

Version 2.1 of the CIDI-Core is the third authorized version of the Composite International Diagnostic Interview (CIDI). It has been developed in consultation with numerous experts and tested in many countries. A brief history of its development can be found in the CIDI Training Manual.

The proper use of this instrument requires appropriate training of interviewers, careful editing of interview schedules, so as to be certain that data are complete, accurately coded, and logically consistent across questions, and computer scoring. The interview should be used only in conjunction with its supporting materials. These include a CIDI Training Manual, a CIDI Interviewer's Manual, and a CIDI computer diskette for data entry, cleaning, and scoring, along with its Computer Manual.

No translation of this instrument into any language should be prepared or released without the express permission of the World Health Organization, Geneva.

All correspondence (including enquiries about training, translation, and use of the instrument) should be addressed to:

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**COMPOSITE INTERNATIONAL
DIAGNOSTIC INTERVIEW
(CIDI)**

CORE VERSION 2.1

(JANUARY 1997)

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CONTENTS¹

CIDI Format Conventions	ii
Section A: Demographics	1
Section B: Disorders resulting from the use of tobacco (F17)	3
Section C: Somatoform (F45) and dissociative (conversion) disorders (F44).....	7
Section D: Phobic (F40) and other anxiety disorders (F41)	16
Section E: Depressive disorders (F32/F33) and dysthymic disorder (F33)	32
Section F: Manic (F30) and bipolar affective disorder (F31).....	44
Section G: Schizophrenia and other psychotic disorders (F20, F22, F23, and F25).....	49
Section H: Eating disorders (F5)	57
Section J: Disorders resulting from use of alcohol (F10)	62
Section K: Obsessive-compulsive disorder (F42) and Post-traumatic stress disorder (F43)	68
Section L: Substance-related disorders (F11-F16, F18, and F19)	77
Section M: Dementia, amnesic and other cognitive disorders (F0).....	96
Section P: Interviewer observations	100
Section X: Interviewer ratings	102
Cards	105

¹ The CIDI is structured in sections from A (Demographics) to X (Interviewer ratings). Questions are identified by section letter and number. Although DSM-IV as well as ICD diagnoses are made, only the F numbers from ICD-10 are shown.

CIDI FORMAT CONVENTIONS

1. All questions are to be read, unless there is a skip instruction associated with a code or following the question. If not instructed to skip, the interviewer always drops to the next instruction or question after coding a response. All questions are numbered from A1 to X9. The first question following a line across the page is a main question.
2. Capitalized text is reserved for interviewer instructions. Capitalized interviewer instructions where coding is required are numbered.
3. Questions to be read to the respondent are written in lower case type. Lower case words in parentheses that contain no slashes are to be read only if needed to clarify the meaning. Lower case words within parentheses that are separated by slashes are for the interviewer to select among, depending on previous responses. Capitalized words in parentheses are generic items, which should be replaced by the term previously volunteered by the respondent. Words inside a left bracket [are to be read in the first reading. When the interviewer returns a second time for Column II, the phrase from the left bracket to the end of the question is read.
4. There are different types of questions and coding patterns in the CIDI:
 - (a) Questions that directly indicate the meaning of the code (no = 1, yes = 5)
 - (b) Questions with horizontal codes labelled PRB: 1 2 3 4 5 begin with the interview question, but are then followed up with questions as described in the Probe Flow Chart (PFC). The Probe Flow Chart is attached to the back of the interview.
 - (c) Horizontal codes labelled ONS (Onset) and REC (Recency) are scored with questions in the Probe Flow Chart.
 - (d) Probe Flow Chart questions include a generic reference to the symptom being scored: (SX). The interviewer substitutes the underlined words in the interview question for the additional Probe, ONS and REC questions.
 - (e) When a phrase labelled "SX = " appears below the question, there is no underlined word in the question, and this phrase is to be substituted in the Probe Flow Chart question.
5. The INDEX in the left margin of the interview shows the corresponding Diagnosis, the Diagnostic System, and the specific criterion for which this question is being used in the diagnostic algorithm. Interviewers may ignore the Index.
6. Interviewer and Respondent Cards: In some sections of the interview the interviewer is directed to use interviewer and respondent cards. These are attached to the back of the CIDI interview.
7. Probe Flow Chart: The meaning of the PRB, ONS, and REC codes is explained in the Probe Flow Chart attached to the interview.

INTERVIEWER'S NAME _____

INT CODE ___/___/___

ID CODE ___/___/___/___/___/___/___/___

LANGUAGE OF INTERVIEW _____

TIME BEGAN hr ___/___/___ min ___/___

DATE DAY ___/___ MO ___/___ YR ___/___

SECTION A

DEMOG	A1	RECORD SEX AS OBSERVED.	MALE.....1 FEMALE.....2
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DEMOG	A2	How old are you?	AGE ___/___
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DEMOG	A3	What is your birthdate?	DAY ___/___ MO ___/___ YR ___/___
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DEMOG	A4	Are you presently married, or are you widowed, separated, divorced, or have you never been married?	
		MARRIED (ASK A).....	1
		WIDOWED(ASK B).....	2
		SEPARATED(ASK B).....	3
		DIVORCED(ASK B).....	4
		NEVER MARRIED(ASK B).....	5

	A.	IF CURRENTLY MARRIED (A4=1), ASK: Are you currently living with your (husband/wife)?	NO1 YES(SKIP TO A5)5
	B.	Are you currently living with someone as though you were married?	NO1 YES5

DEMOG	A5	How many children have you had, not counting any who are yours by adoption or who were born dead?	# CHILDREN ___/___
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DEMOG	A6	Now I want to ask you about work. In the last twelve months, how many months have you been employed? COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE, CODE 00 AND SKIP TO A8. IF LESS THAN 1 MONTH CODE 01.	# MOS ___/___
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DEMOG	A7	Are you employed now?	NO.....(SKIP TO A8).....1 YES5
	A.	Do you work full-time or part-time?	FULL-TIME.....1 PART-TIME2
	B.	What kind of work do you do?	
		RECORD:_____	
	C.	In what kind of business or industry are you working?	
		RECORD: _____	

DEMOG	A8	How many years of schooling have you completed?	YEARS ___/___
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DEMOG	A9	Are you still in school?	NO1 YES(SKIP TO A11)5
	A.	How old were you when you stopped being a full-time student?	AGE ___/___

DEMOG	A10	Did you (graduate from/complete) the last school you attended?	NO1 YES5
-------	-----	----------------------------------------------------------------	-------------------------

DEMOG	A11	Do you usually speak (LANGUAGE OF INTERVIEW) at home?	NO1 YES(SKIP TO B1)5
	A.	When did you begin speaking (LANGUAGE OF INTERVIEW)?	AGE ___/___

SECTION B

TW4A	B1	Now I'm going to ask you some questions about using tobacco. Have you ever (READ CHOICES) daily for a month or more? CODE IN COLUMN A.		
			COLUMN A	COLUMN B
			NO YES	NO. PER DAY
	a)	smoked cigarettes	1 5	___/___
	b)	smoked cigars	1 5	___/___
	c)	smoked a pipe	1 5	___/___
	d)	used snuff or chewed tobacco	1 5	___/___
IF NO 5 CODED IN COLUMN A, SKIP TO C1.				
FOR EACH 5 IN COLUMN A ASK AND CODE IN COLUMN B. How many (cigarettes/cigars/pipes/chews or pinches of snuff) did you (smoke/use) per day during the period when you were (smoking/using) the most?				
TD41 TD10A4	B2	Did you find that after you had been using tobacco for a while, you needed to use it more often or had to use a stronger type to feel satisfied?	NO..... 1 YES...(CIRCLE B2, CARD B1)5	
IF B1a-B1c ALL CODED 1, SKIP TO B4.				
TD45	B3	Have you ever been a chain-smoker, that is, starting another smoke as soon as you had finished one?	NO..... 1 YES...(CIRCLE B3, CARD B1)5	
TD43 TD10A2	B4	Have you often had periods of days when you (smoked a lot more/used a lot more tobacco) than you intended to?	NO..... 1 YES...(CIRCLE B4, CARD B1)5	
TD10A2 TD44	B5	Have you more than once wanted to quit or cut down on (smoking/using tobacco)?	NO..... 1 YES...(CIRCLE B5, CARD B1)5	
TD44 TD10A2	B6	Have you ever tried to quit or cut down on tobacco and found you could not?	NO..... 1 YES...(CIRCLE B6, CARD B1)5	

TD42A TD10A3 TW4B	B7	I'm going to ask you about some problems you might have had in the first few days after you quit or cut down. IF VOLUNTEERS NEVER QUIT OR CUT DOWN, CODE B7.1=6 AND SKIP TO B12. OTHERS READ ITEMS 1-12 AND CODE FOR EACH.	NO	YES	NEVER QUIT
TD10A31	1)	For instance, in those first few days, did you crave a (cigarette/cigar/ pipe/tobacco)?	1	5	6
TD42A3 TD10A35	2)	Were you more irritable or angry than is usual for you?	1	5	
TD42A4 TD10A33	3)	Were you more nervous than is usual for you?	1	5	
TD42A6 TD10A35	4)	Were you more restless than is usual for you?	1	5	
TD42A5 TD10A310	5)	Did you have more trouble concentrating than is usual for you?	1	5	
TD42A7	6)	Did your heart slow down?	1	5	
TD42A8 TD10A37	7)	Did your appetite increase or did you gain weight?	1	5	
TD42A1 TD10A34	8)	Did you feel depressed?	1	5	
TD42A2 TD10A36	9)	Did you have more trouble sleeping than is usual for you?	1	5	
TD10A32	10)	Did you feel more tired or weak than is usual for you?	1	5	
TD10A38	11)	Did you have a persistent cough?	1	5	
TD10A39	12)	Did you notice sores in your mouth?	1	5	
IF NO 5 IN 1-12, SKIP TO B11. IF ANY 5 CODED IN 1-12, CIRCLE B7 ON CARD B1.					
TW4C	B8	Were any of these problems from quitting or cutting down on tobacco very uncomfortable or upsetting for you?	NO.....1 YES.....5		

	B9	What was the longest any of these problems from quitting or cutting down lasted? ROUND TO NEAREST WEEK: 1-3 DAYS=00; 4-10 DAYS=01, ETC. 96+ WEEKS=96.	WEEKS ___/___
TW4C	B10	Did these problems from quitting or cutting down ever interfere with your ability to work or enjoy being with other people?	NO.....1 YES.....5
TD42B TD10A3	B11	Did you ever start using tobacco again to keep from having problems caused by quitting or cutting down?	NO.....1 YES...(CIRCLE B11, CARD B1) ..5
TD47 TD10A6	B12	Have you ever continued to (smoke/use tobacco) when you had a serious illness that you knew made it unwise to use tobacco?	NO.....1 YES...(CIRCLE B12, CARD B1) ..5
TH10AB	B13	Did tobacco ever cause you any health problems like coughs, problems with your heart or blood pressure, or lung trouble?	NO.....(SKIP TO B14)1 YES.....5
TD47 TD10A6	A.	Did you continue to use tobacco after you knew that it caused you health problems?	NO.....1 YES...(CIRCLE B13A, CARD B1) ..5
TH10AB	B14	Did using tobacco ever make you nervous or jittery or cause you any other emotional problems?	NO.....(SKIP TO B15)1 YES.....5
TD10A6 TD47	A.	Did you continue to use tobacco after you knew that it made you nervous or caused you emotional problems?	NO.....1 YES...(CIRCLE B14A, CARD B1) ..5
TD10A1	B15	Have you ever felt like you needed or were dependent on tobacco?	NO.....1 YES...(CIRCLE B15, CARD B1) ..5
TD46	B16	Have you ever given up or greatly reduced important activities like sports or work or associating with friends or relatives, so you could (smoke/use tobacco)?	NO.....(SKIP TO B17)1 YES.....5
TD10A5 TD45	A.	Have you repeatedly given up important activities to (smoke/use tobacco) or have you done so for a month or more?	NO.....1 YES...(CIRCLE B16A, CARD B1) ..5

B17 IF NO ITEMS CIRCLED ON CARD B1, SKIP TO C1

ONS/REC: You said you (ITEMS CIRCLED ON CARD B1). When was the (first/last) time you had any of these experiences because of tobacco use?

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___
 REC: 1 2 3 4 5 6
 AGE REC: ___/___

TD10A

B18 IF LESS THAN THREE ITEMS CIRCLED ON CARD B1, SKIP TO C1

Have you ever had 3 or more of these problems in a single year?

NO..... (SKIP TO C1).....1
 YES.....5

TD100N
 TD10RE
 TD40N
 TD4RE

B19 ONS/REC: When was the (first/last) time you had 3 or more of these problems in a single year?

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___
 REC: 1 2 3 4 5 6
 AGE REC: ___/___

SECTION C

SOM10D1 PP10A SOM4B1 PAIN4A	C1	Now I'm going to ask you some questions about your health. Have you ever had a lot of trouble with <u>abdominal or belly pain</u> (not counting times when you were menstruating)?	PRB:	1 3 4 5
		MD: _____ OTHER: _____		
PP10A SOM4B1 PAIN4A	C2	Have you ever had a lot of trouble with <u>back pain</u> ?	PRB:	1 2 3 4 5
		MD: _____ OTHER: _____		
SOM10D13 PP10A SOM4B1 PAIN4A	C3	Have you ever had <u>pains in the joints</u> ?	PRB:	1 2 3 4 5
		MD: _____ OTHER: _____		
SOM10D13 PP10A SOM4B1 PAIN4A	C4	Have you ever had <u>pains in your arms or legs</u> other than in the joints?	PRB:	1 2 3 4 5
		MD: _____ OTHER: _____		
PP10A SOM10D8 SOM4B1 PAIN4A	C5	Have you ever had <u>chest pains</u> ?	PRB:	1 2 3 4 5
		MD: _____ OTHER: _____		
PP10A SOM4B1 PAIN4A	C6	Have you ever had a lot of trouble with <u>headaches</u> ? IF ALL PROBES IN PFC BOX A ARE NEGATIVE EXCEPT FOR MEDICATION, ASK: Did you ever take the medication for headaches three times or more in a single week? IF NO, CODE PRB 2. OTHERS CONTINUE PROBING.	PRB:	1 2 3 4 5
		MD: _____ OTHER: _____		
PP10A SOM4B1 PAIN4A	C7	FOR WOMEN ONLY: Have you ever had a lot of trouble with <u>excessively painful menstrual periods</u> ? IF ALL PROBES IN PFC BOX A ARE NEGATIVE EXCEPT FOR MEDICATION, ASK: Did you ever take the medication three times or more during one menstrual period? IF YES, CONTINUE PROBING. IF NO, CODE PRB 2.	PRB:	1 2 4 5
		MD: _____ OTHER: _____		

PP10A SOM10D9 SOM4B1 PAIN4A	C8	Have you ever had <u>pain when you urinated</u> ? MD: _____ OTHER: _____	PRB:	1	2	4	5		
SOM10D9 SOM4B4 CON4A	C9	Have you ever had a period of 24 hours or longer when you were completely <u>unable to urinate</u> or had great difficulty urinating other than after surgery (or childbirth)? MD: _____ OTHER: _____	PRB:	1	3	4	5		
SOM10D10 PP10A SOM4B1 PAIN4A	C10	(Other than your pain on urination,) have you ever had <u>burning pain around your private parts</u> ? IF PAIN ONLY ON URINATION OR DURING INTERCOURSE, CODE PRB 1. MD: _____ OTHER: _____	PRB:	1	3	4	5		
PP10A PAIN4A SOM4B1	C11	Have you ever had pain anywhere else, other than in the places we've already talked about? Where? _____ IF VOLUNTEERS PAIN ONLY IN SITES MENTIONED IN C1-C10 OR DURING INTERCOURSE, CODE PRB 1. SX = pain in (AREA MENTIONED) MD: _____ OTHER: _____	PRB:	1	2	3	4	5	
IF NO PRB 5 CODED IN C1-11, SKIP TO C15.									
PP10A PAIN4B	C12	Has there ever been a period of 6 months or more in your life when most of the time you were bothered a great deal by (LIST PAINS CODED PRB 5 IN C1-C11)?	NO	1					
			YES.....	5					
SOM4A PAIN4B	C13	Did (this pain/these pains) keep you from working or seeing friends or relatives for 6 months or more?	NO	1					
			YES.....	5					
SOM10A SOM4A SOM4ON SOM4RE SOM10ON SOM10RE PAIN4ON PAIN4RE PP10ON PP10RE	C14	ONS/REC: When was the (first/last) time you were bothered a lot by (this pain/these pains)?	ONS:	1	2	3	4	5	6
			AGE ONS:	____/____					
			REC:	1	2	3	4	5	6
			AGE REC:	____/____					

SOM10D5 SOM4B2	C15	Have you ever had a lot of trouble with <u>vomiting</u> (when you were not pregnant)? MD: _____ OTHER: _____	PRB:	1	2	3	4	5
	C16	IF R IS MALE, SKIP TO C17.						
SOM10D5 SOM4B3		During any pregnancy did you <u>vomit all through the pregnancy</u> ? IF NEVER PREGNANT, CODE PRB 1.	PRB:	1				5
SOM10D2 SOM4B2	C17	Have you ever had a lot of trouble with <u>nausea</u> , that is feeling sick to your stomach but not actually vomiting? MOTION SICKNESS IS COUNTED AS A PHYSICAL CONDITION. MD: _____ OTHER: _____	PRB:	1	2	3	4	5
SOM10D6 SOM4B2	C18	Have you ever had a lot of trouble with <u>loose bowels or diarrhea</u> ? MD: _____ OTHER: _____	PRB:	1	2	3	4	5
SOM10D3 SOM4B2	C19	Have you ever had a lot of trouble with <u>excessive gas</u> or bloating of your stomach or abdomen? MD: _____ OTHER: _____	PRB:	1	2	3	4	5
SOM4B2	C20	Have you found there were several kinds of <u>foods</u> that you couldn't eat because they <u>made you ill</u> ? MD: _____ OTHER: _____	PRB:	1		3	4	5
DIS10G1 DIS10B6 SOM4B4 CON4A	C21	Have you ever been <u>blind</u> in one or both eyes where you couldn't see anything at all for a few seconds or more? MD: _____ OTHER: _____	PRB:	1		3	4	5
DIS10G1 DIS10B6	C22	Has your <u>vision</u> ever become <u>blurred</u> for some period, when it wasn't just due to needing glasses or changing glasses? MD: _____ OTHER: _____	PRB:	1	2	3	4	5

DIS10G1 DIS10B6 SOM4B4 CON4A	C23	Have you ever been <u>deaf</u> when you completely lost your hearing for a period of time?	PRB:	1	3	4	5	
		MD: _____ OTHER: _____						
DIS10G1 DIS10B4 SOM4B4 CON4A	C24	Has there ever been a period in your life when you had <u>trouble keeping your balance</u> when walking or standing?	PRB:	1	2	3	4	5
		MD: _____ OTHER: _____						
		IF CODED PRB 5, SKIP TO C25						
		A. Have you had a period when you became <u>clumsy</u> or awkward, perhaps losing your ability to lace your shoes or wrap packages?	PRB:	1	2	3	4	5
		MD: _____ OTHER: _____						
DIS10G1 DIS10B6 SOM4B4 CON4A	C25	Have you ever <u>lost feeling</u> in an arm or a leg other than when it had just fallen asleep from being in one position too long?						
		IF NO, ASK A. IF YES, BEGIN PROBING.						
		A. Have you ever lost feeling anywhere else?	PRB:	1	3	4	5	
		IF NO, CODE PRB 1. IF YES, BEGIN PROBING.						
		MD: _____ OTHER: _____						
DIS10G1 DIS10B4 SOM4B4 CON4A	C26	Have you ever been <u>paralyzed</u> ... that is, completely unable to move a part of your body for at least a few minutes?	PRB:	1	3	4	5	
		MD: _____ OTHER: _____						
DIS10G1 DIS10B4 SOM4B4 CON4A	C27	Was there ever a time when you <u>lost your voice</u> for 30 minutes or more and couldn't speak above a whisper?	PRB:	1	4	5		
		MD: _____ OTHER: _____						
DIS10G1 DIS10B5 SOM4B4 CON4A	C28	Have you ever had a <u>seizure</u> or convulsion since you were 12, where you were unconscious and your body jerked?	PRB:	1	3	4	5	
		MD: _____ OTHER: _____						

DIS10G1 DIS10B5	C29	Have you ever had <u>fainting</u> spells where you felt weak or dizzy and did not pass out?	PRB:	1	3	4	5		
		MD: _____ OTHER: _____							
SOM4B4 CON4A	C30	Have you ever been <u>unconscious</u> for any (other) reason? IF DUE TO CONVULSIONS, AMNESIA, OR FAINTING, CODE PRB 1. IF ALWAYS DUE TO ANESTHESIA, CODE PRB 3.	PRB:	1	3	4	5		
		MD: _____ OTHER: _____							
DIS10G1 DIS10B0 DIS10C0 SOM4B4 CON4A	C31	Have you ever had a period of <u>amnesia</u> -- that is, a period of several hours or days where you couldn't remember anything afterwards about what happened during that time?	PRB:	1	3	4	5		
		MD: _____ OTHER: _____							
IF ANY PRB 5 CODED IN C21-C31, ASK C32. OTHER SKIP TO C34.									
SOM4A	C32	ONS: When was the first time you were bothered a lot by (LIST SYMPTOMS CODED PRB 5 IN C21-C31)?	ONS:	1	2	3	4	5	6
		AGE ONS: _____/____							
		REC: When was the last time you were bothered a lot by any of these problems?	REC:	1	2	3	4	5	6
		AGE REC: _____/____							
DIS10G2 CON4B PAIN4C	C33	Did (this problem/any of these problems) begin right after you had a very stressful or troubling experience? IF YES, RECORD EVENT: _____ _____ IF EVENT ONLY COMPLICATED OPERATION OR ILLNESS, CODE 4.	NO	1					
			UNCERTAIN	2					
			EVENT WAS NOT EXTRAORDINARY	4					
			YES	5					
SOM4B4 CON4A	C34	Have you ever had problems with <u>double vision</u> ?	PRB:	1	2	3	4	5	
		MD: _____ OTHER: _____							
SOM10D7	C35	Have you ever had <u>shortness of breath</u> when you had not been exerting yourself?	PRB:	1	2	3	4	5	
		MD: _____ OTHER: _____							

SOM4B4 CON4A	C36	Have you ever been bothered by periods of <u>weakness</u> , that is, when you could not lift or move things you could normally lift or move?	PRB:	1 2 3 4 5	
		MD: _____ OTHER: _____			

SOM10D12	C37	Have you ever been bothered a lot by <u>blotchiness or discoloration of the skin</u> ?	PRB:	1 2 3 4 5	
		MD: _____ OTHER: _____			

SOM10D4	C38	Did you ever have a lot of trouble with a <u>bad taste in your mouth or an excessively coated tongue</u> ?	PRB:	1 2 3 4 5	
		MD: _____ OTHER: _____			

SOM10D9	C39	Have you ever had a lot of trouble having to <u>urinate too frequently</u> ?	PRB:	1 2 3 4 5	
		MD: _____ OTHER: _____			

SOM10D14	C40	Have you ever been bothered a lot by unpleasant <u>numbness or tingling sensations</u> ?	PRB:	1 2 3 4 5	
		MD: _____ OTHER: _____			

SOM4B4 CON4A	C41	Have you ever felt as though there was a <u>lump in your throat</u> that made it difficult to swallow? IF VOLUNTEERS ONLY WHEN FEELING LIKE CRYING, CODE PRB 1.	PRB:	1 4 5	
		MD: _____ OTHER: _____			

	C42	IF R IS MALE, SKIP TO C44.			
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SOM4B3		Other than your first year of menstruation, have your <u>menstrual periods</u> ever been <u>irregular</u> ?	PRB:	1 2 3 4 5	
		IF VOLUNTEERS ONLY DUE TO STRENUOUS PHYSICAL EXERCISE OR WHEN ENTERING OR DURING MENOPAUSE, CODE PRB 1.			
		MD: _____ OTHER: _____			

SOM10D11 SOM4B3	C43	Have you ever had <u>excessive bleeding</u> with your menstrual periods? IF VOLUNTEERS ONLY WHEN ENTERING OR DURING MENOPAUSE, CODE PRB 1. MD: _____ OTHER: _____	PRB:	1 2 3 4 5
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IF NO PRB 5 CODED IN C15 - C43, SKIP TO C45.

	C44	ONS/REC: When was the (first/last) time you were bothered by any of these problems like (LIST SX CODED PRB 5 IN C15-C43)?	ONS AGE ONS: REC: AGE REC:	1 2 3 4 5 6 ____/____ 1 2 3 4 5 6 ____/____
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SOM4B3	C45	Now I'm going to ask you about your sexual experience. In general has your sex life been important to you, or have you <u>felt you could have got along</u> as well <u>without sex</u> ?	IMPORTANT..... COULD GET ALONG WITHOUT IT NO SEXUAL EXPERIENCE ...	1 5 9
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	C46	DOES R VOLUNTEER NO SEX EXPERIENCE?	NO YES (SKIP TO C52)	11 5
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	C47	DOES R REFUSE SEX QUESTIONS?	NO YES (SKIP TO C52)	11 5
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SOM4B1	C48	Has having <u>sexual relations</u> ever been physically <u>painful</u> for you? MD: _____ OTHER: _____	PRB:	1 2 4 5
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SOM4B3	C49	Has there been a period of several months in your life when having <u>sex was not pleasurable</u> for you (even when it wasn't painful)? MD: _____ OTHER: _____	PRB:	1 2 3 4 5
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SOM4B3	C50	Have you had any other kind of <u>sexual difficulties</u> (FOR MEN, such as a period of two months or more when you had trouble having an erection)? MD: _____ OTHER: _____	PRB:	1 2 3 4 5
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IF NO PRB 5 CODED IN C45, C48, C49, C50, SKIP TO C52

SOM4A SOM4ON SOM4RE SOM10ON SOM10RE	C51	ONS: When was the first time you had (LIST SX CODED PRB 5 IN C45, C48, C49, C50)? REC: When was the last time you were bothered a lot by any of these problems?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
	C52	BEGINNING WITH C1, ARE THERE MORE THAN 5 QUESTIONS CODED PRB 5?	NO (SKIP TO C55).....1 YES.....5
SOM10B SOM4A CON4E	C53	IS THERE AN ENTRY ON THE MD LINE FOR 3 OR MORE PRB 5's SINCE C1?	NO (SKIP TO C55).....1 YES.....5
SOM10C	A.	You said you have talked to doctors about some of these problems, such as (MENTION SOME PRB 5's SINCE C1 WITH ENTRY ON MD LINE). Do you feel your doctor examined and handled your problems well, or were you dissatisfied with the way your problems were handled?	HANDLED WELL1 DISSATISFIED5
SOM10C	C54	Did you often disagree with your doctor's diagnosis or with what you were told to do about these problems?	NO1 SOMETIMES2 YES.....5
HY4E HY10A	C55	Have you ever had a period of 6 months or more when most of the time you worried about having a serious physical illness or deformity? ASK A BEFORE PROBING.	NO (SKIP TO D1).....1 YES.....5
HY10A HY4A	A.	What illness or deformity were you worried about? ILLNESS/DEFORMITY: _____ IF NOT PHYSICAL OR IF WORRIED ABOUT MORE THAN 2 PHYSICAL ILLNESSES, CODE PRB 1, AND SKIP TO D1. OTHERS PROBE. SX = <u>your worry about having (ILLNESS/DEFORMITY)</u> MD:_____ OTHER:_____	PRB: 1 2 3 4 5
HY4B	B.	IS THERE AN ENTRY ON THE MD LINE?	NO (SKIP TO D1).....1 YES.....5

HY4ON HY4RE HY10ON HY10RE	C56	ONS/REC: When was the (first/last) time you worried a lot about (ILLNESS/DEFORMITY)?	ONS 1 2 3 4 5 6 AGE ONS: ___/___ REC 1 2 3 4 5 6 AGE REC: ___/___
HY10B	C57	Did this worry about having (ILLNESS /DEFORMITY) interfere a lot with your life?	NO1 YES.....5
HY10B	C58	Did you see your doctor several times or go to several doctors because of your worry about having (ILLNESS/DEFORMITY)?	NO1 YES.....5
HY10B HY4B	C59	Did you have several diagnostic tests or examinations to see if you had (ILLNESS/DEFORMITY)?	NO1 YES.....5
HY10C	C60	Do you feel that your doctor(s) examined you and investigated your illness well or were you dissatisfied with the way you were examined or handled?	HANDLED WELL1 DISSATISFIED5
HY10C	C61	Did you often think your (doctor was/doctors were) mistaken about the cause or diagnosis, or what should be done about it?	NO1 SOMETIMES.....2 YES.....5

SECTION D

SPEC10A1 SPEC4A	D1	HAND CARD D1 TO RESPONDENT. On this list there are things that make some people so afraid that they avoid them, even when there is no real danger. Please look carefully at the list at the top of the card, which includes things like animals, heights, storms, being in closed spaces, and seeing blood. Have you ever had an unusually strong fear or needed to avoid any of the things on the list?	NO . (SKIP TO D33) 1 YES..... 5
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ANIM10A ANIM4A	A.	Now look at the first group. Have you ever had an unusually strong fear of any of these living things, such as insects, snakes, birds, or other animals?	NO 1 YES (CIRCLE GROUP 1, CD D1) 5
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ANIM10A ANIM4D	D2	Have you ever avoided being near insects, snakes, birds, or other animals, even though there was no real danger?	NO 1 YES (CIRCLE GROUP 1, CD D1) 5
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IF BOTH D1A AND D2 CODED 1 SKIP TO D9

ANIM4E	D3	Did the (fear/avoidance) of insects, snakes, birds, or other animals ever interfere with your life or activities a lot?	NO, NOT A LOT 1 YES, A LOT 5
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ANIM10C ANIM4C	D4	Was your (fear/avoidance) of insects, snakes, birds or other animals ever excessive, that is, much stronger than in other people?	NO 1 YES..... 5
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ANIM10C ANIM4C	A.	Was your (fear/avoidance) of insects, snakes, birds or other animals ever unreasonable, that is, much stronger than it should have been?	NO 1 YES..... 5
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ANIM10C ANIM4E	B.	Were you ever very upset with yourself for (having the fear of/avoiding) insects, snakes, birds or other animals?	NO 1 YES..... 5
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IF NO 5's IN D4, D4A, OR D4B SKIP TO D9

ANIM4D	D5	When you had to be near insects, snakes, birds, or other animals, or thought you would have to be, did you usually become very upset?	NO 1 YES..... 5
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ANIM10B ANIM4B	D6	Now look at the bottom of the card. When you were near insects, snakes, birds, or other animals, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D7)		
			NO	YES
		1. Did your heart pound or race?	1	5
		2. Did you sweat?	1	5
		3. Did you tremble or shake?	1	5
		4. Did you have a dry mouth?	1	5
		5. Were you short of breath?	1	5
		6. Did you feel like you were choking?	1	5
		7. Did you have pain or discomfort in your chest?	1	5
		8. Did you have nausea or discomfort in your stomach?	1	5
		9. Were you dizzy or feeling faint?	1	5
		10. Did you feel that you or things around you were unreal?	1	5
		11. Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
		12. Were you afraid that you might die?	1	5
		13. Did you have hot flushes or chills?	1	5
		14. Did you have numbness or tingling sensations?	1	5
ANIM10ON ANIM4ON ANIM10RE ANIM4RE	D7	ONS/REC: When was the (first/last) time you (were afraid of/avoided) insects, snakes, birds or other animals?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___	REC: 1 2 3 4 5 6 AGE REC: ___/___
ANIM10A ANIM4A	D8	Between the first time and the last time, was this (strong fear/avoidance) of insects, snakes, birds or other animals usually present whenever you were near them or thought you would have to be near them?	NO.....1 YES.....5	
NATU10A NATU4A	D9	Now look at the second group on the card. Have you ever had an unusually strong fear of any of these things, such as heights, storms, thunder or lightning, or being in still water like a swimming pool or lake?	NO.....1 YES (CIRCLE GROUP 2,CD D1)5	
NATU10A NATU4D	D10	Have you ever avoided heights, storms, thunder or lightning, or being in still water even though there was no real danger?	NO.....1 YES (CIRCLE GROUP 2,CD D1)5	
IF BOTH D9 AND D10 CODED 1 SKIP TO D17				

NATU4E	D11	Did the (fear/avoidance) of heights, storms, thunder or lightning, or of being in still water ever interfere with your life or activities a lot?	NO, NOT A LOT 1 YES, A LOT 5
NATU10C NATU4C	D12	Was your (fear/avoidance) of heights, storms, or still water ever excessive, that is, much stronger than in other people?	NO 1 YES 5
NATU10C NATU4C	A.	Was your (fear/avoidance) of heights, storms, or still water ever unreasonable, that is, much stronger than it should have been?	NO 1 YES 5
NATU10C NATU4E	B.	Were you ever very upset with yourself for (having the fear of/avoiding) heights, storms, or still water?	NO 1 YES 5

IF NO 5's IN D12, D12A OR D12B SKIP TO D17

NATU4D	D13	When you had to be near heights or storms or still water, or thought you would have to be, did you usually become very upset?	NO 1 YES 5
NATU10B NATU4B	D14	Look at the bottom of the card. When you were near heights or in storms or still water, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D15)	
			NO YES
	1.	Did your heart pound or race?	1 5
	2.	Did you sweat?	1 5
	3.	Did you tremble or shake?	1 5
	4.	Did you have a dry mouth?	1 5
	5.	Were you short of breath?	1 5
	6.	Did you feel like you were choking?	1 5
	7.	Did you have pain or discomfort in your chest?	1 5
	8.	Did you have nausea or discomfort in your stomach?	1 5
	9.	Were you dizzy or feeling faint?	1 5
	10.	Did you feel that you or things around you were unreal?	1 5
	11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1 5
	12.	Were you afraid that you might die?	1 5
	13.	Did you have hot flushes or chills?	1 5
	14.	Did you have numbness or tingling sensations?	1 5

NATU10ON NATU4ON NATU10RE NATU4RE	D15	ONS/REC: When was the (first/last) time you (were afraid of/avoided) heights, storms, or still water?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
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NATU10A NATU4A	D16	Between the first time and the last time, was this (strong fear/avoidance) of heights, storms or still water usually present whenever you were near them or thought you would have to be near them?	NO1 YES5
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SITU10A SITU4A	D17	Look at the third group of situations on the card. Have you ever had an unusually strong fear of flying or of being in a closed space, like a cave, tunnel, or elevator?	NO1 YES (CIRCLE GROUP 3, CD D1)5
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SITU10A SITU4D	D18	Have you ever avoided flying or being in a closed space even though there was no real danger?	NO1 YES (CIRCLE GROUP 3, CD D1)5
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IF BOTH D17 AND D18 CODED 1 SKIP TO D25

SITU4E	D19	Did the (fear/avoidance) of flying or being in a closed space ever interfere with your life or activities a lot?	NO, NOT A LOT1 YES, A LOT5
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SITU10C SITU4C	D20	Was your (fear/avoidance) of flying or closed spaces ever excessive, that is, much stronger than in other people?	NO1 YES5
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SITU10C SITU4C	A.	Was your (fear/avoidance) of flying or closed spaces ever unreasonable, that is, much stronger than it should have been?	NO1 YES5
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SITU10C SITU4E	B.	Were you ever very upset with yourself for (having the fear of/avoiding) flying or closed spaces?	NO1 YES5
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IF NO 5's IN D20, D20A OR D20B SKIP TO D25

SITU4D	D21	When you had to fly or be in a closed space, or thought you would have to, did you usually become very upset?	NO1 YES5
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SITU10B SITU4B	D22	Look at the bottom of the card. When you had to fly or be in a closed space, or thought you would have to, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D23)	NO	YES
	1.	Did your heart pound or race?	1	5
	2.	Did you sweat?	1	5
	3.	Did you tremble or shake?	1	5
	4.	Did you have a dry mouth?	1	5
	5.	Were you short of breath?	1	5
	6.	Did you feel like you were choking?	1	5
	7.	Did you have pain or discomfort in your chest?	1	5
	8.	Did you have nausea or discomfort in your stomach?	1	5
	9.	Were you dizzy or feeling faint?	1	5
	10.	Did you feel that you or things around you were unreal?	1	5
	11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
	12.	Were you afraid that you might die?	1	5
	13.	Did you have hot flushes or chills?	1	5
	14.	Did you have numbness or tingling sensations?	1	5
SITU100N SITU40N SITU10RE SITU4RE	D23	ONS/REC: When was the (first/last) time you (were afraid of/avoided) flying or closed spaces?	ONS: 1 2 3 4 5 6	
			AGE ONS:	
			/	
			REC: 1 2 3 4 5 6	
			AGE REC:	
			/	
SITU10A SITU4A	D24	Between the first time and the last time, was this (strong fear/avoidance) of flying or closed spaces usually present whenever you encountered them or thought you would have to encounter them?	NO 1	YES.....5
BI10A BI4A	D25	Look at the last group of situations on Card D1. Have you ever had an unusually strong fear of any of these situations, like seeing blood, getting an injection, or going to the dentist or hospital?	NO 1	YES (CIRCLE GROUP 4,CD D1)..... 5

BI10A
BI4D

D26 Have you ever avoided seeing blood, getting an injection, or going to the dentist or hospital even though there was no real danger?

NO 1
YES (CIRCLE GROUP 4,
.....CD D1)..... 5

IF BOTH D25 AND D26 CODED 1 SKIP TO D33

BI4E	D27	Did the (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever interfere with your life or activities a lot?	NO, NOT A LOT..... 1 YES, A LOT 5
BI10C BI4C	D28	Was your (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever excessive, that is, much stronger than in other people?	NO 1 YES..... 5
BI10C BI4C	A.	Was your (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever unreasonable, that is, much stronger than it should have been?	NO 1 YES..... 5
BI10C BI4E	B.	Were you ever very upset with yourself for (having the fear of/avoiding) seeing blood, getting an injection, or going to the dentist or hospital?	NO 1 YES..... 5

IF NO 5's IN D28, D28A OR D28B SKIP TO D33

BI4D	D29	When you saw blood, or had to get an injection, or go to the dentist or hospital, or thought you would have to, did you usually become very upset?	NO 1 YES..... 5
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BI10B BI4B	D30	Now look at the bottom of the card. When you saw blood or had to get an injection or go to the dentist or hospital, or thought you would have to, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D31)	NO	YES
	1.	Did your heart pound or race?	1	5
	2.	Did you sweat?	1	5
	3.	Did you tremble or shake?	1	5
	4.	Did you have a dry mouth?	1	5
	5.	Were you short of breath?	1	5
	6.	Did you feel like you were choking?	1	5
	7.	Did you have pain or discomfort in your chest?	1	5
	8.	Did you have nausea or discomfort in your stomach?	1	5
	9.	Were you dizzy or feeling faint?	1	5
	10.	Did you feel that you or things around you were unreal?	1	5

11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

BI10ON BI4ON BI10RE BI4RE	D31 ONS/REC: When was the (first/last) time you (were afraid of/avoided) seeing blood, getting an injection, or going to the dentist or hospital?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
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BI10A BI4A	D32 Between the first time and the last time, was this (strong fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital usually present whenever you encountered them or thought you would have to encounter them?	NO 1 YES.....5
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SOC10A1 SOC4A	D33 Now I would like to ask you about other situations in which you may have been anxious or afraid. Some people have a strong fear of doing things in front of others or of being the centre of attention. HAND CARD D2 TO RESPONDENT. Look at the situations on Card D2. Have you ever had an unusually strong fear or avoidance of any of the situations on the list?: A. Have you ever had an unusually strong fear of:	NO . (SKIP TO D43) 1 YES.....5
	1. eating or drinking where someone could watch you?	NO YES 1 5
	2. talking to people because you might have nothing to say or might sound foolish?	1 5
	3. writing while someone watches?	1 5
	4. taking part or speaking in a meeting or class?	1 5
	5. going to a party or other social outing?	1 5
	6. giving a speech or speaking in public?	1 5

7. Have you ever had an unusually strong fear of any other situation where you could be the centre of attention? IF CODED 1, SKIP TO D34, ELSE ASK: Could you give me an example of a situation you fear where you could be the centre of attention? 1 5

EXAMPLE:

CIRCLE EACH ITEM CODED 5 ON CARD D2

SOC10A2 SOC4D	D34	Have you often avoided situations, like those on Card D2, where you could be the centre of attention? IF CODED 5, ASK: Which ones? (Any others?) CONTINUE ASKING UNTIL R. SAYS NO. CIRCLE ITEMS MENTIONED BY R THAT HAVE NOT ALREADY BEEN CIRCLED ON CARD D2	NO 1 YES..... 5
IF D33A.1-7 AND D34 ALL CODED 1 SKIP TO D43			
SOC4G SOC4H	D35	Did you tell a doctor about your <u>(fear/avoidance) of situations</u> , like those circled on Card D2, <u>where you could be the centre of attention</u> ? CONTINUE PROBING, BUT NOTE THAT FEARS RELATED TO SPEECH DEFECTS, TREMBLING IN PHYSICAL ILLNESS, AND EATING PROBLEMS ARE TREATED AS PHYSICAL ILLNESSES. MD: _____ OTHER: _____	PRB: 2 3 4 5
SOC10A SOC4A	D36	(Were you afraid of/Did you avoid) situations where you could be the centre of attention, like those circled on Card D2, because you might show anxiety or act in a way that could be humiliating?	NO 1 YES..... 5
SOC10C SOC4C	D37	Was your (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever excessive, that is, much stronger than in other people?	NO 1 YES..... 5
SOC10C SOC4C	A.	Was your (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever unreasonable, that is, much stronger than it should have been?	NO 1 YES..... 5
SOC10C SOC4E	B.	Were you ever very upset with yourself for (having the fear of/avoiding) situations where you could be the centre of attention, like those circled on Card D2?	NO 1 YES..... 5
SOC4F	C.	IF R IS UNDER 18 YEARS OLD, ASK C. OTHERS, SKIP TO D38. What is the longest period you have had of (being afraid/avoiding) any of these situations where you might be the centre of attention?	___/___ MOS

SOC4E	D38	Did the (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever interfere with your life or activities a lot?	NO, NOT A LOT..... 1 YES, A LOT 5
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SOC4D	D39	When you were in these situations where you could be the centre of attention, like those circled on Card D2, or thought you would have to be, did you usually become very upset?	NO 1 YES..... 5
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SOC10B SOC4B	D40	When you were in a situation where you could be the centre of attention, like those circled on Card D2, or thought you would have to be,	NO	YES
	1.	Did you blush or shake?	1	5
	2.	Did you have nausea or discomfort in your stomach or think you might vomit?	1	5
	3.	Were you afraid that you might lose control of your bowels or bladder?	1	5
	A.	Look at the bottom of the card. When you were in a situation where you could be the centre of attention, like those circled, or thought you would have to be (START ASKING 1-13 BUT AFTER TWO ITEMS CODED 5 SKIP TO D41),	NO	YES
	1.	Did your heart pound or race?	1	5
	2.	Did you sweat?	1	5
	3.	Did you tremble or shake?	1	5
	4.	Did you have a dry mouth?	1	5
	5.	Were you short of breath?	1	5
	6.	Did you feel like you were choking?	1	5
	7.	Did you have pain or discomfort in your chest?	1	5
	8.	Were you dizzy or feeling faint?	1	5
	9.	Did you feel that you or things around you were unreal?	1	5
	10.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
	11.	Were you afraid that you might die?	1	5
	12.	Did you have hot flushes or chills?	1	5
	13.	Did you have numbness or tingling sensations?	1	5

SOC10ON SOC4ON SOC10RE SOC4RE SOC4F	D41	ONS/REC: When was the (first/last) time you (were afraid of/avoided) situations where you could be the centre of attention, like those circled on Card D2?	ONS: 1 2 3 4 5 6 AGE ONS: _/_
			REC: 1 2 3 4 5 6 AGE REC: _/_

SOC4A	D42	Between the first time and the last time, was this (fear/avoidance) of situations where you could be the centre of attention, like those circled on Card D2, usually present whenever you encountered the situation or thought you would have to encounter the situation?	NO 1 YES..... 5
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AG10A AG4A	D43	HAND CARD D3 TO RESPONDENT. Now I would like to ask you about more situations in which you may have been afraid. Look at the situations on Card D3. Have you ever had a strong fear or avoidance of any of the situations on the list?	NO . (SKIP TO D54) 1 YES.....5
	A.	Have you ever had a strong fear of:	NO YES
	1.	being outside your home alone?	1 5
	2.	travelling in a bus, train, or car?	1 5
	3.	being in a crowd or standing in line?	1 5
	4.	being in a public place, like a shop?	1 5

CIRCLE EACH ITEM CODED 5 ON CARD D3

AG10A AG4B	D44	Have you often avoided situations like those on Card D3 because of your fear? IF CODED 5, ASK: Which ones? (Any others?) CONTINUE ASKING UNTIL R. SAYS NO. CIRCLE ITEMS MENTIONED BY R THAT HAVE NOT ALREADY BEEN CIRCLED ON CARD D3	NO 1 YES.....5
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IF D43A1-4 AND D44 ALL CODED 1, SKIP TO D54.

AG4B	D45	Was there ever a time in your life when you were so afraid of these situations that you couldn't remain in them alone?	NO . (SKIP TO D46) 1 YES.....5
	A.	Were you able to remain in the situations like those circled on Card D3 if you had someone you knew with you?	NO 1 YES.....5

D46	Did you tell a doctor about your (<u>fear/avoidance</u>) of <u>situations like those circled on Card D3</u> ? CONTINUE PROBING.	PRB: 2 3 4 5
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MD: _____ OTHER: _____

AG4B	D47	When you were in a situation like those circled on Card D3, or thought you would have to be, did you usually become very upset?	NO 1
			YES..... 5

AG10B	D48	Look at the bottom of the card. When you were in a situation like those circled, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D49):		
			NO	YES
		1. Did your heart pound or race?	1	5
		2. Did you sweat?	1	5
		3. Did you tremble or shake?	1	5
		4. Did you have a dry mouth?	1	5
		5. Were you short of breath?	1	5
		6. Did you feel like you were choking?	1	5
		7. Did you have pain or discomfort in your chest?	1	5
		8. Did you have nausea or discomfort in your stomach?	1	5
		9. Were you dizzy or feeling faint?	1	5
		10. Did you feel that you or things around you were unreal?	1	5
		11. Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
		12. Were you afraid that you might die?	1	5
		13. Did you have hot flushes or chills?	1	5
		14. Did you have numbness or tingling sensations?	1	5

IF NO 5 CODED IN 1-14, SKIP TO D51

AG4A	D49	(Were you afraid of/Did you avoid) situations like those circled on Card D3 because you would be unable to escape if you suddenly had some of these problems?	NO	1
			YES.....	5

AG4A	D50	(Were you afraid of/Did you avoid) situations like those circled on Card D3 because you might be unable to get help if you suddenly had some of these problems?	NO	1
			YES.....	5

AG10C	D51	Was your (fear/avoidance) of any of the situations like those circled on Card D3 ever excessive, that is, much stronger than in other people?	NO 1 YES.....5
AG10C	A.	Was your (fear/avoidance) of any of the situations like those circled on Card D3 ever unreasonable, that is, much stronger than it should have been?	NO 1 YES.....5
AG10C	B.	Were you ever very upset with yourself (for having the fear of/avoiding) situations like those circled on Card D3?	NO 1 YES.....5

<p>AG100N AG40N AG10RE AG4RE</p>	<p>D52</p>	<p>ONS/REC: When was the (first/last) time you (were afraid of/avoided) situations like those circled on Card D3?</p>	<p>ONS: 1 2 3 4 5 6 AGE ONS: _/_/ REC: 1 2 3 4 5 6 AGE REC: _/_/</p>
<p>AG10A</p>	<p>D53</p>	<p>Between the first time and the last time, was this strong (fear/avoidance) of situations like those circled on Card D3 usually present whenever you encountered the situation or thought you would have to encounter the situation?</p>	<p>NO 1 YES.....5</p>
<p>PAN10B1 PAN4A1 PAN10A</p>	<p>D54</p>	<p>Now I would like to ask you about attacks of fear that could happen anywhere. Have you ever had an attack when all of a sudden you felt frightened, anxious or very uneasy?</p>	<p>NO . (SKIP TO D63) 1 YES.....5</p>
<p>PAN10A</p>	<p>D55</p>	<p>Did any of those attacks occur when you were in a life-threatening situation?</p>	<p>NO . (SKIP TO D56) 1 YES.....5</p>
	<p>A.</p>	<p>Did any of these attacks occur when you were not in a life-threatening situation?</p>	<p>NO . (SKIP TO D63) 1 YES.....5</p>
<p>PAN10A PAN4A1</p>	<p>D56</p>	<p>In answering the following questions, think only of attacks that occurred when you were not in a life-threatening situation. Have you more than once had an attack like that which was totally unexpected?</p>	<p>NO . (SKIP TO D63) 1 MORE THAN ONCE.....5</p>

PAN10B4
PAN4A1

D57 HAND CARD D4 TO RESPONDENT. Look at Card D4. Think of a bad attack you have had. During that attack which of these problems did you have? (START ASKING 1-14, BUT AFTER 5 ITEMS CODED 5 SKIP TO D58)		NO	YES
1.	Did your heart pound or race?	1	5
2.	Did you sweat?	1	5
3.	Did you tremble or shake?	1	5
4.	Did you have a dry mouth?	1	5
5.	Were you short of breath?	1	5
6.	Did you feel like you were choking?	1	5
7.	Did you have pain or discomfort in your chest?	1	5
8.	Did you have nausea or discomfort in your stomach?	1	5
9.	Were you dizzy or feeling faint?	1	5
10.	Did you feel that you or things around you were unreal?	1	5
11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

CIRCLE EACH ITEM CODED 5 ON CARD D4

IF LESS THAN FIVE SX ARE CODED 5 IN 1-14,
SKIP TO D63PAN10B2
PAN10B3
PAN4A1

D58	During your attacks of feeling frightened or anxious, did these problems begin suddenly and then get worse within the first few minutes of the attack?	NO . (SKIP TO D63) 1 YES..... 5
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

PAN4C

A.	Did you tell a doctor about an <u>attack</u> like that?	PRB: 2 3 4 5
	CONTINUE PROBING.	
	MD: _____ OTHER:	

D59 After having one of these attacks, was there ever a month or more when:

PAN4A2A	A. you often worried that you might have another attack?	NO 1 YES..... 5
PAN4A2B	B. you were worried that the attacks might lead to something terrible happening, like dying, losing control, or going crazy?	NO 1 YES..... 5
PAN4A2C	C. you changed your everyday activities because of fear of the attacks?	NO 1 YES..... 5

PAN10SEV	D60	Have you ever had four of these attacks within a four-week period?	NO . (SKIP TO D61) 1 YES.....5
	A.	Did you ever have a period of a month when you had at least four attacks every week?	NO 1 YES.....5
PAN100N PAN40N PAN10RE PAN4RE	D61	ONS/REC: When was the (first/last) time you had one of these sudden attacks of feeling frightened or anxious?	ONS: 1 2 3 4 5 6 AGE ONS: _/_ REC: 1 2 3 4 5 6 AGE REC: _/_
IF NO SITUATIONS CIRCLED ON CARDS D1, D2 AND D3, SKIP TO D63.			
PAN10A ANIM10D SITU10D NATU10D BI10D SOC10D AG10D	D62	Look at Cards D1, D2 and D3. You have also said that you have been afraid of or avoided some of the situations listed on the cards. Did the sudden attacks of being frightened or anxious occur only when you were in those situations?	YES ONLY IN FEARED SITUATIONS 1 NO AT OTHER TIMES.....5
GAD10A GAD4A	D63	Now I want to ask you about longer periods of feeling worried, tense or anxious. Have you ever had a period of a month or more when most of the time you felt worried, tense or anxious, about everyday problems such as work or family?	NO . (SKIP TO B) 1 YES.....5
	A.	What is the longest period you have had of feeling worried, tense or anxious?	_/_ MOS
	IF D63A IS SIX MONTHS OR MORE, SKIP TO D64.		
	B.	People differ a lot in how much they worry about things. Did you ever have a time in your life when you worried a lot more than most people would in your situation?	NO . (SKIP TO E1) 1 YES.....5
	C.	What is the longest period of this sort you have had?	_/_ MOS
	IF D63C IS LESS THAN SIX MONTHS SKIP TO E1.		

D64 Think of your worst period of six months or more of feeling worried, tense, or anxious. During that period:

- | | | | |
|-----------------|----|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| GAD4A | A. | do you think your worrying was excessive, that is, much stronger than in other people? | NO 1
YES..... 5 |
| GAD10A
GAD4A | B. | did you worry about these things most days? | NO 1
YES..... 5 |
| GAD4B | C. | did you find it difficult to stop worrying? | NO 1
YES..... 5 |
| GAD10A
GAD4D | D. | what sort of things did you mainly worry about? | OWN SX, BEING
OVERWEIGHT,
DRUGS 1
ANYTHING
ELSE 5 |

EXAMPLE: _____
 IF EXAMPLE IS EXCLUSIVELY ABOUT OWN SYMPTOMS, WEIGHT OR DRUGS, ASK: Anything else?
 IF EXAMPLE STILL DOES NOT INCLUDE OTHER WORRIES, CODE 1 AND SKIP TO E1.

GAD10B
GAD4C

D65 HAND CARD D5 TO RESPONDENT. Now look at Card D5. I would like you to look at the list of problems some people have during such periods of feeling worried, tense, or anxious. Think about your worst period of feeling worried, tense, or anxious. During that period:

- | | | NO | YES |
|-----|-------------------------------------------------------------------|----|-----|
| 1. | were you restless? | 1 | 5 |
| 2. | did you feel keyed up or on edge? | 1 | 5 |
| 3. | were you easily tired? | 1 | 5 |
| 4. | did you have difficulty keeping your mind on what you were doing? | 1 | 5 |
| 5. | were you more irritable than usual? | 1 | 5 |
| 6. | did you have tense, sore or aching muscles? | 1 | 5 |
| 7. | did you have trouble falling or staying asleep? | 1 | 5 |
| 8. | did your heart pound or race? | 1 | 5 |
| 9. | did you sweat? | 1 | 5 |
| 10. | did you tremble or shake? | 1 | 5 |
| 11. | did you have a dry mouth? | 1 | 5 |

IF NO 5'S ARE CODED IN 1-11, SKIP TO E1. IF 4 OR MORE 5'S ARE CODED IN 1-11, CIRCLE ITEMS CODED 5 ON CARD D5 AND SKIP TO D66. OTHERS ASK 12-24, BUT SKIP TO D66 AFTER A TOTAL OF 4 ITEMS ARE CODED 5 IN 1-24.

- | | | | | |
|--|-----|-------------------------------------------------------------------------------|---|---|
| | 12. | were you short of breath? | 1 | 5 |
| | 13. | did you feel like you were choking? | 1 | 5 |
| | 14. | did you have pain or discomfort in your chest? | 1 | 5 |
| | 15. | did you have pain or discomfort in your stomach? | 1 | 5 |
| | 16. | did you have nausea? | 1 | 5 |
| | 17. | did you feel dizzy or light headed? | 1 | 5 |
| | 18. | did you feel that you or things around you were unreal? | 1 | 5 |
| | 19. | were you afraid that you might lose control, act in a crazy way, or pass out? | 1 | 5 |
| | 20. | were you afraid that you might die? | 1 | 5 |
| | 21. | did you have hot flushes or chills? | 1 | 5 |
| | 22. | did you have numbness or tingling sensations? | 1 | 5 |
| | 23. | did you feel like you had a lump in your throat? | 1 | 5 |
| | 24. | were you easily startled? | 1 | 5 |

CIRCLE ITEMS CODED 5 ON CARD D5

IF LESS THAN 4 ITEMS CIRCLED ON CARD D5
SKIP TO E1

GAD10D GAD4F	D66	Did you tell a doctor about <u>the long periods of feeling worried, tense, or anxious</u> when you also had some of the problems on the list? CONTINUE PROBING MD: _____ OTHER: _____	PRB: 2 3 4 5
-----------------	-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

GAD4E	D67	Have you ever been very upset with yourself for feeling worried, tense, or anxious for long periods of time?	NO 1 YES..... 5
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GAD4E	D68	Did the period of worry, tension or anxiety ever interfere with your life or activities a lot?	NO, NOT A LOT..... 1 YES, A LOT 5
-------	-----	------------------------------------------------------------------------------------------------	--------------------------------------------

GAD100N GAD40N	D69	ONS: When did your first period of six months or more of feeling worried, tense, or anxious and having these other problems on the list begin?	ONS: 1 2 3 4 5 6 AGE ONS: _/_
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GAD10RE
GAD4RE

REC: When did your last period of being worried,
tense, or anxious and having these problems
on the list end?

REC: 1 2 3 4 5 6
AGE REC:
/

SECTION E

			I EVER IN LIFETIME			
CODE E1 - E24 IN COLUMN I						
DEP10B1 DP4A1	E1	Now I want to ask you about <u>periods of feeling sad, empty, or depressed</u> . In your lifetime, have you ever had two weeks or longer when nearly every day you felt sad, empty, or depressed for most of the day? MD: _____ OTHER: _____	PRB: 1	3 4 5		
DEP10B2 DP4A2 DEP10S1	E2	In your lifetime, have you ever had 2 weeks or longer when you <u>lost interest in most things</u> like work, hobbies, and other things you usually enjoyed? MD: _____ OTHER: _____	PRB: 1	3 4 5		
IF E1 AND E2 BOTH CODED 1 SKIP TO E34.						
LACKING ENERGY			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10B3 DP4A6	E3	During a period lasting two weeks or longer when you (felt sad, empty or depressed/lost interest in things), [did you <u>lack energy or feel tired</u> all the time nearly every day, even when you had not been working very hard?	1	5	1	5

APPETITE CHANGE			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10C7 DP4A3 DEP10S6	E4	What about other problems you had during a period when you (felt depressed/lost interest in things/felt tired all the time) for two weeks or longer. [Did you have <u>less appetite than usual</u> almost every day?	1	5	1	5
DEP10C7 DP4A3	E5	During one of those periods [did you <u>lose weight</u> without trying to, as much as (two pounds/a kilo) a week for several weeks? IF E5 CODED 1, SKIP TO E6	1	5	1	5 IF CODED 5, ASK A. IF CODED 1, GO TO NEXT CODE 5 IN COL. I
DEP10S7	A.	How much weight did you lose?	LB ___/___ KG ___/___		LB ___/___ KG ___/___	
DEP10C7 DP4A3	E6	During one of those periods, [did you have a <u>much larger appetite than is usual</u> for you almost every day for two weeks or more? CODE 1 IF ONLY BECAUSE GROWING FAST OR PREGNANT	1	5	1	5
DEP10C7 DP4A3	E7	During one of those periods, [did your eating increase so much that you <u>gained weight</u> - as much as (two pounds/a kilo) a week for several weeks? CODE 1 IF ONLY REGAINED WEIGHT LOST. IF E7 CODED 1, SKIP TO E8.	1	5	1	5 IF CODED 5, ASK A. IF CODED 1, GO TO NEXT CODE 5 IN COL. I
DP4A3	A.	How much weight did you gain?	LB ___/___ KG ___/___		LB ___/___ KG ___/___	

SLEEP PROBLEMS			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10C6 DP4A4	E8	When you (were feeling depressed/had lost interest/lacked energy), [did you have <u>trouble sleeping</u> almost every night for two weeks or more - either trouble falling asleep, waking in the middle of the night, or waking up too early? IF NOT CODED 5, SKIP TO E9.	1	5	1	5
DEP10S3	A.	[Did you <u>wake up at least two hours before you wanted to</u> every day for at least 2 weeks?	1	5	1	5
DEP10C6 DP4A4	E9	During a period when you (felt depressed/had lost interest/lacked energy) [were you <u>sleeping too much</u> almost every day?	1	5	1	5

SLOW/RESTLESS

DEP10C5 DP4E	E10	During one of those periods [did you <u>talk or move more slowly</u> than is normal for you almost every day for at least two weeks? IF CODED 1, SKIP TO E11.	1	5	1	5
DEP10S5 DP4A5	A.	[Did anyone else notice that you were talking or moving slowly?	1	5	1	5
DEP10C5 DP4A5 ML4B4	E11	During one of those periods, [did you have to <u>be moving all the time</u> --that is, you couldn't sit still and paced up and down or couldn't keep your hands still when sitting? IF CODED 1, SKIP TO E12	1	5	1	5
DEP10S5 DP4A5	A.	[Did anyone else notice that you were moving all the time?	1	5	1	5

WORTHLESS OR GUILTY			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10C2 DP4A7 DP4E	E12	During one of those periods [did you <u>feel worthless</u> nearly every day?	1	5	1	5
	A.	[Did you <u>feel guilty</u> ?	1	5	1	5
		IF E12 AND E12A CODED 1, SKIP TO E13.				
	B.	[Was there a particular reason for feeling (worthless/guilty)? COL. I ONLY: RECORD EXAMPLE: _____ _____ _____	1	5	1	5
		IF E12B CODED 1, SKIP TO E13.				
		COL. II ONLY: RECORD EXAMPLE: _____ _____ _____				
DP4A7	C.	WAS R WORTHLESS/GUILTY <u>ONLY</u> ABOUT BEING IMPAIRED BY DEPRESSION?	YES1 NO5		YES 1 NO 5	

LACK OF CONFIDENCE

DEP10C1	E13	During one of those periods [did you feel that you were <u>not as good as other people</u> ?	1	5	1	5
DEP10C1	E14	[Did you have so <u>little self-confidence</u> that you wouldn't try to have your say about anything?	1	5	1	5

TROUBLE THINKING			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10C4 DP4A8	E15	During one of those periods [did you have a lot more <u>trouble concentrating</u> than is normal for you?	1	5	1	5
		A. [Were you <u>unable to read</u> things that usually interest you <u>or watch television</u> or movies you usually liked, because you couldn't pay attention to them?	1	5	1	5
DEP10C4 DP4A8	E16	[Did your <u>thoughts come much slower than usual</u> or seem mixed up?	1	5	1	5
DEP10C4 DP4A8	E17	[Were you <u>unable to make up your mind</u> about things you ordinarily had no trouble deciding about?	1	5	1	5
THOUGHTS OF DEATH						
DEP10C3 DP4A9	E18	During one of those periods [did you <u>think a lot about death</u> ?	1	5	1	5
DEP10C3 DP4A9	E19	[Did you <u>feel so low you thought a lot about committing suicide</u> ?	1	5	1	5
		IF CODED 1, SKIP TO E21.				
DP4A9 DEP10C3	A.	[Did you make a plan as to how you might do it?	1	5	1	5
DEP10C3 DP4A9	E20	[Did you <u>attempt suicide</u> ?	1	5	1	5
	E21	ADD TOGETHER THE NUMBER OF 5'S IN E1, E2, PLUS THE NUMBER OF BOXES WITH AT LEAST ONE 5. IS THE TOTAL 4 OR MORE?	NO	1	YES	5
		IF NO, SKIP TO E34.				
DEP10S4	E22	During a two week period of (feeling depressed/having lost interest/lacking energy) [most days, did you feel <u>particularly bad when you first got up</u> , but felt better later in the day?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10S8	E23	During one of those periods [was your <u>interest in sex</u> a lot less than usual?	1	5	1	5
DEP10S2	E24	[Did you <u>lose the ability to enjoy having good things happen to you</u> , like winning something or being praised or complimented?	1	5	1	5 GO TO E34
DEP10A DP4E DP4D	E25	During any period of (<u>feeling sad, empty, or depressed/having lost interest</u>), did you tell a doctor about your feelings or about <u>the problems you were having at the time</u> with (LIST SXs CODED 5 IN E3-E20)? CONTINUE PROBING. MD: _____ OTHER: _____ IF NOT CODED PRB 5, SKIP TO E34.	PRB:	2	3	4 5
DP4A DEP10A DP4E	E26	What is the longest period like that you've ever had? IF WHOLE LIFE OR MORE THAN 19 YEARS, ENTER 996. (YEARS X 52 = # WEEKS, MONTHS X 4 = # WEEKS.) IF 0 TO 13 DAYS CODE 001 AND SKIP TO E34. A. Did any period lasting two weeks or longer seriously interfere with your ability to do your job, take care of your house or family, or take care of yourself?			___/___/___ WEEKS	
			NO	1		
			YES	5		
DP4ON DEP10ON DP4RE DEP10RE	E27	ONS/REC: When was the (first/last) time you had a period of two weeks or more when you (felt sad, empty, or depressed/lost interest/lacked energy) and also had some of these problems like (SX CODED 5 IN E4-E20)?	ONS: AGE ONS: REC: AGE REC:	1 2 3 4 5 6 ____/____ 1 2 3 4 5 6 ____/____		
GA4F	E28	IF E26 IS LESS THAN 26, SKIP TO E29. IF D69 AGE ONS IS BLANK OR LESS THAN E27 AGE ONS, SKIP TO E29. OTHERS ASK: You said earlier that you had a long period when you were anxious and worried about several different things. Did your long periods of feeling anxious and worried fall entirely within one of these periods when you (were depressed/had lost interest)?	NO	1		
			YES	5		

DEP10RG1
MDR4A

E29

In your lifetime, how many different periods have you had that lasted two weeks or more when you (felt depressed/lost interest in things/lacked energy) and had some of the problems we've talked about? IF 96 EPISODES OR MORE, ENTER 96.

___/___
#EPISODES

IF CODED 01, SKIP TO E30.

A. In between (any of) these periods of (feeling depressed/having no interest in things/lacking energy) were you feeling OK for some months? NO (SKIP TO E30) 1
OKAY IN BETWEEN 5

B. Between your periods of depression, were you as able to work and enjoy being with other people as you were before they began? NO (SKIP TO E30) 1
YES 5

C. Did that time when you felt OK and enjoyed being with other people last at least 2 months? NO (SKIP TO E30) 1
YES 5

D. How many separate periods of (being depressed/having no interest in things/lacking energy) did you have, if you count only periods where you felt OK for at least 2 months in between them? ___/___
#EPISODES
WITH 2 MONTH
INTERVALS

IF E29D CODED 1, SKIP TO E30

E. When your first period like that ended - that is, you had two months of feeling OK afterwards - how old were you? ___/___
AGE AT END
OF FIRST
EPISODE

DP4E	E30	Did (this period/any of these periods) of (depression/loss of interest) occur just after someone close to you died?	NO(SKIP TO C) 1 YES 5
		IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH, CODE 1 AND SKIP TO C.	
	A.	Have you had any period of (feeling depressed/having lost interest) along with these other problems (LIST 3 SX CODED 5 FROM E3-E20) at times when it wasn't just after the death of someone close to you?	NO, ONLY AFTER DEATH..... 1(SKIP TO E31) 1 YES, OTHER TIMES 5
	B.	IF HAD DEPRESSED PERIOD IN LAST YEAR (E27 REC = 1-5), ASK: What about the period(s) you had in the last year? (Was that/were they all) shortly after the death of someone close to you?	YES, ONLY AFTER DEATH 2 NO, NOT ONLY AFTER DEATH 5
	C.	IF MALE OR NO CHILDREN (A5=00), SKIP TO E31. Did (this/any of these) period(s) start within a month of having a baby?	NO 1 YES 5
	E31	DID R HAVE 2 OR MORE SEPARATE DEPRESSED PERIODS (E29D CODED 2 OR MORE)?	NO.....(SKIP TO E34)..... 1 YES 5
	E32	Now I'd like to know about the time when you (were feeling depressed/lost interest/lacked energy) for at least two weeks and had the largest number of other problems we've talked about at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad two week period.)	____/____ AGE
	E33	I'll be asking which of these problems you had during the two weeks when you were ____/____ years old and had the largest number of these problems at the same time.	
		At that time, were you feeling sad or depressed?	NO 1 YES 5
	A.	Had you lost interest in almost everything?	NO 1 YES 5
		(RETURN TO E3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT [. CODE IN COL. II.	

			NO	YES
DYS10C3 DY4B4	E41	Did you have so <u>little self-confidence</u> that you wouldn't try to have your say about anything?	1	5
DYS10C4 DY4B5	E42	During a two year period of being depressed, did you have a lot more <u>trouble concentrating</u> than is normal for you?	1	5
DY4B5	E43	During a two year period of being depressed, were you <u>unable to make up your mind</u> about things you would ordinarily have had no trouble deciding about?	1	5
DYS10C5	E44	During a two year period of being depressed, <u>were you often in tears?</u>	1	5
DYS10C7 DY4B6	E45	During a two year period of being depressed, did you frequently <u>feel hopeless</u> -- that there was no way to improve things?	1	5
DYS10C8	E46	During any two year period of being depressed, did you often <u>feel that you could not cope with your everyday life</u> and responsibilities?	1	5
DYS10C9	E47	During a two year period of being depressed, did you <u>feel that your life had always been bad and wasn't going to get any better?</u>	1	5
DYS10C10	E48	During a long period of being depressed, did you <u>find you no longer wanted to spend time with friends or relatives?</u>	1	5
DYS10C11	E49	During a long period of being depressed, were you <u>less talkative than is usual</u> for you?	1	5

			NO	YES
DYS10C6	E50	During a two year period of being depressed, did you lose interest in most things like work and hobbies or things you usually liked to do for fun?	1	5
DYS10C6	E51	During a two year period of being depressed, was your interest in sex a lot less than usual?	1	5
IF NO 5s CODED IN E35-E51, CODE E52 PRB 1 AND SKIP TO F1.				
DY4G	E52	Did you ever talk to a doctor about the <u>problems</u> you were having <u>during this period of depression</u> -- problems like (SX CODED 5 IN E35-E51)?	PRB: 1	2 3 4 5
CONTINUE PROBING.				
MD: _____ OTHER: _____				
IF CODED 5, BUT RESPONDENT VOLUNTEERS SOME PROBLEMS DUE SOLELY TO PHYSICAL ILLNESS, LIST THOSE PROBLEMS.				

IF CODED 5, BUT RESPONDENT VOLUNTEERS SOME PROBLEMS DUE SOLELY TO MEDICATION, DRUGS, OR ALCOHOL, LIST THOSE PROBLEMS.				

DY4ON DYS10ON	E53	ONS: When did your first period of two years or longer begin where you felt sad or depressed and had some of these other problems like (SX CODED 5 IN E35-E51 AND NOT ATTRIBUTED SOLELY TO PHYSICAL ILLNESS OR MEDICATION, DRUGS OR ALCOHOL)?	AGE ONS:	___/___
DY4RE DYS10RE		REC: When did your last period like that end?	REC: 1 2 3 4 5 6	AGE REC: ___/___

E54 IF D69 AGE ONS BLANK OR LESS THAN E53
AGE ONS, SKIP TO F1.

GA4F

You said earlier that you had a long period when you
were anxious and worrying about several different
things. Did this whole period of feeling anxious and
worried fall within one of these long periods when
you were depressed most of the time?

NO 1
YES 5

SECTION F

MAN10A MA4A HP4A HP10A	F1	Has there ever been a <u>period of</u> at least <u>four days when</u> you were so <u>happy or excited</u> that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?	PRB:	1	3	4	5
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MD: _____ OTHER: _____

IF CODED PRB 5, SKIP TO F3.

MAN10A MA4A HP10A HP4A	F2	Has there ever been a <u>period of</u> at least <u>four days when</u> you were <u>unusually irritable</u> so that you complained, started arguments, shouted at or hit people?	PRB:	1	3	4	5
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MD: _____ OTHER: _____

IF NO PRB 5 IN F1 OR F2, SKIP TO G1.

CODE F3-F13A IN COLUMN I.			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B1 HP10B1 MA4B6 HP4B6	F3	During a period of at least four days of being (happy or excited/irritable) [were you so much <u>more active than usual</u> that you or your family or friends were concerned about it?	1	5	1	5
HP10B1 MAN10B1 MA4B6 HP4B6	F4	During a period of at least four days of being (happy or excited/irritable) [were you <u>unable to sit still</u> and paced up and down?	1	5	1	5
MAN10B8 HP10B6 MA4B7 HP4B7	F5	During a period of at least four days of being (happy or excited/irritable) [did you <u>go on spending sprees</u> , spending so much money that it caused you or your family some financial trouble or you made foolish decisions about money?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B9 HP10B5 MA4B6 HP4B6	F6	During a period of at least four days of being (happy or excited/irritable) [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 wouldn't be interested in? SX: <u>your increased interest in sex</u>	1	5	1	5
MA4B7 HP4B7 MAN10B9 HP10B6	A.	During a period of at least four days of being (happy or excited/irritable) [did you become less careful about your sexual activities, for example, approaching people you ordinarily would not be interested in or talking about activities you would ordinarily have kept private? SX: <u>becoming less careful about your sexual activities</u>	1	5	1	5
MAN10B2 HP10B2 MA4B3 HP4B3	F7	During a period of at least four days of being (happy or excited/irritable) [did you <u>talk so fast people said they couldn't understand you</u> , or did you have to keep talking all the time?	1	5	1	5
MAN10B3 MA4B4 HP4B4	F8	During a period of at least four days of being (happy or excited/irritable) [did thoughts race through your head so fast that you couldn't keep track of them? SX: <u>your thoughts racing</u>	1	5	1	5
MAN10B4	F9	During a period of at least four days of being (happy or excited/irritable) [did you <u>say or do things you would normally be embarrassed or ashamed to say or do?</u>	1	5	1	5
HP10B7	F10	During a period of at least four days of being (happy or excited/irritable) [were you <u>very friendly with people you normally wouldn't be friendly with?</u>	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B6 MA4B1 HP4B1 MA4D	F11	During a period of at least four days of being (happy or excited/irritable) [did you <u>feel</u> that you had a <u>special gift or special powers</u> to do things others couldn't do or that you were a specially important person? IF YES, ASK FOR EXAMPLE BEFORE CODING. EXAMPLE: _____ IF EXAMPLE IS PLAUSIBLE, CODE 1. IF NOT CODED 5, SKIP TO F12.	1	5	1	5
MAN10C	A.	DOES R VOLUNTEER S/HE ACTUALLY IS A PERSON S/HE CANNOT BE (E.G., JESUS OR ADVISOR TO PRESIDENTS)?	1	5		
MAN10C	B.	DOES R VOLUNTEER S/HE HAS POWERS S/HE CANNOT HAVE (E.G., CONTROLLING FOREIGN POLICY OR READING THOUGHTS)?	1	5		
MAN10B5 HP10B4 MA4B2 HP4B2	F12	During a period of at least four days of being (happy or excited/irritable) [did you <u>hardly sleep at all but still didn't feel tired</u> or sleepy?	1	5	1	5
MAN10B7 HP10B3 MA4B5 HP4B5	F13	During a period of at least four days of being (happy or excited/irritable) [were you <u>easily distracted</u> so that any little interruption could get you off the track? A. During a period like that, did you constantly keep <u>changing your plans or activities</u> ?	1	5	1	5
					GO TO G1	
	F14	IF ONLY 1 OR NO 5'S CODED IN COL. I F3-F13A, CODE PRB 1 AND SKIP TO G1. Have you ever talked to a doctor about a <u>period of feeling</u> (too <u>excited</u> or <u>happy/irritable</u>) or about these behaviours you had during these periods like (SX CODED 5 IN F3-F13A)? MD: _____ OTHER: _____ IF NOT CODED PRB 5, SKIP TO G1.			PRB:	1 2 3 4 5

<p>MAN10A HP10A MA4A HP4A</p>	<p>F15</p>	<p>What is the longest period you've ever had when you felt (happy or excited/irritable) and also had several of these other experiences like (LIST SEVERAL ITEMS CODED 5 IN F3-F13A)?</p> <p>IF MORE THAN 3 YEARS, CODE 996. IF LESS THAN 4 DAYS SKIP TO G1. IF LESS THAN 7 DAYS, SKIP TO F17.</p>	<p>____/____/____ # DAYS</p>
<p>MIX4A</p>	<p>F16</p>	<p>IF E25 NOT CODED PRB 5, SKIP TO F17.</p> <p>You have had periods of feeling (excited/irritable) and of (feeling sad or depressed/loss of interest/lacking energy). I'd like to know whether these two kinds of periods followed one another closely, or were at separate times. Were your periods of feeling (excited/irritable) ever either just before or just after your periods of (depression/loss of interest/lacking energy)?</p> <p>A. Were all your periods of feeling (excited/irritable) close to a period of (feeling depressed/loss of interest/lacking energy)?</p> <p>B. Were all your periods of (depression/loss of interest/lacking energy) close to a period of feeling (excited/irritable)?</p>	<p>NO.....(SKIP TO F17) 1 YES 5</p> <p>NO..... 1 YES 5</p> <p>NO..... 1 YES 5</p>
<p>MA4ON HP4ON MA10ON HP10ON</p>	<p>F17</p>	<p>ONS: When was the first time you had a period of four days or more when you were (happy or excited/irritable) at the same time you had some of these other feelings or experiences like (SX CODED 5 IN F3-F13A)?</p>	<p>ONS: 1 2 3 4 5 6 AGE ONS: ____/____</p>
<p>MA4RE HP4RE MA10RE HP10RE</p>		<p>REC: When did your last period of four or more days like that end?</p>	<p>REC: 1 2 3 4 5 6 AGE REC: ____/____</p>
<p>BIP10 B14A B24B</p>	<p>F18</p>	<p>In your lifetime, how many periods like that have you had that lasted 4 days or longer?</p> <p>A. How many periods like that lasted a week or longer?</p>	<p>____/____ NUMBER</p> <p>____/____ NUMBER</p>

MAN10A MAN10B HP10B HP4E MA4D MA4A	F19	Were you ever in a hospital overnight because of any spell like that?	NO.....1 YES5
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F20	IS MORE THAN ONE EPISODE CODED IN F18 OR F18A?	NO..... (SKIP TO G1).....1 YES5
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F21	Now I'd like to know about the time when you were feeling (happy or excited/irritable) and had the largest number of these other experiences at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad period.)	____/____ AGE
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F22	During that period of being (happy or excited/irritable), which of these experiences did you have? For instance, during that period (when you were ____/____ years old) RETURN TO F3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT [. CODE IN COL. II.
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SECTION G

SA10G24 SZ10G12A SZ4A1 SF4A DEL10A DEL4A BPD4A1	G1	Now I want to ask you about some ideas you might have had about other people. Have you ever <u>believed people were spying on you?</u>	NO..... (SKIP TO G2)1 YES5
		A. How did you know that was happening? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO1 YES5*
<hr/>			
SZ10G12A SA10G24 SZ4A1 SF4A DEL10A DEL4A BPD4A1	G2	Was there ever a time when you <u>believed people were following you?</u>	NO..... (SKIP TO B)1 YES5
		A. How did you know people were following you? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO1 YES5*
		B. Have you <u>thought</u> that <u>people</u> you saw talking to each other <u>were talking about you or laughing at you?</u>	NO..... (SKIP TO G3)1 YES5
SZ4A1 SF4A SZ10G12A DEL10A DEL4A BPD4A1		C. What made you think it was you they were discussing or laughing at? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO1 YES5*
<hr/>			
SA10G22 SZ10G12A SZ4A1 SF4A DEL4A DEL10A BPD4A1	G3	Have you ever <u>believed that you were being secretly tested or experimented on?</u>	NO..... (SKIP TO G4)1 YES5
		A. How did you know you were being tested? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO1 YES5*

SZ10G12A SA10G22 SZ4A1 SF4A DEL10A DEL4A BPD4A1	G4	Have you ever <u>believed</u> that <u>someone was</u> plotting against you or <u>trying to hurt you</u> or poison you?	NO..... (SKIP TO G5).....1 YES5
		A. How did you know that this was happening? RECORD BELOW	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*
DEL10A DEL4A SZ10G12A SZ4A1 BPD4A1 SF4A	G5	Have you ever been <u>convinced</u> that <u>someone you had not met</u> was in love with you?	NO..... (SKIP TO G6).....1 YES5
		A. How did you know that this person was in love with you? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*
DEL10A DEL4A SZ10G12A SZ4A1 BPD4A1 SF4A	G6	Have you ever been <u>convinced</u> that <u>your spouse or partner was being unfaithful</u> , although (he/she) told you that was not true?	NO..... (SKIP TO G7).....1 YES5
		A. How did you know that your spouse or partner was unfaithful? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*
SZ10G11D SZ4A1 SF4A BPD4A1	G7	Have you ever <u>believed</u> that <u>someone was reading your mind</u> ?	NO..... (SKIP TO G8).....1 YES5
		A. Did they actually know what you thought or were they just guessing from the look on your face or from knowing you for a long time? IF "JUST GUESS", CODE 1. OTHERS ASK B.	NO.....1 YES5*
		B. How did you know they were reading your mind? RECORD BELOW.	
		EX: _____	

SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G8	Have you ever <u>believed you could actually hear what another person was thinking</u> , even though he or she was not speaking?	NO..... (SKIP TO G9).....1 YES5*
		A. How was it possible for you to hear what a person thought if that person didn't say anything? RECORD BELOW.	
		EX: _____	
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G9	Have you ever <u>believed that others could hear your thoughts</u> ?	NO..... (SKIP TO G10).....1 YES5*
		A. How did they do that? RECORD BELOW.	
		EX: _____	
SZ10G11B SA10G22 SZ4A1 SF4A BPD4A1	G10	Have you ever been <u>convinced that you were under the control of some power or force</u> , so that your actions and thoughts were not your own?	NO..... (SKIP TO G11).....1 YES5
		A. Who or what power or force controlled you? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G11	Have you ever been <u>convinced that strange thoughts, or thoughts that were not your own, were being put directly into your mind</u> ?	NO..... (SKIP TO G12).....1 YES5*
		A. Could you tell me about a time that happened? RECORD BELOW.	
		EX: _____	
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G12	Have you ever been <u>convinced that someone or something could take or steal your thoughts</u> out of your mind?	NO..... (SKIP TO G13).....1 YES5*
		A. How did they do that? RECORD BELOW.	
		EX: _____	

SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G13	Have you ever <u>believed</u> that you were being sent special <u>messages</u> through television or the radio, or that a program had been arranged just for you alone?	NO..... (SKIP TO B)1 YES5
	A.	How did you know it was for you? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*
SZ4A1 SF4A SZ10G11D BPD4A1	B.	Have you ever <u>felt</u> that a <u>book, or newspaper, or song was meant</u> only <u>for you</u> and no one else?	NO..... (SKIP TO G14)1 YES5
	C.	How did you know it was for you? RECORD BELOW.	
		EX: _____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES5*

SZ10G11B SA10G22 SZ4A1 SF4A BPD4A1	G14	Have you ever <u>felt strange forces working on you</u> , as if you were being hypnotized or magic was being performed on you, or you were being hit by x-rays or laser beams?	NO..... (SKIP TO G15)1 YES5*
	A.	What kind of force was it? RECORD BELOW.	
		EX: _____	

SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G15	RECORD ANY VOLUNTEERED DELUSIONS NOT CODABLE IN G1-G14. IF NONE, CODE 1. IF ANY, RECORD BELOW.	NO.....1 YES5*
		EX: _____	

SZ10G22 DEL10F TPD10G4 TPD10G5 SZ4E SA4D DEL4E	G16	IF NO 5* CODED IN G1-G15, CODE PRB 1 AND SKIP TO G17. Did you tell a doctor about <u>beliefs</u> you have had like (SX CODED 5* IN G1-G15)? CONTINUE PROBING.	PRB:	1 3 4 5
		MD: _____ OTHER: _____		

SZ10G12A SZ4A2 SF4A DEL10D BPD4A2	G17	Have you ever seen something or someone that others who were present could not see -- that is, had <u>a vision when you were completely awake?</u>	NO.....(SKIP TO G18).....1 YES.....5*
		A. What did you see? RECORD BELOW.	
		EX:_____	
SZ4A2 SF4A SZ10G12A SA10G23 DEL10D BPD4A2	G18	Have you more than once <u>heard things other people couldn't hear</u> , such as a voice?	NO.....(SKIP TO G20).....1 YES.....5
		A. How do you explain hearing things other people couldn't hear?	
		RECORD: _____	
		B. What did you hear? RECORD BELOW	
		EX:_____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES.....5*
		IF VOICE IS MENTIONED, SKIP TO G19A.	
DEL10D BPD4A2	G19	Did you ever <u>hear voices</u> others could not hear?	NO.....(SKIP TO G20).....1 YES.....5*
SZ10G11C SA10G23 SZ4A2 SF4A		A. When you heard a voice, did this voice come from some part of your body?	NO.....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		B. Did you ever hear voices that other people couldn't hear that were commenting on what you were doing or thinking?	NO.....1 YES.....5
SZ10G11C SZ4A2 SA10G23 SF4A		C. Did you ever hear two or more voices that other people couldn't hear talking to each other?	NO.....(SKIP TO E).....1 YES.....5
SZ10G11C SA10G23		D. Were these voices discussing you?	NO.....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		E. Did you ever carry on a two-way conversation with the voices just as though someone was there with you?	NO.....(SKIP TO G20).....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		F. Did you ever actually see who you were talking to when you carried on a conversation with the voices?	NO.....1 YES.....5

SZ4A2 SZ10G12A DEL10D SF4A BPD4A2	G20	Have you ever been <u>bothered by strange smells around you that nobody else seemed to be able to smell</u> , perhaps even odors coming from your own body?	NO.....(SKIP TO C)1 YES5*
A. What did you smell? RECORD BELOW. EX:_____			
B. Where did the strange smells or odors come from? RECORD:_____			
DEL10D SZ10G12A SZ4A2 SF4A BPD4A2		C. Have you ever had <u>strange tastes in your mouth</u> that could not be explained by anything you had eaten or put in your mouth?	NO.....(SKIP TO G21)1 YES5*
D. What was the taste? RECORD BELOW. EX:_____			
E. Where did it come from? RECORD:_____			
SZ4A2 SZ10G12A SF4A DEL10A BPD4A2	G21	Have you ever had <u>unusual feelings on your skin or inside your body</u> --like being touched when nothing was there or feeling something moving inside your body?	NO.....(SKIP TO G22)1 YES5*
A. What did you feel? RECORD BELOW. EX:_____			
SZ4A4 SZ10G12C SA10G26 SF4A BPD4A4	G22	Have you ever had a time when you were <u>unable to move at all</u> ?	NO.....1 YES5*
A. Have you ever had a time when you <u>moved constantly</u> and couldn't stop? NO.....1 YES5*			
IF G22 AND G22A CODED 1, SKIP TO G23.			
B. Why couldn't you move the way you wanted to? RECORD BELOW. EX:_____			
SZ10G22 DEL10F TPD10G4 TPD10G5 SZ4E SA4D DEL4E	G23	IF NO 5* CODED IN G17-G22, CODE PRB 1 AND SKIP TO G24.	
Did you tell a doctor about <u>experiences</u> you have had like (SX CODED 5* IN G17-G22)? CONTINUE PROBING.			
MD:_____ OTHER:_____			

IF NO 5*S CODED IN G1-G15 OR G17-G22, SKIP TO H1.

SZ4ON SZ10ON DEL4ON DEL10ON SF4ON SA4ON SA10ON	G24	ONS: How old were you when you first had any of these beliefs or experiences like (LIST SX CODED 5* IN G1-G15 AND G17-G22)?	ONS: 1 2 3 4 5 6 AGE ONS: ____/____
SZ4RE SZ10RE DEL10RE DEL4RE SF4RE SA4RE SA10RE		REC: When was the last time you had any of these beliefs or experiences?	REC: 1 2 3 4 5 6 AGE REC: ____/____
SZ10G1 SZ4C DEL10B TPD10G1 SA10G2 SZ4A SF4A DEL4A BPD4B	G25	How much time went by from the first time to the last time you had any of these beliefs or experiences? Was it ... (STOP AT FIRST YES)? IF ONLY FOR A FEW MOMENTS ONCE ON A SINGLE DAY, CODE 1 AND SKIP TO H1.	6 mos or more?7 3-5 mos?.....6 1-2 mos?.....5 2-3 wks?...4 1 wk? (SKIP TO G28).....3 2-6 days?.. (SKIP TO G28).....2 Only 1 day?. (SKIP TO H1).....1
SZ10G1 SZ4C DEL4A	G26	During this time were the beliefs or experiences present...(STOP AT FIRST YES)?	most of the time?1 some of the time?2 occasionally?.....3
GA4F GAD10C2	G27	IF D66 ("LONG PERIODS OF FEELING WORRIED, TENSE, OR ANXIOUS") IS NOT CODED 5, SKIP TO G28. You said earlier that you had a long spell when you were worrying about different things. Did the whole spell of worrying fall within the time when you were having these beliefs or experiences?	NO, WORRIED AT OTHER TIMES1 YES, ONLY THEN5
SZ4C SF4B	G28	At the time you were having these beliefs or experiences, were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places, or unable to enjoy yourself? A. Did that period of not feeling well or not acting as usual last 6 months or more?	NORMAL (SKIP TO G29).....1 NOT NORMAL5 NO.....1 YES5
SZ4B DEL4C	G29	Since these beliefs or experiences began, have you been less able to do your work? A. Since these beliefs or experiences began, have you been less able to make friends or enjoy social relationships?	NO.....1 YES, LESS ABLE.....5 NO.....1 YES, LESS ABLE.....5

SZ10G21 SA10G1 SA4A DEL10E SZ4D DEL4D	G30	WAS R EVER DEPRESSED OR MANIC? DEPRESSED IF: E25 CODED 5. MANIC IF: F14 CODED 5.	NEITHER(SKIP TO H1). 1 DEPRESSED ONLY2 MANIC ONLY3 BOTH4
SZ10G21 SA4A	G31	You told me before that you have had spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable). Can you tell me which came first-- those spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable) or the beliefs and experiences like (LIST SX CODED 5* IN G1-G15, G17-G22)?	DELUSIONS/ HALLUCINATIONS CAME FIRST1 DEPRESSED/HAPPY/ IRRITABLE CAME FIRST2 BEGAN AT SAME TIME3
MAN10C SA4A DEL10E SA10G3 SZ4D DEL4D	G32	Were the spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable) ever present at the same time you were having these beliefs or experiences?	NO, NEVER TOGETHER (SKIP TO H1)1 YES5
SA4A SA10G3	G33	Were they present at the same time for at least two weeks?	NO1 YES5
SA4B DEL4D DEL10E	G34	Did you ever have those beliefs or experiences for 2 weeks or more when you were not feeling (depressed or loss of interest or lacking energy/happy, excited, or irritable)?	NO, ONLY WHEN DEPRESSED/HAPPY/ IRRITABLE (SKIP TO H1)1 YES, OTHER TIMES5
SZ4D DEL4D SZ4C	G35	Which lasted longer--these beliefs or experiences or the periods of feeling (depressed or loss of interest or lacking energy/happy, excited, or irritable)?	BELIEFS, EXPERIENCES1 MOOD2 SAME3

SECTION H

ANO4B	H1	Now I'd like to ask you about problems you might have had either with eating or with your weight. Have you ever had a concern about your weight, your eating, or being too fat?	NO1 YES.....5
ANO4A	H2	Have you ever <u>lost a lot of weight</u> , that is, (15 LBS/6.5 KG) or more, either by dieting or without meaning to, not by having (a baby or) an operation?	NO1 YES.....5
ANO4A	H3	Did relatives or friends ever say that you were much too thin or looked like a skeleton? SX = <u>being too thin</u>	NO1 YES.....5
ANO4A ANO10A	H4	IF H2 AND H3 BOTH CODED 1, CODE PRB 1 AND SKIP TO H10. OTHERS PROBE USING PHRASES IN H2/H3. CODE PRB 5 IF WEIGHT LOSS CAUSED BY DIET PILLS, WATER PILLS, LAXATIVES, ENEMAS, DIETING, SELF-INDUCED VOMITING, OR IF ANOREXIA WAS DIAGNOSED. MD: _____ OTHER: _____	PRB: 1 4 5
ANO4A ANO10A	H5	What is the lowest weight you ever (dropped to/had) after the age of 14? WOMEN: IF CODED 125 LBS/57 KG OR MORE, SKIP TO H10. MEN: IF CODED 140 LBS/64 KG OR MORE, SKIP TO H10. IF DK WEIGHT, CODE (998 LBS/98 KG) AND SKIP TO H6.	# LBS ___/___/___ # KG ___/___
ANO10A ANO4A	A.	How tall were you then?	FT___ INCHES___/___ CM ___/___/___
ANO4C	B.	At that time, when your weight was at its lowest, did other people say that you were too thin?	NO1 YES.....5

	H6	To lose that much weight or keep your weight down...	NO	YES
ANO10B ANO4A	1.	did you avoid fattening foods?	1	5
ANO4A	2.	did you exercise?	1	5
ANO4A	3.	did you take medicine or pills?	1	5
ANO4A	4.	did you make yourself vomit?	1	5
ANO4A	5.	did you take laxatives or enemas?	1	5
		IF NO 5 CODED IN 1-5, SKIP TO H7.		
		REC: When was the last time you did any of these things?	REC: 1 2 3 4 5 6	
			AGE REC: ___/___	
	H7	At the time when (you lost a lot of weight/people said you were too thin):	NO	YES
ANO4C ANO10C ANO4B	1.	were you afraid that you would regain the weight?	1	5
ANO4C ANO10C	2.	did you still think you were too fat?	1	5
ANO4C ANO10C	3.	did you think some parts of your body were too fat?	1	5
ANO4C	4.	did your weight affect how you thought about yourself?	1	5
ANO4C	5.	did others tell you that your low weight was a hazard to your health?	1	5
	H8	IF R IS MALE SKIP TO H9		
		How old were you when you had your first menstrual period? IF NEVER MENSTRUATED, CODE 7 AND SKIP TO H9.	ONS: 1 2 3 4 5 6 7	
			AGE ONS: ___/___	
ANO4D ANO10D	A.	Did you ever <u>miss 3 menstrual periods in a row</u> around the time you (were losing weight/had this low weight)?	PRB: 1 3 4 5	
		MD: _____ OTHER: _____		

IF NO 5'S CODED IN H6 OR H7, SKIP TO H10.

ANO4ON ANO10ON	H9	ONS: When was the first time you lost (15 LBS or more/6.5 KG or more/so much weight that other people said that you were too thin) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED 5 IN H6 AND H7)? IF DK AND R IS UNDER 25, CODE 01. IF DK AND R IS 25 OR OLDER, ASK: Do you think you were older or younger than 25?	AGE ___/___ YOUNGER THAN 25..... (RECORD 01) 25 OR MORE.... (RECORD 95) STILL DK..... (RECORD 98)
ANO4RE ANO10RE		REC: When (were you last (15 LBS or more/6.5 KG or more) below your previous weight/was the last time people thought you were much too thin)?	REC: 1 2 3 4 5 6 AGE REC: ___/___
BUL10A BUL4A1	H10	Have you ever had a time when you would eat abnormally large amounts of food within a few hours-- that is, eat in binges?	NO(SKIP TO J1)1 YES.....5
		A. How long would one of these binges last?	___/___/___ MINUTES
		B. What kind of things would you eat during a typical binge?	
		RECORD: _____	
		DOES R VOLUNTEER ONLY A MINIMAL AMOUNT OF FOOD (LIKE ONE YOGHURT OR ONE CHOCOLATE BAR)?	NO1 YES.....(SKIP TO J1)5
BUL10A BUL4A	H11	Have you ever had a period when you went on eating binges at least twice a week?	NO(SKIP TO J1)1 YES.....5
BUL4C		A. What is the longest period you have had of eating binges at least twice a week?	___/___/___ WEEKS
BUL4ON BUL10ON BUL4RE BUL10RE	H12	ONS/REC: When did you have your (first/last) eating binge?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

	H13	During your eating binges, have you:		
	A.	eaten more quickly than normal?	NO1 YES.....5	
	B.	eaten until you felt excessively full or bloated?	NO1 YES.....5	
	C.	eaten a lot even though you weren't hungry?	NO1 YES.....5	
	D.	eaten alone because you felt ashamed?	NO1 YES.....5	
	E.	After your eating binges, have you hated yourself?	NO1 YES.....5	
	F.	After your eating binges, have you felt depressed or guilty because you have eaten so much?	NO1 YES.....5	
BUL10B ANO10E	H14	Around the time when you were binge eating, did you spend a lot of time thinking about eating?	NO (SKIP TO H15).....1 YES.....5	
	A.	Did you find it difficult to resist going on an eating binge?	NO1 YES.....5	
BUL4A2	H15	Have you ever been afraid that you might not be able to stop one of these eating binges once you started?	NO1 YES..... (SKIP TO H16).....5	
	A.	Have you ever felt that you had no control over what you were eating during an eating binge?	NO1 YES.....5	
	H16	Have you ever done anything regularly in order to keep from gaining weight -- things like ...	NO	YES
BUL4B BUL10C3	1.	exercising a lot?	1	5
BUL4B BUL10C4	2.	staying on a strict diet?	1	5
BUL4B BUL10C2	3.	taking water pills or diuretics?	1	5
BUL4B BUL10C1	4.	taking laxatives or enemas?	1	5
BUL4B BUL10C3	5.	making yourself vomit?	1	5
BUL4B BUL10C	6.	fasting by not eating at all or only taking liquids?	1	5

	H17	Around the time when you were binge eating,	NO	YES
BUL4D	1.	was your self-esteem much more dependent on your body shape or weight than in other people?	1	5
BUL10D	2.	were you afraid that you would become too fat?	1	5
BUL10D	3.	did you think you were too fat?	1	5

SECTION J

J1 HAND CARD J1 TO RESPONDENT. Now I am going to ask some questions about your use of alcoholic beverages like (BEVERAGES USED LOCALLY - BEER, WINE, OR LIQUOR). In your entire lifetime, have you had at least 12 drinks of any kind of alcoholic beverage? Please count drinks as shown on this card.

NO1
YES (SKIP TO J2)5

A. So, you've never had at least 12 drinks even if you count drinking on special occasions or holidays?

CORRECT, NEVER HAD 12+ DRINKS . (SKIP TO K1)1
HAS HAD 12+ DRINKS5

J2 In the past 12 months, did you have at least 12 drinks of any kind of alcoholic beverage?

NO1
YES (SKIP TO J3)5

A. What about in the past, in any one-year period of your entire life, did you have at least 12 drinks of any kind of alcoholic beverage?

NO(SKIP TO K1)1
YES(SKIP TO J5A)5

J3 In the past 12 months, did you have at least one drink... (CODE FIRST YES)

almost every day?1
3 or 4 days a week?2
1 or 2 days a week?3
1 to 3 days a month?4
less than once a month?5

J4 On days when you drank an alcoholic beverage in the past 12 months, about how many drinks did you usually have in a single day? RECORD R'S ANSWER VERBATIM AND CODE # DRINKS USING CARD J1. _____

_____ / _____
AVG. # DRINKS IN 24 HRS

J5 Now thinking about your whole life, has there ever been a year when you drank more than you did during the past 12 months?

NO(SKIP TO C)1
YES5

A. Focusing on the period when you drank the most, how often did you drink? Was it... (CODE FIRST YES)

almost every day?1
3 or 4 days a week?2
1 or 2 days a week?3
1 to 3 days a month?4
less than once a month?5

B. During that year when you were drinking the most, on the days when you drank, about how many drinks would you usually have in a day? RECORD R'S ANSWER VERBATIM AND CODE # DRINKS USING CARD J1. _____

____/____
AVG. # DRINKS IN 24 HRS

C. When did you first begin to drink (FREQUENCY AND AMOUNT IN A AND B, OR IF BLANK, IN J3 AND J4)?

ONS: 1 2 3 4 5 6
AGE ONS: _____/_____

D. When did you last drink (FREQUENCY AND AMOUNT IN A AND B, OR IF BLANK, IN J3 AND J4)?

REC: 1 2 3 4 5 6
AGE REC: _____/_____

AA4A1 J6 Was there ever a time in your life when your drinking or being hung over frequently interfered with your work at school, on a job, or at home? NO1
YES5

J7 Was there ever a time in your life when you frequently got into physical fights while drinking? NO1
YES5

A. Did your drinking frequently cause trouble between you and a family member or friend? NO1
YES5

IF J7 AND J7A BOTH CODED 1, SKIP TO J8.

AA4A4 B. Did you continue to drink after you knew that it was causing you problems in getting along with other people? NO1
YES5

AA4A3 J8 Have you ever been arrested for disturbing the peace or for driving while under the influence of alcohol? NO1
YES5

AA4A2 J9 Have there been times in your life when you have often been under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else? NO1
YES5

J10 IF NO 5 CODED IN J6-J9, SKIP TO J11.

AA4ON ONS/REC: When was the (first/last) time (SX
AA4RE CODED 5 IN J6-J9)? ONS: 1 2 3 4 5 6
AGE ONS: _____/_____
REC: 1 2 3 4 5 6
AGE REC: _____/_____

AD41A AD10A4	J11	Was there ever a time when you <u>had to drink much more</u> than you used to <u>to get the effect you wanted</u> ?	NO1 YES (SKIP TO J12).....5*
AD41B AD10A4	A.	Did you ever <u>find that the same amount of alcohol had less effect</u> on you than it once did?	NO1 YES5*
AD10A1	J12	Was there ever a time when you <u>felt such a strong desire</u> or urge <u>to drink</u> that you could not keep from <u>drinking</u> ?	NO1 YES (SKIP TO J13).....5*
AD10A1	A.	Did you ever <u>want a drink so badly that you could not think of anything else</u> ?	NO1 YES5*
AD43 AD10A2	J13	Has there ever been a period in your life when you often <u>had more to drink than you intended to</u> ?	NO1 YES (SKIP TO J14).....5*
AD43 AD10A2	A.	Was there ever a period when you often kept <u>drinking much longer than you intended to</u> ?	NO1 YES5*
AD44 AD10A2	J14	Have there been times in your life when you <u>wanted to stop or cut down on your drinking</u> ?	NO.....1 YES5*
AD44 AD102	A.	Have you more than once <u>tried to stop or cut down</u> but found you could not?	NO1 YES5*
AD45 AD10A5	J15	Was there ever a period in your life when you <u>spent a great deal of time drinking or getting over the effects of alcohol</u> ?	NO1 YES5*
AD46 AD10A5	J16	Did drinking ever cause you to <u>give up or greatly reduce important activities</u> -- like participating in sports, going to school or work, or keeping up with friends or relatives?	NO1 YES5*

AD42A AD10A3	J17	I'm going to ask you about some problems you might have had in the first few days after you quit or cut down. HAND CARD J2 TO RESPONDENT. IF VOLUNTEERS NEVER QUIT OR CUT DOWN, CODE J17.1 = 6 AND SKIP TO B. OTHERS READ ITEMS 1-11 AND CODE FOR EACH.	NO	YES	NEVER QUIT
AW10B1/AW4B2	1.	For instance, in those first few days, did you have the shakes (hands trembling)?	1	5	6
AW10B7/AW4B3	2.	did you have more trouble sleeping than is usual for you?	1	5	
AW4B7	3.	were you more nervous than is usual for you?	1	5	
AW10B5/AW4B6	4.	did you feel more restless than is usual for you?	1	5	
AW10B2/AW4B1	5.	did you sweat?	1	5	
AW10B4/AW4B1	6.	did you feel your heart beating fast?	1	5	
AW10B3/AW4B4	7.	did you have nausea or vomiting?	1	5	
AW10B6	8.	did you have headaches?	1	5	
AW10B8	9.	did you feel weak?	1	5	
AW10B9/AW4B5	10.	did you see, hear, or feel things that others could not?	1	5	
AW10B10/AW4B8	11.	did you have a seizure?	1	5	
	A.	ARE TWO OR MORE 5'S CODED IN 1-11?	NO	1	
			YES	(SKIP TO J18).....	5*
		SX = <u>stopping or cutting down caused problems</u>			
AD10A3 AD42B	B.	Did you ever take a drink to keep from having these <u>problems</u> (or drink to make them go away)?	NO	1	
			YES	5*	

AHM10AB	J18	HAND CARD J3 TO RESPONDENT. In your lifetime, has <u>drinking</u> ever <u>caused</u> you to have any of the <u>medical problems</u> on the card like:	NO	YES
		1. liver disease or hepatitis?	1	5
		2. stomach disease or vomiting blood?	1	5
		3. tingling feet or numbness?	1	5
		4. memory problems even when you weren't drinking?	1	5
		5. pancreatitis?	1	5
		6. any other disease? What? _____	1	5
		IF ANY 5 CODED IN 1-6, ASK A. OTHERS SKIP TO J19.		
AD47 AD10A6	A.	Did you <u>continue to drink after you knew that it was causing a medical problem</u> ?	NO	1
			YES	5*
AD47 AD10A6	J19	Did you <u>continue to drink when you knew you had any (other) serious physical illness</u> that was made worse by drinking?	NO	1
			YES	5*
AHM10AB	J20	HAND CARD J4 TO RESPONDENT. Has <u>alcohol</u> ever <u>caused</u> you to have any of the <u>emotional or psychological problems</u> on the card, like:	NO	YES
		1. being uninterested in your usual activities?	1	5
		2. being depressed?	1	5
		3. being suspicious or distrustful of others?	1	5
		4. or having strange thoughts?	1	5
		IF ANY 5 CODED IN 1-4, ASK A. OTHERS SKIP TO B.		
AD47 AD10A6	A.	Did you <u>continue to drink after you knew that it was causing you emotional or psychological problems</u> ?	NO	1
			YES	5*
	B.	ARE THREE OR MORE SX CODED 5* IN J11-J20?	NO.....(SKIP TO J23).....	1
			YES	5

SECTION K

OCO10A OCO10B OBS4A4 OBS4A1 OBS4A2	K1	I want to ask you next about whether you have ever been bothered by having certain unpleasant thoughts of your own that kept entering your mind against your wishes. An example would be the persistent idea that your hands are dirty or have germs on them. Have you ever had any unpleasant thoughts like that?	NO1 YES5
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OCO10A OCO10B OBS4A1 OBS4A2 OBS4A4	A.	Another example of an unpleasant thought would be the persistent idea that you might harm someone, even though you really didn't want to. Or you might have had thoughts you were ashamed of, but couldn't keep out of your mind. Have you ever had any unpleasant and persistent thoughts like that?	NO1 YES5
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B.	IS EITHER K1 OR K1A CODED 5?	NO(SKIP TO K9)1 YES5
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OCO10A	K2	Did you have these thoughts only for a short time or did they ever bother you again and again over a period of at least 2 weeks?	LESS THAN 2 WEEKS(SKIP TO K9)1 2 WEEKS OR MORE5
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OBS4D	K3	Could you give me examples of the kind of thoughts that bothered you?
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EX: _____

ARE ALL EXAMPLES EXCLUSIVELY DESCRIBING:

	NO	YES
1) FEELINGS OF GUILT?	1	5
2) CONCERNS ABOUT BODY SHAPE, WEIGHT, OR EATING?	1	5
3) CONCERNS ABOUT GETTING, USING, OR RECOVERING FROM DRUGS OR OTHER SUBSTANCES?	1	5
4) CONCERNS ABOUT HAIR-PULLING?	1	5
5) CONCERNS ABOUT A SERIOUS ILLNESS?	1	5
6) SOME COMBINATION OF 1-5?	1	5

IF ANY CODED 5, SKIP TO K9.

OCO10B2 OBS4B	K4	Did some of these thoughts seem to you to be unreasonable?	NO1 YES5
	A.	Were you thinking about these things more than you should have?	NO1 YES5
OCO10B4	B.	When you thought about these things, did you enjoy it?	NO1 YES5
OCO10B3 OBS4A3 OBS4A1 OBS4E	K5	Did <u>these thoughts</u> keep coming back again and again into your mind no matter how hard you tried to resist, ignore, or get rid of them?	PRB: 1 3 4 5
		IF NO, CODE PRB 1 AND SKIP TO K9. IF YES, PROBE.	
		MD: _____ OTHER: _____	
		IF NOT CODED PRB 5, SKIP TO K9.	
OBS4C	K6	Did these thoughts often bother you for more than an hour at a time?	NO1 YES5
OBS4C OCO10C	K7	Did thinking about these ideas interfere with your life or work, or cause you difficulty with your relatives or friends, or upset you a great deal?	NO1 YES5
	K8	ONS/REC: When was the (first/last) time you were unable to put an unpleasant thought like that out of your mind?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
OCC10A COM4A1	K9	Some people have the unpleasant feeling that they have to <u>do something over and over again</u> , even though they know it is foolish, but they can't resist doing it -- things like washing their hands again and again or going back several times to be sure they've locked a door or turned off the stove.	NO1 YES5
		Have you ever had to do something like that over and over?	
		IF CODED 5, ASK FOR EXAMPLE:	
		EX: _____	

OCC10A COM4A1	K10	Was there a time when you felt you had to <u>do something in a certain order</u> , like getting dressed perhaps, and had to start all over again if you did it in the wrong order?	NO1 YES5
IF CODED 5, ASK FOR EXAMPLE:			
EX: _____			
OCC10A COM4A1	K11	Has there ever been a period of several weeks when you felt you had to <u>count something</u> , like the squares in a tile floor, and couldn't resist doing it even when you tried to?	NO1 YES5
IF CODED 5, ASK FOR EXAMPLE:			
EX: _____			
COM4A1 OCC10A	K12	Did you ever have a period when you had to <u>say certain words</u> over and over, either aloud or to yourself?	NO1 YES5
IF CODED 5, ASK FOR AN EXAMPLE.			
EX: _____			
IF K9-K12 ALL CODED 1, SKIP TO K22.			
OCC10B2 COM4B	K13	You mentioned that you had to (SX CODED 5 IN K9-K12). Did you think that this was unnecessary or that you overdid it?	NO1 YES5
OCC10B3	K14	Did you try hard not to do these things, but did they anyway?	NO, COULD CONTROL.....1 DIDN'T TRY, SO DK3 YES5
COM4A2	K15	Would you feel very uncomfortable if you did not do these things?	NO1 YES5
	A.	Did you feel that something bad might happen if you didn't do them?	NO1 YES5

OCC10B4	K16	When you did these things, did you enjoy doing them?	NO5 YES1
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COM4E	K17	Did you tell a doctor about having to (SX CODED 5 IN K9-K12)? CONTINUE PROBING. MD: _____ OTHER: _____	PRB: 3 4 5
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	K18	ONS/REC: When was the (first/last) time you had to do (this/any of these things)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
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OCC10C COM4C	K19	Did having to (SX CODED 5 IN K9-K12) ever interfere with your life or work, or cause you difficulty with your relatives or friends, or upset you a great deal?	NO 1 YES.....5
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OCC10A	K20	Did you have to do any of those things most days over a period of at least two weeks?	NO 1 YES.....5
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COM4C	K21	Did you often spend more than an hour a day doing these things?	NO 1 YES.....5
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PT10A
PT4A1

K22 Now I would like to ask you about extremely stressful or upsetting events that sometimes occur to people. HAND CARD K1 TO RESPONDENT. Some events like that are listed on Card K1.

ASK K22.1-K22.11. CODE IN COL. I.

		COL. I		COL. II WORST EVENT	
		NO	YES	NO	YES
1.	Did you ever have direct combat experience in a war?	1	5	1	5
2.	Were you ever involved in a life-threatening accident?	1	5	1	5
3.	Were you ever involved in a fire, flood or other natural disaster?	1	5	1	5
4.	Did you ever witness someone being badly injured or killed?	1	5	1	5
5.	Were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?	1	5	1	5
6.	Were you ever sexually molested, that is someone touched or felt your genitals when you did not want them to?	1	5	1	5
7.	Were you ever seriously physically attacked or assaulted?	1	5	1	5
8.	Have you ever been threatened with a weapon, held captive, or kidnapped?	1	5	1	5
9.	Have you ever been tortured or the victim of terrorists?	1	5	1	5
10.	Have you ever experienced any other extremely stressful or upsetting event?	1	5	1	5
IF YES, ASK: Briefly, what was the most stressful or upsetting experience of this sort that ever happened to you?					
DESCRIPTION: _____					

IF OTHER EVENTS IN 10 ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.					

11.	Have you ever suffered a great shock because one of the events on the list happened to someone close to you? IF YES, ASK: Briefly, what was the event that you found most stressful or upsetting when it happened to someone close to you? DESCRIPTION: _____ _____ IF EVENTS IN 11 ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.	1	5	1	5
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IF NO 5'S IN COL. I, SKIP TO L1

IF ONLY ONE 5 IN COL. I CODE 5 FOR THAT EVENT IN COL. II AND ASK K22A.1. OTHERS SKIP TO K22A.2

- K22A 1. You mentioned that you have experienced (EVENT CODED 5 IN COL. I). Did this happen only once in your lifetime or more than once? IF ONCE, SKIP TO K22B, OTHERS ASK: Of these times, was one of them more stressful or upsetting than the others? SKIP TO K22B.
2. You said that you have experienced (EVENTS CODED 5 IN COL. I). Of those events, which was the most stressful or upsetting? CODE 5 FOR THAT EVENT IN COL. II.

K22B FOR EVENT CODED 5 IN COL. II, ASK: How old were you when (EVENT) happened? AGE: ____/____

PT4A2	K22C	FOR EVENT CODED 5 IN COL. II, ASK: When it happened, did you feel terrified?	NO..... 1 YES 5
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PT4A2	K22D	FOR EVENT CODED 5 IN COL. II, ASK: When (EVENT) happened, did you feel helpless?	NO..... 1 YES 5
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Now I would like to ask you about the time after the stressful or upsetting experience happened to you.

ASK K23 TO K45 FOR EVENT CODED 5 IN COL. II..

PT10B PT4B1	K23	Did you keep <u>remembering</u> (EVENT) even <u>when you didn't want to</u> ?	NO 1 YES 5
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PT10B PT4B2	K24	After it, did you keep <u>having bad dreams or nightmares</u> about it?	NO 1 YES 5
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PT10B PT4B3	K25	Did you suddenly act or <u>feel as though (EVENT) was happening again</u> even though it wasn't?	NO 1 YES 5
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PT10B PT4B4	K26	Did you <u>get very upset</u> when you were reminded of it?	NO 1 YES 5
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PT10B PT4B5	K27	Did you <u>sweat</u> or did your <u>heart beat fast</u> or did you <u>tremble</u> when you were reminded of (EVENT)?	NO 1 YES 5
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IF K23 TO K27 ALL CODED 1, SKIP TO L1.

PT10D2 PT4D1	K28	After (EVENT) did you have <u>trouble sleeping</u> ?	NO 1 YES 5
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PT10D2 PT4D2	K29	After it, did you feel unusually <u>irritable</u> or <u>lose your temper</u> a lot more than is usual for you?	NO 1 YES 5
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PT10D2 PT4D3	K30	After it, did you have <u>difficulty concentrating</u> ?	NO 1 YES 5
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PT10D2 PT4D4	K31	After (EVENT) did you become <u>very much more concerned about danger</u> or very much more careful?	NO 1 YES 5
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PT10D2 PT4D5	K32	After (EVENT) did you become <u>jumpy</u> or <u>easily startled</u> by ordinary noises or movements?	NO 1 YES 5
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IF K28 TO K32 ALL CODED 1, SKIP TO L1.

PT10C PT4C1	K33	Did you deliberately <u>try not to think or talk about (EVENT)</u> ?	NO..... 1 YES 5
PT10C PT4C2	K34	Did you <u>avoid places or people or activities that might have reminded you of it</u> ?	NO..... 1 YES 5
PT10D1 PT4C3	K35	After (EVENT) was your <u>memory blank</u> for all or part of (EVENT)?	NO..... (SKIP TO K36) ... 1 YES 5
		IF EVENT CODED 5 IN COL II. IS WITNESS OF AN ACCIDENT (K22.4) OR EVENT HAPPENED TO RELATIVES OR FRIENDS (K22.11), SKIP TO K36. OTHERS ASK:	
		A. Did you suffer a head injury as a result of (EVENT)?	NO..... 1 YES 5
		B. Were you unconscious for more than ten minutes?	NO..... 1 YES 5
PT4C4	K36	After (EVENT) did you <u>lose interest in doing things that were once important</u> or enjoyable for you?	NO..... 1 YES 5
PT4C5	K37	After (EVENT) did you <u>feel more isolated or distant from other people</u> ?	NO..... 1 YES 5
PT4C6	K38	After (EVENT) did you find you had more <u>difficulty experiencing normal feelings</u> such as love or affection towards other people?	NO..... 1 YES 5
PT4C7	K39	After (EVENT) did you begin to <u>feel that there was no point in thinking about the future</u> anymore?	NO..... 1 YES 5
IF K33 TO K39 ALL CODED 1, SKIP TO L1.			

PT10E PT40N PT100N	K40	You said that you had problems after (EVENT) like (SX CODED 5 IN K23 TO K39). How soon after (EVENT) did you start to have any of these problems? CODE LOWEST NUMBER.	SAME DAY 1 THAT WEEK 2 THAT MONTH 3 WITHIN 6 MONTHS 4 WITHIN 1 YEAR 5 MORE THAN 1 YEAR 6
		IF MORE THAN 1 YEAR, ASK: How old were you?	AGE: ___/___
PT4E	K41	How long did you continue to have any of these problems because of (EVENT)? CODE LOWEST NUMBER.	LESS THAN 1 WEEK..... 1 LESS THAN 1 MONTH 2 LESS THAN 6 MONTHS 3 LESS THAN 1 YEAR 4 MORE THAN 1 YEAR 5
PT10RE PT4RE	K42	When was the last time you had any of these problems as a result of (EVENT)?	REC: 1 2 3 4 5 6 AGE REC: ___/___
	K43	Did you tell a doctor about the problems that occurred as a result of (EVENT)?	NO 1 YES(SKIP TO 2) 5
	1.	Did you tell any other professional?	NO 1 YES 5
	2.	Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?	NO 1 YES 5
	3.	Did the problems which occurred as a result of it interfere with your life or activities a lot?	NO 1 YES 5
PT4F	K44	Have you ever been very upset with yourself for having the problems which occurred as a result of (EVENT)?	NO 1 YES 5
PT4F	K45	Have the problems which occurred as a result of (EVENT) ever kept you from going to a party, social event or meeting?	NO 1 YES 5

SECTION L

L1 Now I'd like to ask about your experience with medicines. (HAND CARD L1 TO RESPONDENT).

Look at the medicines at the top of the card in Part A. NO(GO TO L2)1
 Has a doctor ever prescribed any of them for you? YES5

A. Did you ever use any of these medicines in Part A in larger amounts than was prescribed or for a longer period than was prescribed? NO(GO TO L2)1
 YES5

B. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 2A, 3A, OR 4A IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L2 Have you used any of these medicines in Part A more than five times when they were **not** prescribed for you, to get high, to relax, or to make you feel better, more active, or alert? NO(SKIP TO L3)1
 YES5

A. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 2, 3, OR 4 IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L3 Now I'd like to ask about your experience with other drugs. Look at the drugs in Part B on the card. Have you ever taken any of those more than 5 times? NO(GO TO L4)1
 YES5

A. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 1, 2, 4-8 IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L4 Have you ever taken any other drugs not on the list more than 5 times to get high, to relax, or to make you feel better, more active, or alert? NO(GO TO L5)1
 YES5

A. Which ones? ENTER NAME IN 9 BELOW AND CODE 5 FOR THAT CATEGORY IN COLUMN A. ASK: Any others? CONTINUE ASKING UNTIL R. SAYS NO AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

		A		B					
		NO	YES	ROUTE					
1)	MARIJUANA, HASHISH, BHANG, GANJA	1	5	1	2	3	4	5	6
2)	STIMULANTS: AMPHETAMINES, KHAT, BETEL NUT	1	5	1	2	3	4	5	6
2A)	PRESCRIPTION STIMULANTS: AMPHETAMINES	1	5						
3)	SEDATIVES: TRANQUILIZERS, SLEEPING PILLS, BARBITURATES, SECONAL, VALIUM, LIBRIUM, XANAX, QUAALUDES	1	5	1	2	3	4	5	6
3A)	PRESCRIPTION SEDATIVES: TRANQUILIZERS, SLEEPING PILLS, BARBITURATES, SECONAL, VALIUM, LIBRIUM, XANAX, QUAALUDES	1	5						
4)	OPIOIDS: HEROIN, CODEINE, DEMEROL, MORPHINE, PERCODAN, METHADONE, DARVON, OPIUM, DILAUDID	1	5	1	2	3	4	5	6
4A)	PRESCRIPTION OPIOIDS: HEROIN, CODEINE, DEMEROL, MORPHINE, PERCODAN, METHADONE, DARVON, OPIUM, DILAUDID	1	5						
5)	COCAINE, CRACK, COCA LEAVES	1	5	1	2	3	4	5	6
6)	PCP	1	5	1	2	3	4	5	6
7)	PSYCHEDELICS: LSD, MESCALINE, PEYOTE, PSILOCYBIN, DMT	1	5	1	2	3	4	5	6
8)	INHALANTS/SOLVENTS: GLUE, TOLUENE, GASOLINE	1	5	1	2	3	4	5	6
9)	OTHER: WHICH?_____	1	5	1	2	3	4	5	6

L5 INTERVIEWER: CODE 1 IN ALL CATEGORIES NOT CODED 5. IF NO 5'S IN COLUMN A, SKIP TO M1. IF ANY 5'S, CIRCLE THE DRUGS CODED IN L4 ON CARD L2. HAND CARD L2 TO RESPONDENT FOR USE THROUGHOUT REMAINDER OF SECTION. CIRCLE SAME ON CARD L1 FOR YOUR USE.

Now, please look at Card L2. In the next questions I will be asking about categories of drugs, and when I say (DRUG CATEGORY), I want you to think about all the drugs circled in that category: NAME DRUGS CIRCLED IN DRUG CATEGORY.

L6 FOR EACH DRUG CATEGORY CODED 5 IN COLUMN A, ASK:
Please look at the bottom of Card L2. This is a list of various ways that people take medicines and drugs. What are all the ways you have taken (DRUG CATEGORY)?

CODE ALL THAT APPLY IN COLUMN B OF L4.

VEIN, IV	= 6	SNORT, SNIFF	= 3
UNDER SKIN, MUSCLE	= 5	BY MOUTH: PILLS, DRINKING CHEWING	= 2
SMOKE, FREEBASE	= 4	OTHER	= 1

L7 Think about the period of time when you were using (DRUG CATEGORY) the most frequently. At that time, about how often did you use (it/them)? Was it almost every day (PAUSE), 3 or 4 days a week (PAUSE), 1 or 2 days a week (PAUSE), 1 to 3 days a month (PAUSE), or less than once a month? (CODE FIRST "YES")

- A. How old were you when you first began to use (DRUG CATEGORY) that frequently?
- B. How old were you when you last used (DRUG CATEGORY) that frequently?
- C. When did you last use (DRUG CATEGORY) at all?

	1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___
	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___
	4/4A) Opioids	5) Cocaine	6) PCP
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___
	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___
	7) Psychedelics	8) Inhalants	9) Other
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___	A. ONS: 1 2 3 4 5 6 AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___	B. REC: 1 2 3 4 5 6 AGE REC: ___/___
	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___	C. REC: 1 2 3 4 5 6 AGE REC: ___/___

L8 In your lifetime, did using any of these medicines or drugs frequently interfere with your work at school, on a job or at home? NO.....(SKIP TO L9).....1
 YES5*

DA41

A. Did the use of (DRUG CATEGORY) frequently interfere with your work at school, on a job or at home?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO1 YES.....5#	A. NO1 YES5#	A. NO1 YES5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO1 YES.....5#	A. NO1 YES5#	A. NO1 YES5#
7) Psychedelics	8) Inhalants	9) Other
A. NO1 YES.....5#	A. NO1 YES5#	A. NO1 YES5#

- L9 In your lifetime, has your use of any of these medicines or drugs ever led to problems with your family, friends, at work, or at school? NO1
YES5*
- A. In your lifetime, has your use of any of these medicines or drugs ever led to problems with the police? NO1
YES5*

IF L9 AND L9A BOTH CODED 1, SKIP TO L10.

- DA43 B. Did (DRUG CATEGORY) ever cause you problems with your family, friends, at work, at school, or with the police?
IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
IF YES, CODE 5 AND ASK C.

- DA44 C. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these problems?

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| 1) Marijuana | 2/2A) Stimulants | 3/3A) Sedatives |
| B. NO1
YES5# | B. NO1
YES5# | B. NO1
YES5# |
| C. NO1
YES5# | C. NO1
YES5# | C. NO1
YES5# |
| 4/4A) Opioids | 5) Cocaine | 6) PCP |
| B. NO1
YES5# | B. NO1
YES5# | B. NO1
YES5# |
| C. NO1
YES5# | C. NO1
YES5# | C. NO1
YES5# |
| 7) Psychedelics | 8) Inhalants | 9) Other |
| B. NO1
YES5# | B. NO1
YES5# | B. NO1
YES5# |
| C. NO1
YES5# | C. NO1
YES5# | C. NO1
YES5# |

L10 Have there been times when you used any of these medicines or drugs in situations where you could get hurt--for example, when riding a bicycle, driving a car or boat, operating a machine, or anything else? NO.....(SKIP TO L11).....1
 YES5*

DA42

A. Have you used (DRUG CATEGORY) in situations where you could get hurt?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO1	A. NO1	A. NO1
YES5#	YES5#	YES5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO1	A. NO1	A. NO1
YES5#	YES5#	YES5#
7) Psychedelics	8) Inhalants	9) Other
A. NO1	A. NO1	A. NO1
YES5#	YES5#	YES5#

L11 IF NO 5* CODED IN L8-L10, SKIP TO L12,
OTHERS ASK:

You said you've had problems as a result of
using (DRUG CATEGORY WITH A 5#) like
(LIST ITEMS CODED 5# IN L8-L10 FOR
EACH DRUG CATEGORY).

DA4ON
D4DON
DA4RE
D4DRE

ONS: When was the first time you had one of
those problems as a result of using
(DRUG CATEGORY WITH A 5#)?

REC: When was the last time?

1) Marijuana

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

2/2A) Stimulants

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

3/3A) Sedatives

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

4/4A) Opioids

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

5) Cocaine

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

6) PCP

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

7) Psychedelics

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

8) Inhalants

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

9) Other

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

L13 Have you ever felt such a strong desire or urge to use any of these medicines or drugs that you could not keep from using them? NO1
 YES(SKIP TO B).....5*

A. Did you ever want any of these medicines or drugs so badly, that you could not think of anything else? NO(SKIP TO L14).....1
 YES ... (ASK L13B WITHOUTPARENS)5*

DD10A1

B. Did you ever (have such a strong desire for (DRUG CATEGORY) that you couldn't keep from using it or) want (DRUG CATEGORY) so badly that you couldn't think of anything else?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

4/4A) Opioids	5) Cocaine	6) PCP
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

7) Psychedelics	8) Inhalants	9) Other
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

L14 Have there been times in your life when you wanted to stop or cut down on any of these medicines or drugs? NO.....(SKIP TO L15).....1
 YES5*

DD10A2

A. Have you ever wanted to stop or cut down on (DRUG CATEGORY)?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
 IF YES, CODE 5 AND ASK B.

DD44

B. Were you always able to cut down for at least one month?
 SX = unable to cut down for one month

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO 1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#
B. NO5# YES..... 1	B. NO..... 5# YES 1	B. NO..... 5# YES 1

4/4A) Opioids	5) Cocaine	6) PCP
A. NO 1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#
B. NO5# YES..... 1	B. NO..... 5# YES 1	B. NO..... 5# YES 1

7) Psychedelics	8) Inhalants	9) Other
A. NO 1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#
B. NO5# YES..... 1	B. NO..... 5# YES 1	B. NO..... 5# YES 1

L16 Have you often had periods when you used more of any of these drugs than you intended to or when you used any of these drugs for much longer periods than you intended to? NO1
 YES(SKIP TO B).....5*

A. Have you often started using a medicine or drug and found it difficult to stop before you became intoxicated or high? NO(SKIP TO L17).....1
 YES ... (ASK L16B WITHOUTPARENS)5*

DD43
 DD10A2

B. Have you often (used (DRUG CATEGORY) in larger amounts or for a longer period than you intended or) found it difficult to stop using (DRUG CATEGORY) before you became intoxicated or high?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

4/4A) Opioids	5) Cocaine	6) PCP
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

7) Psychedelics	8) Inhalants	9) Other
B. NO1	B. NO1	B. NO1
YES5#	YES5#	YES5#

L18 Have you ever had any medical problems like an accidental overdose, a persistent cough, a seizure, an infection, hepatitis, abscesses, AIDS, heart trouble, or an injury as a result of using any of these medicines or drugs? NO(SKIP TO L19).....1
 YES5*

DHM10

A. Did (DRUG CATEGORY) ever cause you any of these health problems?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
 IF YES, CODE 5 AND ASK B.

DD47
 DD10A6
 DHM10

B. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these health problems?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO1 YES5	A. NO1 YES5	A. NO1 YES5
B. NO1 YES5#	B. NO1 YES5#	B. NO1 YES5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO1 YES5	A. NO1 YES5	A. NO1 YES5
B. NO1 YES5#	B. NO1 YES5#	B. NO1 YES5#
7) Psychedelics	8) Inhalants	9) Other
A. NO1 YES5	A. NO1 YES5	A. NO1 YES5
B. NO1 YES5#	B. NO1 YES5#	B. NO1 YES5#

L19 Have you ever had any emotional or psychological problems from using these medicines or drugs -- such as being uninterested in your usual activities, being depressed, suspicious or distrustful of people, or having strange thoughts?
 NO(SKIP TO L20)1
 YES5*

DHM10

A. Did (DRUG CATEGORY) ever give you any of these emotional or psychological problems?
 IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
 IF YES, CODE 5 AND ASK B.

DD47
 D10D6
 DHM10

B. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these emotional problems?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO1 YES5	A. NO 1 YES 5	A. NO 1 YES 5
B. NO1 YES5#	B. NO 1 YES 5#	B. NO 1 YES 5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO1 YES5	A. NO 1 YES 5	A. NO 1 YES 5
B. NO1 YES5#	B. NO 1 YES 5#	B. NO 1 YES 5#
7) Psychedelics	8) Inhalants	9) Other
A. NO1 YES5	A. NO 1 YES 5	A. NO 1 YES 5
B. NO1 YES5#	B. NO 1 YES 5#	B. NO 1 YES 5#

L20 Have you ever given up or greatly reduced important activities in order to get or to use a medicine or drug -- activities like sports, work, or associating with friends or relatives? NO(SKIP TO L21).....1
 YES5*

DD46
 DD10A5

A. Did you do this to use (DRUG CATEGORY) for a whole month, or several times over two months?

SX = given up important activities to use (DRUG CATEGORY)

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#
7) Psychedelics	8) Inhalants	9) Other
A. NO1 YES.....5#	A. NO..... 1 YES 5#	A. NO..... 1 YES 5#

L21 HAVE AT LEAST THREE 5* BEEN CODED IN L12-L20? NO(SKIP TO L23).....1
 YES.....5

DD4ON
 DD4RE

L22 COUNT THE 5#'S FOR EACH DRUG CATEGORY FROM L12-L20. FOR EACH DRUG CATEGORY WITH THREE OR MORE 5#'s CODED IN L12-L20, ASK:
 You said that (DRUG CATEGORY WITH 3 5#'S) caused several problems for you, like (LIST ITEMS CODED 5# IN L12-L20). Did you ever have three or more of these problems with (DRUG CATEGORY) in the same year?

IF NO, CODE 1, AND GO ON TO NEXT DRUG CATEGORY WITH THREE OR MORE 5#'s CODED IN L12-L20.
 IF YES, CODE 5 AND ASK ONS/REC

ONS: How old were you the first year you had three or more of these problems from (DRUG CATEGORY WITH 3 5#'S) in the same year?

REC: How old were you the last time you had three or more of these problems from (DRUG CATEGORY WITH 3 5#'S) in the same year?

<p>1) Marijuana</p> <p>NO.....1 YES.....5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>2/2A) Stimulants</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>3/3A) Sedatives</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>
<p>4/4A) Opioids</p> <p>NO.....1 YES.....5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>5) Cocaine</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>6) PCP</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>
<p>7) Psychedelics</p> <p>NO.....1 YES.....5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>8) Inhalants</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>	<p>9) Other</p> <p>NO1 YES5</p> <p>AGE ONS: ___/___ AGE REC: ___/___</p>

L23 HAS AT LEAST ONE 5* BEEN CODED IN L12-L20? NO(SKIP TO M1)..... 1
 YES 5

L24 FOR EACH DRUG CATEGORY WITH ONE OR MORE 5#'s CODED IN L12-L20, ASK:

ONS: When was the first time you had a problem from (DRUG CATEGORY WITH 5#)?

REC: When was the last time?

1) Marijuana

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

2/2A) Stimulants

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

3/3A) Sedatives

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

4/4A) Opioids

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

5) Cocaine

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

6) PCP

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

7) Psychedelics

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

8) Inhalants

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

9) Other

ONS: 1 2 3 4 5 6
 AGE ONS: ___/___

REC: 1 2 3 4 5 6
 AGE REC: ___/___

SECTION M

M1	Now I'd like to ask you about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?	NO1 YES5
----	----------------------------------------------------------------------------------------------------------------------------	-------------------------

ORG4
ORG10

Let me ask you a few questions to check your concentration and memory. (Most of them will be easy).
ENTER ANSWER AND THEN CODE.

		CORRECT	ERROR
M2	What is the year? YEAR:_____	1	5
M3	What season of the year is it? SEASON:_____	1	5
M4	What is the date? DATE:_____	1	5
M5	What is the day of week? DAY:_____	1	5
M6	What is the month? MONTH:_____	1	5
M7	Can you tell me where we are right now? For instance, what (state/province) are we in? STATE:_____	1	5
M8	What county are we in? COUNTY:_____	1	5
M9	What (city/town) are we in? CITY:_____	1	5
M10	A. What floor of the building are we on? FLOOR:_____	1	5
	B. What is this address (IF INSTITUTIONALIZED: or name of this place)? ADDRESS/NAME: _____	1	5

ORG4
ORG10

M11 I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes?

"Apple" "Table" "Penny"

Could you repeat the 3 items for me?

	CORRECT	ERROR
SCORE FIRST TRIAL		
1. APPLE.....	1	5
2. TABLE.....	1	5
3. PENNY.....	1	5

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

ORG4 ORG10	M12	Can you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting until I tell you to stop?				
		COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. TELL R TO STOP ONCE 5 ANSWERS HAVE BEEN GIVEN.				
			CORRECT	ERROR	SAYS CANT DO	OTHER REFUSAL
		1. (93).....	1	5	7	9
		2. (86).....	1	5	7	9
		3. (79).....	1	5	7	9
		4. (72).....	1	5	7	9
		5. (65).....	1	5	7	9
	M13	Now I am going to spell a word forwards and I want you to spell it backwards. The word is "world", w-o-r-l-d. Spell "world" backwards. REPEAT SPELLING IF NECESSARY.				
		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		NO ERROR	NUMBER OF ERRORS	REFUSED
		D L R O W		6	1 2 3 4 5	7
	M14	Now what were the 3 objects I asked you to remember?				
					CORRECT	ERROR
				1. APPLE.....	1	5
				2. TABLE.....	1	5
				3. PENNY.....	1	5
ORG4 ORG10	M15	SHOW WRIST WATCH. A. What is this called?		WATCH.....	1	5
		SHOW PENCIL. B. What is this called?		PENCIL.....	1	5
ORG4 ORG10	M16	I'd like you to repeat a phrase after me: "No ifs, ands, or buts" ALLOW ONLY 1 TRIAL. CODE 1 REQUIRES AN ACCURATELY ARTICULATED REPETITION.			1	5
ORG4 ORG10	M17	Read the words on this page and then do what it says. SHOW CARD M1 ("CLOSE YOUR EYES"). CODE 1 IF RESPONDENT CLOSES EYES.		CORRECT	ERROR	CANT READ
				1	5	7

ORG4 ORG10	M18	READ FULL STATEMENT BELOW BEFORE HANDING RESPONDENT A BLANK PIECE OF PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.			
		I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.			
			CORRECT	ERROR	
		A. TAKES PAPER IN RIGHT HAND	1		5
		B. FOLDS PAPER IN HALF.....	1		5
		C. PUTS PAPER DOWN ON LAP.....	1		5
ORG4 ORG10	M19	Write any complete sentence on that piece of paper for me. SENTENCE SHOULD HAVE A SUBJECT AND A VERB AND MAKE SENSE. SPELLING AND GRAMMATICAL ERRORS ARE OK.	CORRECT	ERROR	CANT WRITE 7
			1	5	
ORG4 ORG10	M20	Here's a drawing. Please copy the drawing on the same paper. HAND DRAWING (CARD M2) TO RESPONDENT. CORRECT IF 2 CONVEX FIVE-SIDED FIGURES, AND INTERSECTION MAKES A FOUR-SIDED FIGURE.	1	5	
		M21 DID YOU SKIP TO THIS SECTION BECAUSE R COULD NOT ANSWER EARLIER QUESTIONS?	NO.....(SKIP TO 01).....		1
			YES.....		5
		M22 ARE 12 OR MORE 5'S CODED IN M2-M11 AND M14-M20?	NO.....(RETURN TO LAST Q ASKED BEFORE SKIPPING AND CONTINUE).....		1
			YES.....(SKIP TO P).....		5

SECTION P

INTERVIEWER OBSERVATIONS: CODE P1-P11 WITHOUT ASKING.

SZ10G12B SA10G25 SZ4A3 BPD4A3	P1	NEOLOGISMS (USE OF MADE-UP OR MEANINGLESS WORD) EX: _____ _____	NO1 YES(RECORD EXAMPLES BELOW)5
SZ4A3 SZ10G12B SF10G25 BPD4A3	P2	THOUGHT DISORDER (VERBAL PRODUCTION THAT MAKES COMMUNICATION DIFFICULT BECAUSE OF LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION) EX: _____ _____	NO1 YES(RECORD EXAMPLES BELOW)5
SZ4A5 SZ10G12D	P3	FLAT AFFECT (LACK OF EMOTIONAL RESPONSIVENESS SUCH AS SMILING, SADNESS, IRRITABILITY, ETC., I.E. TOTAL LACK OF FACIAL EXPRESSION. SHOULD PERSIST THROUGHOUT INTERVIEW TO BE CODED 5).	NO1 YES5
	P4	BEHAVES AS IF HEARING VOICES OR SEEING VISIONS (LIPS MOVE SOUNDLESSLY, GIGGLES TO SELF AT ODD TIMES, GLANCES OVER SHOULDER, AS THOUGH SOMEONE WERE THERE).	NO1 YES5
SZ4A5 SZ10G12D	P5	SLOW IN SPEECH: LONG DELAYS BEFORE ANSWERING	NO1 YES5
SZ4A4 SZ10G12C BPD4A4	P6	SLOW TO MOVE: NO GESTURES. SITS VERY STILL.	NO1 YES5
SZ4A5 SZ10G12D	P7	SPEECH BRIEF, LACONIC, EMPTY, NOT FLUENT (NOT DUE TO UNWILLINGNESS TO SPEAK).	NO1 YES5
SZ4A4 SZ10G12D	P8	INABILITY TO INITIATE AND PERSIST IN GOAL-DIRECTED ACTIVITIES, AS MANIFESTED E.G. BY THE FACT THAT THE PERSON SITS FOR LONG PERIOD OF TIME AND SHOWS LITTLE INTEREST IN PARTICIPATING IN WORK OR SOCIAL ACTIVITIES	NO1 YES5

SZ4A4 SZ10G12C BPD4A4	P9	CATATONIC SYMPTOMS: OPPOSITION: THE SUBJECT CONSISTENTLY DOES THE OPPOSITE OF WHAT IS ASKED AMBIVALENCE: FLUCTUATION BETWEEN TWO ALTERNATIVES FORCED GRASPING: R TAKES THE EXAMINER'S HAND REPEATEDLY OR IS UNABLE TO LET GO AGAIN ECHOLALIA/ECHOPRAXIA: IMITATES INTERVIEWER'S MOVEMENTS OR SPEECH WAXY FLEXIBILITY: R'S LIMBS ARE FLOPPY AND CAN BE MOVED PASSIVELY NEGATIVISM: MOVEMENT IN ANY DIRECTION IS COUNTERED BY EQUAL RESISTANCE IN THE OPPOSITE DIRECTION JERKINESS: LACK OF SMOOTHNESS OF VOLUNTARY MOVEMENT FREEZING: MAINTAINS ONE POSTURE FOR LONG TIME AUTOMATIC OBEDIENCE: EXCESSIVE CO-OPERATION IN PASSIVE MOVEMENT	NO1 YES5
	P10	WAS R DRINKING ALCOHOL DURING THE INTERVIEW?	NO1 YES5
	P11	DID R APPEAR DRUNK OR HIGH ON DRUGS DURING THE INTERVIEW (SPEECH SLURRED, STAGGERED OR STUMBLER WHEN WALKING, BREATH SMELLED OF ALCOHOL)?	NO1 YES5

SECTION X

INTERVIEWER RATING: CODE X1-X9 WITHOUT ASKING.

X1	DID R ANSWER ALL APPLICABLE QUESTIONS?	DID NOT ANSWER 1 OR MORE QUESTIONS1 ANSWERED ALL APPLICABLE QUESTIONS(SKIP TO X4) . . . 5
----	-----------------------------------------------	----------------------------------------------------------------------------------------------------------

X2	DID R REFUSE TO ANSWER ANY QUESTION(S)?	NO (SKIP TO X3).....1 YES5
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A.	HOW MANY QUESTIONS DID R REFUSE?	___/___/___ # Q'S REFUSED
----	----------------------------------	------------------------------

B. WHICH QUESTIONS DID R REFUSE?

Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	THROUGH Q _____

X3	DID R UNDERSTAND ALL QUESTION(S)?	NO1 YES(GO TO X4)5
----	-----------------------------------	-----------------------------------------

A. WHICH QUESTIONS DIDN'T R UNDERSTAND?

Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	Q. _____
Q. _____	THROUGH Q _____

X4	IS R A MEMBER OF AN ETHNIC MINORITY?	NO (SKIP TO X5).....1 YES5
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A.	IS R'S ETHNIC GROUP OF HIGH OR LOW STATUS?	HIGH1 NOT DIFFERENT FROM MAJORITY3 LOW5
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X5	WAS THE INTERVIEW A BREAK-OFF?	NO(SKIP TO X6)1 YES5
A.	WHAT WAS THE REASON FOR THE BREAK-OFF? (CODE ALL THAT APPLY)	INTERVIEWER EMERGENCY1 RESPONDENT EMERGENCY2 RESPONDENT TIRED, BORED3 RESPONDENT ANGRY ABOUT QUESTIONS4 RESPONDENT UPSET ABOUT QUESTIONS5
B.	WHAT WAS THE LAST QUESTION ANSWERED BY R?	
	Q. _____	
X6	WHAT WAS R'S RESPONSE TO POSSIBLE FUTURE INTERVIEW?	EAGER1 RECEPTIVE2 NO REACTION3 RELUCTANT4 REFUSED5
X7	WAS THE INTERVIEW GIVEN IN MORE THAN ONE SESSION?	NO(SKIP TO X8)1 YES5
A.	AFTER HOW LONG WAS THE INTERVIEW INTERRUPTED?	HRS _____ MINS _____/_____
B.	AFTER WHAT QUESTION?	Q. ___/___/___
X8	IS THIS A PROXY INTERVIEW?	NO(SKIP TO X9)1 YES5
A.	WHAT IS PROXY'S RELATIONSHIP TO R?	_____
B.	REASON FOR PROXY:	COMA/COMATOSE01 CONVALESCENCE FROM SURGERY02 HOSPITALIZED FOR OTHER REASON03 STROKE.....04 BLIND05 DEAF06 FAILED MINI MENTAL.....07 DEATH.....08 AWAY FOR REMAINDER OF FIELD PERIOD AND COULD NOT DO PHONE INTERVIEW09 OTHER: RECORD _____10

X9 INTERVIEWER'S DESCRIPTION OF RESPONDENT AND
INTERVIEW:

CARD B1

- B2** Needed more or stronger tobacco
- B3** Chain smoked
- B4** Used a lot more tobacco than you intended to
- B5** Wanted to quit or cut down on tobacco
- B6** Tried to quit or cut down on tobacco and could not
- B7** Had problems after quitting or cutting down on tobacco
- B11** Started using tobacco again to keep from having problems
- B12** Used tobacco when a serious illness made it unwise
- B13A** Used tobacco after it caused you health problems
- B14A** Used tobacco after it caused you problems with your nerves
- B15** Felt dependent on tobacco
- B16A** Gave up activities to use tobacco

CARD D1

Group 1

Living things:

- Insects
- Snakes
- Birds
- Other animals

Group 2

- Heights
- Storms
- Thunder or lightning
- Being in still water like a swimming pool or lake

Group 3

- Flying
- Closed spaces:
- Caves
- Tunnels
- Elevators

Group 4

- Seeing blood
- Getting an injection
- Going to the dentist
- Going to a hospital

1. heart pound or race
2. sweat
3. tremble or shake
4. a dry mouth
5. short of breath
6. feel like you were choking
7. pain or discomfort in your chest
8. nausea or discomfort in your stomach
9. dizzy or feeling faint
10. feel that you or things around you were unreal
11. afraid that you might lose control of yourself, act in a crazy way, or pass out
12. afraid that you might die
13. hot flushes or chills
14. numbness or tingling sensations

CARD D2

- 1. Eating or drinking where someone could watch you**
- 2. Talking to people because you might have nothing to say or might sound foolish**
- 3. Writing while someone watches**
- 4. Taking part or speaking in a meeting or class**
- 5. Going to a party or other social outing**
- 6. Giving a speech or speaking in public**
- 7. Any other situation where you could be the centre of attention**

- 1. heart pound or race**
- 2. sweat**
- 3. tremble or shake**
- 4. a dry mouth**
- 5. short of breath**
- 6. feel like you were choking**
- 7. pain or discomfort in your chest**
- 8. dizzy or feeling faint**
- 9. feel that you or things around you were unreal**
- 10. afraid that you might lose control of yourself,
act in a crazy way, or pass out**
- 11. afraid that you might die**
- 12. have hot flushes or chills**
- 13. have numbness or tingling sensations**

CARD D3

- 1. Being outside your home alone**
- 2. Travelling in a bus, train, or car**
- 3. Being in a crowd or standing in a line**
- 4. Being in a public place, like a shop**

- 1. heart pound or race**
- 2. sweat**
- 3. tremble or shake**
- 4. a dry mouth**
- 5. short of breath**
- 6. feel like you were choking**
- 7. pain or discomfort in your chest**
- 8. nausea or discomfort in your stomach**
- 9. dizzy or feeling faint**
- 10. feel that you or things around you were unreal**
- 11. afraid that you might lose control of yourself,
act in a crazy way, or pass out**
- 12. afraid that you might die**
- 13. have hot flushes or chills**
- 14. have numbness or tingling sensations**

CARD D4

- 1. heart pound or race**
- 2. sweat**
- 3. tremble or shake**
- 4. a dry mouth**
- 5. short of breath**
- 6. feel like you were choking**
- 7. pain or discomfort in your chest**
- 8. nausea or discomfort in your stomach**
- 9. dizzy or feeling faint**
- 10. feel that you or things around you were unreal**
- 11. afraid that you might lose control of yourself,
act in a crazy way, or pass out**
- 12. afraid that you might die**
- 13. have hot flushes or chills**
- 14. have numbness or tingling sensations**

CARD D5

1. restless
2. feel keyed up or on edge
3. easily tired
4. difficulty keeping your mind on what you were doing
5. more irritable than usual
6. tense, sore, or aching muscles
7. trouble falling or staying asleep
8. heart pound or race
9. sweat
10. tremble or shake
11. have a dry mouth
12. short of breath
13. feel like you were choking
14. pain or discomfort in your chest
15. pain or discomfort in your stomach
16. nausea
17. dizzy or lightheaded
18. feel that you or things around you were unreal
19. afraid that you might lose control of yourself,
act in a crazy way, or pass out
20. afraid that you might die
21. hot flushes or chills
22. numbness or tingling sensations
23. feel like you had a lump in your throat
24. easily startled

CARD J1

ALCOHOL EQUIVALENTS

HARD LIQUOR OR SPIRITS

1 highball, shot glass, or mixed drink,	=	1 drink
1/2 pint of spirits (gin, whiskey, rum, vodka)	=	6 drinks
1 pint of spirits	=	12 drinks
1 fifth of spirits	=	20 drinks
1 quart of spirits	=	24 drinks

WINE

1 glass of wine	=	1 drink
1 bottle of wine	=	6 drinks
1 "wine cooler"	=	1 drink
1 glass of sherry or port wine	=	2 drinks

BEER

1 bottle of beer (12 oz.)	=	1 drink
1 six-pack	=	6 drinks

1 drink = approximately 9 gm absolute alcohol

CARD J2

the shakes (hands trembling)

trouble sleeping

feeling very nervous

feeling very restless

sweating

fast heart beat

nausea or vomiting

headaches

weakness

see, hear, or feel things that others could not

seizures

CARD J3

liver disease or hepatitis

stomach disease or vomiting blood

tingling or numbness

memory problems even when not drinking

pancreatitis

any other disease

CARD J4

being uninterested in your usual activities

being depressed

being suspicious or distrustful of others

having strange thoughts

CARD K1

- 1. Direct combat experience in a war**
- 2. Life-threatening accident**
- 3. Fire, flood, or natural disaster**
- 4. Witnessed someone being badly injured or killed**
- 5. Rape, that is, someone had sexual intercourse with you when you did not want to, by threatening you or using some degree of force**
- 6. Sexual molestation, that is, someone touched or felt your genitals when you did not want them to**
- 7. Serious physical attack or assault**
- 8. Threatened with a weapon, held captive, or kidnapped**
- 9. Torture or terrorism**
- 10. Any other extremely stressful or upsetting event**
- 11. A great shock because one of the events on the list happened to someone close to you**

CARD L1

a: MEDICINES

Sleeping pills	Quaaludes	Percodan
Stimulants	Sedatives	Amphetamines
Tranquilizers	Barbiturates	Demerol
Valium	Seconal	Morphine
Librium	Codeine	Methadone
Xanax	Darvon	Dilaudid

b: DRUGS

Betel nut	Gasoline	Crack
Marijuana	Toluene	Heroin
Coca leaves	Peyote	DMT
Hashish	Mescaline	PCP
Khat	LSD	Glue
Ganja	Psilocybin	
Bhang	Opium	
Inhalants	Cocaine	

CARD L2

Medicines and drugs used more than five times when they were not prescribed for you:

<u>Marijuana</u>	Marijuana, Hashish, Bhang, Ganja
<u>Stimulants</u>	Amphetamines, Khat, Betel Nut
<u>Sedatives</u>	Tranquilizers, Sleeping Pills, Barbiturates, Seconal, Valium, Librium, Xanax, Quaaludes
<u>Opioids</u>	Heroin, Codeine, Demerol, Morphine, Percodan, Methadone, Darvon, Opium, Dilaudid
<u>Cocaine</u>	Cocaine, Crack, Coca Leaves
<u>PCP</u>	PCP
<u>Psychedelics</u>	LSD, Mescaline, Peyote, Psilocybin, DMT
<u>Inhalants</u>	Glue, Toluene, Gasoline
<u>Other</u>	_____

HOW TAKEN

6. IV, through the veins
5. Injection under the skin
4. Smoking, freebasing
3. Snorting, sniffing, breathing
2. By mouth: pills, drinking, chewing
1. Other methods

CARD L3

fatigue or exhaustion

sweating

diarrhea

anxious

depressed

irritable

restless

trouble sleeping

tremors (hands tremble)

stomach ache

headache

weakness

nausea or vomiting

fits or seizures

muscle aches or cramps

runny eyes or nose

yawning

intense craving

seeing or hearing things that weren't really there

heart beating fast

change in appetite

fever

CARD M1

CLOSE YOUR EYES

CARD M2