: _____

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

BUL4RC
BUL4B

H13 Did you do anything to prevent weight gain from your
binge eating, such as:

NO YES

- 1. making yourself vomit? 1 5
- 2. taking laxatives or diuretics? 1 5
- 3. dieting strictly? 1 5
- 4. fasting? 1 5
- 5. exercising vigorously? 1 5
- 6. taking enemas? 1 5
- 7. anything else? **IF YES: SPECIFY** 1 5

SPECIFY: _____

**BOX H13 IF H13.1-7 ALL CODED 1, SKIP TO I1, p. 71.
OTHERS CONTINUE.**

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

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

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

**BOX H15 IF BOX H5B = 1 (WT. EQUAL OR MORE
THAN TABLE ENTRY), SKIP TO I1, p. 71.
OTHERS CONTINUE.**

BUL4E

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

NO 1
YES 5

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

DEPRD
CA

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

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

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

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

BOX I3 SKIP TO I5.

I4	Please tell me about the time in your life that stands out as the most severe period of feeling depressed, uninterested in things or irritable most of the day, nearly everyday. When did it begin?	___ ___ / ___ ___ MO YEAR
DESCRIPTION: _____ _____ _____		
A. So you were ___ years old?		AGE: ___ ___
B. How long did that episode last?		___ ___ WEEKS

BOX I4

A. DOES A CURRENT EPISODE EXIST (I3=5)?	NO .. (SKIP TO I5) 1 YES 5
B. IS THE EPISODE IN I4 THE CURRENT EPISODE?	NO .. (SKIP TO I5) 1 YES 5
C. IS THIS EPISODE CLEAN (BOX I13A=5)?	NO .. (GO TO I5) . 1 YES . (SKIP TO I34) 5

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

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

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>IF NEVER USED MJ OR DRUGS (F1=1 AND G1=1), SKIP TO I7.</p> <p>HAND R CARD I.</p> <p>(30) DEP3RB1 DEP4D</p> <p>I6 During the 6 weeks before <u>this</u> episode of feeling (depressed/ uninterested/irritable) began, did you use any of these street drugs or abuse any prescription drugs? IF YES: Which ones? CIRCLE ON CARD I. CODE THE THREE USED MOST.</p> <p>A. Did you take any of these drugs for a high or intoxication <u>daily or almost daily</u>? IF YES: Which ones?</p> <p>B. During that time, on average, how many days per week did you take (DRUG) daily or almost daily?</p> <p>C. What is the <u>average</u> number of times you used (DRUG) on those days you used?</p> <p>D. During the 6 weeks before this episode began, what was the <u>largest</u> number of times you used (DRUG) in one day?</p> <p>E. On how many days during that 6-week period did you use (DRUG) that much (# IN D) in a day?</p>	<p>NO. . . . (SKIP TO I7) . 1 YES. . . . (SPECIFY) . . 5</p> <p>1: _____ 2: _____ 3: _____</p> <p>NO. . . . (SKIP TO D) . 1 YES. . . . (SPECIFY) . . 5*</p> <p>CIRCLE DRUG: 1 2 3</p> <p>DRUG 1: ___ DAYS DRUG 2: ___ DAYS DRUG 3: ___ DAYS</p> <p>DRUG 1: ___ AVG DRUG 2: ___ AVG DRUG 3: ___ AVG</p> <p>DRUG 1: ___ MAX DRUG 2: ___ MAX DRUG 3: ___ MAX</p> <p>DRUG 1: ___ DAYS DRUG 2: ___ DAYS DRUG 3: ___ DAYS</p> <p>SKIP TO I7.</p>	<p>NO. . . . (SKIP TO I7) . 1 YES. . . . (SPECIFY) . . 5</p> <p>1: _____ 2: _____ 3: _____</p> <p>NO. . . . (SKIP TO D) . 1 YES (SPECIFY) . . 5</p> <p>CIRCLE DRUG: 1 2 3</p> <p>DRUG 1: ___ DAYS DRUG 2: ___ DAYS DRUG 3: ___ DAYS</p> <p>DRUG 1: ___ AVG DRUG 2: ___ AVG DRUG 3: ___ AVG</p> <p>DRUG 1: ___ MAX DRUG 2: ___ MAX DRUG 3: ___ MAX</p> <p>DRUG 1: ___ DAYS DRUG 2: ___ DAYS DRUG 3: ___ DAYS</p> <p>IF I6A=1, SKIP TO I7. OTHERS CONTINUE.</p>

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

G. When did this episode begin?

1. How old were you?

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

____ / ____
MO YEAR
AGE: ____

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(29) DEP3RB1 DEP4D</p> <p>I7 Did <u>this</u> episode of feeling (depressed/uninterested/irritable) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?</p> <p>A. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a change in prescription medicines and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . . (SKIP TO I8) . 1 YES. . . . (SPECIFY) . . 5*</p> <p>1. _____ 2. _____</p> <p>SKIP TO I8.</p>	<p>NO. . . . (SKIP TO I8) . 1 YES. . . . (SPECIFY) . . 5</p> <p>1. _____ 2. _____</p> <p>NO. . . . (SKIP TO I11) 1* YES 5</p> <p>____ / ____ MO YEAR</p> <p>AGE: ____</p>

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(26) DEP3RB1 DEP4D</p> <p>I9 Did <u>this</u> episode of feeling (depressed/uninterested/irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?</p> <p>A. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a serious physical illness, was <u>not</u> after the death of someone close to you, was <u>not</u> after a change in medication, and <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . (SKIP TO BOX I10) YES. . . . (SPECIFY) . 5*</p> <hr/> <p>CODE: _ _ _ _</p> <p>SKIP TO BOX I10.</p>	<p>NO. . (SKIP TO BOX I10) YES. . . (SPECIFY) . . 5</p> <hr/> <p>CODE: _ _ _ _</p> <p>NO. . . (SKIP TO I11) 1* YES 5</p> <p>____ / ____</p> <p>MO YEAR</p> <p>AGE: ____</p>

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

REMIND R WHICH EPISODE AS NEEDED.	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>(27) I10 Did this episode of feeling (depressed/uninterested/irritable) begin around the time of a childbirth, miscarriage, or abortion?</p> <p>A. Did it begin between the 2 weeks before to 6 weeks after the (birth/miscarriage/abortion)?</p> <p>B. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> around the time of childbirth, miscarriage, or abortion; was <u>not</u> after a time when you had a serious physical illness; was <u>not</u> after the death of someone close to you; was <u>not</u> after a change in medication; and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>C. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO . . . (SKIP TO I12) . . 1 YES 5</p> <p>NO 1 YES 5*</p> <p>SKIP TO I12.</p>	<p>NO . . . (SKIP TO I12) . 1 YES 5</p> <p>NO . . . (SKIP TO I11) 1* YES 5</p> <p>____ / ____</p> <p>MO YEAR</p> <p>AGE: ____</p> <p>SKIP TO I12.</p>

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

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

During this current episode . . . During this most severe episode when you were ____ years old . . .	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
--	---	--------------------------------

BEGIN SCORING + ITEMS ON TALLY SHEET I.

(3B/4C) DEP3RA1 DEP4A1 DEPICDB 1 FGNA	I12 Were you feeling depressed, sad, or blue most of the day, nearly every day, for at least 2 weeks during this episode?	NO 1 YES 5+	NO 1 YES 5+
(3C/4D) DEP3RA2 DEP4A2 DEPICDB 2	A. Had you lost interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks during this episode?	NO 1 YES 5+	NO 1 YES 5+
		IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.	IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.
DEP3RA1 DEP4A1	B. Did you feel irritable most of the day, nearly every day, for at least 2 weeks during this episode?	NO 1 YES 5+	NO 1 YES 5+

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

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

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

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

During this current episode... During this most severe episode when you were ____ years old...	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
(12) I21 Were you feeling that you were DEP3RA7 a failure or worthless? DEP4A7 DEPICDC1 RDCB6 FGNB6	NO 1 YES 5+	NO 1 YES 5+
(13) I22 Were you having more DEP3RA8 difficulty than usual thinking, DEP4A8 concentrating, or making DEPICDC4 decisions? RDCB7 FGNB7	NO 1 YES 5+	NO 1 YES 5+
(14) I23 Did you have thoughts of dying, DEP3RA9 or taking your life, or wishing DEP4A9 you were dead? DO NOT DEPICDC3 COUNT THINKING ABOUT RDCB8 THE DEATH OF A FGNB8 RECENTLY DECEASED OR DYING LOVED ONE. DEP3RA9 A. Did you make a plan for DEP4A9 committing suicide? DEPICDC3 DEP3RA9 B. Did you try to kill yourself? DEP4A9 DEPICDC3	NO 1 YES 5+ NO 1 YES 5+ NO 1 YES 5+	NO 1 YES 5+ NO 1 YES 5+ NO 1 YES 5+
BOX I24 COUNT THE BOXES MARKED ON TALLY SHEET I	# OF BOXES: _____ <u>IF FEWER THAN 4 BOXES: GO BACK TO I4 AND ASK ABOUT THE MOST SEVERE EPISODE.</u> <u>IF ONLY 4 BOXES:</u> SKIP TO I26. <u>IF 5 OR MORE BOXES: CONTINUE TO BOX I25.</u>	# OF BOXES: _____ <u>IF FEWER THAN 4 BOXES: CHECK # OF BOXES IN CURRENT EPISODE. IF ALSO FEWER THAN 4 IN CURRENT, SKIP TO I34. IF 4 OR MORE IN CURRENT,</u> RECONCILE WITH SUBJECT AND RECODE BOX I13 AS NECESSARY. <u>IF ONLY 4 BOXES:</u> SKIP TO I26. <u>IF 5 OR MORE BOXES: CONTINUE TO BOX I25.</u>

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

HAND R TALLY I.			
(16) ENDORSE S MOOD	I25 A. You told me you experienced the following (REVIEW HEADINGS OF BOXES ENDORSED) . Did you feel (depressed/uninterested/irritable) <u>and</u> have experiences from 4 or more other groups of problems nearly every day, for at least 2 weeks?	NO . (SKIP TO I26) . 1 YES 5	NO . (SKIP TO I26) . 1 YES 5
		IF YES: Which ones?	IF YES: Which ones?
		CIRCLE MOOD AND SX THAT CLUSTER. NOTE: BOX A OR BOX B MUST BE INCLUDED.	CIRCLE MOOD AND SX THAT CLUSTER. NOTE: BOX A OR BOX B MUST BE INCLUDED.
		SKIP TO D.	SKIP TO D.
DENIES MOOD	B. You told me that during this episode you experienced (REVIEW HEADINGS OF BOXES ENDORSED) . During this episode, did you have experiences from 4 or more of these groups of problems nearly every day, for at least two weeks?	NO . (SKIP TO I26) . 1 YES 5	NO . (SKIP TO I26) . 1 YES 5
		IF YES: Which ones?	IF YES: Which ones?
		CIRCLE SX THAT CLUSTER.	CIRCLE SX THAT CLUSTER.
	C. During this period, did you also feel depressed or uninterested, (or irritable) in most things most of the day, nearly every day for at least 2 weeks?	NO . (SKIP TO I26) . 1 YES 5	NO . (SKIP TO I26) . 1 YES 5
	D. When did this episode begin (when you had these experiences nearly every day)?	____ / ____ MO YEAR	____ / ____ MO YEAR

DEP3RA
DEP4A
DEPICDA
RDCC
FGNC

E. For how long did you feel
(depressed/uninterested/
irritable) and have
experiences from at least 4
other groups of problems
nearly every day?

___ ___ ___ WEEKS

___ ___ ___ WEEKS

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
(17) DEP4E RDCE	I26 During this episode, did you see or hear things that other people could not see or hear, that is, did you have hallucinations?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____
DEP4E RDCE	A. During this episode, did you have beliefs or ideas that you later found out were <u>not</u> true?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div> SPECIFY: _____ _____ WHOM SAW: _____ WHAT TOLD: _____
		IF ANY 5 IN I26 OR I26A CONTINUE. OTHERS SKIP TO I27.	
	B. Did these (beliefs/ideas/hallucinations) occur before your (depressed mood/loss of interest/irritability)?	NO . (SKIP TO D) 1 YES 5	NO . (SKIP TO D) . . . 1 YES 5
	C. How long before your (depressed mood/loss of interest/irritability) began did you have these (beliefs/ideas/hallucinations)?	___ ___ ___ DAYS	___ ___ ___ DAYS
	D. Did you keep having these (beliefs/ideas/hallucinations) after your mood came back to normal?	NO(SKIP TO BOX I26) . 1 YES 5 EPISODE ONGOING . 6 IF ONGOING, SKIP TO BOX I26.	NO(SKIP TO BOX I26) . 1 YES 5 EPISODE ONGOING . 6 IF ONGOING, SKIP TO BOX I26.
DEP3RC RDCE4	E. How long did they last after your mood came back to normal?	___ ___ ___ DAYS	___ ___ ___ DAYS

BOX I26 DID EXAMPLES IN I26 AND I26A HAVE CONTENT THAT WAS ENTIRELY CONSISTENT WITH THEMES OF PERSONAL INADEQUACY, GUILT, POVERTY, PUNISHMENT, ILLNESS, OR CATASTROPHE?	NO 1 YES 5	NO 1 YES 5
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		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
(19)	I27 During this episode, were you seen by a doctor, or other professional?	NO . (SKIP TO I31) ... 1 YES . (SPECIFY) 5 _____ _____	NO . (SKIP TO I31) ... 1 YES . (SPECIFY) 5 _____ _____
(20)	I28 During this episode, were you prescribed medicine for depression (or were you already taking medicine for depression)?	NO 1 YES . (SPECIFY) 5 1. _____ 2. _____	NO 1 YES . (SPECIFY) 5 1. _____ 2. _____
(21)	I29 During this episode, did you receive ECT (shock treatments)?	NO 1 YES 5	NO 1 YES 5
(22) RDCC	I30 During this episode, were you hospitalized for depression? A. For how long?	NO . (SKIP TO I31) ... 1 YES 5 _____ DAYS	NO . (SKIP TO I31) ... 1 YES 5 _____ DAYS
(23)	I31 During this episode, were you (working/going to school) full-time? A. What was your major responsibility during this episode?	NO 1 YES (SKIP TO I32) ... 5 PART-TIME JOB 1 HOME 2 PART-TIME SCHOOL 3 OTHER: _____ 4	NO 1 YES (SKIP TO I32) ... 5 PART-TIME JOB 1 HOME 2 PART-TIME SCHOOL 3 OTHER: _____ 4

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

(25) BOX I33 RATE FUNCTIONING: <u>INCAPACITATED --</u> (I32C=5) COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2+ DAYS , OR (I30A=2+) HOSPITALIZED 2+ DAYS , OR (I29=5) ECT , OR (I26 OR I26A=5) PSYCHOTIC SYMPTOMS. <u>IMPAIRED --</u> (I32B=5 AND I32C=1) A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE.	INCAPACITATED . . 5 IMPAIRED 4 NEITHER 1 GO BACK TO I4 AND ASK ABOUT MOST SEVERE EPISODE.	INCAPACITATED . 5 IMPAIRED 4 NEITHER 1
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(32)
CLEAN

I34 Have you had at least one other severe episode when you were (depressed/uninterested in things/irritable) for at least one week that did not follow the death of a loved one, did not follow daily or (almost daily) use of alcohol or drugs, did not follow a serious physical illness, and did not follow a change in prescription medicines (**IF FEMALE:** and was not around the time of childbirth, miscarriage, or abortion)? **IF MORE THAN ONE ADDITIONAL CLEAN EPISODE, HAVE R PICK THE MOST SEVERE ONE.**

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

A. How old were you then?

AGE: ___ ___

B. During this episode:

COUNT ONLY IF MORE THAN USUAL:

NO YES

- 1. Were you depressed (**IF AGE IN A<18:** or irritable)? 1 5
- 2. Did you lose interest in pleasurable activities? 1 5
- 3. Did you have an increase or decrease in your appetite or weight? 1 5
- 4. Did you have any sleep difficulty or did you sleep too much? 1 5
- 5. Were you either more restless or more slowed down than usual? 1 5
- 6. Did you have a loss of energy or were you more tired than usual? 1 5
- 7. Did you feel excessively guilty or bad about yourself? 1 5
- 8. Did you have difficulty thinking or concentrating? 1 5
- 9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide? 1 5

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

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

___ ___ WEEKS

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

___ ___ / ___ ___ ___
t
MO YEAR

E. Did you have trouble managing your work, school, or household responsibilities?

NO 1
YES . . . (SPECIFY) 5

SPECIFY: _____

F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode?

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

SPECIFY:

1. Received professional help
2. Medications: _____

3. ECT (shock treatment)
4. Hospitalized

<u>NO</u>	<u>YES</u>
1	5
1	CODE: ___ ___
	CODE: ___ ___
1	5
1	5

(33)
DIRTY

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

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

A. How old were you then?

AGE: ____

B. During this episode:

COUNT ONLY IF MORE THAN USUAL:

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

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

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

____ WEEKS

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

____ / ____
t
MO YEAR

E. Did you have trouble managing your work, school, or household responsibilities?

NO 1
YES... (SPECIFY) 5

SPECIFY: _____

- F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode?
- NO . . . (SKIP TO I36) 1
 YES . (SPECIFY) . . 5
- SPECIFY:**
- | | | |
|---|------|------------|
| 1. Received professional help | NO 1 | YES 5 |
| 2. Medications: _____ | 1 | CODE: ____ |
| _____ | | CODE: ____ |
| 3. ECT (shock treatment) | 1 | 5 |
| 4. Hospitalized | 1 | 5 |

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

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

AGE ONS: ____/____ t
 ONS: 1 2 3 4 5
 AGE REC: ____/____ t
 REC: 1 2 3 4 5

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

(35) I37 Were you ever treated for depression with medication or ECT (shock treatment)? NO . (SKIP TO J1, p. 90)
 YES 5

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

com.

BOX I38 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO J1, p. 90.

I38 FOR EACH EPISODE OF DEPRESSION, ASK A.

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

IF 3R CLUSTERING ENDORSED 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/blue/irritable) began, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?

IF NO, CONTINUE TO 2.

IF YES, RECORD ON TIMELINE AND RETURN TO

I38A FOR NEXT EPISODE OF DEPRESSION.

IF NO OTHER EPISODES, SKIP TO I38B.

HEAVY USE PER EPISODE WHEN NOT CLUSTERING

2. Around the time this episode of feeling (depressed/sad/down/blue/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

IF NO, RETURN TO I38A FOR NEXT EPISODE OF

DEPRESSION. IF NO OTHERS, SKIP TO I38B.

IF YES, RECORD ON TIMELINE AND RETURN TO

I38A FOR NEXT EPISODE OF DEPRESSION.

IF NO OTHERS, SKIP TO I38B.

- B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

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

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

HEAVY USE FOR THE EPISODES WHEN NOT 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

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

DYS3RA
DYS4A

J1 Have you ever had a period of time lasting 2 years or more when you felt sad, down, or blue most of the day, more days than not?

NO . . (SKIP TO K1, p. 94)
YES 5

A. How old were you when this period (began/ended)?

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

DYS3RD
DYS4D

J2 Did you have a severe episode of depression (like the ones we just discussed) either during the first 2 years of this period or in the 6 months just before this period began?

NO . . . (SKIP TO J3) . 1
YES 5

A. Did you have another period of 2 years or longer when you were sad, down, or blue, most of the day, more days than not, when you did not have a severe episode of depression during the first 2 years or in the 6 months before this period began?

NO . . (SKIP TO K1, p. 94)
YES 5

B. How old were you when this period (began/ended)?

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

J3 For most of the time during this period of feeling (sad/down/blue), about how many days a week did you drink alcohol? **IF TYPICALLY DID NOT DRINK DURING THIS EPISODE, CODE 0 AND SKIP TO J4.**

DAYS: ___

A. During this period of time, what was the largest number of drinks you had in one day?

DRINKS: ___ ___

B. Throughout most of this period, on the days you drank, how many drinks would you typically have?

DRINKS: ___ ___

CODE SILENTLY:

C. 3+ DRINKS (WOMAN) OR 5+ DRINKS (MAN) DAILY OR ALMOST DAILY?

NO (SKIP TO J4) 1
YES 5*

D. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when you were not drinking daily or almost daily? **CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.**

NO . . (SKIP TO BOX J7A)
YES 5

E. How old were you when this period (began/ended)?

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

IF NEVER USED MARIJUANA OR DRUGS (F1=1 AND G1=1), SKIP TO J5. OTHERS CONTINUE.

J4 For most of the time during this period, were you taking any of the following drugs for a high or intoxication daily or almost daily (**HAND R CARD I**)?

NO (SKIP TO J5) . . . 1
YES(SPECIFY) . 5*

1: _____

CODE: ___ ___ ___

2: _____

CODE: ___ ___ ___

3: _____

CODE: ___ ___ ___

A. During that time, on average, how many days per week did you take (DRUG)?

DRUG 1: ___ DAYS

DRUG 2: ___ DAYS

DRUG 3: ___ DAYS

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

DRUG 1: ___ TIMES

DRUG 2: ___ TIMES

DRUG 3: ___ TIMES

C. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when it did not follow a time when you were drinking or using drugs daily or almost daily? **CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.**

NO . (SKIP TO BOX J7A)
YES 5

D. How old were you when this period (began/ended)?

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

DYS3RG
DYS4G

J5 Did this period of feeling (sad/down/blue) begin within the 6 weeks after a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?

NO. . . .(SKIP TO J6) . 1
YES (SPECIFY) 5*

CODE: _ _ _

SPECIFY: _____

NO. .(SKIP TO BOX J7A)
YES 5

A. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, was not after a time when you had a serious physical illness, and did not follow a time when you were drinking or using drugs daily or almost daily? **CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.**

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

B. How old were you when this period (began/ended)?

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

J6 For most of the time during this period of feeling (sad/down/blue), were you using prescription medications, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?

NO. .(SKIP TO BOX J7A)
YES. . . . (SPECIFY) . . 5 *

SPECIFY:

- 1. _____
- 2. _____

CODE: _____
CODE: _____

A. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when it was not after a time when you had a change in prescription medicines, was not after a time when you had a serious physical illness, and did not follow a time when you were drinking or using drugs daily or almost daily ?
CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.

NO. . (SKIP TO BOX J7A)
YES 5

B. How old were you when this period (began/ended)?

AGE ONS: ____/____
ONS: 2 3 4 5
AGE REC: ____/____
REC: 2 3 4 5

BOX J7A IF THE LAST CODED EPISODE IS DIRTY (= 5 *), ASK ABOUT EPISODE IN J2B. IF NO EPISODE IS IN J2B, ASK ABOUT J1A.

IF THE LAST CODED EPISODE IS CLEAN, ASK ABOUT THIS LAST CODED EPISODE.

J7 During that period from age ____ to age ____, did you more days than not:

DYS3RB1
DYS4B1

DYS3RB2
DYS4B2

DYS3RB3
DYS4B3

DYS3RB4
DYS4B4

DYS3RB5
DYS4B5

DYS3RB6
DYS4B6

		<u>NO</u>	<u>YES</u>
A. overeat or have a poor appetite?	1	5	5
B. have trouble sleeping, or did you sleep too much?	1	5	5
C. feel tired easily?	1	5	5
D. feel inadequate or worthless?	1	5	5
E. find it hard to concentrate or make decisions?	1	5	5
F. feel hopeless?	1	5	5

BOX J7B IF FEWER THAN TWO 5's ARE CODED IN J7A-F, SKIP TO K1, p. 94. OTHERS CONTINUE TO J8.

DYS3RC
DYS4C

J8 During that period of feeling (sad/down/blue) from age ___ to age ___, did you have more than 2 months in a row when your mood was back to normal -- that is, 2 months when you were not sad, down, or blue?
IF NO, RECORD EPISODE ON TIMELINE.

NO 1 t
YES. (SKIP TO K1, p. 94)

DYS4H

J9 During that period of feeling (sad/down/blue), did you have trouble managing your work, school, or household responsibilities, or was any other area of your life affected?

NO 1
YES (SPECIFY) 5

SPECIFY: _____

BOX J10 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO K1, p. 94.

J10 FOR EACH EPISODE OF DYSTHYMIA, ASK A.

A. You said you had a long period of time when you felt (depressed/sad/down/blue) 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.

CLUSTER
ING
PER
EPISODE

1. Around the time this long episode of feeling (depressed/ sad/down/blue) 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 J10A FOR NEXT EPISODE. IF NO OTHER EPISODES, SKIP TO J10B.**

HEAVY
USE
PER
EPISODE
WHEN
NOT
CLUSTER
ING

2. Around the time this long episode of feeling (depressed/ sad/down/blue) began, were you (drinking heavily/using DRUGS) daily or almost daily?

**IF NO, RETURN TO J10A FOR NEXT EPISODE.
IF NO OTHERS, SKIP TO J10B.
IF YES, RECORD ON TIMELINE AND RETURN TO J10A FOR NEXT EPISODE. IF NO OTHERS, SKIP TO J10B.**

B. So, according to the information on this timeline,

CLUSTER
ING FOR
ALL
EPISODE
S

- | | |
|--|---|
| 1. . . . your long episodes of feeling
(depressed/sad/down/ blue) (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 K1,
p.94). 5 |
|--|---|

HEAVY
USE FOR
THE
EPISODE
S WHEN
NOT
CLUSTER
ING

- | | |
|--|--|
| 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 |
|--|--|
-

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

(1)
MAN3RA
1
MAN4A
MANICD
A
MANFG
NA
MANRD
CA

K1 A. Have you ever had a period of time lasting 2 days or longer when you felt extremely hyper, elated (unrealistically happy), or manic most of the time, clearly different from your normal self? **DO NOT COUNT RECOVERY FROM DEPRESSION BACK TO NORMAL MOOD.**

NO 1
ALC/DRUGS ONLY 3
YES 5

MAN3RA
2
MAN4A
MANICD
A
MANFG
NA
MANRD
CA

B. Did you ever have a period of time lasting 2 days or longer (other than when you were depressed/withdrawing from drugs) when you felt unusually irritable most of the time, clearly different from your normal self, so that you would shout at people or start fights or arguments?

NO 1
ALC/DRUGS ONLY 3
YES 5

BOX K1C DOES R ENDORSE MOOD? (A OR B CODED 5) DENIES MOOD (READ a) 1
ENDORSES MOOD .. (READ b)5

D. [a] Did you ever have a period of time lasting 2 days or longer, when you were not under the influence of alcohol or drugs, when you were...(READ 1-7)
AFTER THE FIRST YES, ASK: During this period were you also:

[b] You said you had a period of time of feeling (hyper, elated, irritable). I'm going to ask you about several other problems you might have had during this period. During this period were you also.... (READ 1-7).

	<u>NO</u>	<u>YES</u>
1. much more active than usual?	1	5
2. much more talkative than usual?	1	5
3. talking unusually fast or were your thoughts racing?	1	5
4. feeling very special, gifted with special powers?	1	5
5. <u>needing</u> much less sleep than usual?	1	5
6. more easily distracted than usual?	1	5
7. doing reckless or foolish things (spending sprees, reckless driving, affairs)?	1	5

DO NOT COUNT RECOVERY FROM DEPRESSION BACK TO NORMAL MOOD. CODE SX ONLY IF MORE THAN USUAL AND ONLY IF LASTED FOR 2 OR MORE DAYS.

BOX K1E IF 2 OR MORE 5'S ARE CODED IN K1D.1-7, CONTINUE TO BOX K1F. OTHERS SKIP TO K36, p.106.

BOX K1F IF R ENDORSES MOOD (BOX K1C=5), SKIP TO K3. OTHERS CONTINUE.

(12)
MAN3RA
1
MAN4A
MANICD
A
MANFG
NA
MANRD
CA

G. You told me you experienced the following problems
(LIST SX IN K1D.1-7). At the time you were having
these problems, were you also feeling extremely good,
elated, hyper, manic, irritable, or angry, clearly different
from your normal self?

NO. (SKIP TO K36,
p.106) 1
YES 5

(2) K2 OMITTED

(3) K3 Think about your most severe episode of feeling extremely
hyper, elated, or irritable that lasted 2 days or longer.

A. When did it begin?

___ ___ / ___ ___

MO YEAR

B. So you were _____ years old?

AGE: ___ ___

C. How long did that episode last?

___ ___ DAYS

K4 Before I ask more questions about this episode of feeling (hyper/elated/irritable), I need to
know more about some other experiences you might have had at about the same time.

	MOST SEVERE EPISODE
--	--------------------------------

MAN3RF
MAN4E
MANICD
D
MANRD
CA

- K5 During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, how many days a week did you typically drink alcohol?
- A. On the days you drank, how many drinks would you typically have?
- CODE SILENTLY:**
- B. TYPICALLY 3+ (WOMAN) OR 5+ (MAN) DRINKS FOR 4+ DAYS/WEEK?
- C. During the 2 weeks before this episode began, what was the largest number of drinks you had in one day?
- D. Did you drink at least 5 drinks 2 or more times a week during the 2 weeks before this episode?
- E. Did you have another episode of feeling (hyper/elated/ irritable) for 2 days or longer that was not after a time when you had been drinking daily or almost daily?
- F. When did this episode begin?
1. How old were you?

DAYS: ___

**IF 0 OR 1, SKIP TO K6.
OTHERS
CONTINUE.**

DRINKS: ___ ___

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

DRINKS: ___ ___

**IF 4 OR FEWER,
SKIP TO K6.**

NO. . . (SKIP TO K6) 1
YES 5

NO. . . (SKIP TO K11)*
YES 5

___ ___ / ___ ___

MO YEAR

AGE: ___ ___

REMINDR WHICH EPISODE AS NEEDED.

**MOST SEVERE
EPISODE**

**IF NEVER USED MJ OR DRUGS (F1=1 AND G1=1), SKIP TO K7.
OTHERS CONTINUE.**

MAN3RF
MAN4E
MANICD
D
MANRD
CA

HAND R CARD K.

K6 During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, did you use any of these street drugs or abuse any prescription drugs? **IF YES: Which ones? CIRCLE DRUGS USED ON CARD K. CODE THE THREE USED MOST.**

DRUG 1: _____

DRUG 2: _____

DRUG 3: _____

- A. During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, were you taking any of the following drugs for a high or intoxication daily or almost daily? **IF YES: Which ones? CIRCLE DRUGS.**
- B. During that time, on average, how many days per week did you take (DRUGS)?
- C. What is the average number of times you used (DRUGS) on those days you were using?
- D. During the 2 weeks before this episode began, what was the largest number of times you used (DRUG) in one day?
- E. On how many days during that 2-week period did you use (DRUG) that much in a day?

F. Did you have another episode of feeling (hyper/elated/ irritable) for 2 days or longer that was not after a time when you had been drinking or using drugs daily or almost daily?

G. When did this episode begin?

NO. . . . (SKIP TO K7) 1
YES. . . . (SPECIFY) 5

CODE: _____

CODE: _____

CODE: _____

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

CIRCLE DRUG: 1 2
3

DRUG 1: ___ DAYS
DRUG 2: ___ DAYS
DRUG 3: ___ DAYS

DRUG 1: ___ AVG
DRUG 2: ___ AVG
DRUG 3: ___ AVG

DRUG 1: ___ MAX
DRUG 2: ___ MAX
DRUG 3: ___ MAX

DRUG 1: ___ DAYS
DRUG 2: ___ DAYS
DRUG 3: ___ DAYS

**BOX K6
IF K6A=1,
SKIP TO K7.
OTHERS CONTINUE.**

NO. . . (SKIP TO K11)*
YES 5

____ / _____
MO YEAR

AGE: _____

REMIND R WHICH EPISODE AS NEEDED.		MOST SEVERE EPISODE
MAN3RF MAN4E MANICD D MANRD CA	<p>K7 Did this episode of feeling (hyper/elated/irritable) begin within 2 weeks of starting or changing the dose of prescription medications such as decongestants, steroids, or antidepressants? SPECIFY: 1. _____ 2. _____</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow change in prescription medication, did <u>not</u> follow a serious physical illness, and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	NO. . . .(SKIP TO K8)1 YES. . . (SPECIFY) . 5 CODE: ____ CODE: ____ NO. . .(SKIP TO K11)1* YES 5 ____ / ____ MO YEAR AGE: ____
MAN3RF MAN4E MANICD D MANRD CA	<p>K8 Did this episode of feeling (hyper/elated/irritable) begin within the 2 weeks that followed an episode of a serious physical illness like multiple sclerosis, AIDS, hyperthyroidism, lupus, Cushings, or encephalitis? SPECIFY: _____ _____</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow a serious physical illness and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	NO. . . . (SKIP TO K9)1 YES. . . .(SPECIFY). 5 CODE: ____ NO. . .(SKIP TO K11)1* YES 5 ____ / ____ MO YEAR AGE: ____
MAN3RF MAN4E MANICD D MANRD CA	<p>K9 Did this episode of feeling (hyper/elated/irritable) begin shortly after receiving ECT (shock therapy) or bright light therapy?</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow shock or bright light therapy, did <u>not</u> follow change in prescription medication, did <u>not</u> follow a serious physical illness, and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p>	NO. (SKIP TO BOX K11) 1 YES 5 NO. . . (SKIP TO K10)1* YES 5

B. When did this episode begin?

___ ___ / ___ ___

MO YEAR

1. How old were you?

AGE: ___ ___

REMIND R WHICH EPISODE AS NEEDED.	MOST SEVERE EPISODE
--	----------------------------

K10 IF NO CLEAN EPISODE EXISTS, CONTINUE THE SECTION ASKING ABOUT THE MOST SEVERE DIRTY EPISODE CODED IN K3. REMIND R WHICH EPISODE TO FOCUS ON AS FREQUENTLY AS NEEDED.

I'd like to (return to/focus on) the most severe episode of feeling (hyper/elated/irritable) when you were ____ years old. **CHECK K3B.**

BOX K11 A. IS EPISODE CLEAN? (DIRTY = ANY * ITEM)	NO, DIRTY 1 YES, CLEAN ... 5
--	---

<p>Now I would like to ask you about other experiences you may have had during this episode of feeling (hyper/elated/irritable). During this most severe episode when you were ____years old . . .</p>	MOST SEVERE EPISODE
<p>(4) MAN3RB6 MAN4B6 MANICDB 1 MANFGNB 1 MANRDCB 1</p> <p>K12 Were you much more active than usual, either socially, at work, at home, sexually, or were you physically restless? SPECIFY: _____ _____</p>	<p>NO 1 YES . . . (SPECIFY) . 5</p>
<p>(5) MAN3RB3 MAN4B3 MANICDB 2 MANFGNB 2 MANRDCB 2</p> <p>K13 Were you much more talkative than usual, or did you feel pressure to keep talking?</p>	<p>NO 1 YES 5</p>
<p>(6) MAN3RB4 MAN4B4 MANICDB 3 MANFGNB 3 MANRDCB 3</p> <p>K14 Did your thoughts race, or did you talk so fast that it was difficult for people to follow what you were saying (more than usual)?</p>	<p>NO 1 YES 5</p>
<p>(7) MAN3RB1 MAN4B1 MANICDB 6 MANFGNB 4 MANRDCB 4</p> <p>K15 Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities? SPECIFY: _____ _____</p>	<p>NO 1 YES. . . (SPECIFY) . 5</p>

(8) MAN3RB2 MAN4B2 MANICDB 5 MANFGNB 5 MANRDCB 5	K16 Did you <u>need</u> much less sleep than usual for several days in a row? A. How many hours of sleep did you get per night during this episode? B. How many hours do you <u>usually</u> get per night?	NO . . . (SKIP TO K17) 1 YES 5 ___ ___ HOURS ___ ___ HOURS
(9) MAN3RB5 MAN4B5 MANICDB 7 MANFGNB 6 MANRDCB 6	K17 Did your attention keep jumping from one thing to another much more than is usual for you?	NO 1 YES 5

During this most severe episode, when you were __ years old . . .		MOST SEVERE EPISODE
(10) MAN3RB7 MAN4B7 MANICDB 8 MANRDCB 7	<p>K18 Did you do anything that could have gotten you into trouble --like spending sprees, foolish business investments, reckless driving, or sexual indiscretions?</p> <p>SPECIFY: _____</p> <p>_____</p> <p>A. Did your interest in sex become so much stronger than usual that you wanted to have sex a lot more frequently or with people you ordinarily would not be interested in?</p> <p>B. Did you talk about sexual activities, or did you approach people in a sexual manner that you ordinarily would not have? Or were you sexually indiscreet in any other way?</p>	<p>NO 1 YES... (SPECIFY) . 5</p> <p>NO 1 YES 5</p> <p>NO 1 YES 5</p>
MANICDB 9		
MANICDB 9		

BOX K19	<p>COUNT THE BOXES CODED 5 IN K12-18.</p> <p><u>IF 0 OR 1 BOX(ES) CODED 5, SKIP TO K30.</u></p> <p><u>IF 2 OR MORE BOXES CODED 5, RECORD EPISODE ON TIMELINE AND CONTINUE.</u></p>	<p>BOXES CODED 5:</p> <p>_____</p>
----------------	---	---

	<p>K19 You told me that while you were feeling (hyper/elated/irritable), you also experienced (LIST SX CODED 5). When did you start experiencing these together? (DATE CLUSTERING OF MOOD AND SX TOGETHER)</p> <p>A. For how long did you experience these together?</p>	<p>_____/_____ t MO YEAR</p> <p>____ _ DAYS</p>
--	---	---

(13) MANRDCC 1	<p>K20 During this episode, were you so excited that it was almost impossible to hold a conversation with you?</p> <p>SPECIFY: _____</p> <p>_____</p>	<p>NO 1 YES... (SPECIFY) . 5</p>
MAN3RC MAN4D MANICDB MANRDCB 8	<p>A. Would you say your behavior was provocative, obnoxious, or manipulative enough to cause problems for your family, friends, or your co-workers?</p> <p>SPECIFY: _____</p> <p>_____</p>	<p>NO 1 YES... (SPECIFY) . 5</p>

		MOST SEVERE EPISODE
(14) MAN3RD MAN4D MANICDC MANFGNC	K21 During this episode did you see or hear things that other people could not see or hear, that is, did you have hallucinations? SPECIFY: _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div>
MAN3RD MAN4D MANICDC MANFGNC	A. During this episode, did you have beliefs or ideas that you later found out were not true? SPECIFY: _____ WHOM SAW: _____ WHAT TOLD: _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE: 1 2 3 4 5</div>
BOX K21 IF ANY 5 IN K21 OR K21A, CONTINUE. OTHERS SKIP TO K23.		
MAN3RD MANRDCE	B. Did these (beliefs/ideas/hallucinations) occur before you felt (hyper/elated/irritable)? C. How long before you felt (hyper/elated/irritable) did you have these (beliefs/ideas/hallucinations)?	NO . (SKIP TO D) . . 1 YES 5 ____ _ DAYS
MAN3RD MANRDCE	D. Did these (beliefs/ideas/hallucinations) persist after your mood came back to normal?	NO . (SKIP TO BOX K22) 1 YES 5 EPISODE ONGOING 6 IF ONGOING, SKIP TO BOX K22.
MAN3RD MANRDCE	E. How long did they last after your mood came back to normal?	____ _ DAYS
BOX K22 DID EXAMPLES IN K21 OR K21A HAVE CONTENT CONSISTENT WITH THEMES OF INFLATED WORTH, POWER, KNOWLEDGE, IDENTITY, OR WITH A SPECIAL RELATIONSHIP TO A DEITY OR FAMOUS PERSON?		NO 1 YES 5

During this most severe episode when you were ____ years old . . .		MOST SEVERE EPISODE
(15)	<p>K23 Were you seen by a doctor or other professional?</p> <p>SPECIFY: _____</p>	<p>NO (SKIP TO K27) . 1 YES . (SPECIFY) .. 5</p>
(16) MANRDC D	<p>K24 Did you receive medication?</p> <p>SPECIFY:</p> <p>1. _____</p> <p>2. _____</p>	<p>NO 1 YES . (SPECIFY) .. 5</p> <p>CODE: ____</p> <p>CODE: ____</p>
(17) MANRDC D	<p>K25 Did you receive ECT (shock treatments)?</p>	<p>NO 1 YES 5</p>
(18) MAN4A/D MANICDA	<p>K26 Were you hospitalized during this episode for these experiences?</p> <p>A. For how long?</p>	<p>NO (SKIP TO K27) . 1 YES 5</p> <p>_____ DAYS</p>
(19)	<p>K27 During this episode, were you (working/going to school) full-time?</p> <p>A. What was your major responsibility at that time?</p>	<p>NO 1 YES (SKIP TO K28) . 5</p> <p>PART-TIME JOB .. 1 HOME 2 PART-TIME SCHOOL3 OTHER. . (SPECIFY) 4</p> <p>_____</p> <p>—</p>

(26)
CLEAN

K30 Did you have at least one other episode of 2 days or longer when you felt extremely hyper, elated, or irritable, which was clearly different from your normal self, when it did not follow daily (or almost daily) use of alcohol or drugs, did not follow a serious physical illness, did not follow a change in medicine, and did not follow light therapy or shock therapy?

NO . (SKIP TO K31) . . 1
YES 5

A. How old were you then?

AGE: ____

B. During this episode, were you... **(READ 1-7)**
AFTER THE FIRST YES, ASK: And at that time, were you also:

**COUNT ONLY IF SX IS MORE THAN USUAL
AND ONLY IF LASTED FOR 2 OR MORE
DAYS:**

NO YES

- 1. More active than usual? 1 5
- 2. More talkative than usual? 1 5
- 3. Having racing thoughts or talking too fast? 1 5
- 4. Feeling you were an especially important person? 1 5
- 5. Needing less sleep than usual? 1 5
- 6. Easily distracted? 1 5
- 7. Going on spending sprees or having sexual indiscretions? 1 5

IF 2 OR MORE ARE CODED 5, CONTINUE. OTHERS SKIP TO E.

C. When did this episode begin?

____ / ____ t
MO YEAR

D. How long did this episode last?

____ DAYS

E. Did you have trouble managing your work, school, or household responsibilities?

NO 1
YES . (SPECIFY) 5

SPECIFY: _____

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

SPECIFY:

	<u>NO</u>	<u>YES</u>
1. Sought professional help	1	5
2. Medications: _____ _____	1	CODE: _____ CODE: _____
3. ECT (Shock treatment)	1	5
4. Hospitalized	1	5

(27) K31 How old were you the (first/last) time you had an episode like this? AGE ONS: ___/___ t
ONS: 1 2 3 4 5
AGE REC: ___/___ t
REC: 1 2 3 4 5

(28) K32 How many episodes have you had over your lifetime, including the one(s) we have already talked about? _____ NUMBER

RECORD ALL EPISODES ON TIMELINE.

(29) MAN4C K33 **MIXED AFFECTIVE STATES:** During any of these episodes of feeling (hyper/elated/irritable), did you also experience:

	<u>NO</u>	<u>YES</u>
1. Depressed mood?	1	5
2. Loss of interest or pleasure?	1	5

BOX K33 IF K33.1 AND K33.2 BOTH CODED 1, SKIP TO K34. OTHERS CONTINUE.

3. Sleep difficulty?	1	5
4. A change in activity level? (PSYCHOMOTOR)	1	5
5. Fatigue or loss of energy?	1	5
6. A change in appetite or weight?	1	5
7. Low self-esteem or guilt?	1	5
8. Decreased concentration?	1	5
9. Thoughts of dying or suicide?	1	5

IF FEWER THAN FIVE ARE CODED 5, SKIP TO K34. OTHERS CONTINUE.

A. How many episodes like this have you had (when you were both manic and depressed some of the time during the episode)? _____ NUMBER

(30)	K34	Have you ever switched back and forth quickly between feeling (hyper/elated/irritable) and feeling depressed?	NO(SKIP TO BOX K35) 1 YES 5
	A.	Did that happen every few hours, every few days, or every few weeks? IF MORE THAN ONE, CODE THE MOST RAPID CYCLE.	HOURS 2 DAYS 3 WEEKS 4
	B.	Did you ever have 4 or more episodes like this within a 12-month period?	NO 1 YES 5

BOX K35 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO L1, p. 107.

K35 FOR EACH EPISODE OF MANIA, ASK A.

- A. You told me about a time when you felt (unrealistically happy/elated/hyper/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.

CLUSTERI
NG
PER
EPISODE

1. Around the time this episode of feeling (unrealistically happy/elated/hyper/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 K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.**

HEAVY
USE
PER
EPISODE
WHEN NOT
CLUSTERI
NG

2. Around the time this episode of feeling (unrealistically happy/elated/hyper/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?
**IF NO, RETURN TO K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.
IF YES, RECORD ON TIMELINE AND
RETURN TO K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.**

B. So, according to the information on this timeline,

CLUSTERING
FOR ALL
EPISODES

1. . . . your episodes of feeling (unrealistically happy/elated/ hyper/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 L1,
p.107). 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

BOX K36 SKIP TO L1, p. 107.

(31) K36 I have already asked you about episodes of extremely elated moods when you were clearly different from your normal self. Now I'd like to ask if you have ever had episodes lasting at least 2 days when you felt unusually cheerful, energetic, hyper, or irritable?

NO . . . (SKIP TO L1, p. 107) 1
ALC/DRUG ONLY 3
YES 5

**DO NOT COUNT BRIEF EPISODES
LASTING FEWER THAN 2 DAYS THAT
CLEARLY FOLLOWED PERSONAL
SUCCESSSES, MARRIAGES,
ENGAGEMENTS, OR RECOVERY FROM
DEPRESSION TO NORMAL MOOD.**

SPECIFY: _____

**IF K36 IS CODED 5, CONTINUE.
OTHERS SKIP TO L1, p. 107.**

A. During this period were you: NO YES

1. much more active than usual? 1 5
2. much more talkative than usual? 1 5
3. experiencing racing thoughts? 1 5
4. feeling you were a very important person or had special powers, or talents? 1 5
5. needing less sleep than usual? 1 5
6. much more distractible than usual, when your attention kept jumping from one thing to another? 1 5
7. doing anything that could have gotten you into trouble, like spending sprees, or sexual indiscretions? 1 5
8. very friendly with people you normally would not be friendly with? 1 5

IF ALL ARE CODED 1, SKIP TO L1, p. 107. OTHERS CONTINUE.

B. How long did this period last, when these experiences occurred together with your unusually (cheerful / energetic / hyper / irritable) mood? __ __ __ DAYS

(32) K37 How many episodes like this have you had? __ __ NUMBER

(33) K38 How old were you the (first/last) time? AGE ONS: __/__
ONS: 1 2 3 4 5
AGE REC: __/__
REC: 1 2 3 4 5

BEFORE CODING L1-L12, ASK FOR EXAMPLES.

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

(1)
Auditory
hallucination
s, when fully
awake, word
heard inside
or outside
the head.

L1 Did you ever hear things that other people
couldn't hear, such as noises, or the voices of
people whispering or talking, when you were
completely awake?

NO. . . . (SKIP TO L2) 1
YES 5

A. What did you hear?

EXAMPLES: _____

B. For how long did you hear these things? ___ __

CODE UNIT: DAYS 1
WEEKS . 2
MONTHS 3
YEARS . 4

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

C. How many times did you hear it?

___ NUMBER

**IF HEARD VOICE(S), CONTINUE.
OTHERS SKIP TO G.**

D. Did it comment on what you were doing or
thinking?

NO 1
YES 5

E. How many voices did you hear?

___ NUMBER

IF ONLY 1 VOICE, CODE "NO" SILENTLY.

F. Were they talking to each other?

NO 1
YES 5

G. **BEGIN PROBING.**

WHOM SAW: _____

CODE: 2 3 4 5

WHAT TOLD: _____

(2)
Visual
hallucination
s

L2 Did you ever see things that other people could
not see or have visions when you were completely
awake?

CODE: 1 2 3 4 5

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

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L2 IF NO 5'S CODED IN L1G AND L2,
SKIP TO L5.**

(3)
Tactile
hallucinations

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

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(4)
Olfactory
hallucinations

L4 What about smelling things that other people
could not smell?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(5)

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

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(8)
Somatic
delusions:
Content
involves
change or
disturbance
in body
functioning.

L6 Did you ever feel that parts of your body had
changed or stopped working? (What did your
doctor say?)

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(10)
Other
delusions:
Guilt,
jealousy,
nihilism,
poverty.

L7 Did you ever feel that you had committed a crime or done something terrible for which you should be punished?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(12)
Thought
broadcasting
: The
delusion that
one's
thoughts are
audible to
others.

L8 Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(11)
Delusions of
being
controlled:
outside force
controlling
own
feelings,
impulses,
thoughts.

L9 Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

Thought
insertion.

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

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

Thought
withdrawal.

B. What about thoughts taken out of your head?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L9 IF NO 5'S IN L5-L9, SKIP TO BOX L13.
OTHERS CONTINUE.**

(6)
Delusions of
reference:
personal
significance
is falsely
attributed to
objects or
events in the
environment

L10 Did it ever seem that people were talking about
you or taking special notice of you?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(7)
Grandiose
delusions:
Content
involves
exaggerated
power,
knowledge
or
importance.

L11 Did you ever feel that you were especially
important in some way, or that you had powers to
do things that other people could not do?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(9)
Persecutory
delusions:
individual or
his/her group
is being
attacked,
harassed,
cheated,
persecuted,
or conspired
against.

L12 Did you ever feel that people were going out of
the way to give you a hard time or trying to hurt
you?

CODE: 1 2 3 4 5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L13 IF ANY 5 CODED IN L1G-L12,
CONTINUE.
OTHERS SKIP TO M1, p. 113.**

(13A)
 Systematized delusions: A single delusion with multiple elaborations or a group of delusions related to a single theme.
 Bizarre delusions: Involving a phenomenon that R's subculture would regard as totally implausible

L13 What is your understanding of why you (CONTENT IN L1-L12)?

RECORD: _____

EDITOR/CLINICIAN CODE:	
Systematized delusions	1
Bizarre delusions . . .	2
Other	3

- (14) L14 Did (EXPERIENCES CODED 5 IN L1-L12) last for 6 months or longer? NO 1
 YES 5
- A. Did (this experience/any of these experiences) cause you to miss work or school, or affect your ability to function at home? NO 1
 YES. . . . (SPECIFY) 5

SPECIFY: _____

BOX L14 IF L14=1 AND L14A=1, SKIP TO M1, p. 113. OTHERS CONTINUE.

- (15) L15 How old were you the (first/last) time you had any of these experiences? AGE ONS: ___/___ t
 ONS: 1 2 3 4 5
 AGE REC: ___/___ t
 REC: 1 2 3 4 5

BOX L16 CHECK I1, I2 (p. 71) AND K1A, K1B (p. 94). IF ANY ARE CODED 5, CONTINUE. OTHERS SKIP TO BOX L17.

- (16) L16 Were the episodes of feeling (depressed/elated/irritable) ever present at the same time you were having (beliefs/ experiences) such as (SX CODED 5 IN L1-L12)? NO 1
 YES 5

(17) **BOX L17 RESPONDENT'S PRESENT STATE: NO YES**

A. CATATONIC BEHAVIOR?	1	5
B. FLAT AFFECT?	1	5
C. GROSSLY INAPPROPRIATE AFFECT?	1	5
D. INCOHERENCE?	1	5
E. MARKED LOOSENING OF ASSOCIATION? ..	1	5
F. EMOTIONAL TURMOIL?	1	5

BOX L18 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO M1, p. 113.

L18 FOR EACH EPISODE, ASK A.

- A. You told me about a time when (NAME SX/your mind was playing tricks on you) when you were (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS SKIP TO 2.

CLUSTERIN
G
PER
EPISODE

- 1. Around this time when (NAME SX/your mind was playing tricks on you), were you also having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?
IF NO, CONTINUE TO 2.
IF YES, RECORD ON TIMELINE AND RETURN TO L18A FOR NEXT EPISODE OF PSYCHOSIS. IF NO OTHER EPISODES, SKIP TO L18B.

HEAVY USE
PER
EPISODE
WHEN
NOT
CLUSTERI
NG

- 2. Around this time when (NAME SX/your mind was playing tricks on you), were you (drinking heavily / using DRUGS) daily or almost daily?
IF NO, RETURN TO L18A FOR NEXT EPISODE. IF NONE, SKIP TO L18B.
IF YES, RECORD ON TIMELINE AND RETURN TO L18A FOR NEXT EPISODE. IF NONE, SKIP TO L18B.

- B. So, according to the information on this timeline,

CLUSTERIN
G FOR ALL
EPISODES

- 1. . . . the time(s) when (NAME SX/your mind was playing tricks on you) (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 M1,p.113).	5

HEAVY USE
FOR
THE
EPISODES
WHEN
NOT
CLUSTERI
NG

- 2. . . . the time(s) when (NAME SX/your mind was playing tricks on you) (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

BEGIN SCORING TALLY SHEET FOR SECTION M.

**FOR ANY AGE ONS THAT R SAYS "DK", ASK:
Do you think it was before your 13th birthday or was it later than that?**

**UNDER 13 ... RECORD -1
13-14 RECORD -2
15-17 RECORD -3
18 OR OLDER RECORD -4**

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

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

Now I'd like to ask you some questions about when you were younger.

M1 Except for your senior year in high school, did you ever play hooky from school for an entire day? NO .. (SKIP TO M2) . 1
YES 5

A. Did this ever happen twice in 1 year? NO (SKIP TO M2) 1
YES 5

ASP3R
B1
CD3RA
5
CD4A1
5
CDICD
18
FGNAS
PA

B. How old were you the first time you played hooky twice in one year? **MARK TALLY IF AGE ONSET BEFORE 13.** AGE ONS: ___/___ A

M2 Were you ever suspended or expelled from school? NO .. (SKIP TO M3) . 1
YES 5

FGNAS
PA

A. How old were you the first time? AGE ONS: ___/___

FGNAS
PB

M3 Did you ever run away from home overnight? NO .. (SKIP TO M4) . 1
YES 5

A. Why did you run away?
_____ **CODE SILENTLY:**
AVOID PHYSICAL ABUSE
AVOID SEXUAL ABUSE 3
OTHER 4

ASP3R
B2
CD3RA
2
CD4A1
4
CDICD
19

B. Did you run away overnight more than once? NO. (SKIP TO C) 1
YES 5 A

1. How old were you the (first/last) time you ran away from home overnight? AGE ONS: ___/___
AGE REC: ___/___

CODE AGES AND THEN SKIP TO M4.

ASP3R
B2
CD3RA
2

C. After you ran away, did you return home?

NO. (SKIP TO 2) . 1 A
YES 5

CD4A1
4
CDICD
19

1. When you ran away, how long did you stay
away from home? **CHECK TALLY IF
AWAY FOR 7 OR MORE DAYS.**

___ ___ DAYS A

2. How old were you?

AGE ONS: ___/___

	M4	Did you ever stay out late at night without permission, either for 2 or more hours after the curfew your parents set or all night without permission?	NO . . . (SKIP TO M5) . 1 YES 5
	A.	Did this happen 3 or more times?	NO.(SKIP TO M5) 1 YES 5
CD4A1 3 CDICD 12	B.	How old were you the first time? MARK TALLY IF AGE ONS LESS THAN 13.	AGE ONS: ___/___ A
	M5	Did you ever sneak out of the house at night after your parents thought you had gone to bed?	NO.(SKIP TO M6) 1 YES 5
	A.	Did this happen 3 or more times?	NO.(SKIP TO M6) 1 YES 5
CD4A1 3 CDICD 12	B.	How old were you the first time? MARK TALLY IF AGE ONS LESS THAN 13.	AGE ONS: ___/___ A
(7) CD3RA 11 CD4A2	M6	Did you 3 or more times start physical fights <u>with</u> your brothers or sisters?	NO . . . (SKIP TO B) . . 1 ALC/DRUGS ONLY . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN 6 A,B
ASP3R B3 FGNAS PF	A.	At what age did you (first/last) start fights with siblings?	
	A1.	UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
	A2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
	A3.	RECENCY.	AGE REC: ___/___
CD3RA 11 CD4A2 CDICD 10	B.	Did you 3 or more times start physical fights with persons <u>other than</u> your brothers and sisters?	NO . . . (SKIP TO D) . . 1 ALC/DRUGS ONLY . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN 6 A,B
ASP3R B3 FGNAS PF	C.	At what age did you (first/last) start fights with persons other than siblings?	
	C1.	UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
	C2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
	C3.	RECENCY.	AGE REC: ___/___

ASP3R
C3
ASP4A
4
FGNAS
PF
DSICD
B4

D. (Even though you didn't start fights,) since your 15th birthday, have you been in 3 or more physical fights (other than in combat or as part of your job)?
DO NOT COUNT FIGHTS WITH SIBLINGS UNLESS SOMEONE WAS HURT.

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

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

AGE ONS: ___/___
AGE ONS A/D: ___/___
AGE REC: ___/___

(12)
CDICD
3

M7 When you were younger did you often challenge your parents, teachers, or other adults by refusing to do things they asked you to do, just because you didn't want to? For example, refusing to do things like chores or running errands, refusing to participate in class, or not behaving well?

NO . . (SKIP TO M8) . 1
YES 5

A. How old were you the first time?

AGE ONS: ___/___

(13)
CDICD
1
FGNAS
PF

M8 As a child, when things did not go your way, did you often throw temper tantrums, that is, you would throw things or lie on the ground and scream?

NO . . (SKIP TO M9) . 1
YES 5

A. How old were you the first time?

AGE ONS: ___/___

(14)
CD4A1
CDICD
22

M9 Did people complain that you were often a bully, deliberately hurting, threatening, or being mean to other children?

NO . . (SKIP TO M10) . 1
YES 5 A,B

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

AGE ONS: ___/___
AGE REC: ___/___

(15)
CD3RA
8
CD4A5
CDICD
14

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

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

A. How many times?

___ ___ TIMES

ASP3R
B6

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

AGE ONS: ___/___
AGE REC: ___/___

(4) M11 Throughout your life have you told a lot of lies? NO 1
 CD3RA ALC/DRUGS ONLY .. 3
 3 YES, CLEAN 5 A
 BOTH A/D & CLEAN 6 A

CD3RA A. Did you often lie to get your own way, or to get NO 1
 3 out of trouble? ALC/DRUGS ONLY .. 3
 CD4A1 YES, CLEAN 5 A
 1 BOTH A/D & CLEAN 6 A
 CDICD
 9

B. Have you ever used an alias or a false name? NO (SKIP TO BOX M11)1
EXCLUDE MINORS USING FALSE ID TO ALC/DRUGS ONLY .. 3
BUY ALCOHOL OR ENTER A BAR. YES, CLEAN 5 A
 BOTH A/D & CLEAN 6

CD3RA B1. Did you ever do this to take advantage NO 1
 3 of a person or a situation? YES 5 A
 CD4A1
 1
 CDICD
 9

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

ASP3R C. How old were you when you (first/last) (told a lot AGE ONS: ___/___
 B10 of lies / used an alias to take advantage of AGE ONS A/D: ___/___
 ASP3R someone)? AGE REC: ___/___
 C6 C1. UNRELATED TO ALC/DRUGS.
 ASP4A C2. IN CONTEXT OF ALC/DRUGS.
 2 C3. RECENCY.

CDICD M12 When something went wrong that was your fault, NO .. (SKIP TO M13) . 1
 5 did you usually try to get out of it by blaming ALC/DRUGS ONLY .. 3
 DSICD others? YES, CLEAN 5
 B6 BOTH A/D & CLEAN 6

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

CD3RA M13 Did you often cheat on schoolwork, on exams, in NO 1
 3 games or anything like that? YES 5 A
 CD4A1
 1
 CDICD
 9

CD3RA
3
CD4A1
1
CDICD
9

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

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

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

ASP3R
B10
ASP3R
C6
ASP4A
2

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

- B1. UNRELATED TO ALC/DRUGS.
- B2. IN CONTEXT OF ALC/DRUGS.
- B3. RECENCY.

AGE ONS: ___/___
AGE ONS A/D: ___/___
AGE REC: ___/___

(5)
CD3RA
1
CD4A1
2
CDICD
17
DSICD
B2

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

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

ASP3R
B11

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

CD3RA
1
CD4A1
2
CDICD
17
DSICD
B2

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

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

ASP3R
B11

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

CD3RA
1
CD4A1
2
CDICD
17
DSICD
B2

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

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

ASP3R
B11

E. How old were you the (first/last) time?
E1. UNRELATED TO ALC/DRUGS. AGE ONS: ___/___
E2. IN CONTEXT OF ALC/DRUGS. AGE ONS A/D: ___/___
E3. RECENCY. AGE REC: ___/___

BOX M14 IF M14, M14B, AND M14D ARE ALL CODED 1, SKIP TO M15. OTHERS CONTINUE.

ASP3R
C2
ASP4A
1

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

NO 1
YES 5

(18)
CD3RA
6
CD4A1
0
CDICD
23
DSICD
B2

M15 Did you ever break into someone else's home, car, or building (not because you were locked out)?

NO .. (SKIP TO M16) . 1
ALC/DRUGS ONLY .. 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN 6 A,B

	A.	How old were you the (first/last) time?	
	A1.	UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
	A2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
	A3.	RECENCY.	AGE REC: ___/___
ASP3R C2 ASP4A 1	B.	Has this happened 3 or more times since you were 15?	NO 1 YES 5
<hr/>			
(19) CD3RA 12 CD4A6 CDICD 20 DSICD B2	M16	Have you ever taken money or property from someone else by threatening them or using force, like snatching a purse or robbing them?	NO .. (SKIP TO M17) . 1 ALC/DRUGS ONLY .. 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN 6 A,B
ASP3R B12	A.	How old were you the (first/last) time?	
	A1.	UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
	A2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
	A3.	RECENCY.	AGE REC: ___/___
ASP3R C2 ASP4A 1	B.	Has this happened 3 or more times since you were 15?	NO 1 YES 5
<hr/>			
(16) CD3RA 4 DSICD B2	M17	Did you ever deliberately set fires you were not supposed to?	NO .. (SKIP TO M18) . 1 ALC/DRUGS ONLY .. 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
CD4A8 CDICD 16	A.	Did you do this with the intention to damage property?	NO 1 YES 5 A,B
	B.	How old were you the (first/last) time?	
ASP3R B9 ASP3R C2 ASP4A 1 DSICD B2	B1.	UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
	B2.	IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
	B3.	RECENCY.	AGE REC: ___/___
	C.	Has this happened 3 or more times since you were 15?	NO 1 YES 5
ASP3R C2			
<hr/>			

(6)
CD3RA
7
CD4A9
CDICD
15
DSICD
B2

M18 Have you ever damaged someone's property on purpose
(other than by fire setting)?

NO .. (SKIP TO M19) . 1
ALC/DRUGS ONLY . . 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN 6 A,B

SPECIFY: _____

ASP3R
B8

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

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

**IF AGE ONS IS LESS THAN 15, ASK B.
OTHERS SKIP TO D.**

B. Did you more than once damage someone's property before you turned 15?
NO 1
YES 5

C. Since your 15th birthday, have you damaged someone else's property on purpose?
NO .. (SKIP TO M19) . 1
YES 5

ASP3R
C2
ASP4A
1

D. Have you done this 3 or more times since your 15th birthday?
NO 1
YES 5

(9)
CD3RA
13
CD4A4
CDICD
13

M19 (Outside of fighting) have you ever physically injured anyone on purpose?

NO .. (SKIP TO M20) . 1
ALC/DRUG ONLY . . 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN 6 A,B

SPECIFY: _____

ASP3R
B7
ASP3R
C3
ASP4A
4
FGNAS
PF
DSICD
B4

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

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

(8)
CD3RA
10
CD4A3
CDICD
11
DSICD
B4
FGNAS
PF

M20 Did you ever use a weapon like a stick, gun, or a knife to injure someone (other than in combat or as part of your job)?

NO .. (SKIP TO M21) . 1
ALC/DRUG ONLY . . 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN 6 A,B

ASP3R
B4
ASP3R
C3
ASP4A
4

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

A1. UNRELATED TO ALC/DRUGS.

AGE ONS: ___/___

A2. IN CONTEXT OF ALC/DRUGS.

AGE ONS A/D: ___/___

A3. RECENCY.

AGE REC: ___/___

(26)
CD3RA
9
CD4A7
CDICD
21
DSICD
B4

M21 Have you ever forced anyone into any sexual activity?

NO (SKIP TO BOX M22) 1
ALC/DRUG ONLY ... 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN 6 A,B

ASP3R
B5
ASP3R
C3
ASP4A
4

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

- A1. UNRELATED TO ALC/DRUGS.
- A2. IN CONTEXT OF ALC/DRUGS.
- A3. RECENCY.

AGE ONS: ___/___
AGE ONS A/D: ___/___
AGE REC: ___/___

BOX M22 IF 3 OR MORE MARKS IN PART A OF TALLY M, CONTINUE. OTHERS SKIP TO M23.

(20)
CD3R
CD4A
CDICD

M22 You mentioned that you (**LIST SX IN PART A OF TALLY M**). Did 3 or more of these ever happen within a 6-month period? **IF YES:** Which ones?

NO. . . . (SKIP TO M23) 1
YES 5

CIRCLE SX THAT CLUSTER.

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

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

			AL C/ DR U GS ON LY	YE S CL EA N	BO T H A/ D & CL E A N
(21)	M23	Since your 15th birthday, have you ever....	<u>N</u> <u>O</u>		
ASP3R C2 ASP4A 1 DSICD B2	1.	Deliberately written bad checks?	1	3	5 6
ASP3R C2 ASP4A 1 DSICD B2	2.	Received, sold, or bought stolen goods (fenced), sold drugs, or "run numbers" (illegally gambled)?	1	3	5 6
ASP3R C2 ASP4A 1 DSICD B2 FGNAS PG	3.	Been paid for having sex with someone? a. IF YES (3, 5, OR 6): Were you paid with drugs?	1	3	5 6 NO 1 YES 5
ASP3R C2 ASP4A 1 DSICD B2 FGNAS PG	4.	Found customers for male or female prostitutes or "call girls"?	1	3	5 6

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

ASP3R C2 ASP4A 1	A.	Since your 15th birthday, have you ever done <u>anything else</u> that you could have been arrested for, even if you weren't (other than using drugs or underage drinking)?	NO .. (SKIP TO M24) . 1 ALC/DRUGS ONLY .. 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
---------------------------	----	---	--

SPECIFY: _____

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

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

(33) ASP3R M24 Since your 15th birthday, have you often failed NO . . . (SKIP TO M25) . 1
 C4 to pay debts that you owed? Have you often had ALC/DRUG ONLY . . . 3
 ASP4A things you bought taken back, or often failed to YES, CLEAN 5
 6 take care of other financial responsibilities? BOTH A/D & CLEAN 6
 DSICD (Examples: defaulting on credit card charges,
 B2 loans from family or friends, car or house
 loans.)

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

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

M25 Before I ask, let me check, have you ever been responsible for a child for one year or longer?

NO . . . (SKIP TO M26) . . . 1
 YES 5

AL BO
 C/ T
 DR S H
N Q U CL A/
 GS EA D
 1 ON N &
LY CL
 5 B E
 3 A
N
 6 B

(34) ASP3R A. Have you often not provided financial support for your family when you were supposed to? . . .

C4

ASP4A

6

DSICD

B2

ASP3R B. Have you often left young children under 6 at home alone while you were out shopping or doing anything else?

C8E

ASP4A

5

DSICD

B2

ASP3R C. Has a neighbor fed or taken care of a child of yours because no one was taking care of the child at home?

C8D

ASP4A

6

DSICD

B2

ASP3R
C8A
ASP3R
C8B
ASP3R
C8C
ASP4A
6
DSICD
B2

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

1 3 5 B 6 B

ASP3R
C8F
ASP4A
3
DSICD
B2

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

1 3 5 B 6 B

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

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

F1. UNRELATED TO ALC/DRUGS. AGE ONS: ___/___

F2. IN CONTEXT TO ALC/DRUGS. AGE ONS A/D: ___/___

F3. RECENCY. AGE REC: ___/___

(27)
ASP3R
C3
ASP4A
4
DSICD
B4
FGNAS
PE

M26 Have you ever been accused of child abuse or been the subject of a complaint on the child abuse hotline?

NO . . (SKIP TO M27) . 1
ALC/DRUG ONLY . . . 3
YES, CLEAN 5
BOTH A/D & CLEAN 6

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

A1. UNRELATED TO ALC/DRUGS. AGE ONS: ___/___

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

A3. RECENCY. AGE REC: ___/___

(28) ASP3R C3 ASP4A 4 DSICD B4 FGNAS PF	M27	Since you were 15, have you <u>often</u> hit, physically attacked, or thrown things at anyone (including your wife/husband/partner/children)?	NO . . (SKIP TO M28) . 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 B BOTH A/D & CLEAN 6 B
	A.	How old were you the (first/last) time?	
		A1. UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
		A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
		A3. RECENCY.	AGE REC: ___/___

(10) ASP3R C7 ASP4A 5 FGNAS PC DSICD B2 FGNAS PC DSICD B2	M28	Have you ever had a traffic ticket for a moving violation (things like speeding, running a red light, or causing an accident)?	NO . . (SKIP TO M29) . 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
	A.	How many tickets have you received in your life? IF DK, ASK A1. OTHERS SKIP TO B.	___ __ TICKETS
		A1. Was it at least 4?	NO 1 YES 5
	B.	How old were you the (first/last) time?	
		B1. UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
		B2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
		B3. RECENCY.	AGE REC: ___/___

(11) ASP3R C2 ASP4A 1 DSICD B2	M29	Have you ever been arrested for anything other than moving violations? IF YES, SPECIFY. DO NOT COUNT DRUNK & DISORDERLY CONDUCT OR PUBLIC INTOXICATION.	NO . . (SKIP TO M30) . 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
		REASON(S): _____	
	A.	How old were you the (first/last) time you were arrested?	
		A1. UNRELATED TO ALC/DRUGS.	AGE ONS: ___/___
		A2. IN CONTEXT OF ALC/DRUGS.	AGE ONS A/D: ___/___
		A3. RECENCY.	AGE REC: ___/___
FGNAS PC	B.	How many times have you been arrested (other than for moving violations)?	___ __ TIMES
FGNAS PC	C.	Have you ever been convicted of a felony? SPECIFY: _____	NO 1 YES. . . . (SPECIFY) . . 5

	D.	Have you ever spent time in jail for something other than <u>using</u> drugs or alcohol? SPECIFY: _____	NO . . . (SKIP TO M30) . 1 YES (SPECIFY) . . 5
DSICD B5	E.	Since you got out of jail have you ever been arrested for things other than <u>using</u> drugs or alcohol? SPECIFY: _____	NO 1 YES (SPECIFY) . 5
<hr/>			
(29) ASP3R C1C ASP4A 3 DSICD B2 FGNAS PD	M30	Since you were 15, have you quit 3 or more jobs before having another job lined up? IF 5 OR 6, SKIP TO M31. OTHERS CONTINUE.	NO 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
ASP3R C1C ASP4A 3 DSICD B2 FGNAS PD	A.	Since you were 15, have you dropped out of 3 or more academic programs? INCLUDE GED AND TECHNICAL TRAINING PROGRAMS.	NO 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
<hr/>			
(30) ASP3R C1B ASP4A 6 DSICD B2	M31	On <u>any</u> job you have had since you were 15, have you frequently been late or absent?	NO (SKIP TO M32) 1 ALC/DRUG ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
	A.	What were some reasons? _____ _____	
	B.	How old were you the (first/last) time? B1. UNRELATED TO ALC/DRUGS. B2. IN CONTEXT OF ALC/DRUGS. B3. RECENCY.	AGE ONS: ___/___ AGE ONS A/D: ___/___ AGE REC: ___/___
	C.	Were you reprimanded 3 or more times or ever fired because you were frequently late or absent?	NO 1 YES 5
<hr/>			
(31)	M32	In the last 5 years, have you been without a job for 6 months or more?	NO . . (SKIP TO M33) . 1 YES 5
ASP3R C1A ASP4A 6 DSICD B2 FGNAS PD	A.	Was this when you were in school, laid off, sick, on strike, a full-time homemaker, retired, or in jail?	NO, ANOTHER REASON 1 YES . . . (SKIP TO M33) 5
	B.	Were you having problems with alcohol or drugs at that time?	NO 1 YES 5

(32)
ASP3R
C5
ASP4A
3
DSICD
B2
FGNAS
PH

M33 Since your 15th birthday, have you ever traveled around without any arrangements or had no regular place to live for a month or more? **DO NOT COUNT VACATIONS.**

NO .. (SKIP TO M34) . 1
YES 5

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

AGE ONS: ___/___

AGE REC: ___/___

B. Were you having problems with alcohol or drugs at that time?

NO 1
YES 5

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

(22)
DSICD
B3

M34 Since you were 18, have you ever had a close personal friendship or love relationship that lasted continuously for more than 1 year?

NO 1
YES 5
N/A ... (CURRENTLY 18)

(23) M35 How old were you when you first had sexual intercourse (voluntarily)? AGE ONS: ___/___

BOX M35 IF NEVER, CODE 00 AND SKIP TO M38.

FGNAS PG A. How many sexual partners have you had in your life? ___ NUMBER

IF 1, SKIP TO M37. IF 2-9, SKIP TO M36. OTHERS CONTINUE.

FGNAS PG B. Have you ever had sex with 10 different people within a single year? NO 1 YES 5

(24) M36 Have you ever been unfaithful to any person in a romantic or love relationship; that is, when you had an affair or one-night stand? NO .. (SKIP TO M37) . 1 ALC/DRUG ONLY ... 3 YES, CLEAN 5 BOTH, A/D & CLEAN 6

(25) DSICD B3 FGNAS PE A. Did this happen 3 or more times? NO 1 YES 5

ASP3R C9 DSICD B3 B. Have you ever been faithful to 1 person for more than 1 year (that is, when you did not have any other sexual relationships)? **IF NEVER HAD A 1-YEAR RELATIONSHIP, CODE 9.** NO, NEVER FAITHFUL B YES, WAS FAITHFUL 5 N/A 9

ASP3R C7 ASP4A 5 M37 Have you more than once had unprotected sex (without a condom) with someone you believed could give you a disease, or when you had a disease that could be spread that way? NO 1 ALC/DRUG ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN 6

ASP3R C7 ASP4A 5 M38 Have you often taken chances where you or someone else might get physically hurt? For example, playing with fireworks or guns in a reckless manner? NO 1 ALC/DRUG ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN 6

SPECIFY: _____

ASP3R C7 ASP4A 5 A. Have you often taken chances when driving-- like racing a train to a crossing, or drag racing? NO 1 ALC/DRUG ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN 6

SPECIFY: _____

BOX M38 IF M38 AND M38A ARE BOTH CODED 1, SKIP TO M39. OTHERS CONTINUE.

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

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

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

ASP3R C6 ASP4A 2 B. Did this happen 3 or more times since your 15th birthday?
 NO 1
 YES 5

(35) ASP3R C10 ASP4A 7 DSICD B1 M40 Have you often ignored the feelings of others in order to do what you wanted?
 NO 1
 ALC/DRUG ONLY . . . 3
 YES, CLEAN 5
 BOTH A/D & CLEAN 6

(35) ASP3R C3 CDICD 6/7 DSICD B6 M41 Have you often felt irritable, angry, or resentful (that is, you frequently lost your temper, or it was easy to annoy you or make you mad)?
 NO 1
 ALC/DRUG ONLY . . . 3
 YES, CLEAN 5
 BOTH A/D & CLEAN 6

(37) CDICD 5 DSICD B6 M42 Have you often felt that others were to blame for your troubles or your mistakes?
 NO 1
 ALC/DRUG ONLY . . . 3
 YES, CLEAN 5
 BOTH A/D & CLEAN 6

**BOX M43 REVIEW PART B OF TALLY SHEET M.
 IF 2 OR MORE ITEMS MARKED,
 CONTINUE. OTHERS SKIP TO N1, p.
 127.**

(38) M43 Now I'd like to review some of these behaviors that you told me about. You said that since the age of 15 you (**LIST SX IN PART B**). How old were you the last time you were in any of these situations?
 AGE REC: ___/___
 REC: 1 2 3 4 5

DSICD
B5
ASP3R
C10
ASP4A
7

A. When you were involved in any of the situations checked on this list, did you more often than not feel bad or guilty afterwards?

NO 1
YES .. (SKIP TO N1, p. 137)

DSICD
B6

B. Was that because you felt the person(s) (or animals) involved deserved it more times than not?

NO 1
YES 5

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

- N1 Have you ever thought about killing yourself? NO . (SKIP TO N2) 1
YES 5
- A. Did those thoughts persist for at least 7 days in a row? NO 1
YES 5
- B. Did you have a plan?
(Did you actually consider a way to take your life?) NO . (SKIP TO D) 1
YES 5
- C. What were you going to do?
SPECIFY: _____

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

- N2 Have you ever tried to kill yourself? NO (SKIP TO N12) 1
YES 5
- A. How many times? _____ TIMES
- B. How old were the (first/last) time? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5
-

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

RECORD METHOD: _____

N4 How old were you then? AGE: ___ ___

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

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

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

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

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

N9	Did you try to kill yourself:	<u>NO</u>	<u>YES</u>
1.	While feeling depressed?	1	5
2.	While feeling extremely good or high?	1	5
3.	After you had been drinking?	1	5
4.	After using drugs?	1	5
5.	While having strange thoughts or experiences, or while seeing visions?	1	5
6.	Other: IF YES, SPECIFY: _____	1	5

N10A CODE SILENTLY: TYPE OF METHOD INTENDED (SEE N3). 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/vehicle.
8. Strangulation, choking, suffocation, hanging, drowning.
9. Other or combination.

N10B CODE SILENTLY: DEGREE OF COMPLETION. 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).

N11 CODE SILENTLY: INTENT. CODE: ____

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

N12 (Other than when you tried to take your own life,) did you ever hurt yourself on purpose, for example, by cutting or burning yourself?

NO... (SKIP TO O1, p. 129) 1
YES 5

A. How many times?

__ __ TIMES

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

AGE ONS: ___/___

ONS: 1 2 3 4 5

AGE REC: ___/___

REC: 1 2 3 4 5

HAND R CARD O.

PTS3RA
PTS4A1

O1 Please look at this list. Have you ever experienced or witnessed something that is so horrible that it would be distressing or upsetting to almost anyone? Examples are included on this list: military combat; an assault, rape, or kidnapping; seeing someone seriously injured or killed; a flood, earthquake, large fire, or other disaster; an airplane crash or serious car accident; a shooting or bombing; or any situation where you feared there was a serious threat to your life or to the life of another person? **IF YES, RECORD EVENT AND CODE.**

NO... (SKIP TO P1, p. 134)
YES 5

EVENT 1. _____

CODE: ____

EVENT 2. _____

CODE: ____

EVENT 3. _____

CODE: ____

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

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

EVENT: 1 2 3

PTS4A2

B. When this most disturbing event occurred, did you feel intense fear, helplessness, or horror?

NO 1
YES 5

C. When did this (EVENT) occur?

____ / ____
MO YEAR

1. How old were you then?

AGE: ____

D. Was there ever a period of time lasting one month or longer when you had strong feelings or thoughts about (EVENT), which made you anxious or upset?

NO. (SKIP TO P1, p. 134) 1
YES 5

1. When did this start?

____ / ____
MO YEAR t

2. So, that was when you were ____ years old?

AGE: ____

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

PTS3RB1
PTS4B1

O2 Did memories, visions, thoughts, or feelings about (EVENT) often keep coming to your mind, even though you didn't want them to?

NO 1
YES (SPECIFY) . 5

IF YES: Can you give me some examples?

PTS3RB2
PTS4B2

O3 Did you have unpleasant dreams again and again about (EVENT)?

NO 1
YES 5

Still focusing on the period that started (DATE IN O1D.1). . . (that is, the period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT))

PTS3RB3
PTS4B3

O4 Did you ever suddenly act or feel as if (EVENT) was happening again? This may include flashbacks or hallucinations, even if they occur when you are just waking up.

NO 1
YES (SPECIFY) . 5

IF YES: Can you give me some examples?

PTS3RB4
PTS4B4

O5 Did you feel very upset when you were reminded of (EVENT)? For example, on the anniversary of (EVENT).

NO 1
YES 5

PTS3RD6
PTS4B5

O6 Did things that reminded you of (EVENT) make you sweat, tense up, breathe hard, tremble, or respond in some other physical way?

NO 1
YES 5

<p>BOX 07 IF O2-O6 ALL CODED 1, SKIP TO P1, p. 134. OTHERS CONTINUE.</p>

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

PTS3RD1 PTS4D1	O16	Did you have more trouble falling asleep or staying asleep than before (EVENT)?	NO 1 YES 5
PTS3RD2 PTS4D2	O17	Did you find that you got irritated or lost your temper more easily than before (EVENT)?	NO 1 YES 5
PTS3RD3 PTS4D3	O18	Were there times when you had more trouble concentrating than before (EVENT)?	NO 1 YES 5
PTS3RD5 PTS4D5	O19	Were there times when unexpected noise, movement, or touch startled you more than before (EVENT)?	NO 1 YES 5
PTS3RD4 PTS4D4	O20	Were you more watchful or extremely aware of things around you? For example, were you more aware of certain sounds, smells, or sights?	NO 1 YES 5

BOX O21 REVIEW O16-O20. IF 2 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO P1, p. 134.

PTS3RE PTS4E	O22	You have told me about things such as reliving the event through dreams, memories, or feelings; avoiding things that reminded you of the event; and problems with sleep, mood, or thinking. Did these experiences last longer than one month?	NO(SKIP TO P1, p.134) 1 ALC/DRUG ONLY . . 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
	A.	What is the longest amount of time that these experiences lasted?	MONTHS: _____
	B.	How soon after (EVENT) did you begin to experience these things?	_____ UNITS <i>t</i> CODE UNITS: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	C.	How old were you the last time you had a period of time like this?	AGE REC: _____/____ <i>t</i> REC: 1 2 3 4 5
PTS4F	D.	Did these experiences interfere with your work, school, household activities, or how you got along with other people? SPECIFY: _____	NO 1 YES . . . (SPECIFY) . . 5

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

SPECIFY: _____

BOX O24 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO P1, p. 134.

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

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTE
RING
AT
ONSET

A. Around the time you first had these very intense feelings, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet? NO 1
YES (SKIP TO P1, p. 134) 5

HEAVY
USE
WHEN
NOT
CLUSTE
RING

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

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

P1 Have you ever been anxious, worried, nervous, or "on edge" more days than not for at least 6 months? For example, worrying about possible harm to a loved one who was not in danger, or worrying about finances for no good reason? NO . . . (SKIP TO Q1, p.138)1
YES 5

A. Please describe the different things you worried about.

EXAMPLES:

1. _____
2. _____
3. _____
4. _____
5. _____

GAD3RB/
C
GAD4D

CIRCLE THE NUMBER IF THE WORRY IS NOT ABOUT OWN EMOTIONAL PROBLEMS, ALC/DRUG PROBLEMS, HEALTH/APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS.

GAD3RB
GAD3RC

B. ARE THERE 2 OR MORE WORRIES CIRCLED?	NO . . (SKIP TO Q1, p. 138) 1 YES 5
--	--

GAD3RF
GAD4F

C. BEGIN PROBING.

CODE: 2 3 4 5

WHOM SAW: _____

WHAT TOLD: _____

IF CODED 2, SKIP TO Q1, p.138.

GAD3RA
GAD4A

D. Did people around you, such as family and friends, tell you that you worried far too much about these problems? NO 1
YES (SKIP TO E) . . . 5

GAD3RA
GAD4A

1. Have you ever thought that you worried far too much about these problems? NO . . (SKIP TO Q1, p. 138) 1
YES 5

GAD4B

E. Did you find it difficult to control your worrying for a period lasting 6 months or longer? NO . . (SKIP TO Q1, p. 138) 1
YES 5

	P2	During that 6-month (or longer) period when you were anxious and worried about a number of things, did you also experience for more days than not...	<u>N</u> <u>Q</u>	<u>YES</u>
GAD3RD 1	1.	Trembling, twitching, or feeling shaky?	1	5
GAD3RD 2 GAD4C5	2.	Sore, aching, or tender muscles?	1	5
GAD3RD 3 GAD4C1	3.	Restlessness?	1	5
GAD4C2 GAD3RD 4	4.	Feeling easily tired or fatigued?	1	5
GAD3RD 5	5.	Shortness of breath or feeling like you were smothering?	1	5
GAD3RD 6	6.	Heart palpitations or a racing heart?	1	5
GAD3RD 7	7.	Sweating? Or cold, clammy hands?	1	5
GAD3RD 8	8.	Dry mouth?	1	5
GAD3RD 9	9.	Dizziness or lightheadedness?	1	5
GAD3RD 10	10.	Nausea, diarrhea, or stomach problems?	1	5
GAD3RD 11	11.	Flushes, hot flashes, or chills?	1	5
GAD3RD 12	12.	Frequent urination?	1	5
GAD3RD 13	13.	Trouble swallowing, or feeling a "lump" in your throat?	1	5
GAD3RD 14 GAD4C1	14.	Feeling "keyed up" or "on edge"?	1	5
GAD3RD 15	15.	Being easily startled?	1	5
GAD3RD 16 GAD4C3	16.	Difficulty concentrating or having your mind go blank?	1	5

GAD3RD
17
GAD4C6

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

18. Irritability? 1 5

GAD3RD
18
GAD4C4

**IF 3 OR MORE ARE CODED 5, CONTINUE.
OTHERS SKIP TO Q1, p. 138.**

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

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

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

	P6	How old were you the (first/last) time you were anxious or worried about 2 or more problems for 6 months or longer and had some other problems like (SEVERAL SX ENDORSED IN P2) at the same time?	AGE ONS: ___/___ <i>t</i> ONS: 1 2 3 4 5 AGE REC: ___/___ <i>t</i> REC: 1 2 3 4 5
--	----	---	--

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

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

NO 1
 YES 5

BOX P8 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO Q1, p. 138.

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

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTERING AT ONSET

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

NO 1
 YES .. (SKIP TO Q1, p. 138)

HEAVY USE WHEN NOT CLUSTERING

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

NO 1
 YES 5

(1)
OCD3RA
1
OCD4A1/
2

Q1 Have you ever had thoughts, images, or impulses that bothered you a lot and kept coming back? Ideas that are senseless -- like thinking your hands are dirty no matter how often you wash them or thinking of hurting someone you love when you're not even mad at them. Other examples are the repeated urge to curse in church or feeling sure many times that you have run over someone with your car.

NO . . . (SKIP TO Q9) . . . 1
YES 5

Please describe these to me:

EXAMPLES: _____

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

A. **CODE SILENTLY: ARE EXAMPLES IN Q1 ONLY ABOUT OWN EMOTIONAL PROBLEMS, ALC/ DRUG PROBLEMS, HEALTH/APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS?**

NO 1
YES . . . (SKIP TO Q9) 5

OCD4D/E

B. Were the kinds of thoughts, images, or impulses that bothered you only about (your emotional problems / problems you had with alcohol or drugs / other problems you had with your health or appearance / realistic money or family problems) ?

C. What other kinds of thoughts or ideas bothered you?

EXAMPLE: _____

CODE: 2 3 4 5

D. **BEGIN PROBING**

WHOM SAW: _____

WHAT TOLD: _____

**IF CODED 2, SKIP TO Q9.
OTHERS CONTINUE.**

OCD3RA
2
OCD4A3

Q2 Did you try to block these thoughts by doing something or thinking about something else?

NO . . . (SKIP TO Q9) . . . 1
YES 5

OCD3RA
3
OCD4A4

Q3 Were these your own thoughts or were they put in your head by someone else?

SOMEONE ELSE . . . 1
OWN THOUGHTS . . . 5

IF CODED 1, SKIP TO Q9. OTHERS CONTINUE.

OCD4B

Q4 Did you think that these (thoughts/images/impulses) were unreasonable or excessive?

NO . . . (SKIP TO Q9) . . . 1
YES 5

**BOX Q5 IF I25A=5 OR I25C=5, CONTINUE.
OTHERS SKIP TO Q6.**

OCD3RA 4 OCD4D	Q5	Did these thoughts <u>only</u> occur when you were feeling sad, blue, or depressed, like the times we talked about earlier?	NO 1 YES 5
----------------------	----	---	---------------------------

OCD3RA 4 OCD4E	Q6	Did these thoughts <u>only</u> occur when you were using alcohol or drugs or had recently cut down?	NO 1 YES 5
----------------------	----	---	---------------------------

(4) OCD3RB OCD4C	Q7	Did these thoughts really upset you or interfere with your normal routine?	NO 1 YES... (SPECIFY) ... 5
------------------------	----	--	--------------------------------------

SPECIFY: _____

(5) OCD3RB OCD4C	A.	Did you find yourself having these thoughts or impulses for at least an hour a day?	NO 1 YES 5
------------------------	----	---	---------------------------

**BOX Q7 IF Q7 AND Q7A ARE BOTH CODED 1,
SKIP TO Q9.**

Q8	When was the (first/last) time you experienced these thoughts to the point that they interfered with your normal routine or caused you to feel really upset?	AGE ONS: ___/___ <i>t</i> ONS: 1 2 3 4 5 AGE REC: ___/___ <i>t</i> REC: 1 2 3 4 5
----	--	--

(3)
OCD3RA
1
OCD4A1

Q9 Have you ever found that you had to do or think certain things over and over? For example, washing your hands so often your skin became sore or checking things like doors many times because you thought you hadn't locked them? What about performing behaviors in a set pattern? For example, putting on your clothes in a certain order, counting repeatedly, saying words to yourself over and over, or other rituals like that?

NO. (SKIP TO R1, p.142) 1
YES... (SPECIFY) ... 5

SPECIFY: _____

OCD3RA
2
OCD4A2

A. Did you do those things to keep something bad from happening?

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

SPECIFY: _____

B. **BEGIN PROBING.**

CODE: 2 3 4 5

WHOM SAW: _____

**IF CODED 2, SKIP TO R1,
p.142. OTHERS
CONTINUE.**

WHAT TOLD: _____

OCD3RA
2
OCD4A2

Q10 If you tried to stop doing (BEHAVIOR), did you become anxious or very nervous?

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

SPECIFY: _____

(Q3C)
OCD3RA
3
OCD4B

Q11 Did you think that these activities were unreasonable or excessive?

NO 1
YES 5

**BOX Q12 IF BOX H5B = 5 OR H11 = 5,
CONTINUE.
OTHERS SKIP TO BOX Q13.**

OCD4D

Q12 Were these activities always related to feelings about your body size or weight?

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

SPECIFY: _____

**BOX Q13 IF I25A = 5 OR I25C = 5, CONTINUE.
OTHERS SKIP TO Q14.**

OCD4D Q13 Did you perform these behaviors only when you were feeling sad, blue, or depressed, like the times we talked about earlier? NO 1
YES 5

OCD4E Q14 Did these behaviors only occur when you were using alcohol or drugs or had recently cut down? NO 1
YES 5

(Q4)
OCD3RB
OCD4C Q15 Did those activities really upset you or interfere with your normal routine? NO 1
YES... (SPECIFY) ... 5

SPECIFY: _____

(Q5)
OCD3RB
OCD4C A. Did you find yourself performing these behaviors at least an hour at a time each day? NO 1
YES 5

BOX Q15 IF Q15 AND Q15A ARE BOTH CODED 1, SKIP TO R1, p.142. OTHERS CONTINUE.

Q16 When was the (first/last) time you performed these activities to the point that they caused you to feel really upset, interfered with your normal routine, or took up a lot of your time? AGE ONS: ____/____ *t*
ONS: 1 2 3 4 5
AGE REC: ____/____ *t*
REC: 1 2 3 4 5

BOX Q17 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO R1, p. 142.

Q17 You told me about the (thoughts/behaviors) that occurred over and over, which first started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A OTHERS SKIP TO B.

CLUSTE
RING
AT
ONSET A. Around the time you first had repeated (thoughts/behaviors), were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet? NO 1
YES ... (SKIP TO R1, p.142) 5

HEAVY
USE
WHEN
NOT
CLUSTE
RING B. Around the time you first had repeated (thoughts/behaviors), were you (drinking heavily/using DRUGS) daily or almost daily? NO 1
YES 5

(P7)
SP3RA
SP4A

R1 Some people have a strong and persistent fear of doing certain things in front of people like speaking, eating, or writing because they think they might embarrass themselves. These fears are stronger than the feelings that most people have.

Have you ever had a strong and persistent fear of: NO YES

- 1. starting or keeping up conversations or talking to people you don't know well? 1 5
- 2. speaking to your teachers, boss or other people in authority? 1 5
- 3. speaking in public or answering questions in a meeting or a class? 1 5
- 4. eating or drinking in public? 1 5
- 5. writing while someone watches? 1 5
- 6. using public restrooms? (inability to perform, not fear of germs) 1 5

IF R1.1-6 ARE ALL NO, CODE 1 AND SKIP TO S1, p. 145. OTHERS, BEGIN PROBING.

CODE: 1 2 3 4 5

SPECIFY: _____

WHOM SAW: _____

WHAT TOLD: _____

IF CODED 1 OR 2, SKIP TO S1, p. 145.

SP3RB
SP4G/H

**IF PHYSICAL DISABILITY/CONDITION MADE THE ACT DIFFICULT, CODE 4.
IF R FEARED REVEALING A PSYCHIATRIC DISORDER OR IF SX WERE DUE TO A PSYCHIATRIC DISORDER, CODE 5.**

R1A. EDITOR'S CODE:
CAN SX BE EXPLAINED BY
OTHER DISORDER?
NO 1
YES 5
NO .. (SKIP TO S1, p. 145) |

(P8)
SP3RC
SP4B

R2 Did being in (this/these) situation(s) almost always make you extremely nervous right away (when you were not using alcohol or drugs)?

YES 5

(P10)
SP3RD
SP4D

A. Did you almost always avoid that situation?

NO 1
YES. . . (SKIP TO R3) . 5

(P10A)
SP4D

B. When you had to be in that situation, did you almost always feel extremely nervous or panicky?

NO . . (SKIP TO S1, p. 145) |
YES 5

(P12)
SP3RF
SP4C

R3

Did you ever think that your fear was excessive
or unreasonable?

NO . . (SKIP TO S1, p. 145)1
YES 5

(P11)
SP3RE
SP4E

R4 Did this fear or avoiding the situation ever interfere with your job, school, social functioning, or normal routine?

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

SPECIFY: _____

SP3RE
SP4E

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

NO 1
YES 5

BOX R5 IF R4 AND R4A ARE BOTH CODED 1, SKIP TO S1, p. 145. OTHERS CONTINUE.

R6 About how long did your fear (interfere with your functioning/make you upset with yourself)?

MONTHS: ___ ___ ___

R7 How old were you the (first/last) time (this fear/any of these fears) (interfered with your functioning/made you upset with yourself)?

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

R8 Did you ever take medicine, begin to drink or use drugs, or increase the amount of alcohol or drugs that you were using because of (this fear/these fears)?

NO. . . (SKIP TO BOX R9) 1
YES. . . (SPECIFY) . . . 5

SPECIFY:

1. _____
2. _____

CODE: ___ ___ ___
CODE: ___ ___ ___

A. Did (taking medicine/drinking alcohol/using drugs) help?

NO 1
YES 5

BOX R9 IF R1.4 = 5 AND EITHER H5B OR H11 = 5, CONTINUE. OTHERS SKIP TO S1, p. 145.

(P14)
SP3RB
SP4H

R10 Did any of these fears occur because you were afraid people would notice you had an eating problem?

NO 1
YES 5

**BOX R11 IF R HAD 1+ BOX MARKED ON ALC,
MJ, OR DRUG TALLY SHEET A,
CONTINUE.
OTHERS SKIP TO S1, p. 145.**

R11 You told me about feeling very concerned about (SITUATIONS) in public and that first started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS SKIP TO 2.

CLUSTER
ING
AT
ONSET

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

NO 1
YES . . (SKIP TO S1, p. 145)

HEAVY
USE
WHEN
NOT
CLUSTE
RING

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

NO 1
YES 5

AGP3RA
AGP4A

S1 Some people have a fear of being in certain places or situations where they feel it would be difficult to leave easily. They are worried that they could not escape or get help if they suddenly became panicky. Some situations like this include being alone away from home; being in a crowd; being in a place where there was a long distance between exits, like in a tunnel or on a bridge; travelling in a bus, car, or train; or being in an elevator. Have you ever had a period of time when you had a fear like that (that you might become panicky and wouldn't be able to leave easily if that happened)?

NO . (SKIP TO T1, p.148) 1
YES 5

AGP3RA

S2 Did you feel this way about:

NO YES

- 1. going outside of the house alone? 1 5
- 2. being in a crowd or standing in a line? 1 5
- 3. being on a bridge or in a tunnel? 1 5
- 4. travelling in a bus, train, or car? 1 5
- 5. being in an elevator? 1 5

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

A. What situation did you have in mind when you said some situations made you unreasonably afraid?

NONE. . (SKIP TO T1, p. 148)
ANY 5

EXAMPLE: _____

AGP4A

B. Did more than one situation make you feel this way?

NO 1
YES 5

AGP4C

C. **BEGIN PROBING. SPECIFY FEAR AND RECORD EXAMPLES.**

CODE: 2 3 4

What was it about (SITUATIONS) that was frightening to you?

EXAMPLES: _____

IF CODED 2, SKIP TO T1, p. 148. OTHERS CONTINUE.

S2D. EDITOR'S CODE:
CAN SX BE
EXPLAINED BY
ANOTHER DISORDER?
NO 1
YES 5

WHOM SAW: _____

WHAT TOLD: _____

AGP3RA AGP4B	S3	A. When you were in those situations, did you <u>usually</u> :	<u>NO</u>	<u>YES</u>
		1. get sweaty?	1	5
		2. tremble?	1	5
		3. have a dry mouth?	1	5
		4. feel dizzy?	1	5
		5. feel your heart pound?	1	5
		6. get nauseated or vomit?	1	5
		7. feel like you couldn't control your bodily functions?	1	5
		8. feel tightness or pain in your chest or stomach?	1	5
		9. feel that you, or things around you, seemed unreal?	1	5
AGP4A	B.	When you were in situations like (SITUATIONS IN S2), were you afraid that any of these things might happen?	NO	1
			YES	5

AGP3RA AGP4B	S4	Did you almost always avoid these situation(s) or stop going places because of your fear that you would feel sick or do something embarrassing?	NO	1
			YES (SPECIFY) ...	5

SPECIFY: _____

AGP3RA AGP4B	A.	Has your fear kept you from going somewhere you wanted to go 3 or more times?	NO	1
			YES (SPECIFY) ...	5

SPECIFY: _____

AGP3RA AGP4B	B.	When you had to be in one of these situations, did it almost always make you extremely nervous or panicky?	NO	1
			YES (SPECIFY) ...	5

SPECIFY: _____

AGP3RA AGP4B	C.	When you had to be in one of these situations, did you begin to need someone to be with you?	NO	1
			YES (SPECIFY) ...	5

SPECIFY: _____

<p>BOX S4 IF S4, S4A, S4B, AND S4C ARE ALL CODED 1, SKIP TO T1, p. 148. OTHERS CONTINUE.</p>

S5	How old were you the (first/last) time you had this fear and had some other problems like (SX ENDORSED IN S3 AND S4) at the same time?	AGE ONS: ___/___ t ONS: 1 2 3 4 5 AGE REC: ___/___ t REC: 1 2 3 4 5
----	--	--

S6	Did you ever take medicine, begin to drink or use drugs, or increase the amount of alcohol or drugs that you were using because of this fear?	NO .. (SKIP TO BOX S7) 1 YES (SPECIFY) ... 5
----	---	--

SPECIFY:

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

A.	Did (taking medicine/drinking alcohol/using drugs) help?	NO 1 YES 5
----	--	---------------------------

BOX S7 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO T1, p. 148.

S7 You told me you had a concern about being in a situation where you could not escape if something bad would happen to you. I recorded that this started for you at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTERING AT ONSET

A.	Around the time you first started feeling concerned about not being able to escape if needed, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?	NO 1 YES (SKIP TO T1, p. 148) 5
----	---	---

HEAVY USE WHEN NOT CLUSTERING

B.	Around the time you first started feeling concerned about not being able to escape if needed, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1 YES 5
----	---	---------------------------

(O1)
PAN3
RA/E
PAN4
A
AGPA
N3R
A
AGPA
N4A1

T1 Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky in situations when most people would not be afraid or anxious; that is, during times when you were not in danger, or were not making a speech, or something like that?

CODE: 1 2 3 4 5

IF CODED 1 OR 2, SKIP TO U1, p. 152 . OTHERS CONTINUE.

EXAMPLE: _____

WHOM SAW: _____

WHAT TOLD: _____

(O2)
PAN3
RB
AGPA
N3R
A

T2 Have you ever had...

NO YES

A. 3 attacks within a three-week period? 1 5

B. 4 attacks within a four-week period? 1 5

(O3)
PAN3
RB
PAN4
A2A
AGPA
N3R
A
AGPA
N4A2
A

T3 After having an attack, did you ever have a month or more when you worried a lot about having an attack or you were afraid that you might have another attack?

NO 1
YES 5

	A.	Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy?	NO(SKIP TO B) . 1 YES 5
PAN4 A2B AGPA N4A2 B	1.	Did you think that for a month or longer?	NO 1 YES 5
	B.	Did having an attack like this cause you to stop doing anything that you used to do or stop going places you used to go?	NO. (SKIP TO C) . 1 YES 5
	1.	Did you stop doing things or going places for a month or longer?	NO 1 YES 5
PAN4 A2C AGPA N4A2 C	C.	After having an attack like this, did you begin to need someone to go with you?	NO. (SKIP TO T4) 1 YES 5
	1.	Did that last for a month or longer?	NO 1 YES 5
PAN4 A2C AGPA N4A2 C			

(O4) PAN3 RC PAN4 A1 AGPA N3R A AGPA N4A1	T4	During <u>one</u> of your worst attacks, did you have...	<u>NO</u>	<u>YES</u>
PAN3 RC1 PAN4 A1.4	1.	Shortness of breath or feeling that you were smothering?	1	5
PAN3 RC3 PAN4 A1.1	2.	Palpitations or a pounding heart?	1	5
PAN3 RC2 PAN4 A1.8	3.	Dizziness, light-headedness, unsteadiness, or feeling faint?	1	5
PAN3 RC11 PAN4 A1.6	4.	Chest tightness or chest pain?	1	5
PAN3 RC9 PAN4 A1.1 2	5.	Numbness or tingling in your face, feet, or fingers?	1	5
PAN3 RC6 PAN4 A1.5	6.	Choking sensation?	1	5
PAN3 RC5 PAN4 A1.2	7.	Sweating?	1	5
PAN3RC 4 PAN4A1. 3	8.	Shaking or trembling?	1	5
PAN3RC 10 PAN4A1. 13	9.	Flushing, hot flashes, or chills?	1	5
PAN3RC 8 PAN4A1. 9	10.	A feeling that things were unreal?	1	5
PAN3RC 12 PAN4A1. 11	11.	A fear that you might die?	1	5

- PAN3RC 12. A fear that you were going crazy or losing control? 1 5
 13
 PAN4A1.
 10
- PAN3RC 13. Nausea or discomfort in your stomach or abdomen? 1 5
 7
 PAN4A1.
 7

BOX T4 IF 4 OR MORE ARE CODED 5 IN T4.1-13, CONTINUE. OTHERS SKIP TO U1, p. 152.

- (O5) T5 You mentioned you had attacks of feeling frightened _____ NUMBER
 PAN3RD and some problems like (SX IN T4.1-13). How many
 PAN4A1 episodes have you had in your lifetime that had 4 or
 AGPAN3 more of these problems?
 RA
 AGPAN4
 A1

BOX T5 IF ONLY 1 ATTACK, SKIP TO U1, p. 152. OTHERS CONTINUE.

- (O6) T6 During at least several of your attacks, did some of NO 1
 PAN3RD these problems such as: (UP TO 4 SX CODED IN T4) YES 5
 PAN4A1
 AGPAN3 begin suddenly, and get worse in the first 10 minutes of
 RA the attacks?
 AGPAN4
 A1

PAN4D T7 A. **IF ANY 5 CODED IN R1.1-6 (SOCPHOB, p. 142), ASK:** Did you have attacks like that when you were (SOCPHOB SITUATIONS CODED 5 IN R1.1-6)?

NO 1
 YES 5

PAN4D B. **IF ANY 5 CODED IN S2.1-5 (AGPHOB, p. 145), ASK:** Did you have attacks like that when you were (AGPHOB SITUATIONS CODED 5 IN S2.1-5)?

NO 1
 YES 5

C. Did being in any (other) particular situations make it likely that you would have an attack like this?

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

SPECIFY: _____

D. Have you had these attacks at times when you had no reason to expect one because you were not in any special situation?

NO 1
 YES 5

(07) T8 How old were you the (first/last) time you had one of these sudden attacks of feeling frightened or anxious when you had 4 or more problems like (ALL SX CODED 5 IN T4.1-13)?

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

IF DK AND R IS UNDER 40, CODE T8A "YES" WITHOUT ASKING. IF DK AND R IS 40 OR OLDER, ASK A. OTHERS SKIP TO T9.

A. **IF DK:** Would you say that the first time was before you were 40?

NO 1
 YES 5

(08) T9 Have you ever been nervous or anxious much of the time between attacks?

NO 1
 YES 5

(09) T10 Did these attacks ever cause you to have difficulty in getting along with your family or to have problems at work or at school?

NO 1
 YES (SPECIFY) ... 5

SPECIFY: _____

T11 Did you ever take medicine, begin to drink or use drugs, or increase the amount of the alcohol or drugs that you were using because of these attacks? NO . . . (SKIP TO BOX T12) 1
YES (SPECIFY) . . . 5

SPECIFY:

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

A. Did (drinking/using drugs) help? NO 1
YES 5

BOX T12 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO U1, p. 152.

T12 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 U1, p. 152) .. 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

SHOW R THE COMPLETED TIMELINE.

U1 At this point, I'd like to review some of the information that you have given me. I have recorded the information on this page. Please let me know if dates or ages need to be changed.

A. REVIEW LIFE EVENTS, CHECKING AGES/YEARS.

BOX U1A	DID R EVER USE ALCOHOL, MARIJUANA, OR DRUGS?	NO . (SKIP TO BOX U1B) 1 YES 5
----------------	---	---

**B. REVIEW SUBSTANCES ONE SECTION AT A TIME,
ESPECIALLY PERIODS OF REGULAR USE, ABSTINENCE,
AND CLUSTERING ONSET/ RECENCY.**

BOX U1B	ARE ANY EPISODES RECORDED ON THE BOTTOM HALF OF THE TIMELINE?	NO (SKIP TO U2) ... 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.**

U2 So, does the timeline look complete and accurate to you? **CORRECT TIMELINE AND SECTIONS AS APPROPRIATE.** NO (SPECIFY) . 1
YES 5

IF NO, SPECIFY: _____

-

Now I'd like to ask you some questions about your childhood, from the ages of 6 to 13. These questions concern your home environment at that time. Nearly all of the questions will cover your home life between the ages of 6 and 13 only. A few questions will cover slightly different ages, which I'll identify when we get to those questions.

SHOW CARD V.

V1 With whom did you live for the major part of the time when you were 6 to 13?

CODE: ____

IF OTHER, SPECIFY: _____

BOX V1	NO	YES
IS A MOTHER FIGURE PRESENT FOR CODING?	1	5
IS A FATHER FIGURE PRESENT FOR CODING?	1	5

IF NO TO EITHER, OMIT THE QUESTIONS THAT PERTAIN TO THAT PARENT FIGURE. REMIND R, AS NEEDED, WHO THE MOTHER AND FATHER FIGURES ARE.

V2 OMITTED.

V3 OMITTED.

V4 What religion were you raised in?

SPECIFY: _____

CODE: ____

BOX V4 IF NONE, SKIP TO V5.

A. Did you consider yourself a Fundamentalist (DENOMINATION IDENTIFIED IN V4)?	NO	1
	YES	5
B. Did your religion have formal rules against alcohol use?	NO	1
	YES	5

V5 Think about the home you lived in when you were 6. Did you move from this home before you were 13?

NO. (SKIP TO V6) 1
 YES 5

(MOVE = CHANGED PRINCIPAL RESIDENCE)

A. How many homes did you live in during this time?	2 HOMES	1
	3 HOMES	2
	4 OR MORE HOMES	3
B. How many times did you have to change schools because of (this/these) move(s)?	NO, NEVER	1
	YES, ONCE	2
	2 TIMES	3
	3 TIMES	4
	4 OR MORE TIMES	5

V6 Was the home that you lived in (the longest) from age 6-13 in a large metropolitan area (at least 100,000), a suburb of a large city, a small city, a small town, or out in the country?
IF 2 HOMES TIE FOR LONGEST LIVED IN, CODE THE LARGEST.

LARGE CITY (>100,000)	1
SUBURB OF LARGE CITY	2
SMALL CITY (25,000-100,000)	3
SMALL TOWN (<25,000)	4
RURAL	5

V7 OMITTED.

V8 Compared with the average family in your community when you were 6-13, was your family financially better off, about average, or worse off during most of that time?

BETTER OFF	1
ABOUT AVERAGE	2
WORSE OFF	3

V9 When you were 6-13, did you or anyone in your family ever not have enough to eat because the family was poor?

NO	1
YES	5

V10 OMITTED.

V11 At the time you were 13, what is the highest grade in school your (FATHER FIGURE) had completed? GRADE: ___ ___

- CODE ACTUAL GRADE (00-17)**
- TECHNICAL SCHOOL OR 1 YR OF COLLEGE=13
 - 2 YRS OF COLLEGE =14
 - 3 YRS OF COLLEGE =15
 - 4 YRS OF COLLEGE: B.A., B.S. =16
 - GRADUATE: M.A., M.S., J.D., M.D., Ph.D. . . =17

A. At the time you were 13, had he graduated from:

CODE HIGHEST LEVEL GRADUATED. STOP AFTER THE FIRST YES.

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

IF V11=17, START WITH AND MOVE DOWN	->	GRAD SCHOOL	1		5
IF V11=16	->	COLLEGE	1		5
IF V11=14 OR 15	->	JR. COLLEGE	1		5
OTHERS	->	HIGH SCHOOL	1		5
		GED	1		5
		OTHER SCHOOL	1		5

V12 At the time you were 13, what is the highest grade in school your (MOTHER FIGURE) had completed? GRADE: ____

CODE ACTUAL GRADE (00-17)

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

A. At the time you were 13, had she graduated from:

CODE HIGHEST LEVEL GRADUATED. _____ **NO** **YES**
STOP AFTER THE FIRST YES.

IF V11=17, START WITH AND MOVE DOWN	GRAD SCHOOL 1	5
IF V11=16 ----->	COLLEGE 1	5
IF V11=14 OR 15 ----->	JR. COLLEGE 1	5
OTHERS ----->	HIGH SCHOOL 1	5
	GED 1	5
	OTHER SCHOOL 1	5

IF R DID NOT LIVE WITH A MOTHER FIGURE, SKIP TO V14. OTHERS CONTINUE.

		<u>MOTHER</u>
V13	When you were 6-13, did your (MOTHER FIGURE) work outside the home (that is, have a job other than a homemaker)?	NO 1 YES 5

V14 When you were 6-13, was your (FATHER FIGURE) ever away from home a lot due to any of the following reasons? **READ OPTIONS:**

	NO	YES
WORK	1	5
MILITARY SERVICE	1	5
ILLNESS (E.G., HOSPITALIZED)	1	5
IMPRISONMENT	1	5
MARITAL SEPARATION / DIVORCE / DESERTION		5
OTHER (SPECIFY: _____) ...	1	5

V15 When you were 6-13, was your (MOTHER FIGURE) ever away from home a lot due to any of the following reasons? **READ OPTIONS:**

	NO	YES
WORK	1	5
MILITARY SERVICE	1	5
ILLNESS (E.G., HOSPITALIZED)	1	5
IMPRISONMENT	1	5
MARITAL SEPARATION / DIVORCE / DESERTION		5
OTHER (SPECIFY: _____) ...	1	5

		<u>MOTHER</u>	<u>FATHER</u>
V16	Now I would like you to think about the relationship you had with your (MOTHER FIGURE / FATHER FIGURE) when you were 6-13. <u>Overall</u> , was your relationship with (her/him) excellent, good, fair, or poor?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4	1 2 3 4
V17	OMITTED.		
V18	OMITTED.		
		<u>MOTHER</u>	<u>FATHER</u>
V19	Did you have a close and confiding relationship with your (MOTHER FIGURE / FATHER FIGURE) when you were 6-13?	NO 1 YES 5	1 5
V20	Did you have a close and confiding relationship with any other adult when you were 6-13? <u>SPECIFY PERSON AND RELATIONSHIP:</u>	NO 1 YES..... (SPECIFY) 5	1 5
V21	OMITTED.		
V22	Did your (PARENT FIGURES) often make you wear clothes that embarrassed you because they were torn or worn out?	NO 1 YES 5	1 5
V23	OMITTED.		
BOX V24 IF R LIVED IN A SINGLE-PARENT FAMILY, SKIP TO V28. OTHERS CONTINUE.			
V24	Overall, how would you rate your (PARENT FIGURES') (marriage/relationship) when you were 6-13 -- excellent, good, fair, or poor?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4	1 2 3 4
V25	Some parents really enjoy being with each other while others don't. Did your (PARENT FIGURES) usually seem to enjoy each other?	NO 1 YES 5	1 5
V26	Did your (PARENT FIGURES) <u>often</u> argue or fight in front of you?	NO 1 YES 5	1 5

		<u>MOTHER</u>	<u>FATHER</u>
V27	Did either of your (PARENT FIGURES) ever hit the other?	NO.(SKIP TO V28) 1	1
		YES 5	5
A.	Did you ever see it happen?	NO 1	1
		YES 5	5
V28	How much conflict and tension was there in your household when you were 6-13 -- a lot, some, a little, or none?	A LOT 1	
		SOME 2	
		A LITTLE 3	
		NONE 4	
V29	People have a variety of personality traits. I'm going to list several traits and I'd like you to tell me if your (MOTHER FIGURE / FATHER FIGURE) was like that.	<u>MOTHER</u> <u>NO</u> <u>YES</u>	<u>FATHER</u> <u>NO</u> <u>YES</u>
A.	Did your (MOTHER FIGURE / FATHER FIGURE) tend to think people were out to harm or take advantage of (her/him)?	1 5	1 5
B.	Did your (MOTHER FIGURE / FATHER FIGURE) think (s/he) was better than other people, that is, was (s/he) a bit snobbish?	1 5	1 5
C.	Did your (MOTHER FIGURE / FATHER FIGURE) think (s/he) was always right, and not let anyone criticize or disagree with (her/him)?	1 5	1 5
D.	Was your (MOTHER FIGURE / FATHER FIGURE) over-sensitive -- always getting (her/his) feelings hurt?	1 5	1 5
E.	Was your (MOTHER FIGURE / FATHER FIGURE) too particular -- everything always had to be perfect?	1 5	1 5
F.	Was your (MOTHER FIGURE / FATHER FIGURE) overly concerned about other people's opinions about the family?	1 5	1 5
G.	Did your (MOTHER FIGURE / FATHER FIGURE) have little energy -- everything was just too much effort for (her/him)?	1 5	1 5
H.	Was your (MOTHER FIGURE / FATHER FIGURE) a bit dishonest -- likely to try to cheat or lie to others?	1 5	1 5
I.	Was your (MOTHER FIGURE / FATHER FIGURE) scatter-brained or disorganized?	1 5	1 5

		<u>MOTHER</u>	<u>FATHER</u>
V30	Was there anything about your (MOTHER FIGURE / FATHER FIGURE) that embarrassed you when you were 6-13?	NO 1	1
	SPECIFY: _____	YES . (SPECIFY) 5	5

		<u>MOTHER</u>	<u>FATHER</u>
V31	Was there anything about your (MOTHER FIGURE / FATHER FIGURE) that made you especially proud when you were 6-13?	NO 1	1
	SPECIFY: _____	YES . (SPECIFY) 5	5

V32 OMITTED.

		<u>MOTHER</u>	<u>FATHER</u>
V33	Some parents are strict with their children. They have lots of rules or don't allow the children to do things that most of their friends can. When you were 6-13, was your (MOTHER FIGURE / FATHER FIGURE) too strict, just about right, or not strict enough?	TOO STRICT . 1	1
		ABOUT RIGHT 2	2
		NOT STRICT ENOUGH . . 3	3
		NOT INVOLVED 4	4

		<u>MOTHER</u>	<u>FATHER</u>
V34	Was your (MOTHER FIGURE / FATHER FIGURE) pretty consistent about the rules or did (s/he) insist you follow a rule one day and forget about it the next?	CONSISTENT . 1	1
		INCONSISTENT 2	2
		NOT INVOLVED 3	3

		<u>MOTHER</u>	<u>FATHER</u>
V35	Some parents won't allow their children to question their decisions, while others do. When you were 6-13, were you allowed to openly disagree with your (MOTHER FIGURE / FATHER FIGURE)?	NO 1	1
		YES 2	2
		NEVER CONFRONTATION WITH 3	3

		<u>MOTHER</u>	<u>FATHER</u>
V36	Was your (MOTHER FIGURE / FATHER FIGURE) generally fair in scolding or punishing? IF NO, SPECIFY AND CODE SILENTLY.	YES 1	1
	SPECIFY: _____	NO, TOO LENIENT 2	2
		NO, TOO HARSH . 3	3
		NO, FAVORED ONE CHILD . 4	4
		NO, HARD ON ONE CHILD . 5	5
		DID NOT SCOLD OR PUNISH . 6	6

V37 OMITTED.

		<u>MOTHER</u>	<u>FATHER</u>
V38	What was the <u>usual</u> way in which your (MOTHER FIGURE / FATHER FIGURE) punished you?	NON-PHYSICAL: SCOLD, ISOLATE, FINE, REMOVE PRIVILEGES . 1	
	SPECIFY AND CODE SILENTLY: _____	PHYSICAL, MILD	2
	_____	PHYSICAL, HARSH	3
		DID NOT PUNISH	4

BOX V39 QUESTIONS V39-V42 AND V45 ARE SITE OPTIONAL. IF YOUR SITE DOES NOT ASK THESE QUESTIONS, SKIP TO V43. OTHERS CONTINUE.

		<u>MOTHER</u>	<u>FATHER</u>
V39	Did your (MOTHER FIGURE / FATHER FIGURE) ever physically punish you so hard that you hurt the next day or had to see a doctor?	NO 1	1
		YES 5	5

V40	Were you ever physically injured or hurt as a child by any other adult? Examples of such injuries would include: broken bones, being hit so hard you developed bruises, punishments that included scalding water?	NO. . . . (SKIP TO V41) 1	
		YES 5	5
A.	Did this (these) injury(ies) ever need medical attention from a doctor or hospital?	NO 1	
		YES 5	5
B.	Was the person who caused this injury ever a relative (other than PARENT FIGURE)? By relative, I mean grandparents, aunts, uncles, sister, brother, or cousin. Half relatives or step relatives also count.	NO 1	
		YES 5	5

Now I'd like to ask a few questions about early sexual experience.

- V41 Before you were 16 years old, were there any sexual contacts between you and anyone other than a family member who was 5 or more years older than you were? By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.
- NO (SKIP TO V42) . . 1
YES 5
- A. Did this happen more than once? NO 1
YES, MORE THAN ONCE . . 5
- B. Were you (ever) forced? CONSENT ONLY . . (SKIP TO D) 5
EVER FORCED 1
- C. How many persons did this to you? # PERPETRATORS: __ __
- D. Before you were 16 years old, how old were you when you first had (forced) sexual contact (with your consent) with someone 5 or more years older than you? AGE ONS FORCED: __ __
AGE ONS CONSENSUAL: __ __
- E. Before you were 16 years old, how old were you the last time you had (forced) sexual contact with someone 5 or more years older than you (with your consent)? AGE REC FORCED: __ __
AGE REC CONSENSUAL: __ __

-
- V42 Before you were 16 years old, were there any sexual contacts between you and any family members, like a parent or step-parent, grandparent, uncle, aunt, brother, sister, or cousin? (By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.)
- NO (SKIP TO V43) . . 1
YES 5
- A. Was there sexual contact with: NO YES
1. A parent or grandparent? 1 5
2. Another grownup? 1 5
3. Another child? 1 5
- B. Did this happen more than once? NO 1
YES, MORE THAN ONCE . . 5
- C. Were you (ever) forced? ALWAYS WITH CONSENT 5
EVER FORCED 1
- D. How old were you when you first had (forced) sexual contact (with your consent) with a family member? (IF MULTIPLE PERPETRATORS, RECORD AGE OF ONSET OF FIRST.) AGE ONS FORCED: __ __
AGE ONS CONSENSUAL: __ __

E. Before you were 16 years old, how old were you the last time you had (forced) sexual contact (with your consent) with a family member? AGE REC FORCED: __ __
AGE REC CONSENSUAL: __

		<u>MOTHER</u>	<u>FATHER</u>
V43	Did your (MOTHER FIGURE / FATHER FIGURE) drink any wine, beer or liquor when you were 6-13?	NO . (SKIP TO V44)	1
		YES	5 5
A.	Did you think your (MOTHER FIGURE / FATHER FIGURE) drank too much?	NO	1 1
		YES	5 5

V44 When you were a teenager, did you or others think you looked older than your age? NO 1
YES 5

IF R IS FEMALE, ASK:

A. At what age did you have your first menstrual period? AGE ONS: __ __

SITE OPTIONAL:

V45 Is there anything that happened in your family when you were 6-13 that we haven't talked about that you think is important? (Any family activities or ways of behaving that you think are important?) NO 1
YES (SPECIFY) 5

RECORD VERBATIM:

W: SUBJECT COMMENTS

As you can see, I tried to ask you about a lot of different kinds of emotional problems, physical and medical problems, and habits that people might have. But, of course, everyone is different, and I might have skipped something that has been important to you. Have you had any problems I should have covered but didn't?

RECORD VERBATIM: _____

Do you have any comments about the interview itself?

RECORD VERBATIM: _____

RECORD TIME ENDED:

__ __: __ __

(USE 24 HOUR CLOCK)

X: INTERVIEWER OBSERVATIONS

BORDERLINE	= 3
DEFINITE	= 4
DOES NOT APPLY	= 9

TYPE OF INTERVIEW: (Choose 1)

PERSONAL INTERVIEW	1
TELEPHONE INTERVIEW	2
PROXY INTERVIEW	3

IF CODED 5 OR 9, SKIP TO NEXT QUESTION.

**A. FACIAL EXPRESSION IS NORMAL? NO.....1
YES.....5
PHONE...9**

- 1. Sad 3 4 9
- 2. Gloomy 3 4 9
- 3. Hostile 3 4 9
- 4. Worried 3 4 9
- 5. Avoids gaze 3 4 9
- 6. Immobile 3 4 9

**B. DRESS IS NORMAL? NO.....1
YES.....5
PHONE...9**

- 1. Meticulous 3 4 9
- 2. Clothing, hygiene poor 3 4 9
- 3. Eccentric 3 4 9
- 4. Seductive 3 4 9
- 5. Inadequate for warmth and protection 3 4 9

**C. MOTOR ACTIVITY IS NORMAL? NO.....1
YES.....5
PHONE...9**

- 1. Increased amount 3 4 9
- 2. Constantly fiddling, changing position, standing or sitting down 3 4 9
- 3. Agitation 3 4 9
- 4. Tics 3 4 9
- 5. Tremor 3 4 9
- 6. Peculiar posturing 3 4 9
- 7. Unusual gait 3 4 9
- 8. Repetitive acts 3 4 9
- 9. Very slow to move; unusual for age & physical condition 3 4 9
- 10. Rigid posture 3 4 9

**D. FLOW OF THOUGHT IS NORMAL? NO.....1
YES.....5**

- 1. Blocking 3 4 9
- 2. Circumstantial 3 4 9
- 3. Tangential 3 4 9
- 4. Perseveration 3 4 9
- 5. Flight of ideas 3 4 9
- 6. Indecisive 3 4 9
- 7. Illogical 3 4 9

**E. LEVEL OF CONSCIOUSNESS IS NORMAL? NO.....1
YES.....5**

- 1. Hypervigilant 3 4 9
- 2. Drowsy 3 4 9
- 3. Stupor 3 4 9

**F. SPEECH IS NORMAL? NO.....1
YES.....5**

- 1. Excessive amount 3 4 9
- 2. Reduced amount 3 4 9
- 3. Push of speech 3 4 9
- 4. Slowed 3 4 9
- 5. Loud 3 4 9
- 6. Soft 3 4 9
- 7. Mute 3 4 9
- 8. Slurred 3 4 9
- 9. Stuttering 3 4 9
- 10. Neologisms 3 4 9
- 11. Gloomy, voice choking on distressing topic 3 4 9
- 12. Fails to answer, questions need repeating 3 4 9
- 13. Monotonous voice 3 4 9

**G. INTERVIEW BEHAVIOR IS NORMAL? NO.....1
YES.....5**

- 1. Angry outbursts 3 4 9
- 2. Irritable 3 4 9
- 3. Impulsive 3 4 9
- 4. Hostile 3 4 9
- 5. Silly 3 4 9
- 6. Sensitive 3 4 9
- 7. Apathetic 3 4 9
- 8. Withdrawn 3 4 9
- 9. Evasive 3 4 9
- 10. Passive 3 4 9
- 11. Aggressive 3 4 9
- 12. Naive 3 4 9
- 13. Overly dramatic 3 4 9
- 14. Manipulative 3 4 9
- 15. Dependent 3 4 9
- 16. Uncooperative 3 4 9
- 17. Demanding 3 4 9
- 18. Negativistic 3 4 9
- 19. Callous 3 4 9

INTERVIEWER OBSERVATIONS - CONTINUED

**H. MOOD AND AFFECT ARE NORMAL NO.....1
YES.....5**

- 1. Anxious 3 4 9
- 2. Inappropriate affect 3 4 9
- 3. Flat affect 3 4 9
- 4. Elated mood 3 4 9
- 5. Depressed mood 3 4 9
- 6. Labile mood 3 4 9

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

- 1. Suicidal thoughts 3 4 9
- 2. Suicidal plans 3 4 9
- 3. Assaultive ideas 3 4 9
- 4. Homicidal thoughts 3 4 9
- 5. Homicidal plans 3 4 9
- 6. Antisocial attitudes 3 4 9
- 7. Suspiciousness 3 4 9
- 8. Poverty of content 3 4 9
- 9. Phobias 3 4 9
- 10. Obsessions 3 4 9
- 11. Compulsions 3 4 9
- 12. Feelings of unreality 3 4 9
- 13. Feels persecuted 3 4 9
- 14. Thoughts of running away 3 4 9
- 15. Somatic complaints 3 4 9
- 16. Ideas of guilt 3 4 9
- 17. Ideas of hopelessness 3 4 9
- 18. Ideas of worthlessness 3 4 9
- 19. Excessive religiosity 3 4 9
- 20. Sexual preoccupation 3 4 9
- 21. Blames others 3 4 9
- 22. Illusions are present 3 4 9
- 23. Auditory hallucination 3 4 9
- 24. Visual hallucination 3 4 9
- 25. Other hallucinations 3 4 9
- 26. Delusion of persecution 3 4 9
- 27. Delusion of grandeur 3 4 9
- 28. Delusion of reference 3 4 9
- 29. Delusion of influence 3 4 9
- 30. Somatic delusion 3 4 9
- 31. Other delusions 3 4 9
- 32. Delusions are systematized 3 4 9

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

- 1. Time 3 4 9
- 2. Place 3 4 9
- 3. Person 3 4 9

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

- 1. Clouding of consciousness 3 4 9
- 2. Inability to concentrate 3 4 9
- 3. Amnesia 3 4 9
- 4. Poor recent memory 3 4 9
- 5. Poor remote memory 3 4 9
- 6. Confabulation 3 4 9

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

- 1. Above normal 3 4 9
- 2. Below normal 3 4 9
- 3. Paucity of knowledge 3 4 9
- 4. Vocabulary poor 3 4 9

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

- 1. Poor insight 3 4 9
- 2. Poor judgement 3 4 9
- 3. Unrealistic regarding degree of illness 3 4 9
- 4. Doesn't know why being treated 3 4 9
- 5. Unmotivated for treatment 3 4 9

RATE ACCURACY OF CODES THROUGHOUT SSAGA-II:

NO DIFFICULTY 1

SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE . 2

MAJOR DIFFICULTY IN CONDUCTING EXAM 3

IMPOSSIBLE TO RATE WITH ANY CONFIDENCE 4

**INTERVIEWER NARRATIVE
ABOUT THE RESPONDENT**

CODE: ___

Global Assessment of Functioning Scale (GAF Scale)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code

- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
81
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
71
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
61
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
51
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
41
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
31
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
21
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
11
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
1