
Ronald Kessler

Harvard University. Harvard Medical School. Department of Health Care Policy

Questionnaire - Main Survey
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<td>22. Premenstrual Syndrome (PR)</td>
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<td>23. Employment (EM)</td>
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<td>24. Finances (FN)</td>
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<td>25. Marriage (MR)</td>
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<td>26. Children (CN)</td>
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<td>27. Social Networks (SN)</td>
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<td>29. Adult Demographics (DA)</td>
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<td>32. Attention-Deficit/Hyperactivity (AD)</td>
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<td>34. Conduct Disorder (CD)</td>
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<td>35. Separation Anxiety Disorder (SA)</td>
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<td>36. Personality Part II and Competence</td>
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<td>37. Terror (T)</td>
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<td>38. Respondent Contacts</td>
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<td></td>
</tr>
<tr>
<td>40. Dementia – PAPER ONLY</td>
<td></td>
</tr>
</tbody>
</table>
SCREENING SECTION (SC)

*SC1. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1 BIRTHDAY IS AVAILABLE ...................... 1
ALL OTHERS .................................................... 2  GO TO *SC2.1

*SC2. The first couple of questions are for background purposes. My records show that your birthdate is (BIRTHDATE). Is that correct?

BIRTHDATE IN NCS1 IS CORRECT .................. 1  GO TO *SC3
ALL OTHERS .................................................. 2

*SC2a. (IF NEC: What is your correct birthdate?)

DAY ________ (1-31)
MONTH ________ (1-12)
YEAR ________ (1934-1976)
DK ________ (9998)
RF ________ (9999)

GO TO *SC3

*SC2.1. The first couple of questions are for background purposes. What is the day, month, and year of your birth?

DAY ________ (1-31)
MONTH ________ (1-12)
YEAR ________ (1934-1976)
DK ________ (9998)
RF ________ (9999)

*SC3. Are you currently married, separated, divorced, widowed, or never married?

MARRIED .................................................... 1  GO TO *SC51
SEPARATED .................................................. 2
DIVORCED .................................................... 3
WIDOWED .................................................... 4
NEVER MARRIED ......................................... 5
DON’T KNOW .............................................. 8
REFUSED .................................................... 9
*SC3a. Are you currently living with someone in a marriage-like relationship?

YES............................................... 1
NO................................................. 5
DON’T KNOW .................................. 8
REFUSED........................................... 9

*SC51. Now some general health questions. Would you rate your overall physical health as excellent, very good, good, fair, or poor?

EXCELLENT............................................................ 1
VERY GOOD............................................................ 2
GOOD........................................................................ 3
FAIR ........................................................................ 4
POOR......................................................................... 5
DON’T KNOW ......................................................... 8
REFUSED.................................................................. 9

*SC52. Would you rate your overall mental health as excellent, very good, good, fair, or poor?

EXCELLENT............................................................ 1
VERY GOOD............................................................ 2
GOOD........................................................................ 3
FAIR ........................................................................ 4
POOR......................................................................... 5
DON’T KNOW ......................................................... 8
REFUSED.................................................................. 9

*SC53. How many days in the past 30 were you limited at all in carrying out your normal daily activities because of problems with your physical health, mental health, or substance use?

_____________ DAYS

DON’T KNOW .......................................................... 998
REFUSED................................................................... 999

*SC54. How much do problems with your physical health, mental health, or substance use limit you in being able to do the things most people your age are able to do: Do they limit you a lot, some, a little, or not at all?

A LOT........................................................................ 1
SOME ........................................................................ 2
A LITTLE.................................................................. 3
NOT AT ALL............................................................ 4   GO TO *SC59
DON’T KNOW ......................................................... 8   GO TO *SC59
REFUSED.................................................................. 9   GO TO *SC59
**SC55.** What are the health problems that cause these limitations?

**PROBE:** Any other health problems that limit you?

**RECORD ALL MENTIONS**

### I. PHYSICAL HANDICAPS

- **BLIND/ VISION IMPAIRED** ................................................................. 1
- **DEAF/ HEARING IMPAIRED** ............................................................ 2
- **PARALYSIS OF LEGS, R IS IN WHEELCHAIR** .................................. 3
- **PARALYSIS OF LEGS, R USES A WALKER** ..................................... 4
- **PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER** .......... 5
- **PARALYSIS OF ONE ARM** ............................................................... 6
- **PARALYSIS OF ONE SIDE OF BODY** ............................................. 7
- **ONE MISSING FOOT** ........................................................................ 8
- **TWO MISSING FEET** ...................................................................... 9
- **ONE MISSING LEG** ......................................................................... 10
- **TWO MISSING LEGS** ..................................................................... 11
- **ONE MISSING HAND** ..................................................................... 12
- **TWO MISSING HANDS** ................................................................... 13
- **ONE MISSING ARM** ....................................................................... 14
- **TWO MISSING ARMS** ..................................................................... 15
- **FACIAL DISFIGUREMENT** ............................................................. 16
- **EXTREMELY SMALL HEIGHT** ....................................................... 17
- **EXTREMELY LARGE HEIGHT** ....................................................... 18
- **EXTREME OBESITY** ..................................................................... 19
- **TWO MISSING ARMS** ................................................................... 15
- **ONE MISSING ARM** ............................................................... 14
- **TWO MISSING HANDS** ................................................................... 13
- **ONE MISSING HAND** ..................................................................... 12
- **ONE MISSING LEG** ......................................................................... 10
- **TWO MISSING FEET** ...................................................................... 9
- **ONE MISSING FOOT** ........................................................................ 8
- **PARALYSIS OF LEGS, R IS IN WHEELCHAIR** .................................. 3
- **TUBERCULOSIS** ............................................................................. 45
- **STROKE** ....................................................................................... 44
- **SEASONAL ALLERGIES** ................................................................. 43
- **MIGRAINES** .................................................................................. 40
- **ARTHRITIS** ................................................................................... 26
- **STUBBERING** ............................................................................... 39
- **TUBERCULOSIS** ............................................................................. 45
- **ULCER** ......................................................................................... 46

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- **ATTENTION DEFICIT DISORDER (ADD)** ........................................ 22
- **MENTAL RETARDATION** ............................................................. 23
- **AUTISM** ....................................................................................... 24
- **STUTTERING** ............................................................................... 25

### III. PHYSICAL ILLNESS

- **ARTHRITIS** ................................................................................... 26
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- **CHRONIC FATIGUE SYNDROME** ................................................ 30
- **CHRONIC LUNG DISEASE** ........................................................... 31
- **(ANY OTHER) CHRONIC PAIN** .................................................. 32
- **DIABETES OR HIGH BLOOD SUGAR** ............................................ 33
- **EPILEPSY OR SEIZURE DISORDER** ............................................. 34
- **HEADACHES** ............................................................................... 35
- **HEART ATTACK** ........................................................................... 36
- **HEART DISEASE** .......................................................................... 37
- **HIGH BLOOD PRESSURE** ............................................................ 38
- **HIV INFECTION** ........................................................................... 39
- **MIGRAINES** .................................................................................. 40
- **NECK PROBLEMS** ....................................................................... 41
- **RHEUMATISM** .............................................................................. 42
- **SEASONAL ALLERGIES** ............................................................... 43
- **STROKE** ....................................................................................... 44
- **TUBERCULOSIS** ............................................................................. 45
- **ULCER** ......................................................................................... 46
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<td>47</td>
</tr>
<tr>
<td>Anorexia</td>
<td>48</td>
</tr>
<tr>
<td>Anxiety</td>
<td>49</td>
</tr>
<tr>
<td>Attention Deficit Disorder (ADD)</td>
<td>50</td>
</tr>
<tr>
<td>Autism</td>
<td>51</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>52</td>
</tr>
<tr>
<td>Bulimia</td>
<td>53</td>
</tr>
<tr>
<td>Depression</td>
<td>54</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>55</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>56</td>
</tr>
<tr>
<td>Manic-Depression</td>
<td>57</td>
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<tr>
<td>“Memory” Disorder</td>
<td>58</td>
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<tr>
<td>Narcolepsy</td>
<td>59</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>60</td>
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<tr>
<td>Panic</td>
<td>61</td>
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<td>PMS (Premenstrual Disorder)</td>
<td>62</td>
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<tr>
<td>Psychosis</td>
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</tr>
<tr>
<td>PTSD (Post-Traumatic Stress Disorder)</td>
<td>64</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>65</td>
</tr>
<tr>
<td>Sleep Disorder</td>
<td>66</td>
</tr>
</tbody>
</table>

### V. OTHER

| Other (Specify)                                | 67   |

---

*SC56. For how long have your activities been limited because of (CONDITION/your health problems)?

**PROGRAMMER:** LET THE INTERVIEWER USE THEIR DISCRETION TO FILL “CONDITION” IN ABOVE QUESTION. WE DO NOT WANT YOU TO PROGRAM A FILL

**PROBE DK:** Has it been longer than 3 months?

___________ NUMBER

CIRCLE UNIT OF TIME:  DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

<table>
<thead>
<tr>
<th>Limitation Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>3 MONTHS OR LONGER</td>
<td>995</td>
</tr>
<tr>
<td>LESS THAN 3 MONTHS</td>
<td>996</td>
</tr>
<tr>
<td>(IF VOL) Activities Not Limited</td>
<td>997</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
<tr>
<td>Score</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>100</td>
<td>Excellent functioning in all areas of life (e.g., superior performance at work and excellent personal relationships)</td>
</tr>
<tr>
<td>90</td>
<td>Good functioning in all areas of life (e.g., no problems at work or in personal life)</td>
</tr>
<tr>
<td>80</td>
<td>Slight difficulty (e.g., temporarily falling behind in work or school, minor argument with friend or relative)</td>
</tr>
<tr>
<td>70</td>
<td>Some difficulty (e.g., some work or school problems, but still generally doing well; or some interpersonal problems, but still having meaningful relationships)</td>
</tr>
<tr>
<td>60</td>
<td>Moderate difficulty (e.g., inadequate work or school performance or ongoing conflicts with people in your personal life)</td>
</tr>
<tr>
<td>50</td>
<td>Serious impairment in one area (e.g., can’t keep a job or has no friends)</td>
</tr>
<tr>
<td>40</td>
<td>Serious impairment in more than one area (e.g., unable to work and has no friends and has conflicts with family)</td>
</tr>
<tr>
<td>30</td>
<td>Unable to function in most areas (e.g., no job, no friends, stays in bed most days)</td>
</tr>
<tr>
<td>20</td>
<td>Difficulty with basic needs (e.g., needs help with bathing or dressing or preparing meals; cannot be left alone for long periods)</td>
</tr>
<tr>
<td>10</td>
<td>Unable to meet basic needs (e.g., requires constant supervision or nursing home care)</td>
</tr>
<tr>
<td>0</td>
<td>Unconscious (e.g., in coma or on a life support machine)</td>
</tr>
</tbody>
</table>

*SC58. (RB, PG 1) The 0-to-100 scale on Page 1 in your booklet describes amounts of activity limitation. Using this scale, what number describes how much your activities have been limited because of (CONDITION/ your health problems) during the past 3 months?*

**PROGRAMMER**: LET THE INTERVIEWER USE THEIR DISCRETION TO FILL “CONDITION” IN ABOVE QUESTION. WE DO NOT WANT YOU TO PROGRAM A FILL

(IF NEC: You can use any number between 0 and 100 to answer.)

__________ NUMBER

DON‘T KNOW........................................998
REFUSED............................................999
*SC59. The next two questions are about health problems you may have had as a child or adolescent. During your childhood or adolescence, did you have any of the following?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>*SC59a. Asthma?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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<tr>
<td>*SC59b. Chronic sinus infections?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC59c. Pneumonia?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC59d. A broken arm or leg?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC59e. A life-threatening illness or injury?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SC60. INTERVIEWER CHECKPOINT: (SEE *SC59e)

*SC59e EQUALS ‘1’ ..............................1
ALL OTHERS............................................2  GO TO *SC62

*SC61. What sort of life-threatening illness or injury did you have?

(PROBE: Any others?)

INTERVIEWER: RECORD UP TO THREE MENTIONS. PROBE FOR AGE OF ONSET OF EACH ILLNESS OR INJURY REPORTED

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SC61a. How old were you when (ILLNESS/INJURY) (STARTED/OCCURRED)?</td>
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<tr>
<td>*SC61.1a.</td>
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<td>*SC61.1b.</td>
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<tr>
<td>*SC61.2a.</td>
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<td></td>
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<tr>
<td>*SC61.2b.</td>
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<td></td>
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<tr>
<td>*SC61.3a.</td>
<td></td>
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<tr>
<td>*SC61.3b.</td>
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</table>

6
*SC62. The next questions are about childhood emotional problems. Some young kids get very upset when they are separated from their mother or the person who they are most attached to emotionally. Examples include getting very upset when they are away from these people, worrying a lot that something bad will happen to separate these people from them, or wanting to stay home from school or not go other places without them. Did you ever feel this way for a month or longer when you were more than five years old?

INTERVIEWER: IF ONLY WHEN 5 OR YOUNGER, CODE “NO”.

YES .................................................................1
NO .....................................................................5
DON’T KNOW .................................................8
REFUSED .........................................................9

*SC63. Some kids have concentration problems that usually start before second or third grade. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between kindergarten and second grade -- was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort than most children?

YES .................................................................1
NO .....................................................................5
DON’T KNOW .................................................8
REFUSED .........................................................9

*SC64. Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before second or third grade lasting six months or longer in your childhood when you were like that?

INTERVIEWER: IF ONLY IN THIRD GRADE OR LATER, CODE “NO”.

YES .................................................................1
NO .....................................................................5
DON’T KNOW .................................................8
REFUSED .........................................................9

*SC64.1. Did you ever have a period lasting six months or longer during your childhood or adolescence when you frequently did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being touchy or irritable?

YES .................................................................1
NO .....................................................................5
DON’T KNOW .................................................8
REFUSED .........................................................9

*SC64.2. Many children and teenagers go through periods when they do things adults don’t want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?

YES .................................................................1
NO .....................................................................5
DON’T KNOW .................................................8
REFUSED .........................................................9

GO TO *SC65
*SC64.3. Did you ever go through a period as a child or teenager when you either broke into cars, set fires, or destroyed property on purpose?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
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<td>YES</td>
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</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO *SC65

*SC64.4. When you were a child or a teenager, did you ever run away from home, or repeatedly play hooky from school, or often stay out much later at night than you were supposed to?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*SC65. The next questions are about emotional problems that can occur any time in your life. (READ SLOWLY) These questions are very important for this research. So please think carefully before answering.

GO TO *SC66

*SC66. INTERVIEWER CHECKPOINT: (SEE NCS1)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
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<tbody>
<tr>
<td>NCS1B1 DOES NOT EQUAL ‘1’</td>
<td>1</td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td>2</td>
</tr>
</tbody>
</table>

GO TO *SC68

*SC67. (READ SLOWLY) Did you ever in your life have an attack of fear or panic when all of a sudden you became very frightened, anxious, or uneasy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO *SC68
*SC67a. Did you ever have an attack when all of a sudden

- you became very uncomfortable,
- you either became short of breath, dizzy, nauseous, or your heart pounded,
- or you thought that you might lose control, die, or go crazy?

YES ................................................................. 1
NO ................................................................. 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

*SC68. (READ SLOWLY) Did you ever in your life have attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?

YES ................................................................. 1
NO ................................................................. 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

*SC68a. Did you ever have attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?

YES ................................................................. 1 GO TO *SC68.1
NO ................................................................. 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

*SC68b. Did you ever have attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone?

YES ................................................................. 1
NO ................................................................. 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

*SC68.1. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B7 DOES NOT EQUAL ‘1’ ................................................................. 1
ALL OTHERS ................................................................. 2 GO TO *SC68.4

*SC68.2. (READ SLOWLY) Have you ever had a time lasting a few days or longer when you were very irritable, grouchy, or in a cranky mood?

YES ................................................................. 1 GO TO *SC68.4
NO ................................................................. 5 GO TO *SC68.4
DON’T KNOW .............................................. 8 GO TO *SC68.4
REFUSED ..................................................... 9 GO TO *SC68.4
*SC68.3. (READ SLOWLY) Have you ever had a time lasting a few days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted a lot, or hit people?

YES .................................................................1
NO .................................................................5
DON'T KNOW .................................................8
REFUSED .........................................................9

*SC68.4. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B6 DOES NOT EQUAL ‘1’ .................................................................1
ALL OTHERS ..........................................................................................2  GO TO *SC69

*SC68.5. (READ SLOWLY) Some people have times lasting a few days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as taking many risks or spending too much money. Have you ever had a time like this lasting several days or longer?

YES .................................................................1
NO .................................................................5
DON'T KNOW .................................................8
REFUSED .........................................................9

*SC69. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B4 DOES NOT EQUAL ‘1’ AND NCS1B4a DOES NOT EQUAL ‘1’ AND NCS1B5 DOES NOT EQUAL ‘1’ .................................................................1
NCS1B2 DOES NOT EQUAL ‘1’ ........................................................................2  GO TO *SC72
NCS1B30 DOES NOT EQUAL ‘1’ .................................................................3  GO TO *SC74
NCS1B9 DOES NOT EQUAL ‘1’ ........................................................................4  GO TO *SC76
ALL OTHERS ..........................................................................................5  GO TO *SC77

*SC70. (READ SLOWLY) Did you ever in your life have a time lasting several days or longer when most of the day you felt sad, empty or depressed?

YES .................................................................1  GO TO *SC71
NO .................................................................5
DON'T KNOW .................................................8
REFUSED .........................................................9

*SC70a. Did you ever have a time lasting several days or longer when most of the day you were very discouraged about how things were going in your life?

YES .................................................................1  GO TO *SC71
NO .................................................................5
DON'T KNOW .................................................8
REFUSED .........................................................9
*SC70b. Did you ever have a time lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?

YES ................................................................. 1
NO ................................................................. 5
DON'T KNOW .................................................. 8
REFUSED ......................................................... 9

*SC71. INTERVIEWER CHECKPOINT: (SEE *NCS1)

NCS1B2 DOES NOT EQUAL '1' ................................................................................................. 1
NCS1B30 DOES NOT EQUAL '1' .............................................................................................. 2  GO TO *SC74
NCS1B9 DOES NOT EQUAL '1' ............................................................................................... 3  GO TO *SC76
ALL OTHERS ................................................................................................................... 4  GO TO *SC77

*SC72. (READ SLOWLY) Did you ever have a time in your life when you were a “worrier” – that is, when you worried a lot more about things than other people with the same problems as you?

YES ................................................................. 1  GO TO *SC73
NO ................................................................. 5
DON'T KNOW .................................................. 8
REFUSED ......................................................... 9

*SC72a. Did you ever have a time in your life when you were much more nervous or anxious than most other people with the same problems as you?

YES ................................................................. 1  GO TO *SC73
NO ................................................................. 5
DON'T KNOW .................................................. 8
REFUSED ......................................................... 9

*SC72b. Did you ever have a time lasting one month or longer when you were anxious and worried most days?

YES ................................................................. 1
NO ................................................................. 5
DON'T KNOW .................................................. 8
REFUSED ......................................................... 9

*SC73. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B30 DOES NOT EQUAL ‘1’ .............................................................................................. 1
NCS1B9 DOES NOT EQUAL ‘1’ ............................................................................................... 2  GO TO *SC76
ALL OTHERS ................................................................................................................... 3  GO TO *SC77

*SC74. (RB, PG 2) Looking at the top of page 2 in your booklet, was there ever a time in your life when you felt very afraid or really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?

YES ................................................................. 1  GO TO *SC75
NO ................................................................. 5
DON'T KNOW .................................................. 8
REFUSED ......................................................... 9
*SC74a. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?

YES .................................................................1
NO ........................................................................5
DON’T KNOW .......................................................8
REFUSED ................................................................9

*SC75. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B9 DOES NOT EQUAL ‘1’ .................................................................1
ALL OTHERS ..................................................................................2 GO TO *SC77

*SC76. (RB, PG 2) Looking at the bottom of page 2 in your booklet, was there ever a time in your life when you felt very uncomfortable or afraid of either being in crowds, going to public places, traveling by yourself, or traveling away from home?

YES .................................................................1
NO ..............................................................................5
DON’T KNOW .........................................................8
REFUSED .........................................................................9

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.

*SC77. (RB, PG 3) The next questions are about things that make some people afraid even though they know there is no real danger. Looking at page 3 in your booklet, was there ever a time in your life when you felt a lot more afraid than most people of any of the following things?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SC77a. Bugs, snakes, dogs, or any other animals?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC77b. Still water, like in a swimming pool or a lake, or weather events, like storms, thunder, or lightning?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC77c. Going to the dentist or doctor, getting a shot or injection, seeing blood or injury, or being in a hospital or doctor’s office?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC77d. Closed spaces, like caves, tunnels, closets, or elevators?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC77e. High places like roofs, balconies, bridges, or staircases?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SC77f. Fear of flying or of airplanes?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*SC78. Some adults have difficulties with separation from family members, romantic partners, or close friends. Examples include getting very upset when they are away from this person, worrying a lot that this person might leave them, and being too “clingy” or dependent. Did you ever have a period lasting one month or longer as an adult when you had problems like this?

YES............................................................................1
NO..............................................................................5
DON’T KNOW .........................................................8
REFUSED..................................................................9

*SC79. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B1 EQUALS ‘1’........................................................................................................1
NCS1B4 EQUALS ‘1’ OR NCS1B4a EQUALS ‘1’ OR NCS1B5 EQUALS ‘1’ ......2 GO TO *SC82
NCS1B2 EQUALS ‘1’......................................................................................................3 GO TO *SC84
NCS1B3a EQUALS ‘1’..................................................................................................4 GO TO *SC86
NCS1B9 EQUALS ‘1’.................................................................................................5 GO TO *SC88
NCS1B6 EQUALS ‘1’.................................................................................................6 GO TO *SC90
NCS1B7 EQUALS ‘1’.................................................................................................7 GO TO *SC92
ALL OTHERS...........................................................................................................8 GO TO *SC101

*SC80. During your initial interview in (NCS1 YEAR), you mentioned having a time in your life when you had attacks of fear or panic when all of a sudden you would become frightened, anxious, or very uneasy. (READ SLOWLY) Have you had any of these attacks of sudden fear at any time since you were interviewed in (NCS1 YEAR)?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have an attack of this sort at any time since (NCS1 YEAR) ?

YES............................................................................1
NO..............................................................................5
DON’T KNOW .........................................................8
REFUSED..................................................................9

*SC81. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B4 EQUALS ‘1’ OR NCS1B4a EQUALS ‘1’ OR NCS1B5 EQUALS ‘1’ ......1
NCS1B2 EQUALS ‘1’......................................................................................................2 GO TO *SC84
NCS1B3a EQUALS ‘1’..................................................................................................3 GO TO *SC86
NCS1B9 EQUALS ‘1’.................................................................................................4 GO TO *SC88
NCS1B6 EQUALS ‘1’.................................................................................................5 GO TO *SC90
NCS1B7 EQUALS ‘1’.................................................................................................6 GO TO *SC92
ALL OTHERS...........................................................................................................7 GO TO *SC101
*SC82. During your initial interview in (NCS1 YEAR), you mentioned having times lasting two weeks or longer when most of the time [ IF NCS1b4 EQUALS '1': you felt sad or blue or depressed/ IF NCS1b4a EQUALS '1': you felt down in the dumps, low, or gloomy/ IF NCS1b5 EQUALS '1': (and you) lost interest in things like work, hobbies, or other things you usually liked to do for fun]. (READ SLOWLY) Have you had an episode of this sort at any time since you were interviewed in (NCS1 YEAR) when for two weeks or longer you (IF NCS1b4 EQUALS '1': felt sad/ IF NCS1b4a EQUALS '1': felt down in the dumps/ IF NCS1b5 EQUALS '1': (or) lost interest in things)?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have an episode like this at any time since (NCS1 YEAR)?

YES............................................................................1 GO TO *SC83
NO............................................................................5
DON’T KNOW .........................................................8
REFUSED.................................................................9

*SC82a. Have you had an episode of this sort lasting several days or longer since (NCS1 YEAR)?

YES............................................................................1
NO............................................................................5
DON’T KNOW .........................................................8
REFUSED.................................................................9

*SC83. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1b2 EQUALS '1'.................................................................................1
NCS1b30 EQUALS '1'..............................................................................2 GO TO *SC86
NCS1b9 EQUALS '1'..............................................................................3 GO TO *SC88
NCS1b6 EQUALS '1'..............................................................................4 GO TO *SC90
NCS1b7 EQUALS '1'..............................................................................5 GO TO *SC92
ALL OTHERS.......................................................................................6 GO TO *SC101

*SC84. During your initial interview in (NCS1 YEAR), you mentioned having a time in your life lasting one month or more when most of the time you felt worried, tense, or anxious. (READ SLOWLY) Have you had an episode of this sort at any time since you were interviewed in (NCS1 YEAR) when you were worried, tense, or anxious for one month or longer?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have an episode like this at any time since (NCS1 YEAR)?

YES............................................................................1
NO............................................................................5
DON’T KNOW .........................................................8
REFUSED.................................................................9

*SC85. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1b30 EQUALS '1'..............................................................................1
NCS1b9 EQUALS '1'..............................................................................2 GO TO *SC88
NCS1b6 EQUALS '1'..............................................................................3 GO TO *SC90
NCS1b7 EQUALS '1'..............................................................................4 GO TO *SC92
ALL OTHERS.......................................................................................5 GO TO *SC101
*SC86. During your initial interview in (NCS1 YEAR), you mentioned having a time in your life when you had a strong fear of social situations or doing things in front of people such as

INTERVIEWER: READ UP TO THREE

    IF NCS1B29a EQUALS '1': speaking in public
    IF NCS1B29b EQUALS '1': having to use the toilet when away from home
    IF NCS1B29c EQUALS '1': eating or drinking in public
    IF NCS1B29d EQUALS '1': talking to people you don’t know well
    IF NCS1B29e EQUALS '1': writing when someone watches
    IF NCS1B29f EQUALS '1': talking in front of a small group.

(READ SLOWLY) Have you had this sort of strong fear of any social or interaction situations at any time since you were interviewed in (NCS1 YEAR) ?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have a strong fear of (this/either of these things/any of these things) at any time since (NCS1 YEAR)

YES .................................................................1
NO .................................................................5
DON’T KNOW ..................................................8
REFUSED ..........................................................9

*SC87. INTERVIEWER CHECKPOINT: (SEE NCS1)

    NCS1B9 EQUALS ‘1’.................................................................1 GO TO *SC90
    NCS1B6 EQUALS ‘1’.................................................................2 GO TO *SC90
    NCS1B7 EQUALS ‘1’.................................................................3 GO TO *SC92
    ALL OTHERS ........................................................................4 GO TO *SC101

*SC88. During your initial interview in (NCS1 YEAR), you mentioned having a time in your life when you felt very uncomfortable or afraid of

INTERVIEWER: READ UP TO THREE

    IF NCS1B8a EQUALS ‘1’: being in a crowd or standing in line
    IF NCS1B8b EQUALS ‘1’: leaving your home or being alone away from home
    IF NCS1B8e EQUALS ‘1’: being in public places like malls or restaurants
    IF NCS1B8d EQUALS ‘1’: riding in cars, trains, or buses
    IF NCS1B8e EQUALS ‘1’: crossing a bridge

Have you had (this/either of these/any of these) strong fear(s) at any time since you were interviewed in (NCS1 YEAR) ?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have a strong fear of (this/either of these things/any of these things) at any time since (NCS1 YEAR)

YES .................................................................1
NO .................................................................5
DON’T KNOW ..................................................8
REFUSED ..........................................................9
*SC89. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B6 EQUALS '1'.................................................................1
NCS1B7 EQUALS '1'.................................................................2  GO TO *SC92
ALL OTHERS...........................................................................3  GO TO *SC101

*SC90. During your initial interview in (NCS1 YEAR), you mentioned having times lasting several days or longer when you were so happy or excited that you either got into trouble, your family or friends worried about it, or a doctor said you were manic. (READ SLOWLY) Have you had an episode like this at any time since you were interviewed in (NCS1 YEAR) when you were very happy or excited?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have an episode like this at any time since (NCS1 YEAR)?

YES .................................................................1
NO..............................................................................5
DON’T KNOW .............................................................8
REFUSED........................................................................9

*SC91. INTERVIEWER CHECKPOINT: (SEE NCS1)

NCS1B7 EQUALS '1'.................................................................1
ALL OTHERS...........................................................................2  GO TO *SC101

*SC92. During your initial interview in (NCS1 YEAR), you mentioned having times lasting several days or longer when you were so irritable that you either threw or broke things, started arguments, shouted at people, or hit someone. (READ SLOWLY) Have you had an episode like this at any time since you were interviewed in (NCS1 YEAR)?

IF R DENIES HAVING REPORTED THIS AT BASELINE, PROBE: Did you have an episode like this at any time since (NCS1 YEAR)?

YES .................................................................1  GO TO *SC101
NO..............................................................................5
DON’T KNOW .............................................................8
REFUSED........................................................................9

*SC93. Have you had an episode of being less strongly irritable since (NCS1 YEAR), when you were in a bad mood or grumpy for several days, but you did not hit anyone or break things?

YES.................................................................1
NO..............................................................................5
DON’T KNOW .............................................................8
REFUSED........................................................................9
**SC101. INTERVIEWER CHECKPOINT (SEE **SC67, **SC67a, **SC68, **SC68a, **SC68b, **SC68.2, **SC68.3, **SC68.5, **SC70, **SC70a, **SC70b, **SC72, **SC72a, **SC72b, **SC74, **SC74a, **SC76, **SC77a-**SC77f, **SC80, **SC82, **SC82a, **SC84, **SC86, **SC88, **SC90, **SC92, **SC93, **NCS1B4, **NCS1B4a, **NCS1B5): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

**SC70 EQUALS ‘1’.................................................................................................. 1  GO TO *D1

**SC70a EQUALS ‘1’................................................................................................ 2  GO TO *D2

**SC70b EQUALS ‘1’................................................................................................ 3  GO TO *D9

**NCS1B4 EQUALS ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82 EQUALS ‘1’.............................. 4  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a EQUALS ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82 EQUALS ‘1’.............................. 5  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a EQUALS ‘1’ AND
**NCS1B5 EQUALS ‘1’ AND **SC82 EQUALS ‘1’............................................... 6  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 EQUALS ‘1’ AND **SC82 EQUALS ‘1’.............................................. 7  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’.............................................. 8  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’............................ 9  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’............................ 10  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’............................ 11  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’............................ 12  GO TO *D16.1

**NCS1B4 DOES NOT EQUAL ‘1’ AND **NCS1B4a DOES NOT EQUAL ‘1’ AND
**NCS1B5 DOES NOT EQUAL ‘1’ AND **SC82a EQUALS ‘1’............................ 13  GO TO *D16.1

**SC68.5 EQUALS ‘1’.......................................................................................... 14  GO TO *M1

**SC68.3 EQUALS ‘1’.......................................................................................... 15  GO TO *M5

**SC90 EQUALS ‘1’.......................................................................................... 16  GO TO *M1

**SC92 EQUALS ‘1’.......................................................................................... 17  GO TO *M5

**SC68.2 EQUALS ‘1’.......................................................................................... 18  GO TO *IR1 INTRO 2

**SC93 EQUALS ‘1’.......................................................................................... 19  GO TO *IR1 INTRO 2

**SC67 EQUALS ‘1’.......................................................................................... 20  GO TO *PD1 INTRO 1

**SC67a EQUALS ‘1’.......................................................................................... 21  GO TO *PD1 INTRO 2

**SC80 EQUALS ‘1’.......................................................................................... 22  GO TO *PD1 INTRO 1

**SC77a-SC77f EQUALS ‘1’............................................................................... 23  GO TO *S1

**SC74 EQUALS ‘1’ OR **SC74a EQUALS ‘1’ OR **SC86 EQUALS ‘1’.................. 24  GO TO *SO1

**SC76 EQUALS ‘1’.......................................................................................... 25  GO TO *AG1
*SC88 EQUALS ‘1’ .............................................................. 26  GO TO *AG1
*SC72 EQUALS ‘1’ .............................................................. 27  GO TO *G1 INTRO 1
*SC72a EQUALS ‘1’ ............................................................ 28  GO TO *G1 INTRO 2
*SC72b EQUALS ‘1’ ............................................................ 29  GO TO *G1 INTRO 3
*SC84 EQUALS ‘1’ ............................................................... 30  GO TO *G1 INTRO 3
*SC68 EQUALS ‘1’ ............................................................... 31  GO TO *IED1
*SC68a EQUALS ‘1’ ............................................................. 32  GO TO *IED3 INTRO 4
*SC68b EQUALS ‘1’ ............................................................. 33  GO TO *IED3 INTRO 5
ALL OTHERS ........................................................................... 34  GO TO *SD1
DEPRESSION (D)

*D1. Earlier in the interview, you mentioned having episodes that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

YES................................. 1
NO................................. 5  GO TO *D1b
DON’T KNOW............... 8  GO TO *D1b
REFUSED............ 9  GO TO *D1b

*D1a. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES............................. 1  GO TO *D3
NO............................. 5  GO TO *D4
DON’T KNOW......... 8  GO TO *D4
REFUSED......... 9  GO TO *D4

*D1b. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES.......................... 1  GO TO *D5
NO.......................... 5  GO TO *D6
DON’T KNOW.. 8  GO TO *D6
REFUSED.. 9  GO TO *D6

*D2. Earlier in the interview you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES............................. 1  GO TO *D7
NO............................. 5  GO TO *D8
DON’T KNOW........ 8  GO TO *D8
REFUSED........ 9  GO TO *D8

*D3. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “SAD, DISCOURAGED, OR UNINTERESTED” THROUGHOUT THE SECTION
GO TO *D12

*D4. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “SAD OR DISCOURAGED” THROUGHOUT THE SECTION
GO TO *D12

*D5. INTERVIEWER CHECKPOINT:

USE KEY PHRASE “SAD OR UNINTERESTED” THROUGHOUT THE SECTION
GO TO *D12

*D6. INTERVIEWER CHECKPOINT:
*D9. Earlier in the interview, you mentioned having episodes that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have an episode of this sort that lasted most of the day nearly every day for two weeks or longer?

YES.....................................................1  GO TO *D11
NO ......................................................5
DON’T KNOW ...........................................8
REFUSED ............................................9

*D9a. What is the longest episode you ever had when you lost interest in most things you usually enjoy?

INTERVIEWER: “LESS THAN ONE DAY” CODE 0

_________ NUMBER

CIRCLE UNIT
OF TIME: DAYS ...1  WEEKS ....2  MONTHS ....3  YEARS ....4

PROBE DK: Was it three days or longer?

DON’T KNOW .........................998
REFUSED .........................999

USE THE KEY PHRASE “UNINTERESTED” THROUGHOUT THE SECTION  GO TO *D10

*D10. INTERVIEWER CHECKPOINT: (SEE *D9a)

DURATION OF 3 DAYS OR LONGER..........................................................1  GO TO *D14
ALL OTHERS..........................................................................................2  GO TO *D88

*D11. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “UNINTERESTED” THROUGHOUT THE SECTION  GO TO *D16

*D12. Did you ever have an episode of being (sad/or/discouraged/or/uninterested in things) that lasted most of the day, nearly every day, for two weeks or longer?
YES .................................................1  \text{GO TO *D16}
NO...................................................5
DON'T KNOW ...............................8
REFUSED .................................9

*D12a. How long was the longest number of days you ever had when you were (sad/or/discouraged/or/uninterested) most of the day?
INTERVIEWER: “LESS THAN ONE DAY” CODE 0
_____________ DAYS
DON'T KNOW.................998
REFUSED.........................999

*D13. INTERVIEWER CHECKPOINT: (SEE *D12a)
DURATION OF 3 DAYS OR LONGER............................................... 1
ALL OTHERS........................................................................................ 2  \text{GO TO *D88}

*D14. Did you ever have a year or more in your life when just about every month you had an episode of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?
YES .................................. 1
NO.................................... 5 \text{GO TO *D88}
DON'T KNOW ................ 8 \text{GO TO *D88}
REFUSED ......................... 9 \text{GO TO *D88}

*D15. Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?
LESS THAN 1 HOUR ....................... 1  \text{GO TO *D88}
BETWEEN 1 AND 3 HOURS .................. 2
BETWEEN 3 AND 5 HOURS .................. 3
MORE THAN 5 HOURS ..................... 4
DON'T KNOW ................................. 8
REFUSED............................................... 9

INTERVIEWER: ASK ABOUT PERIODS LASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF THE SECTION.

\text{GO TO *D17}

*D16. Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest)
interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

LESS THAN 1 HOUR ......................... 1  GO TO *D88
BETWEEN 1 AND 3 HOURS ................. 2  GO TO *D88
BETWEEN 3 AND 5 HOURS ................. 3
MORE THAN 5 HOURS ...................... 4
DON’T KNOW .................................. 8
REFUSED ....................................... 9

INTERVIEWER: ASK ABOUT PERIODS LASTING "TWO WEEKS OR LONGER" FOR THE REMAINDER OF THE SECTION.

GO TO *D17

*D16.1 Earlier in the interview, you mentioned having episodes since (NCS1 YEAR) when for (IF *SC82a EQUALS '1': several days/ IF *SC82 EQUALS '1': two weeks) or longer you (IF *SC101 EQUALS '4' OR '9': felt sad/ IF *SC101 EQUALS '5' OR '10': felt sad or had no interest in things/ IF *SC101 EQUALS '6' OR '11': felt down in the dumps/ IF *SC101 EQUALS '7' OR '12': felt down in the dumps or had no interest in things/ IF *SC101 EQUALS '8' OR '13': had no interest in things).

During those times, did your (IF *SC101 EQUALS '4' OR '9': sadness/ IF *SC101 EQUALS '5' OR '10': sadness or loss of interest in things/ IF *SC101 EQUALS '6' OR '11': feeling down in the dumps/ IF *SC101 EQUALS '7' OR '12': feeling down in the dumps or loss of interest in things/ IF *SC101 EQUALS '8' OR '13': loss of interest in things) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours a day?

LESS THAN 1 HOUR ......................... 1  GO TO *D88
BETWEEN 1 AND 3 HOURS ................. 2  GO TO *D88
BETWEEN 3 AND 5 HOURS ................. 3
MORE THAN 5 HOURS ...................... 4
DON’T KNOW .................................. 8
REFUSED ....................................... 9

*D17. How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

MILD .................................. 1
MODERATE ................................. 2
SEVERE .................................. 3
VERY SEVERE ............................. 4
DON’T KNOW ............................. 8
REFUSED ................................. 9

*D18. How often was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

OFTEN .................................. 1
SOMETIMES .............................. 2
RARELY ................................. 3
NEVER .................................. 4
DON’T KNOW ............................. 8
REFUSED ................................. 9

*D19. How often was your emotional distress so severe that you could not carry out your daily

*D15 EQUALS ‘1’ OR *D16 EQUALS ‘1’ OR *D16.1 EQUALS ‘1’ ..........1 GO TO *D88
*D17 EQUALS ‘1’ AND *D18 EQUALS ‘4’ AND *D19 EQUAL ‘4’ ..........2 GO TO *D88
*SC101 EQUALS ‘4’ OR ‘5’ OR ‘6’ OR ‘7’ OR ‘8’ .....................3 GO TO *D20.2
*SC101 EQUALS ‘9’ OR ‘10’ OR ‘11’ OR ‘12’ OR ‘13’ .................4 GO TO *D20.2
ALL OTHERS ............................................................................. 5 GO TO *D21

*D20.1. Since (NCS1 YEAR), did you ever have a year or more when just about every month you had an episode of being (IF *SC101 EQUALS ‘9’: sad/ IF *SC101 EQUALS ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘11’: down in the dumps/ IF *SC101 EQUALS ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘13’: uninterested) for several days or longer?

YES ......................... 1  GO TO *D88
NO ............................ 5  GO TO *D88
DON’T KNOW .................... 8  GO TO *D88
REFUSED .......................... 9  GO TO *D88

INTERVIEWER: ASK ABOUT EPISODES LASTING “SEVERAL DAYS OR LONGER” FOR THE REMAINDER OF THE SECTION. GO TO *D21

*D20.2 INTERVIEWER INSTRUCTION: ASK ABOUT EPISODES LASTING “TWO WEEKS OR LONGER” FOR THE REMAINDER OF THIS SECTION.

*D21. People with episodes of [being (sad/or/discouraged/or/uninterested)/ being (IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ *SC101 EQUALS ‘8’ OR ‘13’: uninterested)] often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, feelings of low self-worth, and other problems. (IF *SC101 EQUALS ‘4’-‘13’: Since NCS1 YEAR,) did you ever have any of these problems during one of your episodes of [being (sad/or/discouraged/or/uninterested)/ being (IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested)]?

YES ................................. 1  GO TO *D88
NO ....................................... 5  GO TO *D88
DON’T KNOW .......................... 8  GO TO *D88
REFUSED .................................. 9  GO TO *D88
(READ SLOWLY) Please think of an episode of [being (sad/or/discouraged/or/uninterested)/ being (IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested)] lasting (several days/two weeks) or longer (IF *SC101 EQUALS ‘4’-‘13’: since NCS1 YEAR) when you also had the largest number of these other problems at the same time. Is there one particular episode of this sort that stands out in your mind as the worst one you had?

YES ............................................................................. 1
NO............................................................................... 5 GO TO *D22c
DON’T KNOW .................................................................... 8 GO TO *D22c
REFUSED ........................................................................... 9 GO TO *D22c

*D22a. How old were you when that worst episode started?

_________ YEARS OLD

DON’T KNOW ....................998
REFUSED ..........................999

*D22b. How long did that worst episode last?

_________ NUMBER  GO TO *D24

CIRCLE UNIT OF TIME: DAYS ......1 WEEKS ......2 MONTHS......3 YEARS....... 4

DON’T KNOW ....................98 GO TO *D24
REFUSED ..........................99 GO TO *D24

*D22c. Then think of the last time you had a bad episode of [being (sad/or/discouraged/or/uninterested)/ being (IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested)] like this. How old were you when that last episode occurred?

_________ YEARS OLD

DON’T KNOW ....................998
REFUSED ..........................999

*D22d. How long did that episode last?

_________ NUMBER

CIRCLE UNIT OF TIME: DAYS ......1 WEEKS ......2 MONTHS......3 YEARS....... 4

DON’T KNOW ....................98
REFUSED ..........................99
**D24.** (RB, PG 4. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Look at page 4 in your booklet. In answering the next questions, think about the period of (several days/two weeks) or longer during that episode when your [(sadness/or/discouragement/or/loss of interest)/ periods of (IF *SC101 EQUALS ‘4’ OR ‘9’: sadness/ IF *SC101 EQUALS ‘5’ OR ‘10’: sadness or loss of interest/ IF *SC101 EQUALS ‘6’ OR’11’: feeling down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: feeling down in the dumps or uninterested/IF *SC101 EQUALS ‘8’ OR ‘13’: loss of interest)] and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D24a.</strong></td>
<td>Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>D24b.</strong></td>
<td>Did you feel so sad that nothing could cheer you up nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>D24c.</strong></td>
<td>During that period of (several days/ two weeks), did you feel discouraged about how things were going in your life most of the day nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>D24d.</strong></td>
<td>Did you feel hopeless about the future nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>D24e.</strong></td>
<td>During that period of (several days/ two weeks), did you lose interest in almost all things like work and hobbies and things you like to do for fun?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>D24f.</strong></td>
<td>Did you feel like nothing was fun even when good things were happening?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

**D25.** INTERVIEWER CHECKPOINT: (SEE *D24a-*D24f)

ONE OR MORE RESPONSES CODED ‘1’ ............................ 1
ALL OTHERS ........................................................................... 2   GO TO *D88
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D26a.</strong> Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>D26b.</strong> Did you have a much larger appetite than usual nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>D26c.</strong> Did you gain weight without trying to during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>IF R REPORTS BEING PREGNANT OR GROWING, CODE &quot;NO&quot; AND GO TO <strong>D26e</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D26d.</strong> How much did you gain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_________ NUMBER</td>
<td><strong>GO TO</strong> <em>26g</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIRCLE UNIT OF MASS: POUNDS .............. 1 <strong>GO TO</strong> <em>26g</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KILOS .............. 2 <strong>GO TO</strong> <em>26g</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D26e.</strong> Did you lose weight without trying to?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE &quot;NO&quot; AND GO TO <strong>D26g</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D26f.</strong> How much did you lose?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_________ NUMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIRCLE UNIT OF MASS: POUNDS ............. 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KILOS ............. 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D26g.</strong> Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every morning during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>D26h.</strong> Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>D26i.</strong> Did you sleep much less than usual and still not feel tired or sleepy?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Question</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>*D26j. Did you feel tired or low in energy nearly every day during that period of (several days/ two weeks) even when you had not been working very hard?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26k. Did you have a lot more energy than usual nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26l. Did you talk or move more slowly than is normal for you nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26m. Did anyone else notice that you were talking or moving slowly?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26n. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26o. Did anyone else notice that you were restless?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26p. Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26q. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26r. Did you have a lot more trouble concentrating than is normal for you nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26s. Were you unable to make up your mind about things you ordinarily have no trouble deciding about?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26t. Did you lose your self-confidence?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26u. Did you feel that you were not as good as other people nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26v. Did you feel totally worthless nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26w. Did you feel guilty nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>----</td>
<td>----</td>
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</tr>
<tr>
<td>*D26x. Did you feel irritable, grouchy, or in a bad mood nearly every day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26y. Did you feel nervous or anxious most days?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26z. During that time, did you have any sudden attacks of intense fear or panic?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26aa. Did you often think a lot about death, either your own, someone else’s, or death in general?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26bb. During that period, did you ever think that it would be better if you were dead?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26cc. Did you think about committing suicide?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26dd. Did you make a suicide plan?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26ee. Did you make a suicide attempt?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26ff. Did you feel that you could not cope with your everyday responsibilities?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26gg. Did you feel like you wanted to be alone rather than spend time with friends or relatives?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26hh. Did you feel less talkative than usual?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*D26ii. Were you often in tears?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*D27. INTERVIEWER CHECKPOINT: (SEE *D24 - *D26ii)

PROGRAMMER: IF AT LEAST ONE ‘1’ RESPONSE IN *D24a – *D24d, INCREMENT COUNT BY ONE. IF AT LEAST ONE ‘1’ RESPONSE IN *D24e – *D24f, INCREMENT COUNT BY ONE. INCREMENT COUNT BY ONE FOR EACH ‘1’ RESPONSE IN *D26a – *D26ii.

COUNT EQUALS TWO OR MORE ........................................................................1
ALL OTHERS.......................................................................................... 2  GO TO *D88
*D28. You mentioned having (two of/a number of) the problems I just asked you about. How much did your [IF *D24a
EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest] and these other problems interfere with either your work, your social life, or your personal relationships during that episode— not at all, a little, some, a lot, or extremely?

<table>
<thead>
<tr>
<th>Interference Level</th>
<th>Code</th>
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<tbody>
<tr>
<td>NOT AT ALL</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LOT</td>
<td>4</td>
</tr>
<tr>
<td>EXTREMELY</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*D28a. How often during that episode were you unable to carry out your daily activities because of your [IF *D24a
EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest]— often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>OFTEN</td>
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<tr>
<td>SOMETIMES</td>
<td>2</td>
</tr>
<tr>
<td>RARELY</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*D29a. Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your episodes of [IF *D24a
EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest] ever occurred as the result of such physical causes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
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<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

*D29b. Do you think your episodes were always the result of physical causes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

*D29c. Briefly, what were the physical causes?
*D37. Think of the very first time in your life you had an episode lasting (several days or longer / two-weeks or longer) when most of the day nearly every day you felt [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] and also had some of the other problems (IF R CAN READ: you mentioned on pages 4-5/ IF R CANNOT READ: we just reviewed). Can you remember your exact age?

YES .................................................1
NO...................................................5 GO TO *D37b
DON’T KNOW .........................8 GO TO *D37b
REFUSED...........................................9 GO TO *D37b

*D37a. (IF NEC: How old were you?)

__________  YEARS OLD GO TO *D37b.1

DON’T KNOW .................998 GO TO *D37b.1
REFUSED.................................999 GO TO *D37b.1

*D37b. About how old were you (the first time you had an episode of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”  
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________  YEARS OLD

BEFORE STARTED SCHOOL .................... 4
BEFORE TEENAGER .................................. 12
NOT BEFORE TEENAGER ....................... 13
DON’T KNOW ........................................... 998
REFUSED ............................................. 999

*D37b.1. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS ..................... 1
OUT OF THE BLUE ................................. 2
DON’T REMEMBER ............................... 5
DON’T KNOW ......................................... 8
REFUSED ............................................. 9

*D37c. About how long did that episode go on?

__________  NUMBER

CIRCLE UNIT OF TIME: DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON’T KNOW ................................. 98
REFUSED ........................................... 99
*D37.1. What is the longest episode you ever had when you were [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] and also had some of the other problems nearly every day?

CIRCLE UNIT OF TIME: 

DAYS ...... 1 
WEEKS ...... 2 
MONTHS...... 3 
YEARS ...... 4 
DON’T KNOW ......................... 98 
REFUSED .................. 99 

*D37.2. INTERVIEWER CHECKPOINT: (SEE *D37.1)

IF *D37.1 IS GREATER THAN OR EQUAL TO “12 MONTHS”........... 1
ALL OTHERS ............................................................................. 2  GO TO *D38

*D37.3. About how old were you the first time you had a year when you were in an episode most days?

YEARS OLD 

DON’T KNOW ......................... 998 
REFUSED .................. 999 

*D38. Did you have an episode of being [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] with some of the other problems (IF R CAN READ: on pages 6-7/ IF R CANNOT READ: we just reviewed) lasting (several days or longer/ two weeks or longer) at any time in the past 12 months?

YES.................................................... 1
NO.................................................... 5  GO TO *D40
DON’T KNOW ......................... 8  GO TO *D40
REFUSED .................. 9  GO TO *D40

*D38a.1. INTERVIEWER INSTRUCTION: (SEE 12-MONTH CALENDER)

INTERVIEWER: LABEL A ROW ON THE 12-MONTH CALENDER

When I use the word “episode” in the next questions, I mean a time lasting (several days/two weeks) or longer when nearly every day you were [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] and also had some of the other problems (IF R CAN READ: on pages 6-7/ IF R CANNOT READ: we just reviewed.) With that definition in mind, I want you to put an “X” in the box for each month in the past year when you had an episode of being [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested]. Tell me when you’re done.
*D38b. About how many days out of the last 365 were you in an episode?

______________ DAYS

DON'T KNOW ....................998
REFUSED .........................999

*D40. INTERVIEWER CHECKPOINT: (SEE *D37.1)

LONGEST EPISODE WAS LESS THAN 14 DAYS ......................1
ALL OTHERS...........................................................................2 GO TO *D52

*D45. INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)


I want you to put an “X” in the box for each year since (NCS1 YEAR) you had an episode of being [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] just about every month. Tell me when you’re finished.

*D46. Did you ever have a full year or longer when you were in an episode most days?

YES....................................................1
NO....................................................5 GO TO *D62.1
DON'T KNOW..............................8 GO TO *D62.1
REFUSED.................................9 GO TO *D62.1

*D47. And how old were you the first time you had a year when you were in an episode most days?

______________ YEARS OLD

DON'T KNOW ....................998
REFUSED .........................999

*D48. About how many different years in your life were you in an episode [of being (sad/or/discouraged/or/uninterested)] most days?

______________ YEARS

DON'T KNOW ....................998
REFUSED .........................999

*D49. INTERVIEWER CHECKPOINT: (SEE *D48)

*D48 EQUALS ‘1’............................................................1 GO TO *D62.1
ALL OTHERS......................................................2

*D50. INTERVIEW INSTRUCTION: (SEE 10-YEAR CALENDAR)
GO TO THE 10-YEAR CALENDAR AND LABEL A ROW

[(SAD/OR/DISCOURAGED/OR/UNINTERESTED)/ IF *SC101 EQUALS ‘4’ OR ‘9’: SAD/ IF *SC101
EQUALS ‘5’ OR ‘10’: SAD OR UNINTERESTED/ IF *SC101 EQUALS ‘6’ OR ‘11’: DOWN IN THE DUMPS/
IF *SC101 EQUALS ‘7’ OR ‘12’: DOWN IN THE DUMPS OR UNINTERESTED/ IF *SC101 EQUALS ‘8’ OR
‘13’: UNINTERESTED] MOST DAYS. THEN GIVE R THE CALENDAR WITH THE FOLLOWING
INSTRUCTIONS.

I want you to put an “X” in the box for each year since (NCS1 YEAR) when you were
[(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR ‘10’: sad
or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’: down in
the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] most days. Tell me when you’re
finished.

GO TO *D62.1

*D52. How many episodes of feeling [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF
*SC101 EQUALS ‘5’ OR ‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF
*SC101 EQUALS ‘7’ OR ‘12’: down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] with some other problems lasting two weeks or longer have you ever had in your life?

_____________ NUMBER

DON’T KNOW ......................... 998
REFUSED ............................... 999

*D53. INTERVIEWER CHECKPOINT: (SEE *D52)

*D52 EQUALS ‘1’.................................................1  GO TO *D62.1
ALL OTHERS..................................................2

*D53.1. How many of these episodes were brought on by some stressful experience?

_____________ NUMBER

DON’T KNOW ......................... 998
REFUSED ............................... 999

*D56. INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)

GO TO 10-YEAR CALENDAR AND LABEL A ROW [(SAD/OR/DISCOURAGED/OR/UNINTERESTED)/
IF *SC101 EQUALS ‘4’ OR ‘9’: SAD/ IF *SC101 EQUALS ‘5’ OR ‘10’: SAD OR UNINTERESTED/ IF
*SC101 EQUALS ‘6’ OR ‘11’: DOWN IN THE DUMPS/ IF *SC101 EQUALS ‘7’ OR ‘12’: DOWN IN THE
DUMPS OR UNINTERESTED/ IF *SC101 EQUALS ‘8’ OR ‘13’: UNINTERESTED]. THEN GIVE R THE
FOLLOWING INSTRUCTIONS.

I want you to put an “X” in the box for each year since (NCS1 YEAR) when you had at least one episode of
feeling [(sad/or/discouraged/or/uninterested)/ IF *SC101 EQUALS ‘4’ OR ‘9’: sad/ IF *SC101 EQUALS ‘5’ OR
‘10’: sad or uninterested/ IF *SC101 EQUALS ‘6’ OR ‘11’: down in the dumps/ IF *SC101 EQUALS ‘7’ OR ‘12’:
down in the dumps or uninterested/ IF *SC101 EQUALS ‘8’ OR ‘13’: uninterested] lasting two weeks or longer. Tell me when you’re finished.

*D57. INTERVIEWER CHECKPOINT: (SEE *D37.1)
*D37.1 equals ‘12’ months or longer ..................................... 1  go to *D61
all others............................................................................. 2

*D58. Did you ever have a time lasting a full year or longer when you were in an episode most days?

YES.................................................................................... 1
NO................................................................................. 5  go to *D62.1
don’t know................................................................. 8  go to *D62.1
refused............................................................................. 9  go to *D62.1

*D58a. About how old were you the first time you had a year of this sort (when you were in an episode most days)?

_______________ years old
don’t know..............................................................998
refused.............................................................................999

*D61. INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)

Looking at the calendar, I want you to tell me for each year since (NCS1 YEAR) you were in an episode of being [(sad/or/discouraged/or/uninterested)/ if *SC101 equals ‘4’ OR ‘9’: sad/ if *SC101 equals ‘5’ OR ‘10’: sad or uninterested/ if *SC101 equals ‘6’ OR ‘11’: down in the dumps/ if *SC101 equals ‘7’ OR ‘12’: down in the dumps or uninterested/ if *SC101 equals ‘8’ OR ‘13’: uninterested] most days.

*D62.1. Did you receive professional treatment for being [(sad/or/discouraged/or/uninterested)/ if *SC101 equals ‘4’ OR ‘9’: sad/ if *SC101 equals ‘5’ OR ‘10’: sad or uninterested/ if *SC101 equals ‘6’ OR ‘11’: down in the dumps/ if *SC101 equals ‘7’ OR ‘12’: down in the dumps or uninterested/ if *SC101 equals ‘8’ OR ‘13’: uninterested] at any time in the past 12 months?

YES............................................................................. 1
NO................................................................................. 5
don’t know................................................................. 8
refused.............................................................................9


*SC68.5 equals ‘1’.............................................................................1  go to *M1
*SC68.3 equals ‘1’.............................................................................2  go to *M5
*SC90 equals ‘1’.............................................................................3  go to *M1
*SC92 EQUALS ‘1’.................................................................4 GO TO *M5
*SC68.2 EQUALS ‘1’............................................................5 GO TO *D89
*SC93 EQUALS ‘1’..............................................................6 GO TO *D89
*SC67 EQUALS ‘1’..............................................................7 GO TO *PD1 INTRO 1
*SC67a EQUALS ‘1’............................................................8 GO TO *PD1 INTRO 2
*SC80 EQUALS ‘1’..............................................................9 GO TO *PD1 INTRO 1
*SC77a-*SC77f EQUALS ‘1’................................................10 GO TO *SP1
*SC74 EQUALS ‘1’ OR *SC74a EQUALS ‘1’ OR *SC86 EQUALS ‘1’...11 GO TO *SO1
*SC76 EQUALS ‘1’.............................................................12 GO TO *AG1
*SC88 EQUALS ‘1’.............................................................13 GO TO *AG1
*SC72 EQUALS ‘1’.............................................................14 GO TO *G1 INTRO 1
*SC72a EQUALS ‘1’...........................................................15 GO TO *G1 INTRO 2
*SC72b EQUALS ‘1’...........................................................16 GO TO *G1 INTRO 3
*SC84 EQUALS ‘1’...........................................................17 GO TO *G1 INTRO 3
*SC68 EQUALS ‘1’...........................................................18 GO TO *IED1
*SC68a EQUALS ‘1’..........................................................19 GO TO *IED3 INTRO 4
*SC68b EQUALS ‘1’..........................................................20 GO TO *IED3 INTRO 5
ALL OTHERS ...........................................................................21 GO TO *SD1

*D89. INTERVIEWER CHECKPOINT (SEE *D26x)

    IF *D26x EQUALS ‘1’......................................................1 GO TO *IR71
    ALL OTHERS ......................................................................2 GO TO *IR1 INTRO 2
**MANIA (M)**

*M1.* Earlier in the interview you mentioned having a time lasting several days or longer when you (IF *SC90 EQUALS ‘1’: were so happy or excited that you either got into trouble, your family or friends worried, or a doctor said you were manic / ALL OTHERS: felt much more excited and full of energy than usual and your mind went too fast). (READ SLOWLY) People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being (IF *SC90 EQUALS ‘1’: happy or excited / ALL OTHERS: excited and full of energy)?

YES ................................................. 1   GO TO *M9
NO..................................................  5   GO TO *M48
DON’T KNOW ................................... 8   GO TO *M48
REFUSED ......................................... 9   GO TO *M48

*M5.* Earlier in the interview you mentioned having times lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. (READ SLOWLY) People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?

YES ........................................... 1   GO TO *M9
NO .................................................. 5
DON’T KNOW .............................. 8
REFUSED ......................................... 9

*M5a. INTERVIEWER CHECKPOINT (SEE *D26x)*

IF *D26x EQUALS ‘1’ .................................................. 1   GO TO *IR71
ALL OTHERS .................................................. 2   GO TO *IR1 INTRO 1

*M9.* How much did these episodes ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL ........................................... 1   GO TO *IR71
A LITTLE ............................................ 2   GO TO *IR71
SOME ................................................. 3
A LOT ................................................. 4
EXTREMELY ........................................ 5
DON’T KNOW .............................. 8
REFUSED ......................................... 9

*M9a. How often during these episodes were you unable to carry out your normal daily activities – often, sometimes, rarely, or never?*

OFTEN .............................................. 1
SOMETIMES ..................................... 2
RARELY .......................................... 3
NEVER ............................................. 4
DON’T KNOW .............................. 8
REFUSED ......................................... 9
*M9b. Did other people say anything or worry about the way you were acting?

YES..............................................1
NO..................................................5
DON’T KNOW.................................8
REFUSED........................................9

*M18. Think of the very first time in your life you had an episode lasting four days or longer when you became very (IF *SC90 EQUALS ‘1’: happy or excited / IF *SC68.5 EQUALS ‘1’: excited and full of energy / IF *M5 EQUALS ‘1’: irritable or grouchy). Can you remember your exact age?

YES..............................................1
NO..................................................5  GO TO *M18b
DON’T KNOW.................................8  GO TO *M18b
REFUSED........................................9  GO TO *M18b

*M18a. (IF NEC: How old were you?)

____________YEARS OLD  GO TO *M18c

DON’T KNOW..........................998  GO TO *M18c
REFUSED.................................999  GO TO *M18c

*M18b. About how old were you the first time you had an episode of this sort?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

____________YEARS OLD

BEFORE STARTED SCHOOL...................4
BEFORE TEENAGER............................12
NOT BEFORE TEENAGER......................13
WHOLE LIFE OR DON’T KNOW...............998
REFUSED...........................................999

*M18c. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS.......................1
OUT OF THE BLUE..............................2
DON’T REMEMBER............................5
DON’T KNOW....................................998
REFUSED...........................................999

*M18d. About how long did that episode go on?

____________NUMBER

CIRCLE UNIT OF TIME: DAYS......1  WEEKS.......2  MONTHS......3  YEARS.......4

DON’T KNOW.................................98
REFUSED........................................99

2
*M19. Did you have one of these episodes at any time in the past 12 months?

YES .................................. 1
NO ..................................... 5  GO TO *M19d
DON’T KNOW ..................... 8  GO TO *M19d
REFUSED ........................... 9  GO TO *M19d

*M19a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH .................................. 1
2-6 MONTHS AGO ....................... 2
MORE THAN 6 MONTHS AGO ........... 3
DON’T KNOW ........................... 8
REFUSED ................................. 9

*M19b. How many episodes of being (IF *SC90 EQUALS ‘1’: happy or excited / IF *SC68.5 EQUALS ‘1’: excited and full of energy / IF *M5 EQUALS ‘1’: irritable or grouchy) did you have in the past 12 months?

____________ NUMBER
DON’T KNOW .........................998
REFUSED ...............................999

*M19c. How many weeks in the past 12 months were you in (this episode/one of these episodes)

____________ NUMBER  GO TO *M20
DON’T KNOW .........................998  GO TO *M20
REFUSED ...............................999  GO TO *M20

*M19d. How old were you the last time you had one of these episodes?

____________ YEARS OLD
DON’T KNOW .........................998
REFUSED ...............................999

*M20. How many episodes of being (IF *SC90 EQUALS ‘1’: happy or excited / IF *SC68.5 EQUALS ‘1’: excited and full of energy / IF *M5 EQUALS ‘1’: irritable or grouchy) lasting a full week or longer have you ever had in your life?

____________ NUMBER
DON’T KNOW .........................998
REFUSED ...............................999

*M21. How many episodes lasting less than one week have you ever had in your life?

____________ NUMBER
DON’T KNOW .........................998
REFUSED ...............................999
*M22. How long was the longest episode you ever had?

____________ NUMBER

CIRCLE UNIT OF TIME: DAYS ... 1 WEEKS ... 2 MONTHS ... 3 YEARS ... 4

DON’T KNOW .......... 998
REFUSED ............... 999

*M23. How many different years in your life did you have at least one episode?

____________ YEARS

DON’T KNOW .......... 998
REFUSED ............... 999

*M47. Did you receive professional treatment for your episode(s) of being very (IF *SC90 EQUALS ‘1’: happy or excited / IF *SC68.5 EQUALS ‘1’: excited and full of energy / IF *M5 EQUALS ‘1’: irritable or grouchy) at any time in the past 12 months?

YES ................................................................................................. 1
NO ................................................................................................. 5
DON’T KNOW ................................................................................. 8
REFUSED ......................................................................................... 9

GO TO *IR71


*D26x EQUALS ‘1’ ......................................................................................... 1 GO TO *IR71
*SC68.2 EQUALS ‘1’ ..................................................................................... 2 GO TO *IR1 INTRO 2
*SC93 EQUALS ‘1’ ......................................................................................... 3 GO TO *IR1 INTRO 2
ALL OTHERS ............................................................................................. 4 GO TO *IR71
**IR1 INTRO 1.**  
Other problems that often occur during episodes of feeling irritable or grouchy include things like changes in sleep, appetite, energy, the ability to concentrate and remember, and feelings of low self-worth. Did you ever have any of these problems during one of your episodes of being very irritable?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
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<tbody>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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**IR1 INTRO 2.**  
Earlier in the interview, you mentioned having episodes that lasted several days or longer when most of the day you were very irritable, grouchy, or in a bad mood. People with episodes of this sort often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, and feelings of low self-worth. Did you ever have any of these problems during one of your episodes of being very irritable?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
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<tbody>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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**IR2.** Did you ever have one of these episodes of being very irritable or grouchy and some of these other problems that lasted most of the day, nearly every day for a period of two weeks or longer?

<table>
<thead>
<tr>
<th>YES</th>
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<tbody>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
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</table>

**IR2a.** What is the longest number of days in a row you ever had when you were very irritable and had some of these other problems most of the day?

IF VOL “LESS THAN ONE DAY,” CODE 0

<table>
<thead>
<tr>
<th>NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**IR3.** INTERVIEWER CHECKPOINT: (SEE *IR2a)

DURATION OF 3 DAYS OR LONGER ................................... 1
ALL OTHERS ............................................................. 2  GO TO *IR71

**IR4.** Did you ever have a year or more in your life when just about every month you were very irritable or grouchy and had some of these other problems for several days or more in a row?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>
*IR10. How much did your irritability and these other problems ever interfere with either your work, your social life, or your personal relationships— not at all, a little, some, a lot, or extremely?

NOT AT ALL.........................1   **GO TO ***IR11
A LITTLE.........................2
SOME.............................3
A LOT............................4
EXTREMELY....................5
DON'T KNOW..................8
REFUSED.......................9

*IR10a. How often were you unable to carry out your daily activities because of your irritability and other problems – often, sometimes, rarely, or never?

OF TEN ..........................1
SOMETIMES....................2
RARELY..........................3
NEVER..........................4
DON'T KNOW.................8
REFUSED.......................9

*IR11. During those times, did your irritability usually last less than 1 hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours a day?

LESS THAN ONE HOUR ..........1  **GO TO ***IR71
1 – 3 HOURS .......................2
3 – 5 HOURS .......................3
MORE THAN 5 HOURS ............4
DON’T KNOW..................8
REFUSED.......................9

*IR11.1. How severe was your irritability during those times -- mild, moderate, severe, or very severe?

MILD...............................1
MODERATE..........................2
SEVERE............................3
VERY SEVERE....................4
DON’T KNOW..................8
REFUSED.......................9

*IR11.2. How often, during that time, were you so irritable or grouchy that nothing could get you into a good mood -- often, sometimes, rarely, or never?

OF TEN ..........................1
SOMETIMES....................2
RARELY..........................3
NEVER..........................4
DON’T KNOW.................8
REFUSED.......................9

*IR11.4. INTERVIEWER CHECKPOINT: (SEE *IR10, *IR10a, *IR11.1, *IR11.2)

*IR10 EQUALS ‘3’ - ‘5’ OR *IR10a EQUALS ‘1’ - ‘3’ OR
*IR11.1 EQUALS ‘2’ - ‘4’ OR *IR11.2 EQUALS ‘1’ - ‘3’ ..............................1
ALL OTHERS ............................2  **GO TO ***IR71
*IR20. Think of the very first time in your life you had several days or longer when you were irritable or grouchy and also had some other problems like changes in sleep, appetite, energy or concentration most of the day nearly every day. Can you remember your exact age that first time?

YES .................................................1
NO...................................................5
DON'T KNOW .................................8
REFUSED ..........................................9
GO TO *IR20b

*IR20a. (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *IR20c
DON'T KNOW........998  GO TO *IR20c
REFUSED.................999  GO TO *IR20c

*IR20b. About how old were you (the first time you had an episode of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________ YEARS OLD
BEFORE STARTED SCHOOL ................. 4
BEFORE TEENAGER ......................... 12
NOT BEFORE TEENAGER .................... 13
DON'T KNOW................................. 998
REFUSED........................................... 999

*IR20c. Was that first time brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS....................... 1
OUT OF THE BLUE............................... 2
DON'T REMEMBER......................... 5
DON'T KNOW................................. 998
REFUSED........................................... 999

*IR20d. About how long did that first time go on?

__________ NUMBER

CIRCLE UNIT OF TIME:  DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4
DON'T KNOW................................. 98
REFUSED........................................... 99

*IR21. Did you have a time of being very irritable or grouchy lasting (*IR4 EQUALS ‘1’: several days/ ALL OTHERS: two weeks) or longer in the past 12 months?

YES.................................................1
NO..................................................5
DON'T KNOW .................................8
REFUSED ..........................................9
GO TO *IR21e
*IR21a. INTERVIEWER INSTRUCTION: (SEE 12-MONTH CALENDAR)

INTERVIEWER: LABEL A ROW ON THE 12-MONTH CALENDER “IRRITABLE AND GROUCHY” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS:

When I use the word “episode” in the next questions, I mean a time lasting (several days/2 weeks) or longer when nearly every day you were irritable or grouchy and also had some other problems with things like your sleep, appetite, energy, or ability to concentrate. With that definition in mind, I want you to put an “X” in the box for each month in the past year when you had an episode of being irritable or grouchy and some of the other problems. Tell me when you’re finished.

*IR21b. About how many days out of 365 in the past year were you in an episode of being irritable or grouchy?

___________ DAYS  GO TO *IR3
DON’T KNOW.................998  GO TO *IR3
REFUSED..................999  GO TO *IR3

*IR21c. How old were you the last time you had one of these episodes?

___________ YEARS OLD
DON’T KNOW.................998
REFUSED..................999

*IR35. About how many episodes of being irritable or grouchy lasting (IF *IR4 EQUALS ‘1’; several days or longer/ALL OTHERS: two weeks or longer) have you ever had in your life?

___________ NUMBER
DON’T KNOW............... 998
REFUSED.................... 999

*IR36. INTERVIEWER CHECKPOINT: (SEE *IR35)

*IR35 EQUALS ‘1’ ................................................. 1  GO TO *IR70
ALL OTHERS...................................................... 2

*IR38. How long did the longest of these episodes last?

___________ NUMBER
CIRCLE UNIT OF TIME: DAYS...... 1  WEEKS ...... 2  MONTHS...... 3  YEARS...... 4
DON’T KNOW............... 998
REFUSED.................... 999
**IR39.** How many different years in your life did you have at least one episode of being irritable (IF *IR4* EQUALS ‘1’: nearly every month? ALL OTHERS: that lasted two weeks or longer)?

______________ YEARS

DON’T KNOW...................... 998
REFUSED............................ 999

**IR47.** INTERVIEWER CHECKPOINT: (SEE *IR4, IR39*)

*IR4* EQUALS ‘1’ AND *IR39* EQUALS ‘1’.................. 1  GO TO *IR70
ALL OTHERS.................................................. 2

**IR48.** INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)

Looking at the calendar, I want you to tell me for each year since (NCS1 YEAR) when you had an episode of being irritable or grouchy (lasting two weeks or longer/ lasting several days or long just about every month).

LIST THE YEARS WITH A FINAL CODE FOR NONE OF THE YEARS (MULTIPLE CHOICE FORMAT)

**IR70.** Did you receive professional treatment for your irritability or related problems at any time in the past 12 months?

YES........................................ 1
NO.......................................... 5
DON’T KNOW...................... 8
REFUSED.............................. 9

**IR71.** INTERVIEWER CHECKPOINT (SEE *SC67, SC67a, SC68, SC68a, SC68b, SC72, SC72a, SC72b, SC74, SC74a, SC76, SC77a- SC77f, SC80, SC84, SC86, SC88): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC67* EQUALS ‘1’.................................................................1  GO TO *PD1 INTRO 1
*SC67a* EQUALS ‘1’............................................................2  GO TO *PD1 INTRO 2
*SC80* EQUALS ‘1’...............................................................3  GO TO *PD1 INTRO 1
*SC77a-SC77f* EQUALS ‘1’..................................................4  GO TO *SP1
*SC74* EQUALS ‘1’ OR *SC74a* EQUALS ‘1’ OR *SC86* EQUALS ‘1’.........5  GO TO *SO1
*SC76* EQUALS ‘1’.................................................................6  GO TO *AG1
*SC88* EQUALS ‘1’.................................................................7  GO TO *AG1
*SC72* EQUALS ‘1’.................................................................8  GO TO *G1 INTRO 1
*SC72a* EQUALS ‘1’.............................................................9  GO TO *G1 INTRO 2
*SC72b* EQUALS ‘1’............................................................10  GO TO *G1 INTRO 3
*SC84* EQUALS ‘1’...............................................................11  GO TO *G1 INTRO 3
*SC68* EQUALS ‘1’..............................................................12  GO TO *IED1
*SC68a* EQUALS ‘1’..........................................................13  GO TO *IED3 INTRO 4
*SC68b* EQUALS ‘1’..........................................................14  GO TO *IED3 INTRO 5
ALL OTHERS..........................................................15  GO TO *SD1
**PANIC DISORDER**

<table>
<thead>
<tr>
<th>*<em>SKIP TO <em>PD2 AFTER FOUR “YES” RESPONSES</em></em></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
<th><strong>DK</strong></th>
<th><strong>RF</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>PD1a. Did your heart pound or race? (KEY PHRASE: heart racing)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1b. Were you short of breath? (KEY PHRASE: being short of breath)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1c. Did you have nausea or discomfort in your stomach? (KEY PHRASE: having nausea)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1d. Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1e. Did you sweat? (KEY PHRASE: sweating)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1f. Did you tremble or shake? (KEY PHRASE: trembling)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1g. Did you have a dry mouth? (KEY PHRASE: having a dry mouth)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1h. Did you feel like you were choking? (KEY PHRASE: choking)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1i. Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1j. Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1k. Did you feel that you were “not really there”, like you were watching a movie of yourself? (KEY PHRASE: feeling unreal)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1l. Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling that things around you were unreal)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1m. Were you afraid that you might pass out? (KEY PHRASE: fearing that you might pass out)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1n. Were you afraid that you might die? (KEY PHRASE: fearing that you might die)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1o. Did you have hot flushes or chills? (KEY PHRASE: having hot flushes)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>PD1p. Did you have numbness or tingling sensations? (KEY PHRASE: having numbness)</em>*</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*PD2. INTERVIEWER CHECKPOINT: (SEE *PD1 SERIES)

ZERO TO THREE RESPONSES CODED ‘1’......................1  GO TO *PD30
ALL OTHERS.........................................................2

*PD3. During your attacks did the problems like (PARENTHEtical Phrase of First Three Yes Responses in *PD1 Series) begin suddenly and reach their peak within ten minutes after the attacks began?

YES .................................................1
(IF VOL) SOMETIMES .................3
NO...................................................5  GO TO *PD30
DON’T KNOW ..............................8  GO TO *PD30
REFUSED............................................9  GO TO *PD30

*PD4. About how many of these sudden attacks have you had in your entire lifetime?

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900.......................................... 900
IF R REPORTS “MORE THAN I CAN REMEMBER” .......... 995
DON’T KNOW ........................................... 998
REFUSED......................................................... 999

*PD5. INTERVIEWER CHECKPOINT: (SEE *PD4)

*PD4 EQUALS ‘1’ ...........................................1
ALL OTHERS...............................................2  GO TO PD9

*PD6. When did the attack occur – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH ............................................. 1  GO TO *PD8
TWO TO SIX MONTHS ..............................2  GO TO *PD8
SEVEN TO TWELVE MONTHS ..........3  GO TO *PD8
MORE THAN TWELVE MONTHS ......4
DON’T KNOW ........................................... 8
REFUSED................................................. 9

*PD7. Can you remember your exact age when the attack occurred?

YES................................. 1
NO........................................ 5  GO TO *PD7b
DON’T KNOW .............. 8  GO TO *PD7b
REFUSED............... 9  GO TO *PD7b
*PD7a. (IF NEC: How old were you?)

_______ YEARS OLD  GO TO *PD8

DON’T KNOW.................998  GO TO *PD8
REFUSED .....................999  GO TO *PD8

*PD7b. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_______ YEARS OLD

BEFORE STARTED SCHOOL...............4
BEFORE TEENAGER........................12
NOT BEFORE TEENAGER.....................13
WHOLE LIFE OR DON’T KNOW...............998
REFUSED ............................................999

*PD8. Attacks of this sort can occur in three different situations. The first are when the attacks occur unexpectedly “out of the blue.” The second are when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third are when a person is in real danger, like a car accident or a bank robbery.

Which of these three describes your attack – did it occur unexpectedly “out of the blue,” in a situation that you strongly fear, or in a situation of real danger?

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS, CODE “REAL DANGER.”

OUT OF THE BLUE ......................1
STRONG FEAR...........................2
REAL DANGER............................3
DON’T KNOW.........................8
REFUSED ..................................9

GO TO *PD30

*PD9. Can you remember your exact age the very first time you had one of these attacks?

YES..................................1
NO ......................................5  GO TO *PD9b
DON’T KNOW.......................8  GO TO *PD9b
REFUSED.............................9  GO TO *PD9b

*PD9a. (IF NEC: How old were you?)

_______ YEARS OLD  GO TO *PD13

DON’T KNOW.........................998  GO TO *PD13
REFUSED...............................999  GO TO *PD13
*PD9b. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_________ YEARS OLD

BEFORE STARTED SCHOOL.................................4
BEFORE TEENAGER...........................................12
NOT BEFORE TEENAGER.................................13
WHOLE LIFE OR DON’T KNOW..........................998
REFUSED..........................................................999

<table>
<thead>
<tr>
<th>*PD13. After having one of these attacks, did you ever have any of the following experiences:</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PD13a. A month or more when you often worried that you might have another attack?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PD13b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PD13c. A month or more when you changed your everyday activities because of the attacks?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>PD13d. A month or more when you avoided certain situations because of fear about having another attack?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*PD14. INTERVIEWER CHECKPOINT: (SEE *PD13a-d)

AT LEAST ONE RESPONSE CODED ‘1’..........................1
ALL OTHERS.........................................................2  GO TO *PD17

*PD15. How old were you the first time you had a month when you either often worried, changed your everyday activities, or avoided certain situations because of the attacks?

_________ YEARS OLD

DON’T KNOW...............................998
REFUSED.................................999
Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly “out of the blue.” The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery.

The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly “out of the blue?”

YES .................................................1
NO...................................................5 GO TO *PD18
DON’T KNOW ...............................8 GO TO *PD18
REFUSED.............................9 GO TO *PD18

*PD17a. About how many attacks in your lifetime occurred unexpectedly “out of the blue?”

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900.................................900
IF R REPORTS “MORE THAN I CAN REMEMBER” ......995
DON’T KNOW .............................................................................. 998
REFUSED .............................................................................. 999

*PD18. About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900.................................900
IF R REPORTS “MORE THAN I CAN REMEMBER” ......995
DON’T KNOW .............................................................................. 998
REFUSED .............................................................................. 999

*PD19. About how many attacks in your lifetime occurred in situations where you were in real danger?

_________ NUMBER OF ATTACKS

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE “REAL DANGER.”

*PD20. INTERVIEWER CHECKPOINT: (SEE *PD17)

*PD17 EQUALS ‘1’.................................1
ALL OTHERS.........................2 GO TO *PD30
*PD21. How old were you (when you had the attack/the first time you had an attack) “out of the blue” for no obvious reason?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________ YEARS OLD

BEFORE STARTED SCHOOL..............................4
BEFORE TEENAGER ..........................................12
NOT BEFORE TEENAGER .....................................13
WHOLE LIFE OR DON’T KNOW .........................998
REFUSED ......................................................999

*PD22. How much did (this/these) unexpected “out of the blue” attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL ....................................................1
A LITTLE ......................................................2
SOME ..........................................................3
A LOT ..........................................................4
EXTREMELY ..................................................5
DON’T KNOW ..............................................8
REFUSED .....................................................9

*PD23. INTERVIEWER CHECKPOINT: (SEE *PD17a)

*PD17a EQUALS ‘1’ ................................................1  GO TO *PD30
ALL OTHERS .....................................................2

*PD25a. Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks ever occurred as the result of such physical causes?

YES ......................................................1
NO .......................................................5  GO TO *PD26
DON’T KNOW .........................8  GO TO *PD26
REFUSED .................................9  GO TO *PD26

*PD25b. Do you think all of your attacks were the result of physical causes?

YES ......................................................1
NO .......................................................5  GO TO *PD26
DON’T KNOW .........................8  GO TO *PD26
REFUSED .................................9  GO TO *PD26
*PD25c. Briefly, what were the physical causes?


*PD26. Did you have an unexpected “out of the blue” attack at any time in the past 12 months?

YES................................. 1

NO ....................................... 5  GO TO *PD28

DON'T KNOW............... 8  GO TO *PD28

REFUSED......................... 9  GO TO *PD28


*PD27. INTERVIEWER INSTRUCTION: (SEE 12-MONTH CALENDAR)

Think about the past year from [MONTH OF IW, 2000] to [MONTH OF IW 2001]. I want you to tell me each month in the past year month when you had at least one attack.

ENTER ALL THAT APPLY

JANUARY .................................1

FEBRUARY ...............................2

MARCH .................................3

APRIL .................................4

MAY .................................5

JUNE .................................6

JULY .................................7

AUGUST ...............................8

SEPTEMBER..........................9

OCTOBER..........................10

NOVEMBER..........................11

DECEMBER..........................12

NONE OF THE MONTHS.........13  GO TO PD28

FOR THE EACH MONTH MENTIONED IN PD27, ASK THE APPROPRIATE FOLLOW –UP QUESTION ABOUT THE NUMBER OF ATTACKS.

*PD27.1 Can you estimate the attacks you had in January?

*PD27.2 Can you estimate the attacks you had in February?

*PD27.3 Can you estimate the attacks you had in March?

*PD27.4 Can you estimate the attacks you had in April?

*PD27.5 Can you estimate the attacks you had in May?

*PD27.6 Can you estimate the attacks you had in June?
*PD27.7 Can you estimate the attacks you had in July?

*PD27.8 Can you estimate the attacks you had in August?

*PD27.9 Can you estimate the attacks you had in September?

*PD27.10 Can you estimate the attacks you had in October?

*PD27.11 Can you estimate the attacks you had in November?

*PD27.12 Can you estimate the attacks you had in December?

---

*PD28. INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)

(If *PD26 equals ‘1’): Now I want you to think about these attacks over the past decade. Looking at the calendar, I want you to tell me each year in the past 10 years when you had at least one attack.

(If *PD26 not equal ‘1’): Looking at the calendar, I want you to tell me each year in the past 10 years when you had at least one attack.

ENTER ALL THAT APPLY

1990.................................................1
1991.................................................2
1992.................................................3
1993.................................................4
1994.................................................5
1995.................................................6
1996.................................................7
1997.................................................8
1998.................................................9
1999.................................................10
2000.................................................11
2001.................................................12
NONE OF THE YEARS.................97 GO TO PD29

FOR THE EACH YEAR MENTIONED IN PD28, ASK THE APPROPRIATE FOLLOW–UP QUESTION ABOUT THE NUMBER OF ATTACKS.

*PD28.1 Can you estimate the attacks you had in 1990?

*PD28.2 Can you estimate the attacks you had in 1991?

*PD28.3 Can you estimate the attacks you had in 1992?

*PD28.4 Can you estimate the attacks you had in 1993?

*PD28.5 Can you estimate the attacks you had in 1994?

*PD28.6 Can you estimate the attacks you had in 1995?

*PD28.7 Can you estimate the attacks you had in 1996?

*PD28.8 Can you estimate the attacks you had in 1997?
* PD28.9 Can you estimate the attacks you had in 1998?

* PD28.10 Can you estimate the attacks you had in 1999?

* PD28.11 Can you estimate the attacks you had in 2000?

* PD28.12 Can you estimate the attacks you had in 2001?
*PD29. Did you receive professional treatment for your attacks at any time in the past 12 months?

YES .................................. 1
NO .................................... 5
DON'T KNOW ............ 8
REFUSED .................... 9

ENDORSED ITEM.

*SC77a-*SC77f EQUALS ‘1’.................................................................1 GO TO *SP1
*SC74 EQUALS ‘1’ OR *SC74a EQUALS ‘1’ OR *SC86 EQUALS ‘1’ ..........2 GO TO *SO1
*SC76 EQUALS ‘1’ ...........................................................................3 GO TO *AG1
*SC88 EQUALS ‘1’ ...........................................................................4 GO TO *AG1
*SC72 EQUALS ‘1’ ...........................................................................5 GO TO *G1 INTRO 1
*SC72a EQUALS ‘1’ .........................................................................6 GO TO *G1 INTRO 2
*SC72b EQUALS ‘1’ .........................................................................7 GO TO *G1 INTRO 3
*SC84 EQUALS ‘1’ .........................................................................8 GO TO *G1 INTRO 3
*SC68 EQUALS ‘1’ .........................................................................9 GO TO *IED1
*SC68a EQUALS ‘1’ ..............................................................10 GO TO *IED3 INTRO 4
*SC68b EQUALS ‘1’ ..............................................................11 GO TO *IED3 INTRO 5
ALL OTHERS ...........................................................................12 GO TO *SD1
**SP1.** INTERVIEWER: (SEE *SC77a-f)
CIRCLE # IF GROUP WAS ENDORSED

<table>
<thead>
<tr>
<th>Group 1: ANIMALS</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 2: STILL WATER OR WEATHER EVENTS</td>
<td>2</td>
</tr>
<tr>
<td>Group 3: BLOOD, INJURIES, OR MEDICAL EXPERIENCES</td>
<td>3</td>
</tr>
<tr>
<td>Group 4: CLOSED SPACES</td>
<td>4</td>
</tr>
<tr>
<td>Group 5: HIGH PLACES</td>
<td>5</td>
</tr>
<tr>
<td>Group 6: FLYING</td>
<td>6</td>
</tr>
</tbody>
</table>

**SP2.** INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO FIRST CIRCLED GROUP ON GRID *SP1 AND FOLLOW SKIP

GROUP 1 ..................... 1   GO TO *SP3
GROUP 2 ..................... 2   GO TO *SP5
GROUP 3 ..................... 3   GO TO *SP7
GROUP 4 ..................... 4   GO TO *SP9
GROUP 5 ..................... 5   GO TO *SP11
GROUP 6 ..................... 6   GO TO *SP13
**GROUP 1**

[KEY PHRASE = ANIMALS]

<table>
<thead>
<tr>
<th>*SP3.</th>
<th>Earlier you mentioned being a lot more afraid than most people of bugs, snakes or other animals. How old were you the very first time you had a fear of some type of animal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ YEARS OLD</td>
<td></td>
</tr>
<tr>
<td>BEFORE STARTED SCHOOL..... 4</td>
<td></td>
</tr>
<tr>
<td>BEFORE TEENAGER............. 12</td>
<td></td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER........... 13</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW..................... 998</td>
<td></td>
</tr>
<tr>
<td>REFUSED.......................... 999</td>
<td></td>
</tr>
</tbody>
</table>

| IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” |
| PROBE: Was it before you first started school? |
| IF NOT YES, PROBE: Was it before you were a teenager? |

<table>
<thead>
<tr>
<th>*SP3a.</th>
<th>Was there ever a time when you almost always became very upset or anxious whenever you were faced with (ANIMAL/the type of animal that scared you most)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..................... 1</td>
<td></td>
</tr>
<tr>
<td>NO ..................... 5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW............. 8</td>
<td></td>
</tr>
<tr>
<td>REFUSED............... 999</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SP3b.</th>
<th>Did you ever avoid situations where you might have even a small chance of seeing (ANIMAL/this type of animal) whenever you could because of your fear?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...... 1</td>
<td></td>
</tr>
<tr>
<td>NO ........... 5 GO TO *SP3d</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW......... 8 GO TO *SP3d</td>
<td></td>
</tr>
<tr>
<td>REFUSED .......... 999</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SP3c.</th>
<th>How old were you when you first avoided situations where you might see (ANIMAL/animals)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ YEARS OLD</td>
<td></td>
</tr>
<tr>
<td>BEFORE STARTED SCHOOL..... 4</td>
<td></td>
</tr>
<tr>
<td>BEFORE TEENAGER............. 12</td>
<td></td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER........... 13</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW..................... 998</td>
<td></td>
</tr>
<tr>
<td>REFUSED.......................... 999</td>
<td></td>
</tr>
</tbody>
</table>

| IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” |
| PROBE: Was it before you first started school? |
| IF NOT YES, PROBE: Was it before you were a teenager? |

<table>
<thead>
<tr>
<th>*SP3d.</th>
<th>INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP3a OR *SP3b OR BOTH?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................... 1</td>
<td></td>
</tr>
<tr>
<td>NO .................... 5 GO TO *SP4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SP3e.</th>
<th>Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................... 1</td>
<td></td>
</tr>
<tr>
<td>NO .................... 5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW............. 8</td>
<td></td>
</tr>
<tr>
<td>REFUSED............... 999</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SP3f.</th>
<th>When was the last time you either strongly feared or avoided (ANIMAL/this type of animal) – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST MONTH............... 1 GO TO *SP4</td>
<td></td>
</tr>
<tr>
<td>2 AND 6 MONTHS AGO .............. 2 GO TO *SP4</td>
<td></td>
</tr>
<tr>
<td>7 AND 12 MONTHS AGO ............ 3 GO TO *SP4</td>
<td></td>
</tr>
<tr>
<td>MORE THAN 12 MONTHS AGO......... 4</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW.......................... 8</td>
<td></td>
</tr>
<tr>
<td>REFUSED............................ 999</td>
<td></td>
</tr>
</tbody>
</table>

| GO TO *SP4 |
**SP3g.** How old were you the last time you either strongly feared or avoided (ANIMAL/this type of animal)?

<table>
<thead>
<tr>
<th></th>
<th>__________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

**SP4.** INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP

GROUP 2................. 2   GO TO *SP5
GROUP 3.................. 3   GO TO *SP7
GROUP 4................... 4   GO TO *SP9
GROUP 5................... 5   GO TO *SP11
GROUP 6................... 6   GO TO *SP13
ALL OTHERS.............. 7   GO TO *SP14

---

**GROUP 2**

**[KEY PHRASE = STORMS OR STILL WATER]**

**SP5.** (Earlier you/You also) mentioned being a lot more afraid than most people of either being in storms or in still water. How old were you the very first time you had this fear?

<table>
<thead>
<tr>
<th></th>
<th>__________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED SCHOOL</td>
<td>4</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
<td>12</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER</td>
<td>13</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

**SP5a.** Was there ever a time when you almost always became very upset or anxious whenever you were faced with the situation like this that scared you most?

<table>
<thead>
<tr>
<th></th>
<th>YES ..................... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO .................. 5</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW .............. 8</td>
<td></td>
</tr>
<tr>
<td>REFUSED .............. 9</td>
<td></td>
</tr>
</tbody>
</table>

**SP5b.** Did you ever avoid situations where you could be in a storm or still water whenever you could because of your fear?

<table>
<thead>
<tr>
<th></th>
<th>YES ....... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ........... 5</td>
<td>GO TO *SP5d</td>
</tr>
<tr>
<td>DON’T KNOW ... 8</td>
<td>GO TO *SP5d</td>
</tr>
<tr>
<td>REFUSED ........ 9</td>
<td>GO TO *SP5d</td>
</tr>
</tbody>
</table>

**SP5c.** How old were you when you first started avoiding these situations?

<table>
<thead>
<tr>
<th></th>
<th>__________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED SCHOOL</td>
<td>4</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
<td>12</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER</td>
<td>13</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

**SP5d.** INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP5a OR *SP5b OR BOTH?

<table>
<thead>
<tr>
<th></th>
<th>YES ..................... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ........... 5</td>
<td>GO TO *SP5d</td>
</tr>
<tr>
<td>DON’T KNOW ... 8</td>
<td>GO TO *SP5d</td>
</tr>
<tr>
<td>REFUSED ........ 9</td>
<td>GO TO *SP5d</td>
</tr>
</tbody>
</table>

---
*SP5e. Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?

YES ................................. 1
NO ................................. 5
DON'T KNOW ..................... 8
REFUSED ............................ 9

*SP5f. When was the last time you either strongly feared or avoided storms or still water – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH ................. 1  GO TO *SP6
2 AND 6 MONTHS AGO ............. 2  GO TO *SP6
7 AND 12 MONTHS AGO .......... 3  GO TO *SP6
MORE THAN 12 MONTHS AGO ... 4
DON'T KNOW ......................... 8
REFUSED ............................. 9  GO TO *SP6

*SP5g. How old were you the last time you either strongly feared or avoided storms or still water?

____________ YEARS OLD

DON'T KNOW .............. 998
REFUSED ..................... 999

*SP6. INTERVIEWER CHECKPOINT: (SEE *SP1)
GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP

GROUP 3 ....................... 3  GO TO *SP7
GROUP 4 ....................... 4  GO TO *SP9
GROUP 5 ....................... 5  GO TO *SP11
GROUP 6 ....................... 6  GO TO *SP13
ALL OTHERS .................... 7  GO TO *SP14

GROUP 3
[KEY PHRASE = BLOOD, INJURIES, OR MEDICAL EXPERIENCES]

*SP7. (Earlier you/ You also) mentioned being a lot more afraid than most people of going to a doctor or a dentist or a hospital, getting a shot or injection, or seeing blood or injury. How old were you the very first time you had this fear?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

______ YEARS OLD
BEFORE STARTED SCHOOL ..... 4
BEFORE TEENAGER ............... 12
NOT BEFORE
TEENAGER ........................... 13
DON'T KNOW ....................... 998
REFUSED ............................ 999

*SP7a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with any of these things?

YES ......................... 1
NO ............................. 5
DON'T KNOW .............. 8
REFUSED ........................ 9

*SP7b. Did you ever avoid any of these things whenever you could because of your fear?

YES ....... 1
NO ......... 5  GO TO *SP7d
DON'T KNOW ............ 8  GO TO *SP7d
REFUSED .................... 9  GO TO *SP7d
<table>
<thead>
<tr>
<th>SP7c.</th>
<th>How old were you when you first avoided any of these situations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”</td>
<td>________ YEARS OLD</td>
</tr>
<tr>
<td>PROBE: Was it before you first started school?</td>
<td>BEFORE STARTED SCHOOL .....4</td>
</tr>
<tr>
<td>IF NOT YES, PROBE: Was it before you were a teenager?</td>
<td>BEFORE TEENAGER .................12</td>
</tr>
<tr>
<td>NOT BEFORE</td>
<td>NOT BEFORE</td>
</tr>
<tr>
<td>TEENAGER ...................................13</td>
<td>DON'T KNOW .........................998</td>
</tr>
<tr>
<td>DON'T KNOW ...............................998</td>
<td>REFUSED ......................................999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SP7d.</th>
<th>INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP7a OR *SP7b OR BOTH?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ....................................1</td>
<td>GO TO *SP8</td>
</tr>
<tr>
<td>NO ......................................5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SP7e.</th>
<th>Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.................................1</td>
<td></td>
</tr>
<tr>
<td>NO .....................................5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW .......................8</td>
<td></td>
</tr>
<tr>
<td>REFUSED .................................9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SP7f.</th>
<th>How often did you faint when you saw blood – all of the time, most of the time, sometimes, rarely, or never?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL OF THE TIME....................... 1</td>
<td></td>
</tr>
<tr>
<td>MOST OF THE TIME...................... 2</td>
<td></td>
</tr>
<tr>
<td>SOMETIMES ................................ 3</td>
<td></td>
</tr>
<tr>
<td>RARELY .................................. 4</td>
<td></td>
</tr>
<tr>
<td>NEVER .................................... 5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW .............................. 8</td>
<td></td>
</tr>
<tr>
<td>REFUSED ................................. 9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SP7g.</th>
<th>When was the last time you either strongly feared or avoided seeing a doctor, getting a shot, or seeing blood – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST MONTH ....................1</td>
<td>GO TO *SP8</td>
</tr>
<tr>
<td>2 AND 6 MONTHS AGO ....................2</td>
<td>GO TO *SP8</td>
</tr>
<tr>
<td>7 AND 12 MONTHS AGO ...................3</td>
<td>GO TO *SP8</td>
</tr>
<tr>
<td>MORE THAN 12 MONTHS AGO ............4</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW .............................8</td>
<td></td>
</tr>
<tr>
<td>REFUSED .................................9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SP7h.</th>
<th>How old were you the last time you either strongly feared or avoided seeing a doctor, getting a shot, or seeing blood?</th>
</tr>
</thead>
<tbody>
<tr>
<td>________ YEARS OLD</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ...............998</td>
<td></td>
</tr>
<tr>
<td>REFUSED .........................999</td>
<td></td>
</tr>
</tbody>
</table>
**GROUP 4**

### [KEY PHRASE = CLOSED SPACES]

| **SP9.** (Earlier you/ You also) mentioned being a lot more afraid than most people of closed spaces, like caves, tunnels, closets, or elevators. How old were you the very first time you had this fear? |  
|------------------------------------------------------------------------------------------------|---|
|  
| IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school? |  
| IF NOT YES, PROBE: Was it before you were a teenager? |  
|  
| _________ YEARS OLD |  
| BEFORE STARTED SCHOOL......4 |  
| BEFORE TEENAGER ...............12 |  
| NOT BEFORE TEENAGER.........................13 |  
| DON’T KNOW .........................998 |  
| REFUSED.................................999 |  

| **SP9a.** Was there ever a time when you almost always became very upset or anxious whenever you were faced with closed spaces? |  
|________________________________________________________________________________________________|---|
|  
| (IF VOL: “IT DEPENDS WHICH CLOSED SPACE,” PROBE: What if you were faced with the closed space that you feared most – in that case, did you almost always become very upset or anxious?) |  
|  
| YES ................................ 1 |  
| NO....................................5 |  
| DON’T KNOW .............. 8 |  
| REFUSED...................... 9 |  

| **SP9b.** Did you ever avoid any of these closed spaces whenever you could because of your fear? |  
|________________________________________________________________________________________________|---|
|  
| YES ...... 1 |  
| NO........ 5 GO TO *SP9c.1 |  
| DON’T KNOW ........ 8 GO TO *SP9c.1 |  
| REFUSED............ 9 GO TO *SP9c.1 |  

| **SP9c.** How old were you when you first avoided closed spaces? |  
|________________________________________________________________________________________________|---|
|  
| IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school? |  
| IF NOT YES, PROBE: Was it before you were a teenager? |  
|  
| _________ YEARS OLD |  
| BEFORE STARTED SCHOOL......4 |  
| BEFORE TEENAGER ...............12 |  
| NOT BEFORE TEENAGER.........................13 |  
| DON’T KNOW .........................998 |  
| REFUSED.................................999 |  

| **SP9c.1.** INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP9a OR *SP9b OR BOTH ? |  
|________________________________________________________________________________________________|---|
|  
| YES ......................... 1 |  
| NO............................. 5 GO TO *SP10 |
*SP9d. Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?

YES ................................ 1
NO ................................. 5  GO TO *SP10
DON’T KNOW .............. 8  GO TO *SP10
REFUSED ..................... 9  GO TO *SP10

Which of the following things did you strongly fear about closed spaces:

(IF NEC: Were you afraid…)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SP9f. That you might be trapped and unable to escape?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SP9g. That you might have a panic attack and be unable to get help?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SP9h. That you might become physically ill and be unable to get help?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SP9i. That you might not be able to breathe?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SP9j. [INTERVIEWER CHECKPOINT: (SEE *SP9f-*SP9i SERIES)]

AT LEAST ONE RESPONSE CODED ‘1’ ... 1  GO TO *SP9l
ALL OTHERS................................................ 5

*SP9k. What was it, then, that you feared most about closed spaces?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

DON’T KNOW ............... 8
REFUSED ..................... 9

*SP9l. When was the last time you either strongly feared or avoided closed spaces – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH ...................... 1  GO TO *SP10
2 AND 6 MONTHS AGO .................... 2  GO TO *SP10
7 AND 12 MONTHS AGO ................... 3  GO TO *SP10
MORE THAN 12 MONTHS AGO ............ 4
DON’T KNOW .................................. 8
REFUSED ..................................... 9  GO TO *SP10

*SP9m. How old were you the last time you either strongly feared or avoided closed spaces?

_____________ YEARS OLD

DON’T KNOW ............... 998
REFUSED ..................... 999
GROUP 5
[KEY PHRASE = HIGH PLACES]

*SP11. (Earlier you/ You also) mentioned being a lot more afraid than most people of high places. How old were you the very first time you had this fear?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>__________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED SCHOOL...... 4</td>
</tr>
<tr>
<td>BEFORE TEENAGER .......... 12</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER ......... 13</td>
</tr>
<tr>
<td>DON'T KNOW ................ 998</td>
</tr>
<tr>
<td>REFUSED .................... 999</td>
</tr>
</tbody>
</table>

*SP11a. Was there ever a time when you almost always became very upset or anxious whenever you were faced with being in a high place?

(IF VOL: “IT DEPENDS WHICH HIGH PLACE,” PROBE: What if you were faced with the high place that you feared most – in that case, did you almost always become very upset or anxious?)

| YES ................................ 1 |
| NO .................................. 5 |
| DON'T KNOW .............. 8 |
| REFUSED .................. 9 |

*SP11b. Did you ever avoid high places whenever you could because of your fear?

| YES ......1 |
| NO ......5 GO TO *SP11d |
| DON'T KNOW .......998 GO TO *SP11d |
| REFUSED ..........999 GO TO *SP11d |

*SP11c. How old were you when you first avoided high places?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>__________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED SCHOOL ...... 4</td>
</tr>
<tr>
<td>BEFORE TEENAGER ........ 12</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER .......... 13</td>
</tr>
<tr>
<td>DON'T KNOW ................ 998</td>
</tr>
<tr>
<td>REFUSED .................... 999</td>
</tr>
</tbody>
</table>

*SP11d. INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP11a OR *SP11b OR BOTH?

| YES ....................... 1 |
| NO ......................... 5 GO TO *SP12 |
*SP11e. Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?

YES................................. 1
NO.................................... 5GO TO *SP12
DON'T KNOW............... 8GO TO *SP12
REFUSED....................... 9GO TO *SP12

Which of the following things did you strongly fear about high places:

(IF NEC: Were you afraid...)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SP11f.</strong> That you might get dizzy and fall?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>SP11g.</strong> That you might jump?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>SP11h.</strong> That you might have a panic attack and be unable to get help?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>SP11i.</strong> That you might become physically ill and be unable to get help?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

*SP11j. INTERVIEWER CHECKPOINT: (SEE *SP11f-*SP11i SERIES)

AT LEAST ONE RESPONSE CODED ‘1’ ... 1 GO TO *SP11
ALL OTHERS .................................................5

*SP11k. What was it, then, that you feared most about high places?

_______________________________________________________________________________
_______________________________________________________________________________

DON'T KNOW .......... 8
REFUSED................. 9

*SP11l. When was the last time you either strongly feared or avoided high places – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH .................1 GO TO *SP12
2 AND 6 MONTHS AGO ...............2 GO TO *SP12
7 AND 12 MONTHS AGO ............3 GO TO *SP12
MORE THAN 12 MONTHS AGO .......4
DON'T KNOW ..............................8
REFUSED .............................9 GO TO *SP12

*SP11m. How old were you the last time you either strongly feared or avoided high places?

_____________ YEARS OLD

DON'T KNOW ...........998
REFUSED ...............999

SP12. INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP

GROUP 6....................6 GO TO *SP13
ALL OTHERS...............7 GO TO *SP14
GROUP 6
[KEY PHRASE = FLYING]

**SP13.** (Earlier you/You also) mentioned being a lot more afraid than most people of flying or airplanes. How old were you the very first time you had this fear?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>_______ YEARS OLD</th>
<th>_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED</td>
<td>SCHOOL</td>
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<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>BEFORE TEENAGER...</td>
<td>12</td>
</tr>
<tr>
<td>NOT BEFORE</td>
<td>TEENAGER</td>
</tr>
<tr>
<td>DON’T KNOW.........</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED ............</td>
<td>999</td>
</tr>
</tbody>
</table>

**SP13a.** Was there ever a time when you almost always became very upset or anxious whenever you were faced with flying?

| YES .................... 1 |
| NO ...................... 5 |
| DON’T KNOW .......... 8 |
| REFUSED .............. 9 |

**SP13b.** Did you ever avoid flying whenever you could because of your fear?

| YES .... 1 |
| NO ...... 5 |
| DON’T KNOW .. 8 |
| REFUSED ...... 9 |

**SP13c.** How old were you when you first avoided flying?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>_______ YEARS OLD</th>
<th>_______</th>
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</thead>
<tbody>
<tr>
<td>BEFORE STARTED</td>
<td>SCHOOL</td>
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<td></td>
<td>4</td>
</tr>
<tr>
<td>BEFORE TEENAGER...</td>
<td>12</td>
</tr>
<tr>
<td>NOT BEFORE</td>
<td>TEENAGER</td>
</tr>
<tr>
<td>DON’T KNOW.........</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED ............</td>
<td>999</td>
</tr>
</tbody>
</table>

**SP13d.** INTERVIEWER: DID R ANSWER “YES” TO *SP13a* OR *SP13b* OR BOTH?

| YES ......................... 1 |
| NO ......................... 5 |
| GO TO *SP14 |

**SP13e.** Do you think this fear was ever excessive, or unreasonable, or much stronger than it should have been?

| YES ......................... 1 |
| NO ......................... 5 |
| DON’T KNOW .............. 8 |
| REFUSED .............. 9 |
| GO TO *SP14 |
Which of the following things did you strongly fear about flying:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SP13f. Being high in the air?</td>
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<tr>
<td>*SP13g. Being in a closed space?</td>
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<tr>
<td>*SP13h. That you might have a panic attack and be unable to get help?</td>
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<tr>
<td>*SP13i. That you might become physically ill and be unable to get help?</td>
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<tr>
<td>*SP13j. That the plane might crash?</td>
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</tr>
<tr>
<td>*SP13k. INTERVIEWER QUERY: DID R ANSWER “YES” TO AT LEAST ONE QUESTION IN THE *SP13f-*SP13j SERIES?</td>
<td></td>
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<tr>
<td>YES .................................. 1</td>
<td></td>
<td></td>
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<tr>
<td>NO .................................... 5</td>
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<tr>
<td>*SP13l. What was it, then, that you feared most about flying?</td>
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<tr>
<td>DON'T KNOW .............. 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ..................... 9</td>
<td></td>
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</tr>
<tr>
<td>*SP13m. When was the last time you either strongly feared or avoided flying – within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>WITHIN PAST MONTH................... 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 AND 6 MONTHS AGO................... 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7 AND 12 MONTHS AGO................... 3</td>
<td></td>
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<tr>
<td>MORE THAN 12 MONTHS AGO........... 4</td>
<td></td>
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</tr>
<tr>
<td>DON’T KNOW.......................... 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................. 9</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*SP13n. How old were you the last time you either strongly feared or avoided flying?</td>
<td></td>
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<tr>
<td>_______________ YEARS OLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ............998</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ............... 999</td>
<td></td>
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</tr>
</tbody>
</table>

*SP14. INTERVIEWER CHECKPOINT: (SEE *SP3e, *SP5e, *SP7e, *SP7f, *SP9d, *SP11e, *SP13e)
*SP16. You had fears of (IF *SP3e* EQUALS ‘1’: animals/ and/ IF *SP5e* EQUALS ‘1’: storms or still water/ and/ IF *SP7e* EQUALS ‘1’ OR *SP7f* EQUALS ‘1’ – ‘3’: blood, injuries, or medical experiences/ and/ IF *SP9d* EQUALS ‘1’: closed spaces/ and/ IF *SP11e* EQUALS ‘1’: high places/ and/ IF *SP13e* EQUALS ‘1’: flying) How much did your fear (or avoidance) of these things ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL....................................1
A LITTLE.......................................2
SOME..............................................3
A LOT..............................................4
EXTREMELY....................................5
DON’T KNOW....................................8
REFUSED.........................................9

*SP17. Was there ever a time in your life when you felt emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of these things?

YES....................................................1
NO......................................................2
DON’T KNOW........................................8
REFUSED..........................................9

*SP18. (RB, PG 6) Think of the time in your life when the fear was most severe. When you were faced with these things or thought you would have to be, did you ever have two or more of the problems on Page 6?

READ LIST BELOW STARTING WITH SP18a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES ...................................1
NO .....................................5
DON’T KNOW .................8
REFUSED .........................9

GO TO *SP21

GO TO *SP21 AFTER TWO “YES” RESPONSES

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SP18a. Did your heart ever pound or race?</td>
<td></td>
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<tr>
<td>*SP18b. Did you sweat?</td>
<td></td>
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<tr>
<td>*SP18c. Did you tremble?</td>
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<tr>
<td>*SP18d. Did you feel sick to your stomach?</td>
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<tr>
<td>*SP18e. Did you have a dry mouth?</td>
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<tr>
<td>*SP18f. Did you have chills or hot flushes?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*SP18g. Did you feel numbness or have tingling sensations?</td>
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<tr>
<td>*SP18h. Did you have trouble breathing normally?</td>
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</tr>
<tr>
<td>*SP18i. Did you feel like you were choking?</td>
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<tr>
<td>*SP18j. Did you have pain or discomfort in your chest?</td>
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</tbody>
</table>
**SP18k.** Did you feel dizzy or faint?  
1  5  8  9

**SP18l.** Were you afraid that you might die?  
1  5  8  9

**SP18m.** Did you ever fear that you might lose control, go crazy, or pass out?  
1  5  8  9

**SP18n.** Did you feel like you were “not really there”, like you were watching a movie of yourself?  
GO TO  
*SP21*

**SP18o.** Did you feel that things around you were unreal or like a dream?  
1  5  8  9

**SP21.** What if you were faced with one of these things today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(If vol “It depends on which thing,” probe: What if you were faced with the thing that scares you most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SP40.** Did you receive professional treatment for your fear at any time in the past 12 months?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SP42.** INTERVIEWER CHECKPOINT (SEE *SC68, SC68a, SC68b, SC72, SC72a, SC72b, SC74, SC74a, SC76, SC84, SC86, SC88): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- *SC74 EQUALS ‘1’ OR *SC74a EQUALS ‘1’ OR *SC86 EQUALS ‘1’.................1 GO TO *SO1
- *SC76 EQUALS ‘1’......................................................................................2 GO TO *AG1
- *SC88 EQUALS ‘1’......................................................................................3 GO TO *AG1
- *SC72 EQUALS ‘1’......................................................................................4 GO TO *G1 INTRO 1
- *SC72a EQUALS ‘1’....................................................................................5 GO TO *G1 INTRO 2
- *SC72b EQUALS ‘1’....................................................................................6 GO TO *G1 INTRO 3
- *SC84 EQUALS ‘1’....................................................................................7 GO TO *G1 INTRO 3
- *SC68 EQUALS ‘1’....................................................................................8 GO TO *IED1
- *SC68a EQUALS ‘1’..................................................................................9 GO TO *IED3 INTRO 4
- *SC68b EQUALS ‘1’.................................................................................10 GO TO *IED3 INTRO 5

All others.................................................................................11 GO TO *SD1
**SOCIAL PHOBIA SECTION (SO)**

**INTERVIEWER INSTRUCTION:** AFTER EACH “YES” RESPONSE, ASK R TO CHECK OFF CORRESPONDING SITUATION IN BOOKLET.

**SO1.** (RB, PG 7) Earlier you mentioned having a time in your life when you felt very shy, afraid, or uncomfortable with other people or in social situations. Looking at page 7 in your booklet, was there ever a time (IF *SC74* EQUALS ‘1’ or *SC74a* EQUALS ‘1’: in your life/ IF *SC86* EQUALS ‘1’: since you were interviewed in (NCS1 YEAR) when you felt shy, afraid, or uncomfortable in the following situations?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>N/A (7)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SO1a.</strong> Meeting new people?</td>
<td></td>
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<tr>
<td><strong>SO1b.</strong> Talking to people in authority?</td>
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<tr>
<td><strong>SO1c.</strong> Speaking up in a meeting or class?</td>
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<tr>
<td>(KEY PHRASE: speaking up at a meeting)</td>
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<tr>
<td><strong>SO1d.</strong> Going to parties or other social gatherings?</td>
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<tr>
<td>(KEY PHRASE: going to parties)</td>
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<tr>
<td><strong>SO1e.</strong> Acting, performing, or giving a talk in front of an audience?</td>
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<tr>
<td>(KEY PHRASE: performing in front of an audience)</td>
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<tr>
<td><strong>SO1f.</strong> Taking an important exam or interviewing for a job, even though you were well prepared?</td>
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<tr>
<td>(KEY PHRASE: taking an important exam)</td>
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<tr>
<td><strong>SO1g.</strong> Working while someone watches?</td>
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<tr>
<td><strong>SO1h.</strong> Entering a room when others are already present?</td>
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<tr>
<td><strong>SO1i.</strong> Talking with people you don’t know very well?</td>
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<tr>
<td><strong>SO1j.</strong> Expressing disagreement to people you didn’t know very well?</td>
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<tr>
<td>(KEY PHRASE: disagreeing with people)</td>
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<tr>
<td><strong>SO1k.</strong> Writing or eating or drinking while someone watches?</td>
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<tr>
<td><strong>SO1l.</strong> Urinating in a public bathroom or using a bathroom away from home?</td>
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<tr>
<td>(KEY PHRASE: using a public bathroom)</td>
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<tr>
<td><strong>SO1m.</strong> Being in a dating situation?</td>
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<tr>
<td>(KEY PHRASE: dating)</td>
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<tr>
<td><strong>SO1n.</strong> Any other social or performance situation where you could be the center of attention or where something embarrassing might happen?</td>
<td></td>
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</tbody>
</table>
**SO2.** INTERVIEWER CHECKPOINT: (SEE *SO1a - *SO1n SERIES)

<table>
<thead>
<tr>
<th>Zero Responses Coded ‘1’</th>
<th>Go To *SO40</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Response Coded ‘1’</td>
<td>Go To *SO3 INTRO1</td>
</tr>
<tr>
<td>Two-Three Responses Coded ‘1’</td>
<td>Go To *SO3 INTRO1</td>
</tr>
<tr>
<td>Four Or More Responses Coded ‘1’</td>
<td>Go To *SO3 INTRO2</td>
</tr>
</tbody>
</table>

**SO3.**  
You had a fear of (KEY PHRASE OF ALL “YES” RESPONSES IN *SO1 SERIES). Can you remember your exact age the very first time you had a fear of (this/ any of these) situation(s)?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
<th>Go To *SO3b</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
<td>Go To *SO3b</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
<td>Go To *SO3b</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
<td>Go To *SO3b</td>
</tr>
</tbody>
</table>

**SO3.**  
You had a fear of a number of social or performance situations on the list. Can you remember your exact age the very first time you had a fear of any of these situations?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
<th>Go To *SO3b</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
<td>Go To *SO3b</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
<td>Go To *SO3b</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
<td>Go To *SO3b</td>
</tr>
</tbody>
</table>

**SO3a.** (IF NEC: How old were you?)

<table>
<thead>
<tr>
<th>________ YEARS OLD</th>
<th>Go To *SO4</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

**SO3b.** About how old were you?

If “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”

PROBE: Was it before you first started school?

If NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>________ YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER</td>
</tr>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**SO4.** Do you think the fear was ever excessive, or unreasonable, or much stronger than it should have been?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
<th>Go To *SO40</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
<td></td>
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</tbody>
</table>

**SO5.** Was there ever a time (IF *SC86 EQUALS ‘1’: since NCS1 YEAR) when you almost always became very shy, upset, or anxious whenever you were faced with (IF *SO2 EQUALS ‘2’: KEY PHRASE/ALL OTHERS: any of the social or performance situations)?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>
*SO6. Did you ever avoid (IF *SO2 EQUALS ‘2’: this situation / ALL OTHERS: any of these situations) whenever you could because of your fear?

YES ..................................... 1
NO ..................................... 5  GO TO *SO7
DON’T KNOW  ..................... 8  GO TO *SO7
REFUSED  ................................ 9  GO TO *SO7

*SO6a. How old were you when you first started this avoidance?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

____________  YEARS OLD

BEFORE STARTED SCHOOL ............. 4
BEFORE TEENAGER .................... 12
NOT BEFORE TEENAGER ................. 13
DON’T KNOW ............................. 998
REFUSED  ................................... 999

*SO7. INTERVIEWER CHECKPOINT: (SEE *SO5 AND *SO6)

*SO5 OR *SO6 EQUAL ‘1’ ................................................. 1
ALL OTHERS ......................................................... 5  GO TO *SO40

*SO8. Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with (this situation/ these situations), or thought you would have to be, did you ever have any of the following experiences?

<table>
<thead>
<tr>
<th>GO TO *SO9 AFTER ONE “YES” IN *SO8a-*SO8c</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SO8a. Did you ever blush or shake?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SO8b. Did you ever fear that you might lose control of your bowels or bladder?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SO8c. Did you ever fear that you might vomit?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*SO9.  (RB, PG 8) When you were faced with (IF *SO2 EQUALS ‘2’: KEY PHRASE/ ALL OTHERS : these situations), did you ever have two or more of the reactions on Page 8?

READ LIST BELOW STARTING WITH *SO9a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES .................................1
NO .................................5
DON’T KNOW .................8
REFUSED .........................9

GO TO *SO10

GO TO *SO10 AFTER TWO “YES” RESPONSES

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SO9a.</td>
<td>Did your heart ever pound or race?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9b.</td>
<td>Did you sweat?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9c.</td>
<td>Did you tremble?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9d.</td>
<td>Did you feel sick to your stomach?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9e.</td>
<td>Did you have a dry mouth?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9f.</td>
<td>Did you have chills or hot flushes?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9g.</td>
<td>Did you feel numbness or have tingling sensations?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9h.</td>
<td>Did you have trouble breathing normally?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9i.</td>
<td>Did you feel like you were choking?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9j.</td>
<td>Did you have pain or discomfort in your chest?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9k.</td>
<td>Did you feel dizzy or faint?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9l.</td>
<td>Were you afraid that you might die?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9m.</td>
<td>Did you ever fear that you might lose control, go crazy, or pass out?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*SO9n.</td>
<td>Did you feel like you were distant from the situation, “not really there”, or like you were watching yourself in a movie?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>GO TO *SO10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO9o.</td>
<td>Did you feel that things around you were unreal or like a dream?</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>
*SO10. When you were in (IF *SO2 EQUALS ‘2’: this situation/ ALL OTHERS: these situations), were you ever afraid that you might have a panic attack?

YES ...................................1
NO .......................................5  **GO TO *SO11**
DON’T KNOW ......................8  **GO TO *SO11**
REFUSED .............................9  **GO TO *SO11**

*SO10a. Did you ever have a panic attack in (this situation / one of these situations)?

YES .....................................1
NO .......................................5
DON’T KNOW .....................8
REFUSED .............................9

*SO11. Were you afraid that you might be trapped or unable to escape?

YES ...................................1
NO ......................................5
DON’T KNOW ....................8
REFUSED ............................9

*SO12. When you were in (IF *SO2 EQUALS ‘2’: this situation/ ALL OTHERS: these situations) were you afraid you might do something embarrassing or humiliating?

YES ..................................1  **GO TO *SO15**
NO ......................................5
DON’T KNOW .....................8
REFUSED .............................9

*SO12a. Were you afraid that you might embarrass other people?

YES ................................1  **GO TO *SO15**
NO .....................................5
DON’T KNOW .....................8
REFUSED .............................9

*SO13. Were you afraid that people might look at you, talk about you, or think negative things about you?

YES ..................................1  **GO TO *SO15**
NO .....................................5
DON’T KNOW .....................8
REFUSED .............................9

*SO14. Were you afraid that you might be the focus of attention?

YES ..................................1  **GO TO *SO15**
NO .....................................5
DON’T KNOW .....................8
REFUSED .............................9
**SO14a.** What was it you feared **most** about (IF *SO2* EQUALS ‘2’: KEY PHRASE/ ALL OTHERS: these situations)?

- REAL DANGER (SPECIFY BELOW).................. 1
- OTHER (SPECIFY BELOW):............................ 5

 DON’T KNOW................................................. 8
 REFUSED.......................................................... 9

**SO15.** Was your fear related to embarrassment about having a physical or mental health problem or disability?

- YES .............................................. 1
- NO .............................................. 5   GO TO *SO16*
- DON’T KNOW .............. 8 GO TO *SO16*
- REFUSED ..................... 9 GO TO *SO16*

**SO15a.** Briefly, what was the health problem? INTERVIEWER: CIRCLE ALL THAT APPLY

- MENTAL HEALTH PROBLEM............................ 1
- ALCOHOL OR DRUG PROBLEM............................ 2
- SPEECH, VISION, OR HEARING PROBLEM.............. 3
- MOVEMENT OR COORDINATION PROBLEM.............. 4
- FACIAL / BODY DISFIGUREMENT OR WEIGHT / BODY IMAGE PROBLEM .................... 5
- BAD ODOR OR SWEATING.................................... 6
- PREGNANCY ..................................................... 7
- OTHER PHYSICAL HEALTH PROBLEM.................. 8
- DON’T KNOW .................................................. 9
- REFUSED.......................................................... 10

**SO16.** How much did your fear (or avoidance) **ever** interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL .................................................. 1
- A LITTLE ...................................................... 2
- SOME.......................................................... 3
- A LOT .......................................................... 4
- EXTREMELY .................................................. 5
- DON’T KNOW .................................................. 8
- REFUSED.......................................................... 9

**SO17.** Was there ever a time in your life when you felt emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of (IF *SO2* EQUALS ‘2’: this situation/ ALL OTHERS: this situation/ these situations)?

- YES .................................................. 1
- NO .................................................. 5
- DON’T KNOW .............. 8
- REFUSED ..................... 9
*SO18. When was the last time you either strongly feared or avoided (IF *SO2 EQUALS ‘2’: this situation/ any of these situations) – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH ....................... 1  GO TO *SO19
2 AND 6 MONTHS ........................... 2  GO TO *SO19
7 AND 12 MONTHS ......................... 3  GO TO *SO19
MORE THAN 12 MONTHS ................. 4
DON’T KNOW ............................... 8
REFUSED ................................. 9

*SO18a. How old were you the last time [you either strongly feared or avoided (IF *SO2 EQUALS ‘2’: this situation/ ALL OTHERS: any of these situations)]?

_________ YEARS OLD
DON’T KNOW ............................... 998
REFUSED ................................. 999

*SO19. What if you were faced with (IF *SO2 EQUALS ‘2’: this situation/ ALL OTHERS: one of these situations) today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOLUNTEERED “IT DEPENDS ON WHICH SITUATION,” PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

NOT AT ALL ............................... 1
MILD ........................................ 2
MODERATE ............................... 3
SEVERE ...................................... 4
VERY SEVERE ............................. 5
DON’ T KNOW ............................... 8
REFUSED ................................. 9

*SO38. Did you receive professional treatment for your fear at any time in the past 12 months?

YES ............................... 1
NO ...................................... 5
DON’T KNOW ............................... 8
REFUSED ................................. 9


*SC76 EQUALS ‘1’ ................................................................. 1  GO TO *AG1
*SC88 EQUALS ‘1’ ............................................................. 2  GO TO *AG1
*SC72 EQUALS ‘1’ ......................................................... 3  GO TO *G1 INTRO 1
*SC72a EQUALS ‘1’ ....................................................... 4  GO TO *G1 INTRO 2
*SC72b EQUALS ‘1’ ....................................................... 5  GO TO *G1 INTRO 3
*SC84 EQUALS ‘1’ ....................................................... 6  GO TO *G1 INTRO 3
*SC68 EQUALS ‘1’ ....................................................... 7  GO TO *IED1
*SC68a EQUALS ‘1’ ..................................................... 8  GO TO *IED3 INTRO 4
*SC68b EQUALS ‘1’ ..................................................... 9  GO TO *IED3 INTRO 5
ALL OTHERS ...........................................................................................................10  GO TO *SD1
AGORAPHOBIA SECTION (AG)

INTERVIEWER INSTRUCTION: AFTER EACH “YES” RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET.

*AG1. (RB, PG 9) Earlier you mentioned having a strong fear of things like crowds, public places, and traveling away from home. The next questions are about which of these things you feared. Looking at page 9 in your booklet, did you ever strongly fear any of the following situations (IF *SC88 EQUALS ‘1’:since you were last interviewed in NCS1 YEAR)?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AG1a. Being home alone?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being home alone)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1b. Being in crowds?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being in crowds)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1c. Traveling away from home?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: traveling away from home)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1d. Traveling alone or being alone away from home?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: traveling alone)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1e. Using public transportation?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: using public transportation)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1f. Driving a car?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: driving a car)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1g. Standing in a line in a public place?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: standing in a line)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1h. Being in a department store, shopping mall, or supermarket?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being in stores or malls)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1i. Being in a movie theater, auditorium, lecture hall, or church?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being in large auditoriums)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1j. Being in a restaurant or any other public place?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being in restaurants)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>*AG1k. Being in a wide, open field or street?</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: being in open places)</td>
<td></td>
<td>15</td>
<td>76</td>
<td>89</td>
<td></td>
</tr>
</tbody>
</table>
AG2. INTERVIEWER CHECKPOINT: (SEE *AG1a - *AG1k SERIES)

- ZERO - ONE RESPONSES CODED ‘1’.................................................... 1  GO TO *AG39
- TWO - THREE RESPONSES CODED ‘1’................................................ 2  GO TO *AG3 INTRO 1
- FOUR OR MORE RESPONSES CODED ‘1’.------------------------------ 3  GO TO *AG3 INTRO 2

<table>
<thead>
<tr>
<th>AG3. INTRO 1</th>
<th>AG3. INTRO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>You had a fear of (KEY PHRASE OF ALL “YES” RESPONSES IN *AG1 SERIES). Can you remember your exact age the very first time you had a fear of one of these situations?</td>
<td>You had a fear of a number of the situations on the list. Can you remember your exact age the very first time you had a fear of one of these situations?</td>
</tr>
<tr>
<td>YES ..................... 1 – GO TO *AG3b</td>
<td>YES ..................... 1 – GO TO *AG3b</td>
</tr>
<tr>
<td>NO .......................... 5 – GO TO *AG3b</td>
<td>NO .......................... 5 – GO TO *AG3b</td>
</tr>
<tr>
<td>DON’T KNOW ................. 8 – GO TO *AG3b</td>
<td>DON’T KNOW ................. 8 – GO TO *AG3b</td>
</tr>
<tr>
<td>REFUSED ....................... 9 – GO TO *AG3b</td>
<td>REFUSED ....................... 9 – GO TO *AG3b</td>
</tr>
</tbody>
</table>

AG3a.  (IF NEC: How old were you?)

<table>
<thead>
<tr>
<th>AGE-old</th>
<th>GO TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>*AG4</td>
</tr>
<tr>
<td>DON’T KNOW .................. 998 – GO TO *AG4</td>
<td></td>
</tr>
<tr>
<td>REFUSED ....................... 999 – GO TO *AG4</td>
<td></td>
</tr>
</tbody>
</table>

AG3b.  About how old were you?

- IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?
- IF NOT YES, PROBE: Was it before you were a teenager?

<table>
<thead>
<tr>
<th>AGE-old</th>
<th>GO TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>*AG4</td>
</tr>
<tr>
<td>BEFORE STARTED SCHOOL ............... 4</td>
<td></td>
</tr>
<tr>
<td>BEFORE TEENAGER ................. 12</td>
<td></td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER ............. 13</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW .................. 998</td>
<td></td>
</tr>
<tr>
<td>REFUSED ....................... 999</td>
<td></td>
</tr>
</tbody>
</table>
**AG4.** People with fears like this differ in what it is they fear about the situations. Which of the following fears did you experience:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(5)</td>
<td>(8)</td>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

*AG4a. Fear of being alone or of being separated from your loved ones? |

*AG4b. Fear that there was some real danger, like that you might be robbed or assaulted? |

*AG4c. Fear that you might get sick to your stomach or have diarrhea? |

*AG4d. Fear that you might have a panic attack? |

*AG4e. Fear that you might have a heart attack or some other emergency? |

*AG4f. Fear that you might become physically ill and be unable to get help? |

*AG4g. Fear that it might be difficult or embarrassing to escape? |

*AG4h. Fear that some other terrible thing might happen? |

**AG5.** Was there ever a time when you almost always became very upset or anxious whenever you were faced with one of these situations?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(5)</td>
<td>(8)</td>
<td>(9)</td>
</tr>
</tbody>
</table>

YES .................................... 1
NO ..................................... 5
DON’T KNOW ................. 8
REFUSED ....................... 9

**AG6.** Did you ever avoid one of these situations whenever you could because of your fear?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(5)</td>
<td>(8)</td>
<td>(9)</td>
</tr>
</tbody>
</table>

YES ....................................... 1
NO ....................................... 5  GO TO *AG7
DON’T KNOW .................. 8  GO TO *AG7
REFUSED ............................ 9  GO TO *AG7

*AG6a. How old were you when you first avoided these situations?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________ YEARS OLD

BEFORE STARTED SCHOOL ............ 4
BEFORE TEENAGER .................... 12
NOT BEFORE TEENAGER .............. 13
DON’T KNOW .......................... 998
REFUSED .............................. 999
*AG7.  INTERVIEWER CHECKPOINT: (SEE *AG5 AND *AG6)

*AG5 OR *AG6 EQUAL ‘1’ .......................................................... 1
ALL OTHERS ............................................................................. 5  GO TO *AG39

*AG8.  Was there a particular incident or event that caused your fear of these situations to start the very first time?

YES ...................................... 1
NO ...................................... 5  GO TO *AG9
DON’T KNOW .................. 8  GO TO *AG9
REFUSED ...................... 9  GO TO *AG9

*AG8a.  Did you have a panic attack as a result of that incident or event?

YES ...................................... 1
NO ...................................... 5
DON’T KNOW .................. 8
REFUSED ...................... 9

*AG9.  Think of the time (IF *SC76 EQUALS ‘1’: in your life / IF *SC88 EQUALS ‘1’: since NCS1 YEAR) when your fear (and avoidance) was most severe and frequent. When you were faced with these situations, or thought you would have to be, did you ever have any of the following experiences?

** | YES | NO | DK | RF
---|-----|----|----|----
*AG9a. Did your heart ever pound or race? | 1 | 5 | 8 | 9
*AG9b. Did you ever sweat? | 1 | 5 | 8 | 9
*AG9c. Did you tremble or shake? | 1 | 5 | 8 | 9
*AG9d. Did you have a dry mouth? | 1 | 5 | 8 | 9

*AG10.  INTERVIEWER INSTRUCTION: (SEE *AG9a-d)

ZERO RESPONSES CODED ‘1’ .................................................. 1  GO TO *AG12
ONE RESPONSE CODED ‘1’ ................................................... 2  GO TO *AG11
ALL OTHERS ............................................................................. 3  GO TO *AG12

*AG11.  (RB, PG 10)  When you were faced with these situations, or thought you would have to be, did you ever have one or more of these reactions on Page 10?

READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES ...................................... 1
NO ...................................... 5
DON’T KNOW .................. 8
REFUSED ...................... 9

GO TO *AG12
*AG11a. Did you have trouble breathing normally?  
*AG11b. Did you feel like you were choking?  
*AG11c. Did you have pain or discomfort in your chest?  
*AG11d. Did you feel sick to your stomach?  
*AG11e. Did you feel dizzy or faint?  
*AG11f. Did you ever fear that you might lose control, go crazy, or pass out?  
*AG11g. Were you afraid that you might die?  
*AG11h. Did you feel numbness or having tingling sensations?  
*AG11i. Did you feel like you were “not really there”, like you were watching a movie of yourself?  
*AG11k. Did you feel that things around you were not real or like a dream?  

*AG12. Did you think the fear was excessive, or unreasonable, or much stronger than it should have been?  

YES ................................... 1  
NO ..................................... 5  
DON’T KNOW ..................... 8  
REFUSED ......................... 9  

*AG13. Were you ever unable to leave your home for an entire day because of your fear?  

YES ................................. 1  
NO ................................. 5  
GO TO *AG14  
DON’T KNOW ................. 8  
GO TO *AG14  
REFUSED ..................... 9  
GO TO *AG14  

*AG13a. What is the longest period of days, weeks, months or years you were unable to leave your home?  

__________ NUMBER  

CIRCLE UNIT OF TIME:  
DAYS .... 1  
WEEKS .... 2  
MONTHS .... 3  
YEARS .... 4  

DON’T KNOW .................... 998  
REFUSED ......................... 999  

*AG14. Some people are unable to go out of their home unless they have someone they know with them, like a family member
or friend. Was this ever true for you?

YES ......................... 1
NO ............................. 5
DON’T KNOW ............... 8
REFUSED ..................... 9

*AG15. How much did your fear (or avoidance) of these situations ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL .................................................. 1
A LITTLE ......................................................... 2
SOME ........................................................... 3
A LOT ............................................................ 4
EXTREMELY .................................................. 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

*AG16. Was there ever a time in your life when you felt emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance)?

YES ............................. 1
NO ................................. 5
DON’T KNOW ...................... 8
REFUSED ......................... 9

*AG17. Did you either strongly fear or avoid any of these situations at any time in the past 12 months?

YES ................................................................. 1
NO .................................................................... 5
DON’T KNOW .............................................. 8
REFUSED ..................................................... 9

GO TO *AG17b

*AG17a. How recently -- in the past month, between two and six months ago, or more than six months ago?

PAST MONTH ................................. 1
2-6 MONTHS AGO ............................. 2
MORE THAN 6 MONTHS AGO .......... 3
DON’T KNOW ....................................... 8
REFUSED ............................................. 9

GO TO *AG18

*AG17b. How old were you the last time (you either strongly feared or avoided one of these situations)?

__________ YEARS OLD

DON’T KNOW ............... 998
REFUSED ......................... 999
*AG18. What if you were faced with one of these situations today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOL “IT DEPENDS ON WHICH SITUATION,” PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

NOT AT ALL ................................................. 1
MILD ............................................................... 2
MODERATE .................................................. 3
SEVERE .......................................................... 4
VERY SEVERE ............................................. 5
DON’T KNOW ................................................ 8
REFUSED ....................................................... 9

*AG37. Did you receive professional treatment for your fear at any time in the past 12 months?

YES .................................. 1
NO .................................... 5
DON’T KNOW ................ 8
REFUSED ..................... 9


*SC72 EQUALS ‘1’ ..................................................................................................1  GO TO *G1 INTRO 1
*SC72a EQUALS ‘1’ ................................................................................................2  GO TO *G1 INTRO 2
*SC72b EQUALS ‘1’ ................................................................................................3  GO TO *G1 INTRO 3
*SC84 EQUALS ‘1’ ..................................................................................................4  GO TO *G1 INTRO 3
*SC68 EQUALS ‘1’ ................................................................................................5  GO TO *IED1
*SC68a EQUALS ‘1’ ................................................................................................6  GO TO *IED3 INTRO 4
*SC68b EQUALS ‘1’ ................................................................................................7  GO TO *IED3 INTRO 5
ALL OTHERS ...........................................................................................................8  GO TO *SD1
**G1 INTRO 1.** (RB, PG 11) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at page 11 in your booklet for examples, what sorts of things were you worried or nervous or anxious about during that time?

**G1 INTRO 2.** (RB, PG 11) Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at page 11 in your booklet for examples, what sorts of things were you nervous or anxious about during that time?

**G1 INTRO 3.** (RB, PG 11) Earlier you mentioned having a period lasting one month or longer (IF *SC84 EQUALS ‘1’: since the last interview) when you were anxious or worried most days. The next questions are about that time. Looking at page 11 in your booklet for examples, what sorts of things were you anxious or worried about during that time?

---

**PROBE FOR UP TO THREE EXAMPLES:** Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]? CIRCLE ALL MENTIONS.

**DIFFUSE WORRIES**
- EVERYTHING ................................................................. 1
- NOTHING IN PARTICULAR ......................................................... 2

**PERSONAL PROBLEMS**
- FINANCES .................................................................................. 3
- SUCCESS AT SCHOOL OR WORK ................................................. 4
- SOCIAL LIFE .................................................................................. 5
- LOVE LIFE ..................................................................................... 6
- RELATIONSHIPS AT SCHOOL OR WORK ............................................. 7
- RELATIONSHIPS WITH FAMILY ..................................................... 8
- PHYSICAL APPEARANCE ............................................................. 9
- PHYSICAL HEALTH .......................................................................... 10
- MENTAL HEALTH .......................................................................... 11
- SUBSTANCE USE ............................................................................. 12
- OTHER PERSONAL PROBLEMS (SPECIFY) ........................................ 13

**PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS**
- SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) .............. 14
- AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE) ......................................... 15
- SPECIFIC PHOBIAS (E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES) .......................... 16
- OBSESSIONS (E.G., WORRY ABOUT GERMS) ...................................................................... 17
- COMPULSIONS (E.G., REPETITIVE HANDWASHING) ................................................................. 18

**NETWORK PROBLEMS**
- BEING AWAY FROM HOME OR APART FROM LOVED ONES .................................................... 19
- THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ............................................ 20
- THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ......................................... 21
- THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION ............................................ 22
- OTHER NETWORK PROBLEMS (SPECIFY) ................................................................................. 23

**SOCIETAL PROBLEMS**
- CRIME / VIOLENCE ........................................................................ 24
- THE ECONOMY ................................................................................ 25
- THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION) ..................................................... 26
- MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) ............... 27
- WAR / REVOLUTION ............................................................................ 28
- OTHER SOCIETAL PROBLEMS (SPECIFY) ................................................................................... 29

**OTHER PROBLEMS (SPECIFY)**
- FIRST (SPECIFY) .............................................................................. 30
- SECOND (SPECIFY) ............................................................................. 31
- THIRD (SPECIFY) ............................................................................... 32
**G2.** INTERVIEWER CHECKPOINT: (SEE *G1)

WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING .... 1 GO TO *G3
MULTIPLE WORRIES............................................................ 2

**G3.** Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

YES.................................1
NO.................................5
DON’T KNOW .................8
REFUSED .......................9

**G4.** How often did you find it difficult to control your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

OFTEN ................................1
SOMETIMES .....................2
RARELY ............................3
NEVER ............................4
DON’T KNOW ....................8
REFUSED .........................9

**G4a.** How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?

OFTEN ................................1
SOMETIMES .....................2
RARELY ............................3
NEVER ............................4
DON’T KNOW ....................8
REFUSED .........................9

**G4b.** INTERVIEWER CHECKPOINT: (SEE *G4, *G4a)

*G4 EQUALS ‘1’ OR ‘2’ OR *G4a EQUALS ‘1’ OR ‘2’ .......... 1
ALL OTHERS.............................. 2 GO TO *G31

**G5.** What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

IF VOL “WHOLE LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE 99 YEARS

PROBE DK: Did you ever have a period that lasted 6 months or longer? (IF NOT) Did you ever have a period that lasted 1 month or longer?

_______ NUMBER

CIRCLE UNIT OF TIME: DAYS…1 WEEKS…2 MONTHS…3 YEARS…4
**G6.** INTERVIEWER CHECKPOINT: (SEE *G5*)

<table>
<thead>
<tr>
<th>Less Than 1 Month</th>
<th>1</th>
<th>GO TO *G31</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 To 5 Months</td>
<td>2</td>
<td>GO TO *G7</td>
</tr>
<tr>
<td>All Others</td>
<td>3</td>
<td>GO TO *G8</td>
</tr>
</tbody>
</table>

**G7.** INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING ONE MONTH OR LONGER” FOR THE REMAINDER OF THE SECTION **GO TO *G9**

**G8.** INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING SIX MONTHS OR LONGER” FOR THE REMAINDER OF THE SECTION **GO TO *G9**
*G9.  Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*G9a. Did you often feel restless, keyed up, or on edge?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G9b. Did you often get tired easily?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G9c. Were you often more irritable than usual?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G9e. Did you often have tense, sore, or aching muscles?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G9f. Did you often have trouble falling or staying asleep?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*G10.  

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*G10a. Did your heart often pound or race?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G10b. Did you often sweat?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G10c. Did you often tremble or shake?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G10d. Did you often have a dry mouth?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G10e. Were you sad or depressed most of the time?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*G11.  INTERVIEWER CHECKPOINT: (SEE*G9, *G10)

ZERO RESPONSES CODED ‘1’ IN *G9 AND *G10 SERIES...............................1  GO TO *G31
ALL OTHERS..............................................................................................................2
**G15.** How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild, moderate, severe, or very severe distress?

- NO.................................1
- MILD.................................2
- MODERATE.........................3
- SEVERE...............................4
- VERY SEVERE......................5
- DON’T KNOW.......................8
- REFUSED..............................9

**G16.** How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried – often, sometimes, not very often, or never?

- OFTEN...............................1
- SOMETIMES..........................2
- NOT VERY OFTEN....................3
- NEVER.................................4
- DON’T KNOW..........................8
- REFUSED..............................9

**G17.** How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL........................1  **GO TO *G17.1**
- A LITTLE.............................2
- SOME..................................3
- A LOT.................................4
- EXTREMELY..........................5
- DON’T KNOW.........................8
- REFUSED..............................9

**G17a.** How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN................................1
- SOMETIMES..........................2
- RARELY...............................3
- NEVER.................................4
- DON’T KNOW..........................8
- REFUSED..............................9

**G17.1.** INTERVIEWER CHECKPOINT: (SEE *G15, *G17)

- ALL OTHERS.................................................................2  **GO TO *G31**
*G18a. (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?

YES ....................................................... 1
NO ......................................................... 5  GO TO *G26
DON’T KNOW ........................................ 8  GO TO *G26
REFUSED ............................................... 9  GO TO *G26

*G18b. Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

YES ....................................................... 1
NO ......................................................... 5
DON’T KNOW ........................................ 8
REFUSED ............................................... 9

---

*G26. Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

YES....................................................1
NO......................................................5  GO TO *G26b
DON’T KNOW.................................8  GO TO *G26b
REFUSED.........................................9  GO TO *G26b

*G26a. (IF NEC: How old were you?)

_______ AGE  GO TO *G26c

DON’T KNOW.........998  GO TO *G26c
REFUSED .................999  GO TO *G26c

*G26b. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_______ YEARS OLD

BEFORE STARTED SCHOOL ...................4
BEFORE TEENAGER ............................12
NOT BEFORE TEENAGER .................13
WHOLE LIFE OR DON’T KNOW ..........998
REFUSED ...........................................999

*G26c. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS .................1
OUT OF THE BLUE .............................2
DON’T REMEMBER ............................5
DON’T KNOW ........................................8
REFUSED ............................................9
*G27. Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

YES.................................1
NO.................................5 GO TO *G29
DON'T KNOW..................8 GO TO *G29
REFUSED..........................9 GO TO *G29

*G27a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH..............................1
2-6 MONTHS AGO..........................2
MORE THAN 6 MONTHS....................3
DON'T KNOW..............................8
REFUSED...................................9

*G28. INTERVIEWER INSTRUCTION (12-MONTH CALENDAR)

INTERVIEWER: LABEL A ROW ON THE 12-MONTH CALENDER “(WORRIED OR ANXIOUS/NERVOUS OR ANXIOUS/ANXIOUS OR WORRIED)” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS.

I want you to put an “X” on the line labeled “(worried or anxious/nervous or anxious/anxious or worried)” in the box for each month in the past year when you were “(worried or anxious/nervous or anxious/anxious or worried)” most days. Tell me when you’re done.

*G29. INTERVIEWER INSTRUCTION (SEE 10-YEAR CALENDAR)

The next question is about episodes of being (worried or anxious/nervous or anxious/anxious or worried) since the interview in (NCS1 YEAR). When I use the word “episode” I mean a time lasting one month or longer when most days you were (worried or anxious/nervous or anxious/anxious or worried) and also had some of the other problems we just reviewed. With that definition in mind, I want you to tell me all the years since 1990 when you had at least one episode.

ENTER ALL THAT APPLY

1990.................................1
1991.................................2
1992.................................3
1993.................................4
1994.................................5
1995.................................6
1996.................................7
1997.................................8
1998.................................9
1999.................................10
2000.................................11
2001.................................12
NONE OF THE YEARS...............13 GO TO G30

FOR THE EACH YEAR MENTIONED IN G29, ASK THE APPROPRIATE FOLLOW-UP QUESTION ABOUT THE NUMBER OF MONTHS IN WHICH R HAD AN EPISODE.
*G29.1 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1990.

*G29.2 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1991.

*G29.3 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1992.

*G29.4 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1993.

*G29.5 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1994.

*G29.6 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1995.

*G29.7 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1996.

*G29.8 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1997.

*G29.9 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1998.

*G29.10 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 1999.

*G29.11 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 2000.

*G29.12 Please estimate the number of months you had an episode of being (worried or anxious/nervous or anxious/anxious or worried) in 2001.

*G30. Did you receive professional treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) at any time in the past 12 months?

  YES....................................1
  NO ...................................5
  DON'T KNOW.................8
  REFUSED.........................9


  *SC68 EQUALS ‘1’.................................................................1  GO TO *IED1
  *SC68a EQUALS ‘1’.............................................................2  GO TO *IED3 INTRO 4
  *SC68b EQUALS ‘1’.............................................................3  GO TO *IED3 INTRO 5
  ALL OTHERS.................................................................4  GO TO *SD1
INTERMITTENT EXPLOSIVE DISORDER (IED)

*IED1. INTERVIEWER CHECKPOINT: (SEE *SC68a, *SC68b)

<table>
<thead>
<tr>
<th>SC68a IS CHECKED</th>
<th>SC68b IS CHECKED</th>
<th>ALL OTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>.......................................................... 1</td>
<td>GO TO *IED3 INTRO 1</td>
<td></td>
</tr>
<tr>
<td>.......................................................... 2</td>
<td>GO TO *IED3 INTRO 2</td>
<td></td>
</tr>
<tr>
<td>.......................................................... 3</td>
<td>GO TO *IED3 INTRO 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something of value or you threatened to hit or hurt someone?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something of value or you threatened to hit or hurt someone?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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</tbody>
</table>

CODE RESPONSES GREATER THAN 9997 AS 9997

<table>
<thead>
<tr>
<th>ATTACKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>9998</td>
</tr>
</tbody>
</table>

*IED4. INTERVIEWER CHECKPOINT: (SEE *IED3)

<table>
<thead>
<tr>
<th>IED3 EQUALS ‘0’-'2’</th>
<th>ALL OTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>.......................................................... 1</td>
<td>GO TO *SD1, NEXT SECTION</td>
</tr>
<tr>
<td>.......................................................... 2</td>
<td></td>
</tr>
</tbody>
</table>
*IED5. Did these anger attacks sometimes occur without a good reason?

YES ................................. 1  GO TO *IED6
NO ........................................ 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED5a. Did the attacks sometimes occur in situations where most people would not have had an anger attack?

YES ................................. 1  GO TO *IED6
NO ........................................ 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED5b. During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation?

YES .......................................... 1
NO ............................................ 5
GO TO *SD1, NEXT SECTION
DON’T KNOW .......................... 8
GO TO *SD1, NEXT SECTION
REFUSED ............................... 9
GO TO *SD1, NEXT SECTION

*IED6. Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?

YES ......................................... 1
NO ........................................... 5
DON’T KNOW .............................. 8
REFUSED ................................. 9

*IED7. How often was your anger out of control during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ....................... 1
MOST OF THE TIME ..................... 2
SOMETIMES ............................. 3
RARELY ................................. 4
NEVER ..................................... 5
DON’T KNOW ............................ 8
REFUSED ................................. 9

*IED8. INTERVIEWER CHECKPOINT: (SEE *IED6, *IED7)

*IED6 EQUALS ‘1’ ................................. 1
*IED7 EQUALS ‘1’ - ‘4’ .......................... 2
ALL OTHERS .............................. 3  GO TO *SD1, NEXT SECTION
*IED9. Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?

YES ..................................... 1
NO ....................................... 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED9a. Did you ever have anger attacks when you had not been drinking or using drugs?

YES ....................................... 1
NO ......................................... 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED10. Anger attacks can sometimes be caused by physical illnesses such as epilepsy or head injury or by the use of medications. Were your anger attacks ever caused by physical illness or the use of medications?

YES ...................................... 1
NO ......................................... 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED10a. What was the cause? _____________________________________________________________________

*IED10b. Did you ever have anger attacks that were not caused by physical causes such as (CAUSE DESCRIBED IN *IED10a) or by the use of medications?

YES ............................................. 1
NO ............................................ 5
DON’T KNOW ............................ 8
REFUSED ................................. 9

*IED11. Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?

YES ...................................... 1
NO ......................................... 5
DON’T KNOW .......................... 8
REFUSED ............................... 9

*IED11a. Did you ever have anger attacks at times you were not sad or depressed?

YES ............................................. 1
NO ............................................ 5
DON’T KNOW ............................ 8
REFUSED ................................. 9
*IED12. INTERVIEWER CHECKPOINT: (SEE *SC68, *SC68a)

*SC68 IS CHECKED .......................... 1
*SC68a IS CHECKED .......................... 2  GO TO *IED15
ALL OTHERS ................................. 3  GO TO *IED16

*IED13. Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?

CODE RESPONSES GREATER THAN $9,997 AS $9,997

$ __________
DON’T KNOW ......................... 998
REFUSED ......................... 999

*IED14. INTERVIEWER CHECKPOINT: (SEE *SC68a)

*SC68a EQUALS ‘1’ .......................... 1
ALL OTHERS ................................. 2  GO TO *IED16

*IED15. About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?

CODE RESPONSES GREATER THAN 997 AS 997

________ TIMES
DON’T KNOW ......................... 998
REFUSED ......................... 999

*IED16. How much did your anger attacks ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ................................. 1  GO TO *IED17
A LITTLE .................................. 2
SOME ........................................ 3
A LOT ....................................... 4
EXTREMELY ............................ 5
DON’T KNOW ......................... 8
REFUSED ......................... 9

*IED16a. How often were you unable to carry out your daily activities because of your attacks -- often, sometimes, rarely, or never?

OFTEN ......................................... 1
SOMETIMES .................................. 2
RARELY ....................................... 3
NEVER ...................................... 4
DON’T KNOW ......................... 8
REFUSED ......................... 9
**IED17.** How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**IED18.** Think of the very first time in your life you had an anger attack. Can you remember your exact age when that attack occurred?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

*IED18a. (IF NEC: How old were you)?

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Go to *IED19</td>
</tr>
</tbody>
</table>

*IED18b. About how old were you?

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Go to *IED19</td>
</tr>
</tbody>
</table>

**IED19.** Did you have an unexpected “anger” attack at any time in the past 12 months?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
*IED20. INTERVIEWER INSTRUCTION: (SEE 12-MONTH CALENDER)

Think about the past year from [MONTH OF IW, 2000] to [MONTH OF IW 2001]. I want you to tell me each month in the past year month when you had at least one attack.

ENTER ALL THAT APPLY

JANUARY ......................... 1
FEBRUARY ....................... 2
MARCH ............................. 3
APRIL ............................... 4
MAY ............................... 5
JUNE .................................. 6
JULY ................................ 7
AUGUST ............................. 8
SEPTEMBER ....................... 9
OCTOBER ......................... 10
NOVEMBER ....................... 11
DECEMBER ......................... 12
NONE OF THE MONTHS .......... 13  GO TO IED21

FOR THE EACH MONTH MENTIONED IN IED20, ASK THE APPROPRIATE FOLLOW-UP QUESTION ABOUT THE NUMBER OF ATTACKS.

*IED20.1 Can you estimate the attacks you had in January?

*IED20.2 Can you estimate the attacks you had in February?

*IED20.3 Can you estimate the attacks you had in March?

*IED20.4 Can you estimate the attacks you had in April?

*IED20.5 Can you estimate the attacks you had in May?

*IED20.6 Can you estimate the attacks you had in June?

*IED20.7 Can you estimate the attacks you had in July?

*IED20.8 Can you estimate the attacks you had in August?

*IED20.9 Can you estimate the attacks you had in September?

*IED20.10 Can you estimate the attacks you had in October?

*IED20.11 Can you estimate the attacks you had in November?

*IED20.12 Can you estimate the attacks you had in December?
*IED21. INTERVIEWER INSTRUCTION: (SEE 10-YEAR CALENDAR)

(If *IED19 EQUALS ‘1’): Now I want you to think about these attacks over the past decade. Looking at the calendar, I want you to tell me each year in the past 10 years when you had at least one attack.

(If *IED19 NOT EQUAL ‘1’): Looking at the calendar, I want you to tell me each year in the past 10 years when you had at least one attack.

ENTER ALL THAT APPLY

1990................................................ 1
1991................................................ 2
1992................................................ 3
1993................................................ 4
1994................................................ 5
1995................................................ 6
1996................................................ 7
1997................................................ 8
1998................................................ 9
1999................................................ 10
2000................................................ 11
2001................................................ 12
NONE OF THE YEARS............ 97  GO TO IED22

FOR THE EACH YEAR MENTIONED IN IED21, ASK THE APPROPRIATE FOLLOW–UP QUESTION ABOUT THE NUMBER OF ATTACKS.

*IED21.1 Can you estimate the attacks you had in 1990?
*IED21.2 Can you estimate the attacks you had in 1991?
*IED21.3 Can you estimate the attacks you had in 1992?
*IED21.4 Can you estimate the attacks you had in 1993?
*IED21.5 Can you estimate the attacks you had in 1994?
*IED21.6 Can you estimate the attacks you had in 1995?
*IED21.7 Can you estimate the attacks you had in 1996?
*IED21.8 Can you estimate the attacks you had in 1997?
*IED21.9 Can you estimate the attacks you had in 1998?
*IED21.10 Can you estimate the attacks you had in 1999?
*IED21.11 Can you estimate the attacks you had in 2000?
*IED21.12 Can you estimate the attacks you had in 2001?
*IED22. Did you receive professional treatment for your anger attacks at any time in the past 12 months?

YES .................................... 1
NO ...................................... 5
DON'T KNOW .................. 8
REFUSED ....................... 9

END OF SECTION
SUICIDALITY (SD)

*SD1. INTERVIEWER CHECKPOINT:

RESPONDENT IS ABLE TO READ ...................... 1
ALL OTHERS .................................................... 2  GO TO *SD15

*SD2. (RB, PG12) Three experiences are listed in your booklet at the top of page 12 labeled A, B, and C. Did experience A happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE A IS ‘YOU SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE’

YES ...................................... 1
NO ........................................... 5  GO TO *SU1, NEXT SECTION
DON’T KNOW ....................... 8  GO TO *SU1, NEXT SECTION
REFUSED ............................... 9  GO TO *SU1, NEXT SECTION

*SD2a. How old were you the first time this happened?

__________ YEARS OLD

DON’T KNOW ...................... 998
REFUSED .............................. 999

*SD3. Did Experience A happen to you at any time in the past 12 months?

YES ...................................... 1  GO TO *SD4
NO .......................................... 5
DON’T KNOW ......................... 8
REFUSED ............................... 9

*SD3a. How old were you the last time this experience happened to you?

__________ YEARS OLD

DON’T KNOW ...................... 998
REFUSED .............................. 999

*SD4. (RB, PG 12) Now look at the second of the three experiences on the list, Experience B. Did experience B happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE B IS ‘YOU MADE A PLAN FOR COMMITTING SUICIDE’

YES ...................................... 1
NO .......................................... 5  GO TO *SD6
DON’T KNOW ........................... 8  GO TO *SD6
REFUSED ............................... 9  GO TO *SD6
*SD4a. How old were you the first time this happened?

_________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED .............................. 999

*SD5. Did Experience B happen to you at any time in the past 12 months?

YES..................................... 1    GO TO *SD6
NO.................................... 5
DON’T KNOW ..................... 8
REFUSED .......................... 9

*SD5a. How old were you the last time this experience happened to you?

_________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED .............................. 999

*SD6. (RB, PG 12) Now look at the third of the three experiences on the list, Experience C. Did experience C happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE C IS ‘YOU ATTEMPTED SUICIDE’

YES..................................... 1
NO.................................... 5    GO TO *SU1, NEXT SECTION
DON’T KNOW ..................... 8    GO TO *SU1, NEXT SECTION
REFUSED .......................... 9    GO TO *SU1, NEXT SECTION

*SD6a. How many times did Experience C ever happen to you in your lifetime?

________ NUMBER OF TIMES

DON’T KNOW ......................... 998
REFUSED .............................. 999

*SD7. INTERVIEWER CHECKPOINT: (SEE *SD6a)

*SD6a EQUALS ‘1’ ................................................. 1    GO TO *SD10
ALL OTHERS..................................................... 2

*SD8. How old were you the first time?

_________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED .............................. 999
There are three statements numbered 1, 2, and 3 at the bottom of page 12 in your booklet. Which of these three statements best describes your situation when Experience C happened to you the first time -- 1, 2, or 3?

1. I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED

2. I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF

3. MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE

4. DON'T KNOW

5. REFUSED

---

Did Experience C happen to you in the past 12 months?

1. YES

5. NO

8. DON'T KNOW

9. REFUSED

---

How old were you (when/the last time) experience C happened to you?

---

YEARS OLD

998

999

---

Did it result in an injury or poisoning?

1. YES

5. NO

8. DON'T KNOW

9. REFUSED

---

Did it require medical attention?

1. YES

5. NO

8. DON'T KNOW

9. REFUSED

---

Did it require overnight hospitalization?

1. YES

5. NO

8. DON'T KNOW

9. REFUSED
*SD14. (RB, PG 12) Looking at the bottom of page 12 in your booklet, which of the three statements best describes your situation when Experience C happened to you (the last time) – 1, 2, or 3?

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED ..............................................1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF .................................................................2
MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE..............3
DON’T KNOW ............................................................................................................8
REFUSED .............................................................................................................. 9

*SD14.1. INTERVIEWER CHECKPOINT: (SEE *SD10)

*SD10 EQUALS ‘1’ ............................................. 1
ALL OTHERS ....................................................... 2
GO TO *SU1, NEXT SECTION

*SD14.2. (RB, PG 13) What method did you use? (Just give me the letter.)

A. GUN .................................................................................................................1
B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT .........................................2
C. OVERDOSE OF PRESCRIPTION MEDICATIONS ...........................................3
D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS .................................4
E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL) ...............5
F. POISONING (E.G. CARBON MONOXIDE, RAT POISON) ..................................6
G. HANGING, STRANGULATION, SUFFOCATION ..............................................7
H. DROWNING ......................................................................................................8
I. JUMPING FROM HIGH PLACES .......................................................................9
J. MOTOR VEHICLE CRASH ...............................................................................10
K. OTHER (PLEASE DESCRIBE) ................................................................. 11

DON'T KNOW ........................................................................................................... 98
REFUSED .................................................................................................................. 99
GO TO *SU1, NEXT SECTION

*SD15. The next few questions are about thoughts of hurting yourself. Have you seriously thought about committing suicide at any time since (NCS1 YEAR)?

YES .................................................. 1
NO ............................................... 5
DON'T KNOW .............................................................. 8
REFUSED ............................................................. 9
GO TO *SU1, NEXT SECTION

*SD15a. How old were you the first time this happened?

_________ YEARS OLD

DON'T KNOW .............................................................. 998
REFUSED ............................................................. 999
*SD16. Have you seriously thought about committing suicide at any time in the past 12 months?

YES.................................1   GO TO *SD17
NO.................................. 5
DON'T KNOW..................... 8
REFUSED .......................... 9

*SD16a. How old were you the last time this experience happened to you?

________ YEARS OLD

DON'T KNOW.......................... 998
REFUSED .............................. 999

*SD17. Have you made a plan for committing suicide at any time since (NCS1 YEAR)?

YES.................................1   GO TO *SD19
NO.................................. 5   GO TO *SD19
DON'T KNOW..................... 8   GO TO *SD19
REFUSED .......................... 9   GO TO *SD19

*SD17a. How old were you the first time this happened?

________ YEARS OLD

DON'T KNOW.......................... 998
REFUSED .............................. 999

*SD18. Did you make a plan for committing suicide at any time in the past 12 months?

YES.................................1   GO TO *SD19
NO.................................. 5
DON'T KNOW..................... 8
REFUSED .......................... 9

*SD18a. How old were you the last time this experience happened to you?

________ YEARS OLD

DON'T KNOW.......................... 998
REFUSED .............................. 999

*SD19. Did you attempt suicide at any time since (NCS1 YEAR)?

YES.................................1   GO TO *SU1, NEXT SECTION
NO.................................. 5   GO TO *SU1, NEXT SECTION
DON'T KNOW..................... 8   GO TO *SU1, NEXT SECTION
REFUSED .......................... 9   GO TO *SU1, NEXT SECTION

*SD19a. How many times have you attempted suicide in your lifetime?

________ NUMBER OF TIMES

DON'T KNOW.................. 998
REFUSED .......................... 999
*SD20. INTERVIEWER CHECKPOINT (SEE *SD19a):

*SD19a EQUALS ‘1’ ................................. 1    GO TO *SD23
ALL OTHERS............................................. 2

*SD21. How old were you the first time?

_________ YEARS OLD

DON’T KNOW ...................... 998
REFUSED ................................. 999

*SD22. There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide the first time – one, two, or three?

“One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”
“Two, I tried to kill myself, but knew that the method was not fool-proof.”
“Three, my attempt was a cry for help, I did not intend to die.”

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED ............................................. 1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF ......................................................... 2
MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE .......... 3
DON’T KNOW ................................................................. 8
REFUSED ................................................................. 9

*SD23. Have you attempted suicide in the past 12 months?

YES ........................................ 1    GO TO *SD24
NO .......................................... 5
DON’T KNOW ................................. 8
REFUSED ......................................................... 9

*SD23a. How old were you (when/the last time) you attempted suicide?

_________ YEARS OLD  GO TO *SD27

DON’T KNOW ...................... 998  GO TO *SD27
REFUSED ................................. 999  GO TO *SD27

*SD24. Did it result in an injury or poisoning?

YES ................................. 1  GO TO *SD27
NO .......................................... 5  GO TO *SD27
DON’T KNOW ................................. 8  GO TO *SD27
REFUSED ......................................................... 9  GO TO *SD27
*SD25. Did it require medical attention?

YES.................................1
NO.................................5  GO TO *SD27
DON’T KNOW .................8  GO TO *SD27
REFUSED .........................9  GO TO *SD27

*SD26. Did it require overnight hospitalization?

YES.................................1
NO.................................5
DON’T KNOW .................8
REFUSED .........................9

*SD27. There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide (the last time) – one, two, or three?

“One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”
“Two, I tried to kill myself, but knew that the method was not fool-proof.”
“Three, my attempt was a cry for help, I did not intend to die.”

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED ............................................1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF .......................................................................2
MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE.............3
DON’T KNOW ............................................................................................................8
REFUSED ....................................................................................................................9

*SD28. INTERVIEWER CHECKPOINT: (SEE *SD23)

*SD23 EQUALS ‘1’ ............................................. 1
ALL OTHERS ............................................... 2  GO TO *SU1, NEXT SECTION

*SD29. (RB, PG 13) What method did you use? DO NOT READ LIST

A. GUN .........................................................................................................................1
B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT ...............................................2
C. OVERDOSE OF PRESCRIPTION MEDICATIONS ....................................................3
D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS .........................................4
E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL) .....................5
F. POISONING (E.G. CARBON MONOXIDE, RAT POISON) ........................................6
G. HANGING, STRANGULATION, SUFFOCATION ....................................................7
H. DROWNING ............................................................................................................8
I. JUMPING FROM HIGH PLACES .............................................................................9
J. MOTOR VEHICLE CRASH .....................................................................................10
K. OTHER (PLEASE DESCRIBE) ................................................................................11

DON’T KNOW ...........................................................................................................98
REFUSED ....................................................................................................................99

GO TO *SU1, NEXT SECTION
SERVICES (SR)

*SR2. Since (NCS1 YEAR) were you ever admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, or mental health?

YES.......................................................1
NO .......................................................5 GO TO *SR9.1
DON’T KNOW .......................................8 GO TO *SR9.1
REFUSED ............................................9 GO TO *SR9.1

*SR3. How many years did this happen since (NCS1 YEAR)?

________ YEARS

DON’T KNOW .............................998
REFUSED .....................................999

*SR4. INTERVIEWER CHECKPOINT (SEE *SR3)

*SR3 EQUALS ’1’ ........................................................1
ALL OTHERS ...............................................................2 GO TO *SR6

*SR5a. Was this in the past year or more than a year ago?

PAST YEAR ............................................. 1 GO TO *SR5c
MORE THAN A YEAR AGO ............... 2
DON’T KNOW ........................................ 8
REFUSED ............................................. 9

*SR5b. In what year was this admission?

________ YEAR

DON’T KNOW .............................................998
REFUSED .............................................999

*SR5c. How much time did you spend in the hospital during that year?

_________ DURATION NUMBER

CIRCLE UNIT OF TIME:     DAYS .... 1     WEEKS ...... 2     MONTHS .... 3     YEARS ...... 4

DON’T KNOW .............................................998
REFUSED .............................................999

GO TO *SR9.1

*SR6. How much time did you spend in the hospital altogether in those (NUMBER FROM *SR3) years?

_________ DURATION NUMBER

CIRCLE UNIT OF TIME:     DAYS ....1     WEEKS ....2     MONTHS ....3     YEARS .... 4

DON’T KNOW .............................................998
REFUSED .............................................999
*SR8. In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves, or mental health?

YES ...................... 1       GO TO *SR9
NO ....................... 5
DON’T KNOW .............. 8
REFUSED .................. 9

*SR8a. In what year were you most recently admitted for any of these problems?

________ YEAR       GO TO *SR9.1

DON’T KNOW ..................... 9998 GO TO *SR9.1
REFUSED ......................... 9999 GO TO *SR9.1

*SR9. How much time did you stay in the hospital for these problems in the past 12 months?

_________ DURATION NUMBER

CIRCLE UNIT OF TIME:    DAYS ......1    WEEKS ......2    MONTHS ......3    YEARS ......4

DON’T KNOW ..................... 998
REFUSED .......................... 999

*SR9.1 Did you ever use an internet support group or chat room to get help for problems with your emotions, nerves, or mental health?

YES ...................... 1
NO ....................... 5       GO TO *SR10
DON’T KNOW .............. 8       GO TO *SR10
REFUSED .................. 9       GO TO *SR10

*SR9.1a. When was the last time—past year or more than a year ago?

PAST YEAR ...................... 3
MORE THAN A YEAR AGO .... 4       GO TO *SR10
DON’T KNOW ..................... 8       GO TO *SR10
REFUSED .......................... 9       GO TO *SR10

*SR9.1b. In the past 12 months, how many times did you use an internet support group or chat room for problems with your emotions, nerves, or mental health?

_________ TIMES

DON’T KNOW ..................... 998
REFUSED .......................... 999

*SR10. (IF *SR9.1 EQUALS ‘1’: Not counting the internet support group,) Did you since (NCS1 YEAR) go to a self-help group for help with your emotions, nerves, or mental health?

YES ...................... 1
NO ....................... 5       GO TO *SR11
DON’T KNOW .............. 8       GO TO *SR11
REFUSED .................. 9       GO TO *SR11
**SR10a.** How many years since (NCS1 YEAR) did you go to a self-help group for help with your emotions, nerves, or mental health?

<table>
<thead>
<tr>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
</tr>
<tr>
<td>DON’T KNOW..............................9998</td>
</tr>
<tr>
<td>REFUSED.........................................9999</td>
</tr>
</tbody>
</table>

**SR10b.** When was the last time – in the past year or more than a year ago?

<table>
<thead>
<tr>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAST YEAR........................................1</td>
</tr>
<tr>
<td>MORE THAN A YEAR AGO...............2 GO TO *SR11</td>
</tr>
<tr>
<td>DON’T KNOW..............................8 GO TO *SR11</td>
</tr>
<tr>
<td>REFUSED.........................................9 GO TO *SR11</td>
</tr>
</tbody>
</table>

**SR10c.** In the past 12 months, how many times did you go to a self-help group meeting?

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
</tr>
<tr>
<td>DON’T KNOW..............................998</td>
</tr>
<tr>
<td>REFUSED.........................................999</td>
</tr>
</tbody>
</table>

**SR11.** Did you since (NCS1 YEAR) use a hotline for problems with your emotions, nerves, or mental health?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SR11a.** How many years since (NCS1 YEAR) did you call a hotline for any of these problems?

<table>
<thead>
<tr>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
</tr>
<tr>
<td>DON’T KNOW..............................9998</td>
</tr>
<tr>
<td>REFUSED.........................................9999</td>
</tr>
</tbody>
</table>

**SR11b.** When was the last time – in the past year or more than a year ago?

<table>
<thead>
<tr>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAST YEAR........................................1</td>
</tr>
<tr>
<td>MORE THAN A YEAR AGO...............2 GO TO *SR12</td>
</tr>
<tr>
<td>DON’T KNOW..............................8 GO TO *SR12</td>
</tr>
<tr>
<td>REFUSED.........................................9 GO TO *SR12</td>
</tr>
</tbody>
</table>

**SR11c.** In the past 12 months, how many times did you use a hotline?

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
</tr>
<tr>
<td>DON’T KNOW..............................998</td>
</tr>
<tr>
<td>REFUSED.........................................999</td>
</tr>
</tbody>
</table>

**SR12.** Did you since (NCS1 YEAR) have one or more sessions of psychological counseling or therapy for emotional problems that lasted 30 minutes or longer with any type of professional?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*SR12a. How many years since (NCS1 YEAR) did you have at least one session of psychological counseling or therapy?

_________ YEARS
“EVERY YEAR” ...................... 9997
DON’T KNOW ...................... 9998
REFUSED ............................. 9999

*SR13. Did you since (NCS1 YEAR) use a prescription medicine for your emotions, nerves, or mental health from any type of professional?

YES ....................................................... 1
NO ........................................................ 5 GO TO *SR14
DON’T KNOW ............................. 8 GO TO *SR14
REFUSED ............................................. 9 GO TO *SR14

*SR13a. How many years since (NCS1 YEAR) did you get this sort of prescription medicine?

_________ YEARS
“EVERY YEAR” ...................... 9997 GO TO *SR14
DON’T KNOW ...................... 9998
REFUSED ............................. 9999

*SR13b. Did you use a prescription medicine of this type at any time in the past 12 months?

YES .................................................... 1
NO ...................................................... 5
DON’T KNOW ............................. 8
REFUSED ............................................. 9

*SR14. INTERVIEWER CHECKPOINT (SEE *SR12, *SR13)

*SR12 EQUALS ‘1’ OR *SR13 EQUALS ‘1’................................................................................. 1
ALL OTHERS.................................................................................................................... 2 GO TO *SR128
**SR17.** (RB, PG 16) Which of the following types of professionals did you see since (NCS1 YEAR) about problems with your emotions or nerves or mental health? Just give me the letters.

(PROBE: Any others?)

RECORD ALL MENTIONS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>PSYCHIATRIST</td>
</tr>
<tr>
<td>B.</td>
<td>GENERAL PRACTITIONER OR FAMILY DOCTOR</td>
</tr>
<tr>
<td>C.</td>
<td>ANY OTHER MEDICAL DOCTOR, LIKE A CARDIOLOGIST OR (WOMEN: GYNECOLOGIST / MEN: UROLOGIST)</td>
</tr>
<tr>
<td>D.</td>
<td>PSYCHOLOGIST</td>
</tr>
<tr>
<td>E.</td>
<td>SOCIAL WORKER</td>
</tr>
<tr>
<td>F.</td>
<td>COUNSELOR</td>
</tr>
<tr>
<td>G.</td>
<td>ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST OR MENTAL HEALTH NURSE</td>
</tr>
<tr>
<td>H.</td>
<td>A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESSIONAL</td>
</tr>
<tr>
<td>I.</td>
<td>A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, OR RABBI</td>
</tr>
<tr>
<td>J.</td>
<td>ANY OTHER HEALER, LIKE AN HERBALIST, CHIROPRACTOR, OR SPIRITUALIST</td>
</tr>
<tr>
<td>K.</td>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>L.</td>
<td>REFUSE</td>
</tr>
</tbody>
</table>

---

**SR17.1.** INTERVIEWER CHECKPOINT: (SEE **SR12a, SR13a**)

**SR12a** EQUALS ‘9997’ OR **SR13a** EQUALS ‘9997’.................1 GO TO **SR18**

ALL OTHERS.................................................................2

---

**SR17.2.** Did you see (this professional/one of these professionals) about your emotions, nerves, or mental health at any time in the past 12 months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5 GO TO <strong>SR128</strong></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8 GO TO <strong>SR128</strong></td>
</tr>
<tr>
<td>REFUSED</td>
<td>9 GO TO <strong>SR128</strong></td>
</tr>
</tbody>
</table>

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**SR18.** INTERVIEWER CHECKPOINT: (SEE **SR17**)

**SR17** EQUALS ‘1’.................................................................................................1 GO TO **SR30**
**SR17** EQUALS ‘2’ OR **SR17** EQUALS ‘3’.........................................................2 GO TO **SR43**
**SR17** EQUALS ‘4’....................................................................................................3 GO TO **SR51**
**SR17** EQUALS ‘5’....................................................................................................4 GO TO **SR51**
**SR17** EQUALS ‘6’....................................................................................................5 GO TO **SR60**
**SR17** EQUALS ‘7’....................................................................................................6 GO TO **SR69**
**SR17** EQUALS ‘8’....................................................................................................7 GO TO **SR82**
**SR17** EQUALS ‘9’....................................................................................................8 GO TO **SR87**
**SR17** EQUALS ‘10’.................................................................................................9 GO TO **SR100**
ALL OTHERS...........................................................................................................10 GO TO **SR128**
*SR22. How many visits did you make to a psychiatrist in the past 12 months?

_________ VISIT (S)

DON’T KNOW ...................................... 998
REFUSED ............................................ 999

*SR26. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘2’ OR *SR17 EQUALS ‘3’ ....................................................... 1
*SR17 EQUALS ‘4’ ....................................................................................... 2 GO TO *SR43
*SR17 EQUALS ‘5’ ....................................................................................... 3 GO TO *SR51
*SR17 EQUALS ‘6’ ....................................................................................... 4 GO TO *SR60
*SR17 EQUALS ‘7’ ....................................................................................... 5 GO TO *SR69
*SR17 EQUALS ‘8’ ....................................................................................... 6 GO TO *SR82
*SR17 EQUALS ‘9’ ....................................................................................... 7 GO TO *SR87
*SR17 EQUALS ‘10’ ..................................................................................... 8 GO TO *SR100
ALL OTHERS ............................................................................................. 9 GO TO *SR128

*SR30. How many visits did you make in the past 12 months to a medical doctor (IF *SR17 EQUALS ‘1’: other than a psychiatrist) where you talked about your emotions, nerves, or mental health?

_________ VISIT(S)

DON’T KNOW ...................................... 998
REFUSED ............................................ 999

*SR39. INTERVIEWER CHECKPOINT (SEE *SR17)

*SR17 EQUALS ‘4’ ....................................................................................... 1
*SR17 EQUALS ‘5’ ....................................................................................... 2 GO TO *SR51
*SR17 EQUALS ‘6’ ....................................................................................... 3 GO TO *SR60
*SR17 EQUALS ‘7’ ....................................................................................... 4 GO TO *SR69
*SR17 EQUALS ‘8’ ....................................................................................... 5 GO TO *SR82
*SR17 EQUALS ‘9’ ....................................................................................... 6 GO TO *SR87
*SR17 EQUALS ‘10’ ..................................................................................... 7 GO TO *SR100
ALL OTHERS ............................................................................................. 8 GO TO *SR128

*SR43. How many visits did you make to a psychologist in the past 12 months?

_________ VISIT(S)

DON’T KNOW ...................................... 998
REFUSED ............................................ 999

*SR47. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘5’ ....................................................................................... 1
*SR17 EQUALS ‘6’ ....................................................................................... 2 GO TO *SR60
*SR17 EQUALS ‘7’ ....................................................................................... 3 GO TO *SR69
*SR17 EQUALS ‘8’ ....................................................................................... 4 GO TO *SR82
*SR17 EQUALS ‘9’ ....................................................................................... 5 GO TO *SR87
*SR17 EQUALS ‘10’ ..................................................................................... 6 GO TO *SR100
ALL OTHERS ............................................................................................. 7 GO TO *SR128
**SR51.** How many visits did you make to the social worker in the past 12 months?

_______ VISIT(S)

DON’T KNOW .................................. 998
REFUSED ..................................... 999

**SR56.** INTERVIEWER CHECKPOINT: (SEE **SR17**)

*SR17 EQUALS ‘6’.................................. 1
*SR17 EQUALS ‘7’.................................. 2  GO TO **SR69**
*SR17 EQUALS ‘8’.................................. 3  GO TO **SR82**
*SR17 EQUALS ‘9’.................................. 4  GO TO **SR87**
*SR17 EQUALS ‘10’................................. 5  GO TO **SR100**
ALL OTHERS.................................... 6  GO TO **SR128**

**SR60.** How many visits did you make to a counselor in the past 12 months?

_______ VISIT(S)

DON’T KNOW .................................. 998
REFUSED ..................................... 999

**SR65.** INTERVIEWER CHECKPOINT (SEE **SR17**)

*SR17 EQUALS ‘7’.................................. 1
*SR17 EQUALS ‘8’.................................. 2  GO TO **SR82**
*SR17 EQUALS ‘9’.................................. 3  GO TO **SR87**
*SR17 EQUALS ‘10’................................. 4  GO TO **SR100**
ALL OTHERS.................................... 5  GO TO **SR128**

**SR69.** How many visits did you make to any (other) type of mental health professional like a psychotherapist or mental health nurse in the past 12 months?

_______ VISIT(S)

DON’T KNOW .................................. 998
REFUSED ..................................... 999

**SR73.** INTERVIEWER CHECKPOINT: (SEE **SR17**)

*SR17 EQUALS ‘8’.................................. 1
*SR17 EQUALS ‘9’.................................. 2  GO TO **SR87**
*SR17 EQUALS ‘10’................................. 3  GO TO **SR100**
ALL OTHERS.................................... 4  GO TO **SR128**

**SR82.** How many visits did you make to a nurse, occupational therapist, or some other non-MD health professional when you talked about your emotions, nerves, or mental health in the past 12 months?

_______ VISIT(S)

DON’T KNOW .................................. 998
REFUSED ..................................... 999
**SR86.** INTERVIEWER CHECKPOINT: (SEE **SR17**)

- **SR17 EQUALS 9**.............................................1
- **SR17 EQUALS 10**........................................2 GO TO **SR100**
- ALL OTHERS.........................................................3 GO TO **SR128**

---

**SR87.** How many visits to a spiritual advisor did you make in the past 12 months when you talked about your emotions, nerves, or mental health?

______ VISIT(S)

DON’T KNOW .................. 998
REFUSED ...................... 999

---

**SR99.** INTERVIEWER CHECKPOINT: (SEE **SR17**)

- **SR17 EQUALS 10**............................................................. 1
- ALL OTHERS................................................................. 2 GO TO **SR128**

---

**SR100.** How many visits to a healer – such as an herbalist or chiropractor or spiritualist – did you make in the past 12 months when you talked about your emotions, nerves, or mental health?

______ VISIT(S)

DON’T KNOW .................. 998
REFUSED ...................... 999

---

**SR128.** (RB, PG 17) The list on Page 17 of your booklet describes commonly used alternative therapies. Did you use any of these therapies in the past 12 months for problems with your emotions, nerves, or mental health?

YES ....................... 1
NO............................. 5 GO TO **SR131**
DON’T KNOW ............ 8 GO TO **SR131**
REFUSED .................. 9 GO TO **SR131**
*SR128a: Which ones did you use?

(PROBE: Any others?)

RECORD ALL MENTIONS

ACUPUNCTURE ........................................................... 1
BIOFEEDBACK ............................................................ 2
CHIROPRACTIC .......................................................... 3
ENERGY HEALING ....................................................... 4
EXERCISE OR MOVEMENT THERAPY ......................... 5
HERBAL THERAPY (e.g., ST. JOHN’S WORT, CHAMOMILE) 6
HIGH DOSE MEGA-VITAMINS ..................................... 7
HOMEOPATHY ............................................................ 8
HYPNOSIS ................................................................. 9
IMAGERY TECHNIQUES ............................................... 10
MASSAGE THERAPY .................................................. 11
PRAYER OR OTHER SPIRITUAL PRACTICES .................... 12
RELAXATION OR MEDITATION TECHNIQUES ................ 13
SPECIAL DIETS ............................................................ 14
SPIRITUAL HEALING BY OTHERS ................................. 15
ANY OTHER NON-TRADITIONAL REMEDY OR THERAPY (SPECIFY) 16

_________________________________________________________________________

*SR129. INTERVIEWER CHECKPOINT: (SEE *SR128a)

*SR128a EQUALS ‘6’ .................................................... 1
ALL OTHERS ............................................................ 2  GO TO *SR131

*SR130. (RB, PG 18) What types of herbal medicines did you use for your emotions, nerves, or mental health?

(PROBE: Any other?)

RECORD ALL MENTIONS

CHAMOMILE ...................... 1
KAVA .......................................... 2
LAVENDER .................................. 3
ST. JOHN’S WORT ................ 4
VALERIAN .................................. 5
CHASTEBERRY ...................... 6
BLACK COHOSH .................... 7
OTHER (SPECIFY) .................. 8

_________________________________________________________________________

DON’T KNOW .................. 998
REFUSED ......................... 999

*SR130a. About how many days out of 365 in the past 12 months did you use (HERBAL MED/ any of these herbal medicines)?

___________ DAYS

DON’T KNOW ...... 998
REFUSED ........... 999
*SR131. Did you talk to a telephone psychic at any time in the past 12 months?

YES ..................................1
NO.....................................5  GO TO *SR132
DON’T KNOW ..............8  GO TO *SR132
REFUSED ...................... 9  GO TO *SR132

*SR131a. About how many times (did you talk to a telephone psychic in the past 12 months)?

_____________ TIMES

DON’T KNOW ..............998
REFUSED ......................999

*SR131b. About how long did (this call last/ these calls last on average)?

_____________ MINUTES

DON’T KNOW ..............998
REFUSED ......................999

*SR131c. What were the main things you talked about during (this call/ these calls)?

RECORD ALL MENTIONS

LOVE LIFE.................................................................1
FINANCES .................................................................2
OTHER STRESS ..........................................................3
R’S MENTAL HEALTH ...............................................4
OTHER (SPECIFY) ......................................................5

_________________________________________________________

DON’T KNOW ...............................................8
REFUSED .......................................................9

*SR132. INTERVIEWER CHECKPOINT: (SEE *SR13a, *SR13b)

*SR13a EQUALS ‘9997’ OR *SR13b EQUALS ‘1’ .......................1
GO TO PHARMACOEPIDEMIOLOGY
ALL OTHERS .............................................................2
GO TO NEXT SECTION AFTER PHARMACOEPIDEMIOLOGY

END OF SECTION
PHARMACOEPIDEMIOLOGY (PH)

*PH4. (RB, PG 20-21) Which of the medicines on this list did you take in the past 12 months for any of the following problems: problems with your emotions, nerves, mental health, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.

IF NONE, CODE 900.

PROBE: Any others?

INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICATION BOTTLES FOR NAMES. RECORD UP TO 10 MENTIONS. RECORD ID NUMBERS IF THE MEDICATIONS ARE LISTED ON THE NEXT PAGE. IF NOT LISTED, RECORD “998” AS THE ID NUMBER. TAKE CARE TO SPELL MED NAME CORRECTLY AND TO WRITE DISTINCTLY FOR MEDS NOT ON THE LIST.

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. (MED #1)</td>
<td></td>
</tr>
<tr>
<td>4b. (MED #2)</td>
<td></td>
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<tr>
<td>4c. (MED #3)</td>
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<tr>
<td>4d. (MED #4)</td>
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<tr>
<td>4e. (MED #5)</td>
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<tr>
<td>4f. (MED #6)</td>
<td></td>
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<tr>
<td>4g. (MED #7)</td>
<td></td>
</tr>
<tr>
<td>4h. (MED #8)</td>
<td></td>
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<tr>
<td>4i. (MED #9)</td>
<td></td>
</tr>
<tr>
<td>4j. (MED #10)</td>
<td></td>
</tr>
<tr>
<td>ID#</td>
<td>MEDICINE</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
<td>Acetophenazine</td>
</tr>
<tr>
<td>2</td>
<td>Adapin</td>
</tr>
<tr>
<td>3</td>
<td>Adderall</td>
</tr>
<tr>
<td>4</td>
<td>Alprazolam</td>
</tr>
<tr>
<td>5</td>
<td>Amantadine</td>
</tr>
<tr>
<td>6</td>
<td>Ambien</td>
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<td>Amobarbital</td>
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<td>9</td>
<td>Amoxapine</td>
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<tr>
<td>10</td>
<td>Amphetamines</td>
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<td>11</td>
<td>Amytal</td>
</tr>
<tr>
<td>12</td>
<td>Anafranil</td>
</tr>
<tr>
<td>13</td>
<td>Antabuse</td>
</tr>
<tr>
<td>14</td>
<td>Antidepressant</td>
</tr>
<tr>
<td>15</td>
<td>Antipsychotic</td>
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<td>16</td>
<td>Aquachloral</td>
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<tr>
<td>17</td>
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<td>18</td>
<td>Asendin</td>
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<td>Carbamazepine</td>
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<td>27</td>
<td>Carbatrol</td>
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<td>Catapres</td>
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<td>29</td>
<td>Celexa</td>
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<td>Depacon</td>
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<td>Depakote</td>
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<td>142</td>
<td>Paxil</td>
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<td>Pemoline</td>
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<td>Permitil</td>
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<td>Phenytoin</td>
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<td>Pimozide</td>
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<td>155</td>
<td>Prolixin Depot</td>
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<td>156</td>
<td>Propranolol</td>
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<td>157</td>
<td>Propofol</td>
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<td>158</td>
<td>Prosom</td>
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<td>159</td>
<td>Protriptyline</td>
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<td>Prozac</td>
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<td>Quetiapine</td>
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<td>164</td>
<td>Reserpine</td>
</tr>
<tr>
<td>165</td>
<td>Restoril</td>
</tr>
<tr>
<td>166</td>
<td>Risperdal</td>
</tr>
</tbody>
</table>
PERSONALITY SECTION PART 1

*PEA1. Now I am going to read a series of statements that people use to describe themselves. I need you to tell me how true each statement is for you — very true, somewhat, not very, or not at all true. The best answer is usually the one that comes to your mind first, so don’t take too much time thinking before you answer. Here’s the first statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY</th>
<th>SOMEWHAT</th>
<th>NOTVERY</th>
<th>NOTAT ALL</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this very true, somewhat, not very, or not at all true for you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PEA1. I am an impulsive person who often acts before thinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA2. I enjoy getting into new situations where you can’t tell how things will turn out.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA3. I prefer friends who are exciting and unpredictable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA4. I like “wild” parties.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA5. I would like the kind of life where I can travel a lot, with lots of change and excitement.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA6. I like doing things just for the thrill of it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA7. I sometimes like to do things that are a little frightening.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA8. I often get so carried away by new and exciting things and ideas that I never think of possible difficulties or problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA9. I often do things without thinking of the consequences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA10. Before I begin a complicated job, I make careful plans.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA11. I usually think about what I am going to do before doing it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA19. I am often a little rude to people I do not like.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA20. When I get mad I say ugly things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA21. I have a very strong temper.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Question</td>
<td>VERY (1)</td>
<td>SOMEWHAT (2)</td>
<td>NOT VERY (3)</td>
<td>NOT AT ALL (4)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>*PEA22. If people annoy me I let them know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA23. I am always patient with others even when they are annoying.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA24. When people shout at me, I shout back.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA25. When I am angry with people I let them know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA26. I like to keep busy all of the time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA27. I like to wear myself out with hard work or exercise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA28. When I do things I do them with lots of energy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA29. I like to be doing things all the time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA30. I lead a busier life than most people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA31. I like complicated jobs that require a lot of effort and concentration.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA32. I need to be doing things all the time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA40. When I feel emotions, I feel them very strongly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA41. I get emotional very easily.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA42. I often do things without thinking when I get emotional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA43. I have a hard time controlling myself once I get emotionally worked up.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA44. I sometimes want to do things so much that I can’t stop myself no matter how hard I try.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEA45. I have a very hard time resisting temptations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>
**POST-TRAUMATIC STRESS DISORDER (PT)**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*<strong>PT1.</strong> (LIFE EVENT CARD) In the next part of the interview, we ask about very stressful events that might have happened since (NCS1 YEAR). First, did you since (NCS1 YEAR) participate in combat, either as a member of a military, or as a member of an organized non-military group?</td>
<td>1 GO TO *PT29 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT2.</strong> Did you since (NCS1 YEAR) serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts?</td>
<td>1 GO TO *PT30 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT3.</strong> Were you since (NCS1 YEAR) an unarmed civilian in a place where there was a war, revolution, military coup or invasion?</td>
<td>1 GO TO *PT31 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT4.</strong> Did you since (NCS1 YEAR) live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?</td>
<td>1 GO TO *PT32 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT6.</strong> Were you since (NCS1 YEAR) kidnapped or held captive?</td>
<td>1 GO TO *PT34 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT7.</strong> Were you since (NCS1 YEAR) exposed to a toxic chemical or substance that could cause you serious harm?</td>
<td>1 GO TO *PT35 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT8.</strong> Were you since (NCS1 YEAR) involved in a life-threatening automobile accident?</td>
<td>1 GO TO *PT36 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*<strong>PT9.</strong> Did you since (NCS1 YEAR) have any other life-threatening accident, including on your job?</td>
<td>1 GO TO *PT37 AND CODE “1”</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>*PT10. Were you since (NCS1 YEAR) involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT11. Were you since (NCS1 YEAR) in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT12. Did you since (NCS1 YEAR) have a life-threatening illness?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT14. Were you since (NCS1 YEAR) badly beaten up by a spouse or romantic partner?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT15. Were you since (NCS1 YEAR) badly beaten up by anyone else?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT16. Were you since (NCS1 YEAR) mugged, held up, or threatened with a weapon?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT17. The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn’t know what was happening. Did this happen to you since (NCS1 YEAR)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT18. Other than rape, were you sexually assaulted since (NCS1 YEAR), where someone touched you inappropriately, or when you did not want them to?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PT19. Has someone stalked you since (NCS1 YEAR) – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>
**PT20.** Did someone very close to you die unexpectedly since (NCS1 YEAR); for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
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</tbody>
</table>

GO TO *PT48 AND CODE “1”

**PT21.** Did you have a son or daughter who had a life-threatening illness or injury since (NCS1 YEAR)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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</table>

GO TO *PT49 AND CODE “1”

**PT22.** Did anyone very close to you have an extremely traumatic experience since (NCS1 YEAR), like being kidnapped, tortured or raped?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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</table>

GO TO *PT50 AND CODE “1”

**PT23.** Did you since (NCS1 YEAR) see someone being badly injured or killed, or unexpectedly see a dead body?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>

GO TO *PT51 AND CODE “1”

**PT24.** Did you since (NCS1 YEAR) do something that accidentally led to the serious injury or death of another person?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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</tbody>
</table>

GO TO *PT52 AND CODE “1”

**PT25.** Did you since (NCS1 YEAR) on purpose either seriously injure, torture, or kill another person?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>

GO TO *PT53 AND CODE “1”

**PT26.** Did you since (NCS1 YEAR) see atrocities or carnage such as mutilated bodies or mass killings?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<tr>
<td>1</td>
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</table>

GO TO *PT54 AND CODE “1”

**PT27.** Did you since (NCS1 YEAR) experience any other extremely traumatic or life-threatening event that I haven’t asked about yet?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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</tbody>
</table>

GO TO *PT55 AND CODE “1”

**PT28.** Sometimes people have experiences they don’t want to talk about in interviews. I won’t ask you to describe anything like this, but, without telling me what it was, did you since (NCS1 YEAR) have a traumatic event that you didn’t report because you didn’t want to talk about it?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<tr>
<td>1</td>
<td>5</td>
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</tbody>
</table>

GO TO *PT57 AND CODE “YES”

GO TO *PT61.3
**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>(1)</td>
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</table>

*PT29. (KEY PHRASE: combat experience)

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<thead>
<tr>
<th>1</th>
<th>RECORD ALL MENTIONS</th>
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<tbody>
<tr>
<td>COUNTRY LIST HERE</td>
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</tr>
</tbody>
</table>

*PT29a. In what country did you have combat experience?*

*PT29b. I want you to put an “X” on line one in the box for every year since (NCS1 YEAR) when you had combat experience. Tell me when you’re finished.*

**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>(1)</td>
<td>(5)</td>
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</table>

*PT30a. In what country did this occur?*

*PT30b. I want you to put an “X” on line two in the box for every year since (NCS1 YEAR) when you were a peacekeeper or relief worker. Tell me when you’re finished.*

**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>1</th>
<th>5</th>
<th>RECORD ALL MENTIONS</th>
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</thead>
<tbody>
<tr>
<td>GO TO *PT31</td>
<td>COUNTRY LIST HERE</td>
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</tbody>
</table>

*PT30. (KEY PHRASE: relief worker in war zone)*

[Other than the time(s) you participated in combat.] Did you since (NCS1 YEAR) serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts?

DK.............. 8 GO TO *PT31
RF.............. 9 GO TO *PT31

(IF NEC: A peacekeeper is a person who works for an international organization, a government, or a military organization to supervise and enforce a truce between hostile groups.)
**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PT31.</strong> (KEY PHRASE: civilian in war zone)</td>
<td>1</td>
<td>5</td>
<td>RECORD ALL MENTIONS</td>
</tr>
<tr>
<td>(Other than when you served as a relief worker,) Were you since (NCS1 YEAR) an unarmed civilian in a place where there was a war, revolution, military coup or invasion?</td>
<td></td>
<td></td>
<td>COUNTRY LIST HERE</td>
</tr>
<tr>
<td>DK............. 8</td>
<td>GO TO *PT32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF.............. 9</td>
<td>GO TO *PT32</td>
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<tr>
<td>(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)</td>
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</thead>
<tbody>
<tr>
<td><strong>PT32.</strong> (KEY PHRASE: civilian in region of terror)</td>
<td>1</td>
<td>5</td>
<td>RECORD ALL MENTIONS</td>
</tr>
<tr>
<td>(Other than what you have already told me about,) Did you since (NCS1 YEAR) live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?</td>
<td></td>
<td></td>
<td>COUNTRY LIST HERE</td>
</tr>
<tr>
<td>DK............. 8</td>
<td>GO TO *PT34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF.............. 9</td>
<td>GO TO *PT34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PT31a. In what country did this occur? *PT31b. I want you to put an “X” on line three in the box for every year since (NCS1 YEAR) when you were a civilian in a place where there was a war, revolution, coup, or invasion. Tell me when you’re finished.

*PT32a. In what country did you live? *PT32b. I want you to put an “X” on line four for every year since (NCS1 YEAR) when you were a civilian in a place of ongoing terror. Tell me when you’re finished.
<table>
<thead>
<tr>
<th>INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT34. (KEY PHRASE: kidnapped)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you since (NCS1 YEAR) kidnapped or held captive?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>DK..............8</td>
<td>GO TO *PT35</td>
<td></td>
</tr>
<tr>
<td>RF..............9</td>
<td>GO TO *PT35</td>
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<table>
<thead>
<tr>
<th>INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT35. (KEY PHRASE: toxic chemical exposure)</td>
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</tr>
<tr>
<td>Were you since (NCS1 YEAR) exposed to a toxic chemical or substance that could cause you serious harm?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>DK..............8</td>
<td>GO TO *PT36</td>
<td></td>
</tr>
<tr>
<td>RF..............9</td>
<td>GO TO *PT36</td>
<td></td>
</tr>
</tbody>
</table>

*PT34a. I want you to put an “X” on line five in the box for every year since (NCS1 YEAR) when you were kidnapped. Tell me when you’re finished.

*PT35a. I want you to put an “X” on line six in the box for every year since (NCS1 YEAR) when you were exposed to a toxic chemical. Tell me when you’re finished.
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PT36.</strong> (KEY PHRASE: automobile accident)</td>
<td>Were you since ((NCS1 \text{ YEAR})) involved in a life-threatening automobile accident?</td>
<td>(1)</td>
<td>(5)</td>
<td>*PT36a. I want you to put an “X” on line seven in the box for every year since ((NCS1 \text{ YEAR})) when this happened. Tell me when you are finished.</td>
</tr>
<tr>
<td></td>
<td>DK........... 8</td>
<td></td>
<td></td>
<td>GO TO *PT37</td>
</tr>
<tr>
<td></td>
<td>RF........... 9</td>
<td></td>
<td></td>
<td>GO TO *PT37</td>
</tr>
<tr>
<td><strong>PT37.</strong> (KEY PHRASE: life-threatening accident)</td>
<td>Were you since ((NCS1 \text{ YEAR})) in any other life-threatening accident, including on your job?</td>
<td>(1)</td>
<td>(5)</td>
<td>*PT37a. I want you to put an “X” on line eight in the box for every year since ((NCS1 \text{ YEAR})) when this happened. Tell me when you are finished.</td>
</tr>
<tr>
<td></td>
<td>DK........... 8</td>
<td></td>
<td></td>
<td>GO TO *PT38</td>
</tr>
<tr>
<td></td>
<td>RF........... 9</td>
<td></td>
<td></td>
<td>GO TO *PT38</td>
</tr>
<tr>
<td><strong>PT38.</strong> (KEY PHRASE: natural disaster)</td>
<td>Were you since ((NCS1 \text{ YEAR})) involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?</td>
<td>(1)</td>
<td>(5)</td>
<td>*PT38a. I want you to put an “X” on line nine in the box for every year since ((NCS1 \text{ YEAR})) when this happened. Tell me when you are finished.</td>
</tr>
<tr>
<td></td>
<td>DK........... 8</td>
<td></td>
<td></td>
<td>GO TO *PT39</td>
</tr>
<tr>
<td></td>
<td>RF........... 9</td>
<td></td>
<td></td>
<td>GO TO *PT39</td>
</tr>
<tr>
<td><strong>PT39.</strong> (KEY PHRASE: man-made disaster)</td>
<td>[Other than the time(s) you’ve already told me about,] Were you since ((NCS1 \text{ YEAR})) in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?</td>
<td>(1)</td>
<td>(5)</td>
<td>*PT39a. I want you to put an “X” on line ten in the box for every year since ((NCS1 \text{ YEAR})) when this happened. Tell me when you are finished.</td>
</tr>
<tr>
<td></td>
<td>DK........... 8</td>
<td></td>
<td></td>
<td>GO TO *PT40</td>
</tr>
<tr>
<td></td>
<td>RF........... 9</td>
<td></td>
<td></td>
<td>GO TO *PT40</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT40.</strong> (KEY PHRASE: life-threatening illness)</td>
<td>Did you since ((NCS1 \text{ YEAR})) have a life-threatening illness?</td>
<td>(1)</td>
<td>(5)</td>
<td>*PT40a. I want you to put an “X” on line eleven in the box for every year since ((NCS1 \text{ YEAR})) when this happened. Tell me when you are finished.</td>
</tr>
<tr>
<td></td>
<td>DK........... 8</td>
<td></td>
<td></td>
<td>GO TO *PT42</td>
</tr>
<tr>
<td></td>
<td>RF........... 9</td>
<td></td>
<td></td>
<td>GO TO *PT42</td>
</tr>
</tbody>
</table>
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>NO (5)</th>
<th>YES (1)</th>
</tr>
</thead>
</table>

**PT42.** (KEY PHRASE: beaten up by a spouse or romantic partner)

Were you since (NCS1 YEAR) badly beaten up by a spouse or romantic partner?

<table>
<thead>
<tr>
<th>DK............. 8</th>
<th>RF............. 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO *PT43</td>
<td>GO TO *PT43</td>
</tr>
</tbody>
</table>

*PT42a. I want you to put an “X” on line twelve in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

**PT43.** (KEY PHRASE: beaten by somebody else)

Were you since (NCS1 YEAR) badly beaten up by anyone else?

<table>
<thead>
<tr>
<th>DK............. 8</th>
<th>RF............. 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO *PT44</td>
<td>GO TO *PT44</td>
</tr>
</tbody>
</table>

*PT43a. I want you to put an “X” on line thirteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

**PT44.** (KEY PHRASE: mugged or threatened with a weapon)

Were you since (NCS1 YEAR) mugged, held up, or threatened with a weapon?

<table>
<thead>
<tr>
<th>DK............. 8</th>
<th>RF............. 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO *PT45</td>
<td>GO TO *PT45</td>
</tr>
</tbody>
</table>

*PT44a. I want you to put an “X” on line fourteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

**PT45.** (KEY PHRASE: raped)

The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn’t know what was happening. Did this happen to you since (NCS1 YEAR)?

<table>
<thead>
<tr>
<th>DK............. 8</th>
<th>RF............. 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO *PT46</td>
<td>GO TO *PT46</td>
</tr>
</tbody>
</table>

*PT45a. I want you to put an “X” on line fifteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT46. (KEY PHRASE: sexually assaulted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other than rape, were you sexually assaulted since (NCS1 YEAR), where someone touched you inappropriately, or when you did not want them to?</td>
<td></td>
</tr>
<tr>
<td>DK..............8</td>
<td>*<em>GO TO <em>PT47</em></em></td>
<td>1</td>
</tr>
<tr>
<td>RF..............9</td>
<td>*<em>GO TO <em>PT47</em></em></td>
<td>1</td>
</tr>
</tbody>
</table>

*PT46a. I want you to put an “X” on line sixteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT47. (KEY PHRASE: stalked)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has someone ever stalked you since (NCS1 YEAR) – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?</td>
<td></td>
</tr>
<tr>
<td>DK..............8</td>
<td>*<em>GO TO <em>PT48</em></em></td>
<td>1</td>
</tr>
<tr>
<td>RF..............9</td>
<td>*<em>GO TO <em>PT48</em></em></td>
<td>1</td>
</tr>
</tbody>
</table>

*PT47a. I want you to put an “X” on line seventeen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT48. (KEY PHRASE: unexpected death of a loved one)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Did someone very close to you die unexpectedly since (NCS1 YEAR); for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK........................... 8 GO TO *PT49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF........................... 9 GO TO *PT49</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT48a.</strong> I want you to put an “X” on line eighteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PT49. (KEY PHRASE: child’s serious illness)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(Other than the death of your child you just mentioned) Did you have a son or daughter who had a life-threatening illness or injury since (NCS1 YEAR)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK........................... 8 GO TO *PT50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF........................... 9 GO TO *PT50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT49a.</strong> I want you to put an “X” on line nineteen in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PT50. (KEY PHRASE: traumatic event to love one)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Did anyone very close to you have an extremely traumatic experience, like being kidnapped, tortured or raped since (NCS1 YEAR)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK........................... 8 GO TO *PT51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF........................... 9 GO TO *PT51</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT50a.</strong> I want you to put an “X” on line twenty in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PT51. (KEY PHRASE: witnessed death or dead body or saw someone seriously hurt)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Did you see someone being badly injured or killed, or unexpectedly see a dead body, since (NCS1 YEAR)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK........................... 8 GO TO *PT52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF........................... 9 GO TO *PT52</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT51a.</strong> I want you to put an “X” on line twenty-one in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**INTERVIEWER:** FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th><strong>KEY PHRASE:</strong> accidentally caused serious injury or death</th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you do something that accidentally led to the serious injury or death of another person since (NCS1 YEAR)?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>IF VOL “MAYBE, NOT SURE,” CODE NO.</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*PT52a.* I want you to put an “X” on line twenty-two in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

<table>
<thead>
<tr>
<th><strong>KEY PHRASE:</strong> purposely injured, tortured or killed someone</th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Other than what you already told me about,) Did you on purpose either seriously injure, torture, or kill another person since (NCS1 YEAR)?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>DK.............. 8</td>
<td>GO TO *PT53</td>
<td></td>
</tr>
<tr>
<td>RF.............. 9</td>
<td>GO TO *PT53</td>
<td></td>
</tr>
</tbody>
</table>

*PT53a.* I want you to put an “X” on line twenty-three in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

<table>
<thead>
<tr>
<th><strong>KEY PHRASE:</strong> saw atrocities</th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you see atrocities or carnage such as mutilated bodies or mass killings since (NCS1 YEAR)?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>DK.............. 8</td>
<td>GO TO *PT55</td>
<td></td>
</tr>
<tr>
<td>RF.............. 9</td>
<td>GO TO *PT55</td>
<td></td>
</tr>
</tbody>
</table>

*PT54a.* I want you to put an “X” on line twenty-four in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.
*PT55. Did you experience any other extremely traumatic or life-threatening event that I haven’t asked about yet since (NCS1 YEAR)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

DK............8     GO TO *PT57
RF............9     GO TO *PT57

*PT55a. Briefly, what was the one most traumatic event among any events we have not yet talked about?

REFUSED ............................9     GO TO *PT57

RECORD BRIEF DESCRIPTION OF EVENT:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*PT55b. I want you to put an “X” on line twenty-five in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

*PT56. INTERVIEWER QUERY: (SEE *PT55a) DID EVENT IN *PT55a INVOLVE THREAT OF DEATH OR SERIOUS INJURY TO R OR TO A CLOSE LOVED ONE?

(IF NEC, PROBE: Did this event involve threat of death or serious injury to you or to a close loved one?)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*PT57. Sometimes people have experiences they don’t want to talk about in interviews. I won’t ask you to describe anything like this, but, without telling me what it was, did you have a traumatic event since (NCS1 YEAR) that you didn’t report to me because you didn’t want to talk about it?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*PT57a. I want you to put an “X” on line twenty-six in the box for every year since (NCS1 YEAR) when this happened. Tell me when you are finished.

*PT58. Did any of these experiences occur in the past 12 months?

YES .................................................1
NO ...................................................5 GO TO *PT60
DON’T KNOW ...............................8 GO TO *PT60
REFUSED .......................................9 GO TO *PT60

*PT59. Which experiences have occurred in the past 12 months?

ENTER ALL THAT APPLY

PROGRAMMER: LIST ALL OF THE EVENTS ENDORSED WITH THEIR ASSOCIATED NUMERIC CODE. ALLOW THE IWER TO ENTER MORE THAN ONE NUMERIC CODE

FOR EACH EVENT CHOSEN IN PT59, ASK THE ASSOCIATED PT59a SERIES QUESTION. USE THE SAME CODE LIST AND IWER INSTRUCTIONS INDICATED AT PT59a1 FOR ALL QUESTIONS PT59a2-26

*PT59a1. In which month or months did your combat experience happen?

ENTER ALL THAT APPLY

JANUARY .............................1
FEBRUARY .........................2
MARCH .............................3
APRIL ..............................4
MAY ...................................5
JUNE ..................................6
JULY ..................................7
AUGUST .........................8
SEPTEMBER ....................9
OCTOBER ......................10
NOVEMBER ....................11
DECEMBER ....................12
ALL OF THE MONTHS...13

*PT59a2. In which month or months did your relief worker in a war zone experience happen?

*PT59a3. In which month or months did your civilian in a war zone experience happen?

*PT59a4. In which month or months did your civilian in a region of terror experience happen?

*PT59a5. In which month or months did your kidnapping happen?

*PT59a6. In which month or months did your toxic chemical exposure happen?

*PT59a7. In which month or months did your automobile accident happen?

*PT59a8. In which month or months did your other life threatening accident happen?

*PT59a9. In which month or months did the natural disaster happen?

*PT59a10. In which month or months did the man-made disaster happen?
In which month or months did your life-threatening illness happen?

In which month or months did you experience being beaten up by your spouse or romantic partner?

In which month or months did you experience being beaten up by someone else?

In which month or months did your experience being mugged or threatened with a weapon happen?

In which month or months did you experience being raped?

In which month or months did you experience being sexually assaulted?

In which month or months did you experience being stalked?

In which month or months did you experience an unexpected death of a loved one?

In which month or months did you experience having a child with a serious illness?

In which month or months did the traumatic event to a loved one happen?

In which month or months did you witness death or a dead body or saw someone seriously hurt?

In which month or months did you accidentally cause serious injury or death?

In which month or months did you purposely injure, torture or kill someone?

In which month or months did you see atrocities?

In which month or months did your other event happen?

In which month or months did your private event happen?

**INTERVIEWER CHECKPOINT:**

* R REPORTED ONLY ONE EVENT TYPE............................ 1
* R REPORTED TWO OR THREE DIFFERENT EVENT TYPES.......2
* R REPORTED MORE THAN THREE EVENT TYPES ..................3

Let me review: (IF *PT60 equals ‘1’: You experienced (KEY PHRASE OF EVENT TYPE). IF *PT60 EQUALS ‘2’: You had (two/three) different types of traumatic experiences; (KEY PHRASES OF ALL EVENT TYPES) (and a private event)/ ALL OTHERS: You had quite a few different traumatic experiences. During (IF *PT60 EQUALS ‘1’: an experience/ALL OTHERS: experiences) like this, people often have feelings like being very frightened or terrified, feeling helpless, feeling shocked or horrified, or feeling emotionally numb. Did you have any of these feelings during (IF *PT60 EQUALS ‘1’: this experience/ ALL OTHERS: any of the traumatic experiences) you went through ?

YES........................................1
NO........................................5
DON’T KNOW......................8
REFUSED...........................9

Go to *PT61.2
*PT61.1a. Did you ever have a time in your life before (NCS1 YEAR) when you had a traumatic experience that made you feel terrified, helpless, shocked, or emotionally numb?

YES............................... 1  GO TO *PT62 INTRO 3
NO .............................. 5  GO TO NEXT SECTION
DON’T KNOW .......... 8  GO TO NEXT SECTION
REFUSED ................. 9  GO TO NEXT SECTION

*PT61.2. INTERVIEWER CHECKPOINT: (SEE *PT60)

*PT60 EQUALS ‘1’ ................................................................................1  GO TO *PT62 INTRO 1
*PT60 EQUALS ‘2’.................................................................................2  GO TO *PT62 INTRO 2
*PT60 EQUALS ‘3’.................................................................................3  GO TO *PT62 INTRO 3

*PT61.3. You didn’t have any of the traumatic experiences on this list since (NCS1 YEAR). Did you ever have any of these experiences before (NCS1 YEAR)?

YES .................... 1  GO TO NEXT SECTION
NO .......................... 5  GO TO NEXT SECTION
DON’T KNOW .............. 8  GO TO NEXT SECTION
REFUSED .................. 9  GO TO NEXT SECTION

*PT61.4. Did an experience like this ever cause you to have upsetting memories or dreams, to feel emotionally distant or depressed, to have trouble sleeping or concentrating, or to feel jumpy or easily startled?

YES .................. 1  GO TO *PT62a
NO .......................... 5  GO TO NEXT SECTION
DON’T KNOW ............ 8  GO TO NEXT SECTION
REFUSED .................. 9  GO TO NEXT SECTION

*PT62 INTRO 1.
After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions since (NCS1 YEAR) because of [(EVENT TYPE)/ this experience]?

*PT62 INTRO 2.
After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions since (NCS1 YEAR) because of [(either/any) [EVENT TYPE]/ of these experiences]?

*PT62 INTRO 3.
After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions since (NCS1 YEAR) because of any of the traumatic experiences you [IF *PT61.1a EQUALS ‘1’: had before (NCS1 YEAR)]? ALL OTHERS: reported?]
*PT62a. Did you have any of these reactions since (NSC1 YEAR) because of any traumatic experience that occurred before (NCS1 YEAR)?

(If NEC: Did you have reactions like upsetting dreams, feeling emotionally distant or depressed, having trouble sleeping or concentrating, or feeling jumpy?)

YES ................................ 1
NO .................................. 5  GO TO NEXT SECTION
DON’T KNOW ............ 8  GO TO NEXT SECTION
REFUSED ................... 9  GO TO NEXT SECTION
*PT62.1. Did these reactions last for 30 days or longer?

(If NEC: Did you have these reactions at least once a week for 30 days or longer at any time since (NCS1 YEAR)?)

YES..................................................1
NO...................................................5  GO TO NEXT SECTION
DON’T KNOW ..............................8  GO TO NEXT SECTION
REFUSED .....................................9  GO TO NEXT SECTION

*PT63. INTERVIEWER CHECKPOINT: (SEE *PT60)

*PT60 EQUALS ‘1’ AND *PT61.1 EQUALS ‘1’ AND
*PT62 EQUALS ‘1’ .................................................................1  GO TO *PT68
ALL OTHERS.................................................................2
*PT64. Which traumatic experiences caused you to have those upsetting reactions since (NCS1 YEAR)?

INTERVIEWER: CIRCLE ALL THAT APPLY.

1. COMBAT EXPERIENCE
2. RELIEF WORKER IN WAR ZONE
3. CIVILIAN IN WAR ZONE
4. CIVILIAN IN REGION OF TERROR
5. KIDNAPPED
6. TOXIC CHEMICAL EXPOSURE
7. AUTOMOBILE ACCIDENT
8. OTHER LIFE THREATENING ACCIDENT
9. NATURAL DISASTER
10. MAN-MADE DISASTER
11. LIFE-THREATENING ILLNESS
12. BEATEN UP BY SPOUSE OR ROMANTIC PARTNER
13. BEATEN UP BY SOMEONE ELSE
14. MUGGED OR THREATENED WITH A WEAPON
15. RAPED
16. SEXUALLY ASSAULTED
17. STALKED
18. UNEXPECTED DEATH OF LOVED ONE
19. CHILD WITH SERIOUS ILLNESS
20. TRAUMATIC EVENT TO LOVED ONE
21. WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT
22. ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH
23. PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE
24. SAW ATROCITIES
25. SOME OTHER EVENT (SPECIFY)

________________________________________________________________________

________________________________________________________________________

DON’T KNOW

REFUSED

98 GO TO *PT281

99 GO TO *PT281
**PT68.** (RB, PG 22): (Look at Group 1 on Page 22 in your booklet.) In the *weeks, months, or years* since (NCS1 YEAR) when these reactions were worst, did you try not to think about what had happened?

(IF YES: Please make a checkmark by reaction 1.)

(KEY PHRASE: tried not to think about it)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**PT69.** Did you purposely stay away from places, people or activities that reminded you of [the traumatic experience(s)/ EVENT]?

(IF YES: Please make a checkmark by reaction 2.)

(KEY PHRASE: stayed away from reminders of it)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<td>9</td>
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</tbody>
</table>

**PT70.** Were you ever unable to remember some important parts of what happened?

IF VOL “UNCONSCIOUS,” “KNOCKED OUT,” OR “HEAD INJURY,” CODE NO.

(IF YES: Please make a checkmark by reaction 3.)

[key phrase: were unable to remember part(s) of it]

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<td>9</td>
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</tbody>
</table>

**PT71.** Did you lose interest in doing things you used to enjoy?

(IF YES: Please make a checkmark by reaction 4.)

(KEY PHRASE: lost interest in things you used to enjoy)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<td>9</td>
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</tbody>
</table>

**PT72.** Did you feel emotionally distant or cut-off from other people?

(IF YES: Please make a checkmark by reaction 5.)

(KEY PHRASE: felt distant from other people)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
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</tbody>
</table>

**PT73.** Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?

(IF YES: Please make a checkmark by reaction 6.)

(KEY PHRASE: had trouble feeling normal feelings)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

**PT74.** Did you feel you had no reason to plan for the future because you thought it would be cut short?

(IF YES: Please make a checkmark by reaction 7.)

(KEY PHRASE: felt you had no reason to plan for the future)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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<tbody>
<tr>
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</table>

**PT75.** INTERVIEWER CHECKPOINT: (SEE *PT68 - PT74*)

ZERO “YES” RESPONSES IN *PT68 - PT74 ...................................................... 1  GO TO NEXT SECTION
ALL OTHERS ........................................................................................................... 2
**PT86.** (RB, PG 22) (Look at Group 2 on page 22 in your booklet.)  
Did you ever have repeated unwanted memories of [it/ the traumatic experience(s)/ EVENT] – that is, you kept remembering it even when you didn’t want to?  
(EIF YES: Please make a checkmark by reaction 8 in the booklet.)  
(KEY PHRASE: had unwanted memories)  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<td>1</td>
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</table>

**PT87.** Did you ever have repeated unpleasant dreams about [it/ the traumatic experience(s)/ EVENT]?  
(EIF YES: Please make a checkmark by reaction 9 in the booklet.)  
(KEY PHRASE: had unpleasant dreams)  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</tbody>
</table>

**PT88.** Did you have flashbacks – that is, suddenly act or feel as if [it/ the traumatic experience(s)/ EVENT] were happening all over again?  
(EIF YES: Please make a checkmark by reaction 10 in the booklet.)  
(KEY PHRASE: had flashbacks)  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<tbody>
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</table>

**PT89.** Did you get very upset when you were reminded of [it/ the traumatic experience(s)/ EVENT]?  
(EIF YES: Please make a checkmark by reaction 11 in the booklet.)  
(KEY PHRASE: got really upset when reminded of it)  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</table>

**PT90.** When you were reminded of [it/ the traumatic experience(s)/ EVENT], did you ever have physical reactions like sweating, your heart racing, or feeling shaky?  
(EIF YES: Please make a checkmark by reaction 12 in the booklet.)  
(KEY PHRASE: had physical reactions)  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</table>

**PT91.** INTERVIEWER CHECKPOINT: (SEE *PT86 - *PT90)  
ZERO “YES” RESPONSES IN *PT86 - *PT90 ......................1  
GO TO NEXT SECTION  
ALL OTHERS ..........................................................2
**PT102.** (RB, PG 22) (Look at Group 3 on Page 22 in your booklet.)

During the time [it/ the traumatic experience(s)/ EVENT] affected you most, did you have trouble falling or staying asleep?

(IF YES: Please make a checkmark by reaction 13.)

(KEY PHRASE: had sleep problems)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
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<tr>
<td>1</td>
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</table>

**PT103.** Were you more irritable or short-tempered than you usually are?

(IF YES: Please make a checkmark by reaction 14.)

(KEY PHRASE: were irritable)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</table>

**PT104.** Did you have more trouble concentrating or keeping your mind on what you were doing?

(IF YES: Please make a checkmark by reaction 15.)

(KEY PHRASE: had trouble concentrating)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
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</table>

**PT105.** Were you much more alert or watchful, even when there was no real need to be?

(IF YES: Please make a checkmark by reaction 16.)

(KEY PHRASE: were more alert or watchful)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
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<td>9</td>
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</table>

**PT106.** Were you more jumpy or easily startled by ordinary noises?

(IF YES: Please make a checkmark by reaction 17.)

(KEY PHRASE: were jumpy or easily startled)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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<td>9</td>
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</tbody>
</table>

**PT107. INTERVIEWER CHECKPOINT:** (SEE *PT102 - *PT106)

ZERO “YES” RESPONSES IN *PT102 – *PT106 ........................................ 1  GO TO NEXT SECTION

ALL OTHERS .......................................................................................................... 2

**PT110.** You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN  *PT68 - *PT74, *PT86 - *PT90, *PT102 - *PT106). What was the longest amount of time since (NCS1 YEAR) when you had some of these reactions at least once a week?

(IF DK, PROBE, “Was it at least a month?” IF YES, CODE 97 BELOW.)

__________ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS ...1 WEEKS ...2 MONTHS....3 YEARS....4

(IF VOL) “ENTIRE TIME” .................96
(IF VOL) “AT LEAST A MONTH” ......97
DON’T KNOW ...........................................98
REFUSED ....................................................99
**PT111.** INTERVIEWER CHECKPOINT: (SEE *PT110)

LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN **PT110**........1  **GO TO NEXT SECTION**
ALL OTHERS ........................................................................................................2

**PT113.** Think of the time since (NCS1 YEAR) when these reactions were most frequent and intense. How often did they occur -- one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

(IF VOL)LESS THAN ONCE A MONTH........1  **GO TO NEXT SECTION**
ONE TO TWO TIMES A MONTH................2
THREE TO FIVE TIMES A MONTH.................3
SIX TO TEN TIMES A MONTH....................4
MORE THAN TEN TIMES A MONTH..............5
DON’T KNOW ............................................8
REFUSED ..................................................9

**PT114.** How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?

NONE ......................................................1
MILD ......................................................2
MODERATE ............................................3
SEVERE ..................................................4
VERY SEVERE .........................................5
DON’T KNOW .........................................8
REFUSED ..................................................9

**PT115.** How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

NOT AT ALL .............................................1
A LITTLE ...............................................2
SOME ....................................................3
A LOT ....................................................4
EXTREMELY ............................................5
DON’T KNOW .........................................8
REFUSED ..................................................9

**PT116.** INTERVIEWER CHECKPOINT: (SEE *PT114 *PT115)

RESPONSES CODED ‘1’ OR ‘2’ IN **PT114** AND ‘1’ OR ‘2’ IN **PT115**........1  **GO TO NEXT SECTION**
ALL OTHERS ........................................................................................................2

**PT118.** INTERVIEWER CHECKPOINT: (SEE *PT110)

**PT110** EQUALS ‘96’ .........................................................1  **GO TO **PT120
ALL OTHERS .................................................................................................2
*PT119. Did you have any of these reactions at any time in the past 12 months?

YES ...................................... 1
NO........................................ 5  GO TO *PT121
DON’T KNOW.................. 8  GO TO *PT121
REFUSED .......................... 9  GO TO *PT121

*PT120. INTERVIEWER INSTRUCTION: (SEE 12-MONTH CALENDER)

INTERVIEWER: LABEL A ROW ON THE 12-MONTH CALENDER “REACTIONS TO TRAUMATIC EXPERIENCE” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS:

I want you to put an “X” in the box for each month in the past year when you had some of these reactions at least once each week. Tell me when you’re finished.

*PT121. INTERVIEWER INSTRUCTION (SEE 10-YEAR CALENDER)

INTERVIEWER: LABEL A ROW ON THE 12-MONTH CALENDER “REACTIONS TO TRAUMATIC EXPERIENCE” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS:

(IF *PT119 EQUALS ‘1’: Now I want you to do something similar for all the years since (NCS1 YEAR), except this time I want you to put an “X” in the box for each year when there was at least one month when you had these reactions./ALL OTHERS: I want you to put an “X” in the box for each year since (NCS1 YEAR) when you had some of these reactions every week for a month or longer.) Tell me when you’re finished.

*PT281. Did you receive any professional treatment for these reactions at any time in the past 12 months?

YES.....................................1
NO.......................................5
DON’T KNOW..............8
REFUSED ..........................9

END OF SECTION

GO TO NEXT SECTION
### CHRONIC CONDITIONS (CC)

<table>
<thead>
<tr>
<th>*CC1.</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CC1a.</strong> The next few questions are about health problems you might have had at any time since (NCS1 YEAR). Have you ever had any of the following conditions since (NCS1 YEAR): arthritis or rheumatism?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: arthritis or rheumatism)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1b.</strong> Chronic back or neck problems?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: back or neck problems)</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1c.</strong> Frequent or severe headaches?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: frequent or severe headaches)</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>CC1d.</strong> Any other chronic pain?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>[KEY PHRASE: (any other) chronic pain]</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1e.</strong> Seasonal allergies like hay fever?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: seasonal allergies)</strong></td>
<td></td>
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<tr>
<td><strong>CC1f.</strong> Did a doctor or other health professional ever tell you that you had any of the following illnesses: A stroke?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: stroke)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CC1g.</strong> A heart attack?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: heart attack)</strong></td>
<td></td>
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<tr>
<td><strong>CC1h.</strong> Heart disease?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: heart disease)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1i.</strong> High blood pressure?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: high blood pressure)</strong></td>
<td></td>
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<tr>
<td><strong>CC1j.</strong> Asthma?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: asthma)</strong></td>
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<tr>
<td><strong>CC1k.</strong> Tuberculosis?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: tuberculosis)</strong></td>
<td></td>
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<tr>
<td><strong>CC1l.</strong> Any other chronic lung disease, like chronic obstructive pulmonary disease or emphysema?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: chronic lung disease)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1m.</strong> Diabetes or high blood sugar?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: diabetes or high blood sugar)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1n.</strong> An ulcer in your stomach or intestine?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: ulcer)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CC1r.</strong> HIV infection or AIDS?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: HIV infection)</strong></td>
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<tr>
<td><strong>CC1s.</strong> Epilepsy or seizures?</td>
<td>1</td>
<td>5</td>
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<td>9</td>
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<tr>
<td><strong>(KEY PHRASE: epilepsy or seizure disorder)</strong></td>
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<tr>
<td><strong>CC1t.</strong> Cancer?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: cancer)</strong></td>
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</tbody>
</table>
ASK *CC3-*CC4 FOLLOW-UP QUESTIONS IN SEQUENCE FOR EACH DX (A-G). GO TO *CC5 AFTER LAST DX.

A. ARTHRITIS OR RHEUMATISM
B. BACK OR NECK PROBLEMS
C. FREQUENT OR SEVERE HEADACHES
D. ANY OTHER CHRONIC PAIN
E. SEASONAL ALLERGIES

*CC3a-e. How old were you the first time you had (DX A-E)?

__________ YEARS

DON’T KNOW ............... 998
REFUSED .................. 999

*CC4a-e. Did the (DX A-E) (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: start/ALL OTHERS: get much worse for a month or longer) in the past 12 months?

YES ........................................ 1
NO ............................................ 2  GO TO NEXT DX
DON’T KNOW ..................... 8  GO TO NEXT DX
REFUSED ....................... 9  GO TO NEXT DX

*CC4.1a-e. In what month did it (start/begin to get much worse)?

__________ MONTH (01-13)

DON’T KNOW ............... 98
REFUSED .................. 99

F. STROKE
G. HEART ATTACK

*CC3f-g. How old were you the first time you had a (DX F-G)?

__________ YEARS

DON’T KNOW ............... 998
REFUSED .................. 999

*CC4f-g. (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: Did you have the (stroke/heart attack) in the past 12 months?/ ALL OTHERS: Did you have another (stroke/heart attack) at any time in the past 12 months?)

YES ........................................ 1
NO ............................................ 2  GO TO NEXT DX
DON’T KNOW ..................... 8  GO TO NEXT DX
REFUSED ....................... 9  GO TO NEXT DX

*CC4.1f-g. In what month?

__________ MONTH (01-13)

DK ............... 98
RF ............... 99
H. HEART DISEASE
I. HIGH BLOOD PRESSURE
J. ASTHMA
K. TUBERCULOSIS
L. CHRONIC LUNG DISEASE
N. DIABETES OR HIGH BLOOD SUGAR
O. AN ULCER
R. HIV INFECTION
S. EPILEPSY OR SEIZURES
T. CANCER

*CC3h-t. How old were you when you were first diagnosed with (DX H-T)?

 __________ YEARS

DON’T KNOW .................. 998
REFUSED ....................... 999

*CC4h-t. Did the (DX H-T) (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: first get diagnosed?/ ALL OTHERS: get much worse for a month or longer) in the past 12 months?

YES .................................................. 1
NO .................................................. 2 GO TO NEXT DX
DON’T KNOW ..................... 8 GO TO NEXT DX
REFUSED ............................. 9 GO TO NEXT DX

*CC4.1h-t. In what month did (you get the diagnosis/it begin to get much worse)?

 __________ MONTH (01-13)

DON’T KNOW ............... 98
REFUSED ................. 99

*CC5. INTERVIEWER CHECKPOINT (SEE *CC1t)

*CC1t EQUALS ‘1’ ........................................ 1
ALL OTHERS ................................. 2 GO TO *CC6.1

*CC6. Are you currently in treatment for your cancer, in remission, or has it been cured?

TREATMENT ................................. 1
REMISSION .................................. 2
CURED ..................................... 3
DON’T KNOW ......................... 8
REFUSED .................... 9
*CC6a. Where (is/ was) your cancer? In what part of your body?

CIRCLE ALL THAT APPLY.

- BREAST CANCER .....................................1
- COLON CANCER ....................................2
- LUNG CANCER ......................................3
- LYMPHOMA OR LEUKEMIA ......................4
- MELANOMA ..........................................5
- PROSTATE CANCER .................................6
- SKIN CANCER .......................................7
- UTERINE CANCER ..................................8
- OVARIAN CANCER .................................9
- CERVICAL CANCER .................................10
- OTHER (SPECIFY) .................................11

________________________________________________________________________________
________________________________________________________________________________

DON’T KNOW ...................................98  
REFUSED ............................................99

*CC6.1. In the past 12 months did you have an accident, injury or poisoning that required medical attention?

YES ..................................................1  
NO....................................................2  GO TO *CC20  
DON’T KNOW ...............................8  GO TO *CC20  
REFUSED .......................................9  GO TO *CC20

*CC6.1a. In what month?

INTERVIEWER: IF MORE THAN ONE OCCASION, ASK FOR MONTH OF MOST RECENT OCCASION

_________ MONTHS (01-13)

DON’T KNOW .........................98  
REFUSED .................................99

*CC20. The next few questions are about problems with your sleep. Did you have a period lasting two weeks or longer in the past 12 months when you had any of the following problems with your sleep:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CC20a. Problems getting to sleep, when nearly every night it took you two hours or longer before you could fall asleep?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CC20b. Problems staying asleep, when you woke up nearly every night and took an hour or more to get back to sleep?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CC20c. Problems waking too early, when you woke up nearly every morning at least two hours earlier than you wanted to?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CC20d. Problems feeling sleepy during the day?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*CC21. INTERVIEWER CHECKPOINT: (SEE *CC20 SERIES)

ONE OR MORE “YES” RESPONSES IN *CC20 SERIES.............1
ALL OTHERS.................................................................2  GO TO *CC28.1

*CC22. About how many weeks in the past 52 did you have problems with your sleep?

_______ WEEKS

DON’T KNOW .................. 998
REFUSED ......................... 999

*CC28.1. The next questions are about “medically unexplained chronic pain”. This is defined as pain lasting six
months or longer that is (READ SLOWLY) severe enough either to interfere a lot with your normal
activities or to cause a lot of emotional distress and that a doctor cannot explain. With that definition in
mind, did you have “medically unexplained chronic pain” at any time since (NCS1 YEAR)?

YES.................................................1
NO ..................................................5  GO TO *CC40
DON’T KNOW .............................8  GO TO *CC40
REFUSED ......................................9  GO TO *CC40

*CC28.1a. In what part of your body did the pain occur?

RECORD ALL MENTIONS

NECK OR BACK.................................................................1
STOMACH OR ABDOMEN ....................................................2
JOINTS LIKE ARMS, HANDS, LEGS, OR FEET .......................3
FACE OR JAW OF THE JOING JUST BELOW THE EAR ..............4
CHEST.................................................................5
ANY OTHER TYPE OF CHRONIC PAIN (SPECIFY) .................6

DON’T KNOW..........................................................8
REFUSED..............................................................9

*CC28.2. Thinking of a time in your life when the pain was most consistent and severe, how much emotional distress
did you experience because of your pain – none, mild, moderate, severe, or very severe distress?

NONE .................................................1
MILD ...................................................2
MODERATE ........................................3
SEVERE....................................................4
VERY SEVERE ........................................5
DON’T KNOW .................................8
REFUSED ........................................9

*CC28.3. How much did your pain ever interfere with either your work, your social life, or your personal relationships
– not at all, a little, some, a lot, or extremely?

NOT AT ALL .................. 1  GO TO *CC28.4
A LITTLE ......................... 2
SOME ................................. 3
A LOT ................................. 4
EXTREMELY .................... 5
DON’T KNOW .................. 8
REFUSED ......................... 9
**CC28.3a.** How often were you unable to carry out your daily activities because of your pain – often, sometimes, rarely, or never?

- OFTEN.............................1
- SOMETIMES ......................2
- RARELY-------------------------3
- NEVER---------------------------------4
- DON’T KNOW ......................8
- REFUSED............................9


- *CC28.2 EQUALS ‘3’ – ‘5’ OR *CC28.3 EQUALS ‘3’ – ‘5’ OR
- *CC28.3a EQUALS ‘1’ – ‘3’ .................................................................1
- ALL OTHERS..................................................................................2

GO TO *CC40

---

**CC29.1.** How old were you the first time you had “medically unexplained chronic pain”?

- ______ YEARS OLD

- DON’T KNOW ..................998
- REFUSED .........................999

---

**CC29.4.** How many months in the past 12 months did you have this pain?

- ______ MONTHS

- DON’T KNOW ..................998
- REFUSED .........................999

---

**CC40.** Have you ever had a time lasting 12 months or longer when at least one week each month you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?

- YES..............................1
- NO....................................5
- DON’T KNOW ......................8
- REFUSED............................9

GO TO *CC48

---

**CC41.** Did you have either frequent diarrhea or frequent constipation during that time?

- YES..............................1
- NO....................................5
- DON’T KNOW ......................8
- REFUSED............................9

GO TO *CC43

---

**CC42.** Did you have a change in the frequency of your bowel movements during that time?

- YES..............................1
- NO....................................5
- DON’T KNOW ......................8
- REFUSED............................9

GO TO *CC48
**CC43.** Did these problems ever last at least one week per month for 12 months or longer?

YES........................................1
NO........................................5 [GO TO *CC48]
DON’T KNOW.........................8 [GO TO *CC48]
REFUSED..................................9 [GO TO *CC48]

**CC44.** How old were you the first time you had 12 months or longer when you had frequent stomach discomfort and (IF *CC41* EQUALS ’1’:either diarrhea or constipation/ALL OTHERS:a change in the frequency of bowel movements)?

_____________ YEARS OLD

DON’T KNOW...........998
REFUSED...................999

**CC44.1.** How many different years in your life did you have these sorts of bowel problems at least one week every month?

_____________ YEARS OLD

DON’T KNOW...........998
REFUSED...................999

**CC44.2.** Did you have these problems at least one week every month in the past 12 months?

YES........................................1
NO........................................5
DON’T KNOW.........................8
REFUSED..................................9

**CC46.** How much did these problems (with your bowels) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL........................................1 [GO TO *CC48]
A LITTLE..........................................2
SOME..............................................3
A LOT...............................................4
EXTREMELY......................................5
DON’T KNOW.................................8
REFUSED..........................................9

**CC46a.** How often were these problems so severe you could not carry out your daily activities – often, sometimes, rarely, or never?

OFTEN.............................................1
SOMETIMES.................................2
RARELY..........................................3
NEVER............................................4
DON’T KNOW.........................8
REFUSED..........................................9

**CC48.** Do you have a regular medical doctor who you usually visit when you need routine medical care?

YES...........................................1 [GO TO *CC49]
NO...............................................5
DON’T KNOW.........................8
REFUSED..........................................9
*CC48a. Do you have a regular place where you usually go when you need routine medical care – like a particular clinic or hospital?

YES......................................................1
NO.....................................................5
DON’T KNOW.................................8
REFUSED........................................9

*CC49. How many visits did you make to each of the following types of health professionals in the past 12 months:

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>Visits in Past 12 Mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CC49a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam?</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*CC49b. A dentist or optician for a routine check-up or exam?</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*CC49c. A doctor, emergency room, or clinic for urgent care treatment – for example, because of new symptoms, an accident, or something else unexpected?</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*CC49d. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery?</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CC49.1. INTERVIEWER CHECKPOINT: (SEE *CC49a-d)

AT LEAST ONE RESPONSE IN THE RANGE
‘1’ - ‘997’ IN *CC49a - *CC49d SERIES.............................1
ALL OTHERS.........................................................................2
GO TO *CC50

*CC49.2. In the past 12 months, did a medical doctor do any of the following things either as part of a routine physical check-up or in a visit you made for a physical health problem: ask you about your use of alcohol or illegal drugs?

YES......................................................1
NO.....................................................5
DON’T KNOW.................................8
REFUSED........................................9
GO TO *CC49.2b

*CC49.2a. (In the past 12 months, did a medical doctor) Advise you to cut down or stop alcohol or drug use?

YES......................................................1
NO.....................................................5
DON’T KNOW.................................8
REFUSED........................................9
*CC49.2b. (In the past 12 months, did a medical doctor) Ask you about your emotions, nerves, or mental health?

YES........................................................ 1  GO TO *CC49.2d
NO............................................................. 5
DON’T KNOW ........................................ 8
REFUSED................................................. 9

*CC49.2c. INTERVIEWER CHECKPOINT: (SEE *CC49.2)

*CC49.2 EQUALS ‘1’........................................................................ 1
ALL OTHERS ..................................................................................... 2  GO TO *CC50

*CC49.2d. (In the past 12 months, did a medical doctor) Suggest that you see a specialist or go to a special program for emotional or substance problems?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CC49.2e. (In the past 12 months, did a medical doctor) Suggest that you take medication for emotional or substance problems?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CC49.2f. (In the past 12 months, did a medical doctor) Spend at least 5 minutes counseling you about your emotional or substance problems?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CC50. The next questions are about health insurance obtained through jobs, purchased directly, or obtained from government programs. In answering, do not include plans that only supplement your income if you are in the hospital or that only pay for one type of service, such as dental care or eye glasses, or nursing home care, or accidents. With all that in mind, are you currently covered by some type of military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care?

YES.............................................................. 1
NO.............................................................. 5
DON’T KNOW ............................................. 8
REFUSED...................................................... 9

*CC50.1. (IF *CC50 EQUALS ‘1’: Other than military health insurance, are you covered by any other/ ALL OTHERS: Are you covered by a) health insurance plan obtained through a current or past employer or union — either your own employer or union or the employer or union of someone else?)

YES.............................................................. 1
NO.............................................................. 5
DON’T KNOW ............................................. 8
REFUSED...................................................... 9

*CC50.2. Are you covered by a health insurance plan purchased directly from an insurance company?

YES.............................................................. 1
NO.............................................................. 5
DON’T KNOW ............................................. 8
REFUSED...................................................... 9
**CC50.3.** Are you covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

(If NEC: Include HMO plans as well as the traditional Medicare plan.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO *CC50.4*

---

**CC50.3a.** Are you covered by a Medicare supplemental or Medigap policy to cover the costs of health care that are not covered by Medicare?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
*CC50.4. Are you covered by (STATE NAME FOR MEDICAID), the government assistance program for people in need?

STATE NAMES FOR MEDICAID TO INSERT INTO *CC50.4:

ALABAMA: Medicaid
ARIZONA: AHCCCS (Arizona Health Care Cost Containment System)
ARKANSAS: Medicaid
CALIFORNIA: MediCal
COLORADO: Colorado Medicaid or the Colorado Indigent Care Program
CONNECTICUT: Medicaid or the General Assistance Medical Aid Program
DELWARE: Medicaid
DISTRICT OF COLUMBIA: Medicaid
FLORIDA: Medicaid
GEORGIA: Medicaid
IDAHO: Medicaid
ILLINOIS: Medical Assistance
INDIANA: Medicaid
IOWA: Medicaid or the Medically Needy Program
KANSAS: Medicaid
KENTUCKY: Medicaid
LOUISIANA: Medicaid
MAINE: Medicaid or the Medically Needy Program
MARYLAND: Medicaid or the Health Choice Program
MASSACHUSETTS: MassHealth
MICHIGAN: Medicaid
MINNESOTA: Medical Assistance (MA)
MISSISSIPPI: Medicaid
MISSOURI: Medicaid
MONTANA: Medicaid
NEBRASKA: Medicaid
NEVADA: Medicaid
NEW HAMPSHIRE: Medicaid or the In & Out Program
NEW JERSEY: Medicaid or any other program
NEW MEXICO: Medicaid
NEW YORK: Medicaid or the Family Health Plus Program
NORTH CAROLINA: Medicaid
NORTH DAKOTA: Medicaid
OHIO: Ohio Health Plans
OKLAHOMA: Medicaid
OREGON: Oregon Health Plan
PENNSYLVANIA: Medicaid
RHODE ISLAND: Medicaid
SOUTH CAROLINA: Medicaid
SOUTH DAKOTA: South Dakota Medical Assistance
TENNESSEE: TennCare
TEXAS: Medicaid
UTAH: Medicaid or the HIP (Utah Comprehensive Health Insurance Pool)
VERMONT: Medicaid or the VHAP (Vermont Health Access Plan)
VIRGINIA: FAMIS (Family Access to Medical Insurance Security)
WASHINGTON: Medicaid or the Medically Needy Program
WEST VIRGINIA: Medicaid
WISCONSIN: Medicaid
WYOMING: Medicaid

YES.................................................................1
NO...............................................................5
DON’T KNOW ...............................................8
REFUSED.......................................................9
**CC50.5.** Are you covered by (STATE NAME FOR STATE PLAN), the state health insurance plan for uninsured people?

**STATE NAMES FOR STATE PLANS TO INSERT INTO **CC50.5**

<table>
<thead>
<tr>
<th>State</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>All Kids</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Kids Care</td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>ARKids First</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>Healthy Families</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Child Health Plan Plus (CHP+)</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>The Husky Plan (Health Plan Healthcare for Uninsured Kids and Youth)</td>
</tr>
<tr>
<td>DELAWARE</td>
<td>Delaware Healthy Children Program</td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>D.C. Healthy Families</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>Kid Care</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Peach Care for Kids</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Brighton Futures Children’s Health Insurance Program</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Kid Care</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Hoosier Healthwise</td>
</tr>
<tr>
<td>IOWA</td>
<td>HAWK-I</td>
</tr>
<tr>
<td>KANSAS</td>
<td>Healthwave Program</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Kentucky Children’s Health Insurance Program (KCHIP)</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>LA CHIP</td>
</tr>
<tr>
<td>MAINE</td>
<td>Cub Care</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Maryland Children’s Health Program</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Mass Health</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>MI Child</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>Minnesota Care</td>
</tr>
<tr>
<td>MISSISSIPPI</td>
<td>Children’s Health Insurance Program (CHIP)</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>MC+ For Kids</td>
</tr>
<tr>
<td>MONTANA</td>
<td>Children’s Health Insurance Plan (CHIP)</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Kids Connection</td>
</tr>
<tr>
<td>NEVADA</td>
<td>Nevada CheckUp</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Healthy Kids (Healthy Kids Gold/Healthy Kids Silver)</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>NJ KidCare</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>New Mexikids</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Child Health Plus</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>NC Health Choice for Children</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td>Healthy Steps Program</td>
</tr>
<tr>
<td>OHIO</td>
<td>Healthy Start</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>Sooner Care</td>
</tr>
<tr>
<td>OREGON</td>
<td>Oregon Health Plan</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Children’s Health Insurance Plan (CHIP)</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Rite Care</td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Child Health Insurance Plan (CHIP)</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Child Health Insurance Program (CHIP)</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>TennCare for Children Program</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Tex Care Partnership</td>
</tr>
<tr>
<td>UTAH</td>
<td>Children’s Health Insurance Program</td>
</tr>
<tr>
<td>VERMONT</td>
<td>Dr. Dynasaur</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>Children’s Medical Security Insurance Plan</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>CHIP</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>West Virginia Children’s Health Insurance Program</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>Badger Care</td>
</tr>
<tr>
<td>WYOMING</td>
<td>Wyoming Kid Care</td>
</tr>
</tbody>
</table>

YES ................................................................. 1
NO ................................................................. 5
DON’T KNOW ...................................................... 8
REFUSED ............................................................ 9
**CC50.6. Are you covered by the Indian Health Service?**

YES ................................................................. 1
NO ........................................................................... 5
DON’T KNOW .................................................... 8
REFUSED ........................................................... 9

**CC50.7. Are you covered by any other type of health insurance that I have not mentioned?**

YES (SPECIFY: ________ ) ....................................... 1
NO ........................................................................... 5
DON’T KNOW .................................................... 8
REFUSED ........................................................... 9

**CC50.8. INTERVIEWER CHECKPOINT: (SEE CC50-*CC50.7)**

IF *CC50 EQUALS ‘1’ OR *CC50.1 EQUALS ‘1’ OR
*CC50.2 EQUALS ‘1’ OR *CC50.3 EQUALS ‘1’ OR
*CC50.4 EQUALS ‘1’ OR *CC50.5 EQUALS ‘1’ OR
*CC50.6 EQUALS ‘1’ OR *CC50.7 EQUALS ‘1’ .......... 1
ALL OTHERS .................................................................... 2
GO TO *CC51

**CC50.9. Does your health insurance plan require you to sign up with a certain primary care doctor, group of
doctors, or clinic, which you must go to for all of your routine care?**

(IF NEC: Do not include emergency care or care from a specialist you were referred to.)

YES ............................................................................. 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES .... 3
NO ............................................................................. 5
DON’T KNOW ....................................................... 8
REFUSED .............................................................. 9

**CC50.11. Does your health insurance plan require you to get approval or a referral to see a specialist or to get
special care?**

(IF NEC: Do not include emergency care.)

YES ............................................................................. 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES .... 3
NO ............................................................................. 5
DON’T KNOW ....................................................... 8
REFUSED .............................................................. 9

**CC50.12. Can you go to any doctor or clinic who will accept your insurance, or do you have to choose from a list
de doctors in a plan book or network directory?**

CAN GO TO ANY DOCTOR ........................................... 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES .... 3
MUST CHOOSE FROM LIST ....................................... 5
(IF VOL) HAS TO SEE A SPECIFIC DOCTOR .............. 6
DON’T KNOW ....................................................... 8
REFUSED .............................................................. 9

GO TO *CC50.14
*CC50.13. Do you have to pay a higher co-payment to see a doctor who is not in the network of your plan?

YES .............................................................................................. 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ...... 3
NO ................................................................................................. 5
DON’T KNOW ............................................................................... 8
REFUSED ........................................................................................ 9

*CC50.14. Is your health plan an HMO – that is, a health Maintenance Organization?

(IF NEC: With an HMO, you have to receive care from HMO doctors to have the expense covered, unless there is an emergency or you are referred by the HMO to some other doctor.)

YES .............................................................................................. 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ...... 3
NO ................................................................................................. 5
DON’T KNOW ............................................................................... 8
REFUSED ........................................................................................ 9

*CC50.15. If you do not have a referral, will your health plan pay for any of the costs of visits to doctors who are not associated with the plan?

YES .............................................................................................. 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ...... 3
NO ................................................................................................. 5
DON’T KNOW ............................................................................... 8
REFUSED ........................................................................................ 9

*CC50.16. How much do you have to pay if you go to a plan doctor for a routine visit?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

$ ______
FULL PRICE ................................................ 997
DON’T KNOW ............................................... 998
REFUSED ........................................................ 999

*CC50.17. How much do you have to pay for prescription medicines?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

$ ______
FULL PRICE ................................................ 997
DON’T KNOW ............................................... 998
REFUSED ........................................................ 999
*CC51. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOULD DEFINITELY GO</td>
<td>1</td>
</tr>
<tr>
<td>WOULD PROBABLY GO</td>
<td>2</td>
</tr>
<tr>
<td>WOULD PROBABLY NOT GO</td>
<td>3</td>
</tr>
<tr>
<td>WOULD DEFINITELY NOT GO</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*CC52. How comfortable would you feel talking about personal problems with a professional – very comfortable, somewhat, not very, or not at all comfortable?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY COMFORTABLE</td>
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<tr>
<td>SOMEWHAT COMFORTABLE</td>
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</tr>
<tr>
<td>NOT VERY COMFORTABLE</td>
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</tr>
<tr>
<td>NOT AT ALL COMFORTABLE</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*CC53. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem – very embarrassed, somewhat, not very, or not at all embarrassed?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY EMBARRASSED</td>
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<td>SOMEWHAT EMBARRASSED</td>
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<td>3</td>
</tr>
<tr>
<td>NOT AT ALL EMBARRASSED</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

*CC54. Of the people who see a professional for serious emotional problems, what percent do you think are helped?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
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<td>PERCENT</td>
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</tr>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

*CC55. Of those who do not get professional help, what percent do you think get better even without it?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERCENT</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

GO TO NEXT SECTION
NEURASTHENIA SECTION (N)

*N1. (READ SLOWLY) Did you ever in your life have a period lasting several months or longer when you became very tired, weak, or exhausted either while performing minor everyday physical tasks like working, shopping, housekeeping, and walking, or while performing everyday mental tasks like reading, writing, and doing paperwork?

- YES .................................... 1
- NO ...................................... 5  **GO TO NEXT SECTION**
- DON’T KNOW ........................ 8  **GO TO NEXT SECTION**
- REFUSED ............................. 9  **GO TO NEXT SECTION**

*N2. What would happen when you tried to rest or relax — would you fully regain your energy and strength? Or would you still feel tired or weak?

- FULLY REGAIN ............................. 1  **GO TO NEXT SECTION**
- STILL FEEL TIRED/WEAK ........... 2
- DON’T KNOW ............................. 8
- REFUSED .............................. 9

*N3. During the months or years when this problem was most severe, how often did you get tired — nearly every day, most days, about half the days, or less than half the days?

- NEARLY EVERY DAY .............. 1
- MOST DAYS ............................. 2
- ABOUT HALF THE DAYS .......... 3  **GO TO NEXT SECTION**
- LESS THAN HALF THE DAYS .... 4  **GO TO NEXT SECTION**
- DON’T KNOW ............................. 8  **GO TO NEXT SECTION**
- REFUSED ............................ 9  **GO TO NEXT SECTION**

*N4. How much did your tiredness ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL ............................. 1  **GO TO NEXT SECTION**
- A LITTLE ................................ 2  **GO TO NEXT SECTION**
- SOME ..................................... 3
- A LOT .................................... 4
- EXTREMELY ............................. 5
- DON’T KNOW ............................. 8
- REFUSED .................................. 9

*N4a. How often were you too tired to carry out your daily activities – often, sometimes, rarely, or never?

- OFTEN .................................. 1
- SOMETIMES ............................. 2
- RARELY .................................. 3
- NEVER .................................. 4
- DON’T KNOW ............................. 8
- REFUSED .................................. 9
**N5.** Still thinking of the months or years when this problem with frequent tiredness was most severe, did you also have any of the following problems during that time:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>*N5a. Did you have frequent headaches?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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<tr>
<td><strong>(KEY PHRASE: headaches)</strong></td>
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</tr>
<tr>
<td>*N5b. Did you often oversleep or wake feeling unrefreshed?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: sleep problems)</strong></td>
<td></td>
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<tr>
<td>*N5c. Did you have frequent muscle aches or pains?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: aches and pains)</strong></td>
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<tr>
<td>*N5d. Did you often feel dizzy?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: dizziness)</strong></td>
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</tr>
<tr>
<td>*N5e. Were you often unable to relax?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: inability to relax)</strong></td>
<td></td>
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</tr>
<tr>
<td>*N5f. Were you often impatient or irritable?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: irritability)</strong></td>
<td></td>
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</tr>
<tr>
<td>*N5g. Were you often sad or depressed?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: sad or depressed)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*N5h. Were you often nervous or worried?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>(KEY PHRASE: nervous or worried)</strong></td>
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</tbody>
</table>

*N6.** INTERVIEWER CHECKPOINT: (SEE *N5a – *N5h (*N5f)** SERIES)

AT LEAST ONE ‘YES’ RESPONSE IN *N5a – *N5h (*N5f)** SERIES...1
ALL OTHERS ........................................................................................................2 GO TO NEXT SECTION
*N7. Did you ever talk to a medical doctor about your frequent tiredness and other related problems?

YES ............................................1  GO TO *N8  
NO ..............................................5
DON’T KNOW ...............................8
REFUSED ....................................9

*N7a. Experiences of this sort sometimes occur as a result of physical causes such as illness or injury or the use of medication, drugs, or alcohol. Do you think your frequent tiredness ever occurred as the result of such physical causes?

YES ............................................1  GO TO *N15  
NO ..............................................5  GO TO *N15  
DON’T KNOW ...............................8  GO TO *N15  
REFUSED ....................................9  GO TO *N15

*N7b. Do you think your frequent tiredness was always the result of physical causes?

YES ............................................1  GO TO *N15  
NO ..............................................5  GO TO *N15  
DON’T KNOW ...............................8  GO TO *N15  
REFUSED ....................................9  GO TO *N15

*N7c. What do you think the cause was?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

GO TO *N15
What did the doctor say was the cause?

If you replied "More than one doctor," then probe: What were all the causes the different doctors told you?

Circle all that apply.

### Psychological Problems
- Panic.................................................................1
- Anxiety.............................................................2
- Depression.......................................................3
- Nerves/Emotions/Mental Health.........................4
- Other Psychological (Specify Below).....................5

### Stress
- Overwork..........................................................10
- Tension...............................................................11
- Other Stressful Experience (Specify Below)............12

### Physical Illness/Injury/Condition
- Chronic Fatigue Syndrome..................................20
- Exhaustion........................................................21
- Hyperventilation...............................................22
- Hypochondriasis...............................................23
- Immune System Dysfunction...............................24
- Menstrual Cycle...............................................25
- Pregnancy/Postpartum.......................................26
- Heart Disease...................................................27
- High Blood Pressure..........................................28
- Overweight.......................................................29
- Other Physical Illness (Specify Below)..................30

### Medication/Drugs/Alcohol
- Medication (Specify Below)..................................31
- Drugs (Specify Below)..........................................32
- Alcohol............................................................33

### Other
- No Definitive Diagnosis......................................81
- Other (Specify Below)..........................................82
- Don't Know.......................................................88
- Refused............................................................99

Specify:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
*N9. INTERVIEWER CHECKPOINT: (SEE *N8) FOLLOW SKIP FOR FIRST ENDORSED ITEM

ONE OR MORE RESPONSES ARE CIRCLED IN 1-12 SERIES
(Psychological/Stress) ................................................................. 1  GO TO *N16
ONE OR MORE RESPONSES ARE CIRCLED IN 31-33 SERIES
(Med/Drugs/Alc) ........................................................................... 2  GO TO *N10
ONE OR MORE RESPONSES ARE CIRCLED IN 20-30 SERIES
(Physical Illness) ........................................................................ 3  GO TO *N14
ALL OTHERS ................................................................................ 4  GO TO *N13

*N10. Was your frequent tiredness always the result of taking medication, drugs, or alcohol?

YES ................................. 1  GO TO *N15
NO ..................................... 5
DON'T KNOW .................. 8
REFUSED ......................... 9

*N11. INTERVIEWER CHECKPOINT: (SEE *N8)

ONE OR MORE RESPONSES ARE CIRCLED IN 20-30 SERIES
(Physical Illness) ........................................................................ 1  GO TO *N15
ALL OTHERS ................................................................................ 2  GO TO *N15

*N12. When the tiredness was not due to taking medication, drugs, or alcohol, was it always the result of a physical illness, or injury [such as (Mentions in *N8)]?

YES ................................. 1
NO ..................................... 5
DON'T KNOW .................. 8
REFUSED ......................... 9

GO TO *N15

*N13. Did they find anything abnormal when they examined you or took tests or x-rays?

YES ............................................................ 1
NO ......................................................... 5
NO EXAMINATION PERFORMED ............ 6  GO TO *N15
DON'T KNOW ................................. 8  GO TO *N15
REFUSED ................................. 9  GO TO *N15

*N14. Was your frequent tiredness always the result of a physical illness or injury [such as (Mentions in *N8)]?

YES ................................. 1
NO ............................................. 5
DON'T KNOW .................. 8
REFUSED ......................... 9
**N15.** Do you think that psychological factors ever played an important part in your frequent tiredness and other related problems?

- PSYCHOLOGICAL FACTORS IMPORTANT .................. 1
- PSYCHOLOGICAL FACTORS NOT IMPORTANT .......... 2
- DON'T KNOW .................................................. 8
- REFUSED .......................................................... 9

**N16.** Can you remember your exact age the very first time in your life you had a period lasting several months or longer when you were easily tired and had any of the other related problems that we just reviewed?

- YES .......................................................... 1
- NO ............................................................ 5
- DON'T KNOW ............................................. 8
- REFUSED ..................................................... 9

**N16a.** (IF NEC: How old were you?)

__________ YEARS OLD  \[\text{GO TO } *N17\]

- DON'T KNOW ................. 998 \[\text{GO TO } *N17\]
- REFUSED ......................... 999 \[\text{GO TO } *N17\]

**N16b.** About how old were you (the first time you had a period of this sort)?

__________ YEARS OLD

- DON'T KNOW ................. 998
- REFUSED ......................... 999

**N17.** Did you have a period of a month or longer when you had these problems in the past 12 months?

- YES .......................................................... 1
- NO ............................................................ 5
- DON'T KNOW ............................................. 8
- REFUSED ..................................................... 9

**N17a.** How recently – in the past month, two to six months ago, or more than six months ago?

- PAST MONTH .............................................. 1
- 2-6 MONTHS AGO ................................. 2
- MORE THAN 6 MONTHS AGO .......... 3
- DON'T KNOW ........................................ 8
- REFUSED ................................................. 9

**N17b.** How many months in the past 12 months did you have frequent tiredness and any of the other problems we reviewed?

__________ MONTHS  \[\text{GO TO } *N18\]

- DON'T KNOW ......................... 98 \[\text{GO TO } *N18\]
- REFUSED ................................. 99 \[\text{GO TO } *N18\]
**N17c.** How old were you the last time you had frequent tiredness and any of the other problems we reviewed?

__________ YEARS OLD

DON’T KNOW .................. 998
REFUSED ..................... 999

**N18.** How many episodes of frequent tiredness lasting several months or longer have you had in your life?

__________ EPISODES

DON’T KNOW ................ 998
REFUSED ..................... 999

**N19.** INTERVIEWER CHECKPOINT: (SEE **N18**)

ONE EPISODE ................................................................. 1
ALL OTHERS ................................................................. 2  GO TO **N21**

**N20.** How many months or years did that episode last?

__________ NUMBER  GO TO **N46**

CIRCLE UNIT OF TIME:  MONTHS .......... 1  YEARS ............. 2

DON’T KNOW ............... 998  GO TO **N46**
REFUSED ..................... 999  GO TO **N46**

**N21.** How many months or years did the longest of these episodes last?

__________ NUMBER

CIRCLE UNIT OF TIME:  MONTHS .......... 1  YEARS .......... 2

DON’T KNOW ............... 998
REFUSED ..................... 999

**N22.** How many different years in your life did you have at least one episode?

__________ YEARS

DON’T KNOW ............... 998
REFUSED ..................... 999

**N46.** Did you receive professional treatment for your tiredness at any time in the past 12 months?

YES ......................... 1
NO .......................... 5
DON’T KNOW ............... 8
REFUSED ..................... 9

GO TO NEXT SECTION
**FD2.** The next questions are about your health in the past 30 days. How often did you experience physical discomfort, such as pain, nausea, or dizziness in the past 30 days – all the time, most of the time, some of the time, a little of the time, or none of the time?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>1</td>
</tr>
<tr>
<td>MOST</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>4</td>
</tr>
<tr>
<td>NONE</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

**FD2a.** On average, how severe was your physical discomfort during the time you experienced it in the past 30 days – mild, moderate, severe, or very severe?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILD</td>
<td>1</td>
</tr>
<tr>
<td>MODERATE</td>
<td>2</td>
</tr>
<tr>
<td>SEVERE</td>
<td>3</td>
</tr>
<tr>
<td>VERY SEVERE</td>
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<tr>
<td>DON'T KNOW</td>
<td>8</td>
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<tr>
<td>REFUSED</td>
<td>9</td>
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</table>

<table>
<thead>
<tr>
<th>NUMBER OF DAYS (0-30)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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</thead>
<tbody>
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<td>999</td>
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<td></td>
<td></td>
<td></td>
<td>GO TO *FD6</td>
<td>GO TO *FD6</td>
</tr>
</tbody>
</table>

**FD4.** Beginning yesterday and going back 30 days, how many days out of the past 30 were you **totally unable** to work or carry out your normal activities?

<table>
<thead>
<tr>
<th>NUMBER OF DAYS (0-30)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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</thead>
<tbody>
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<td></td>
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<td></td>
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<td>999</td>
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<td></td>
<td></td>
<td></td>
<td>GO TO *FD6</td>
<td>GO TO *FD6</td>
</tr>
</tbody>
</table>

**FD4a.** Was that due to your emotions, nerves, mental health, or your use of alcohol or drugs?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GO TO *FD6</td>
</tr>
<tr>
<td>2</td>
<td>GO TO *FD4a</td>
</tr>
<tr>
<td>3</td>
<td>GO TO *FD4b</td>
</tr>
</tbody>
</table>

**FD4b.** How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs?

<table>
<thead>
<tr>
<th>NUMBER OF DAYS (0-30)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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</thead>
<tbody>
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<td></td>
<td>GO TO *FD6</td>
<td>GO TO *FD6</td>
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</table>
**FD6. INTERVIEWER CHECKPOINT: (SEE *FD4)**

<table>
<thead>
<tr>
<th>*FD4 EQUALS ‘30’</th>
<th>1</th>
<th>998</th>
<th>999</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL OTHERS</td>
<td>2</td>
<td></td>
<td></td>
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</tbody>
</table>

**FD7.** How many days out of the past 30 were you able to work and carry out your normal activities, but had to cut down on what you did or not get as much done as usual?

<table>
<thead>
<tr>
<th>DAYS</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>998</td>
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</tbody>
</table>

**FD7b.** How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs?

<table>
<thead>
<tr>
<th>DAYS</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
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<tbody>
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<td>998</td>
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</table>

**FD9.** How many days out of the past 30 did it take an extreme effort to perform up to your usual level at work or at your other normal daily activities?

<table>
<thead>
<tr>
<th>DAYS</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>998</td>
</tr>
</tbody>
</table>

**FD9b.** How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs?

<table>
<thead>
<tr>
<th>DAYS</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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<tbody>
<tr>
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<td>998</td>
</tr>
</tbody>
</table>

**FD10. INTERVIEWER CHECKPOINT:**

**GO TO NEXT SECTION**

END OF SECTION
**30-DAY SYMPTOMS**

*NSD1. During the past 30 days how often did you…

<table>
<thead>
<tr>
<th>(IF NEC: often, sometimes, rarely, or never)</th>
<th>OFTEN (1)</th>
<th>SOMETIMES (2)</th>
<th>RARELY (3)</th>
<th>NEVER (4)</th>
<th>DK (8)</th>
<th>RF (9)</th>
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</thead>
<tbody>
<tr>
<td>*NSD1a. …feel “trapped” or caught” (~ often, sometimes, rarely, or never)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1b. …feel suddenly scared for no reason?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1c. …blame yourself for things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1d. …feel lonely?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1e. …feel blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1f. …worry too much about things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1g. …feel no interest in things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1h. …feel frightened?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1i. …feel hopeless about the future?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1j. …have trouble concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1k. …feel tense or keyed up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1l. …feel everything was an effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1m. …feel worthless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*NSD1n. …feel exhausted for no good reason?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

END OF SECTION

GO TO NEXT SECTION
*TB2. The next questions are about smoking. Have you ever smoked a cigarette, cigar, or pipe, even a single puff?

YES....................................................1
NO...................................................5 GO TO *TB42
DON’T KNOW......................................8 GO TO *TB42
REFUSED.........................................9 GO TO *TB42

*TB3. How old were you the very first time you ever smoked even a puff of a cigarette, cigar, or pipe?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens?
IF NO/ DK, PROBE: Was it before your twenties?

_________ YEARS OLD

BEFORE TEENS..............................12
BEFORE 20s.................................19
DON’T KNOW.................................998
REFUSED.........................................999

*TB4. Was there ever a period in your life lasting at least two months when you smoked at least once per week?

YES....................................................1
NO...................................................5 GO TO *TB42
DON’T KNOW......................................8 GO TO *TB42
REFUSED.........................................9 GO TO *TB42

*TB6. How old were you the very first time you smoked tobacco at least once a week for a period of at least two months?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens?
IF NO/ DK, PROBE: Was it before your twenties?

_________ YEARS OLD

BEFORE TEENS..............................12
BEFORE 20s.................................19
(IF VOL) “NEVER”..............................997 GO TO *TB42
DON’T KNOW.................................998
REFUSED.........................................999

*TB6a. How old were you the very first time you smoked tobacco (READ SLOWLY) every day or nearly everyday for a period of at least two months?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens?
IF NO/ DK, PROBE: Was it before your twenties?

_________ YEARS OLD

BEFORE TEENS..............................12
BEFORE 20s.................................19
(IF VOL) “NEVER”..............................997 GO TO *TB42
DON’T KNOW.................................998
REFUSED.........................................999
*TB14. INTERVIEWER CHECKPOINT: (10-YEAR CALENDAR)

INTERVIEWER: LABEL A ROW ON THE 10-YEAR CALENDAR “SMOKED DAILY” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS:

I want you to put an “X” in the box for each year since (NCS1 YEAR) when you smoked daily or almost daily. Tell me when you are finished.

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB15.</strong> The next questions are about some problems you may have had because of smoking tobacco. First, was there ever a time when you often had such a strong desire to smoke that you couldn’t resist having a cigarette, cigar, or pipe, or found it difficult to think of anything else?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you had a strong and irresistible urge to smoke)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15a.</strong> Over time did you develop a physical tolerance for tobacco, so you were able to smoke more without negative effects like nausea, irritability, or restlessness?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you developed a physical tolerance for tobacco)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15b.</strong> People who cut down or stop smoking after smoking steadily for some time may not feel well. Did you ever have times when you stopped, cut down, or went without smoking and then experienced physical symptoms like fatigue, headaches, constipation, upset stomach, weakness, or trouble sleeping?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you had physical symptoms when you stopped smoking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15b.1.</strong> INTERVIEWER CHECKPOINT: (SEE <strong>TB15</strong> - <strong>TB15b</strong>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THREE RESPONSES CODED ‘1’......................................................1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ALL OTHERS ...................................................................................... 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15c.</strong> Did you ever have times when you stopped, cut down, or went without smoking and then experienced emotional symptoms like irritability, nervousness, restlessness, trouble concentrating or feeling depressed?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you had emotional symptoms when you stopped smoking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15c.2.</strong> INTERVIEWER CHECKPOINT: (SEE <strong>TB15c</strong>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*TB15c.1 EQUALS ‘1’.................................................................1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ALL OTHERS ...................................................................................... 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15d.</strong> Did you ever have times when you smoked to keep from having problems like these?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you smoked to keep from feeling physical or emotional problems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15e.</strong> Did you have times when you smoked even though you promised yourself you wouldn’t?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you smoked when you planned not to)</td>
<td>GO TO *TB15g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TB15f.</strong> Were there ever times when you smoked more frequently or for more days in a row than you intended?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: you smoked more frequently than you intended)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*TB15g.</td>
<td>Were there times when you tried to stop or cut down on your smoking and found that you were not able to do so?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: you tried but weren’t able to stop or cut down)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15g.1.</th>
<th>INTERVIEWER CHECKPOINT: (SEE *TB15 - TB15g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ZERO RESPONSES CODED ‘1’ ........................................................1</td>
</tr>
<tr>
<td></td>
<td>ALL OTHERS ......................................................................................2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15h.</th>
<th>Did you ever have periods of several days or more when you chain-smoked, that is, started another cigarette as soon as you had finished one?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: you had periods when you chain-smoked for several days or more)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15i.</th>
<th>Did you ever have a period of a month or longer when you gave up or greatly reduced important activities – like sports, work, or associating with friends and family – so you could smoke?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: you gave up or reduced important activities so you could smoke)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15j.</th>
<th>Did tobacco ever cause you any physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: tobacco caused you some physical problems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15k.</th>
<th>Did you continue to smoke even though you had any of these physical problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: you smoked even though tobacco caused you some physical problems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15l.</th>
<th>Did tobacco ever cause you any emotional problems like irritability, nervousness, restlessness, difficulty concentrating, or depression?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: tobacco caused you some emotional problems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB15m.</th>
<th>Did you continue to smoke even though you had any of these emotional problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: you smoked even though tobacco caused you some emotional problems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB16.</th>
<th>INTERVIEWER CHECKPOINT: (SEE *TB15 SERIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE OR TWO RESPONSES CODED ‘1’ IN *TB15 SERIES ...............1</td>
<td>GO TO *TB21</td>
</tr>
<tr>
<td>ALL OTHERS ..................................................................................................2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TB16.1.</th>
<th>You reported that (KEY PHRASES FOR ALL YES RESPONSES IN *TB15 SERIES). Can you remember your exact age the very first time you had (this/either of these) problem(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
<td>GO TO *TB21a</td>
</tr>
<tr>
<td>NO ...................................................... 5</td>
<td>GO TO *TB21b</td>
</tr>
<tr>
<td>DON’T KNOW ............................................. 8</td>
<td>GO TO *TB21b</td>
</tr>
<tr>
<td>REFUSED .................................................. 9</td>
<td>GO TO *TB21b</td>
</tr>
</tbody>
</table>
*TB21. You reported having a number of smoking-related problems. Can you remember your exact age the very first time you had any of these problems?

YES.................................1
NO .................................5  GO TO *TB21b
DON’T KNOW .....................8  GO TO *TB21b
REFUSED ..........................9  GO TO *TB21b

*TB21a. (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *TB22
DON’T KNOW ...............998  GO TO *TB22
REFUSED .......................999  GO TO *TB22

*TB21b. About how old were you [the first time you had (this problem/any of these problems) because of smoking]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE:  Was it before your teens?
IF NO/DK, PROBE:  Was it before your twenties?

__________ YEARS OLD
BEFORE TEENS..........................12
BEFORE 20s............................19
DON’T KNOW .........................998
REFUSED ............................999

*TB22. How recently did you have (this problem/any of these problems) – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

PAST MONTH .............................1  GO TO *TB23.1
2 TO 6 MONTHS AGO ..................2  GO TO *TB23.1
7 TO 12 MONTHS AGO ................3  GO TO *TB23.1
MORE THAN 12 MONTHS AGO .......4
DON’T KNOW .........................998  GO TO *TB23.1
REFUSED .............................999

*TB23. How old were you the last time you had (this problem/any of these problems)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE:  Was it before your teens?
IF NO/DK, PROBE:  Was it before your twenties?

__________ YEARS OLD
BEFORE TEENS......................12
BEFORE 20s.........................19
DON’T KNOW .....................998
REFUSED ..........................999

*TB23.1. INTERVIEWER CHECKPOINT:  (SEE *TB16)

*TB16 EQUALS ‘1’..............................1  GO TO *TB36
ALL OTHERS .............................2
*TB24. How many different years in your life did you ever have at least one of these problems?

__________ YEARS

DON’T KNOW ...............998
REFUSED ......................999

*TB25. Did you ever have three (or more) of these problems in the same year?

YES...........................................1
NO ............................................2  GO TO *TB36
DON’T KNOW .......................8  GO TO *TB36
REFUSED .............................9  GO TO *TB36

*TB26. How old were you the first time you had three (or more) of these problems in the same year?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens?
IF NO/DK, PROBE: Was it before your twenties?

__________ YEARS OLD

BEFORE TEENS .....................12
BEFORE 20s .........................19
DON’T KNOW .......................998
REFUSED .............................999

*TB36. Starting from the time you began having (this/any of these) problem(s), how many different times did you ever make a serious attempt to quit smoking?

__________ TIME(S)

DON’T KNOW .......................998
REFUSED .............................999

*TB37. INTERVIEWER CHECKPOINT: (SEE *TB36)

AT LEAST ONE TIME IN *TB36 ..................................................1
ALL OTHERS .........................................................2  GO TO *TB42

*TB38. Since then, what is the longest period of time you have ever gone without smoking?

__________ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS.....1  WEEKS.....2  MONTHS.....3  YEARS.....4

DON’T KNOW .......................998
REFUSED .............................999

*TB39. INTERVIEWER CHECKPOINT: (SEE *TB36, *TB38)

EXACTLY ONE TIME IN *TB36 ..................................................1  GO TO *TB41
AT LEAST TWO TIMES IN *TB36 AND AT LEAST 3 MONTHS IN *TB38 .......2
ALL OTHERS .........................................................3  GO TO *TB41
*TB40. How many different times have you gone without smoking for three months or longer?

__________   TIME(S)

DON’T KNOW ..................998
REFUSED .........................999

<table>
<thead>
<tr>
<th>*TB41. Have you ever in your life used any of the following types of treatments to help you cut down or quit smoking:</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*TB41a. …nicotine gum or a nicotine patch?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*TB41b. …a prescription medicine?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*TB41c. …nicotine-free cigarettes?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*TB41d. …a class or group for people trying to quit smoking?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*TB42. INTERVIEWER CHECKPOINT: (SEE )

GO TO NEXT SECTION
PRE-MENSTRUAL DYSPHORIC DISORDER SCREEN (PR)

*PR1. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S GENDER)

R IS FEMALE ................... 1
R IS MALE ...................... 2  GO TO *PR31

*PR2. This part of the interview is about women’s health issues. How old were you when you had your first menstrual period?

_________ YEARS OLD

NEVER HAD A MENSTRUAL PERIOD .............. 997  GO TO *PR31
DON’T KNOW ........................................................... 998
REFUSED ................................................................. 999

*PR3. Did you have your first menstrual period earlier, later, or at about the same time as other girls you knew?

EARLIER ................................... 1
LATER ................................... 2
ABOUT THE SAME TIME .......... 3  GO TO *PR4
DON’T KNOW ............................... 8  GO TO *PR4
REFUSED ......................................... 9  GO TO *PR4

*PR3a. A lot (earlier/ later), somewhat, or only a little (earlier/ later)?

A LOT .................................... 1
SOMEWHAT ...................... 2
A LITTLE ......................... 3
DON’T KNOW .................... 8
REFUSED .......................... 9

*PR4. Have you ever taken birth control pills?

YES ............................................. 1
NO .......................................... 5  GO TO *PR5
DON’T KNOW .......................... 8  GO TO *PR5
REFUSED ................................... 9  GO TO *PR5

*PR4a. How old were you when you started taking birth control pills?

_________ YEARS

DON’T KNOW ..................... 998
REFUSED ............................. 999

*PR4b. Do you still take them now?

YES ........................................... 1  GO TO *PR5
NO ......................................... 5
DON’T KNOW .......................... 8  GO TO *PR5
REFUSED ................................... 9  GO TO *PR5
*PR4c. How old were you when you stopped taking them?

_________ YEARS

DON'T KNOW ...............998
REFUSED ......................999

*PR5. Have you ever had an operation to remove either your ovaries or your uterus?

YES ..................................1
NO ....................................5  GO TO *PR6
DON'T KNOW ....................8  GO TO *PR6
REFUSED .........................9  GO TO *PR6

*PR5a. How old were you when you had that operation?

INTERVIEWER: IF MULTIPLE OPERATIONS, RECORD AGE OF FIRST ONE.

_________ YEARS

DON'T KNOW ..................998
REFUSED .......................999

*PR6. Do you still have menstrual periods, have you stopped having periods temporarily, or have you stopped having periods permanently?

STILL HAVE PERIODS ................................................................. 1  GO TO *PR8
STOPPED TEMPORARILY ......................................................... 2
STOPPED PERMANENTLY ....................................................... 3
(IF VOL), STOPPED BUT DON'T KNOW IF PERMANENT ..... 7
DON'T KNOW ...............................................................8
REFUSED .................................................................9

*PR7. How old were you when you had your last menstrual period?

_________ YEARS

DON'T KNOW ...............998
REFUSED .....................999

*PR8. Did you ever take hormone replacement pills for menopausal symptoms?

YES .................................1  GO TO *PR11.1
NO .................................5  GO TO *PR11.1
DON'T KNOW ....................8  GO TO *PR11.1
REFUSED .........................9  GO TO *PR11.1

*PR9. How old were you when you started taking hormone replacement pills?

_________ YEARS

DON'T KNOW ...............998
REFUSED .....................999
*PR10. Are you still taking them?

- YES .............................................. 1  GO TO *PR11.1
- NO ............................................. 5
- DON’T KNOW .......................... 8  GO TO *PR11.1
- REFUSED ............................... 9  GO TO *PR11.1

*PR11. How old were you when you stopped taking them?

_______ YEARS

- DON’T KNOW .......................... 998
- REFUSED ............................... 999

*PR11.1. INTERVIEWER CHECKPOINT: (SEE *PR6)

IF *PR6 EQUALS ‘2’ OR ‘3’ OR ‘7’.............................................. 1
ALL OTHERS.................................................................................. 2  GO TO *PR13

*PR12. Why have your periods stopped?

INTERVIEWER: CIRCLE ALL THAT APPLY. DO NOT PROBE.

- PREGNANCY............................................................. 1
- DIETING ................................................................. 2
- HEAVY EXERCISE ................................................... 3
- BIRTH CONTROL PILLS.......................................... 4
- POSSIBLE BEGINNING OF MENOPAUSE ............ 5
- OTHER (SPECIFY) .................................................... 6

- DON’T KNOW .......................... 8
- REFUSED ............................... 9

*PR13. Many women find that their mood becomes much worse in the week before their menstrual period and then returns to normal within a few days after their period starts. The changes in mood usually involve things like feeling sad, depressed, sensitive, anxious, tense or irritable. Did you ever have a time in your life like this when your mood became much worse in the week before your menstrual period?

- YES ...................................................... 1
- NO ........................................................ 5  GO TO *PR31
- DON’T KNOW .......................... 8  GO TO *PR31
- REFUSED ............................... 9  GO TO *PR31

*PR14. During the time in your life when these mood changes were frequent and severe about how many months out of 12 each year were your moods much worse during the week before your period? (You can use any number between 1 and 12).

_______ MONTHS

- DON’T KNOW .......................... 998
- REFUSED ............................... 999
*PR15. INTERVIEWER CHECKPOINT: (SEE *PR14)

*PR14 EQUALS ‘7’ OR MORE..........................................................1
ALL OTHERS.......................................................................................2 GO TO *PR31

*PR16. During the week before your period in a typical month when you had mood changes, was your mood much worse than normal all the time, most of the time, some of the time, or only a little of the time?

ALL THE TIME..............................1
MOST OF THE TIME.......................2
SOME OF THE TIME......................3 GO TO *PR31
A LITTLE OF THE TIME....................4 GO TO *PR31
DON’T KNOW_______________________8 GO TO *PR31
REFUSED___________________________9 GO TO *PR31

*PR16a. Did you usually also have any other problems at the same time, such as difficulty concentrating, tiredness, change in appetite, or change in sleep?

YES..............................................1
NO_______________________________5 GO TO *PR31
DON’T KNOW_______________________8 GO TO *PR31
REFUSED___________________________9 GO TO *PR31

*PR19. How much did these problems with your mood ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot or extremely?

NOT AT ALL......................1 GO TO *PR31
A LITTLE..........................2 GO TO *PR31
SOME..................................3
A LOT..................................4
EXTREMELY..........................5
DON’T KNOW_______________________8 GO TO *PR31
REFUSED___________________________9 GO TO *PR31

PR19a. How often were you unable to carry out your daily activities because of the problems that occurred during the week before your menstrual period – often, sometimes, rarely, or never?

OFTEN..............................1
SOMETIMES..........................2
RARELY.........................3
NEVER...........................4
DON’T KNOW...............8
REFUSED.........................9

*PR20. Can you remember your exact age the very first time in your life you had pre-menstrual problems?

YES...........................................1
NO______________________________5 GO TO *PR20b
DON’T KNOW_______________________8 GO TO *PR20b
REFUSED___________________________9 GO TO *PR20b

*PR20a. (IF NEC: How old were you?)

__________ YEARS OLD GO TO *PR21

DON’T KNOW...........998 GO TO *PR21
REFUSED..............999 GO TO *PR21
*PR20b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

__________ YEARS OLD

BEFORE TWENTIES ....................... 19
NOT BEFORE TWENTIES ................. 20
DON’T KNOW .................................. 998
REFUSED ....................................... 999

*PR21. Did you have problems like these in the past 12 months?

YES ............................................. 1
NO ............................................. 5  GO TO *PR21b
DON’T KNOW ............................ 8  GO TO *PR21b
REFUSED ..................................... 9  GO TO *PR21b

*PR21a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH ............................. 1
2 - 6 MONTHS AGO ...................... 2
MORE THAN 6 MONTHS AGO .......... 3
DON’T KNOW ............................. 8
REFUSED ..................................... 9

GO TO *PR22

*PR21b. How old were you the last time?

__________ YEARS OLD

DON’T KNOW .................................. 998
REFUSED ....................................... 999

*PR22. How many different years in your life did you have pre-menstrual problems?

__________ YEARS

IF VOL “EVERY YEAR SINCE THEY STARTED” ....... 777
DON’T KNOW .................................. 998
REFUSED ....................................... 999

*PR30. Did you receive professional treatment for your premenstrual problems at any time in the past 12 months?

YES ............................................. 1
NO ............................................. 5
DON’T KNOW ............................ 8
REFUSED ..................................... 9

*PR31. INTERVIEWER CHECKPOINT:

GO TO NEXT SECTION
EMPLOYMENT (EM)

*EM1. The next questions are about your work history. Please think about the first year you worked for six months or more at a paid job, whether it was full-time or part-time. How old were you at that time? (Your best estimate is fine.)

_____ YEARS OLD

IF VOL: “NEVER WORKED SIX MONTHS” .........................996
IF VOL: “NEVER WORKED” .................................................997
DON’T KNOW .................................................................998
REFUSED ...........................................................................999

*EM2. How many years since (NCS1 YEAR) were you employed at least six months out of the year? Count all years when you worked part-time or full-time at least half the year. (Your best estimate is fine.)

_____ YEARS

IF VOL: ALL YEARS ..........................................................995
IF VOL: “NEVER WORKED SIX MONTHS” .......................996
IF VOL: “NEVER WORKED” .............................................997
DON’T KNOW .................................................................998
REFUSED ...........................................................................999

*EM2a. INTERVIEWER CHECKPOINT (SEE *EM2)

*EM2 EQUALS ‘0’.................................................... 1
ALL OTHERS............................................................. 2

*EM3. Of those years when you were employed for at least half the year, how many years were you employed 35 hours or more per week for six months or more? (Your best estimate is fine.)

_____ YEARS

IF VOL: ALL YEARS .................997
DON’T KNOW ...............998
REFUSED .......................999

*EM4. What was the single longest period of time you were not working for pay at all since (NCS1 YEAR), not counting any time you were a full-time student or were retired? (IF NONE, ENTER “0”)

_____ NUMBER

CIRCLE UNIT OF TIME:  DAYS.....1   WEEKS.....2   MONTHS.....3   YEARS.....4

DON’T KNOW ...............98
REFUSED .......................99
*EM5. INTERVIEWER CHECKPOINT: (SEE *EM4)

*EM4 EQUALS ZERO ..................1  GO TO *EM7
ALL OTHERS.........................2

*EM6. What was the main reason you were not working during that longest period?

INTERVIEWER: DO NOT READ LIST. CIRCLE ALL MENTIONS

COULD NOT FIND WORK .................................................................1
PHYSICAL INJURY OR ILLNESS ......................................................2
MENTAL OR EMOTIONAL PROBLEMS ...........................................3
ALCOHOL OR SUBSTANCE ABUSE ................................................4
FAMILY RESPONSIBILITIES; CARING FOR CHILDREN,
SPOUSE, OR PARENTS .................................................................5
ATTENDING SCHOOL ........................................................................6
CHOSE NOT TO WORK .....................................................................7
FIRED ..............................................................................................8
LAID OFF .......................................................................................9
BREAK BETWEEN JOBS ..............................................................10
OTHER (SPECIFY) .........................................................................11

_________________________________________________________________

DON’T KNOW .................................................................................98
REFUSED .........................................................................................99

*EM6.1. INTERVIEWER CHECKPOINT: (SEE *EM2a)

*EM2a EQUALS ‘1’ ..............................................1  GO TO *EM7.1
ALL OTHERS.................................2

*EM7. In the past 12 months, how many weeks did you spend in each of the following work situations? (There are 52 weeks in a year.)

INTERVIEWER: AFTER 52 WEEKS REPORTED, GO TO *EM7e

*EM7a. First, how many weeks did you work either for pay or profit, whether part-time or full-time, including time spent on paid vacation, paid sick leave, paid maternity leave, or other paid leave?

NUMBER OF WEEKS

DON’T KNOW ............... 98
REFUSED ...................... 99
*EM7b. How many weeks were you not working because you were on unpaid leave, such as unpaid sick leave, disability leave, maternity leave, or something else.

| NUMBER OF WEEKS |
|-----------------|-----------------|
| DON’T KNOW................. 98 |
| REFUSED...................... 99 |

*EM7c. How many weeks were you unemployed and looking for a job?

| NUMBER OF WEEKS |
|-----------------|-----------------|
| DON’T KNOW................. 98 |
| REFUSED...................... 99 |

*EM7d. How many weeks were you not working at a paid job and not actively looking for work — for example, you were retired, disabled, a student, or at home caring for children?

| NUMBER OF WEEKS |
|-----------------|-----------------|
| DON’T KNOW................. 98 |
| REFUSED...................... 99 |

*EM7e. Last week, did you do any work for either pay or profit?

| YES .......................... 1 | GO TO *EM7.1 |
| NO .......................... 5 | GO TO *EM7h |
| (IF VOL) RETIRED ............. 6 | GO TO *EM8 |
| (IF VOL) DISABLED ............ 7 | |
| (IF VOL) UNABLE TO WORK .... 8 | GO TO *EM7h |
| DON’T KNOW .................. 98 | GO TO *EM7h |
| REFUSED ..................... 99 | GO TO *EM7h |

*EM7f. Does your disability prevent you from accepting any kind of work during the next six months?

| YES .......................... 1 | GO TO *EM8 |
| NO .......................... 5 | GO TO *EM7h |
| DON’T KNOW .................. 8 | GO TO *EM7h |
| REFUSED ..................... 9 | GO TO *EM7h |

*EM7h. Last week, were you employed either for pay or profit, either full or part time? Include any job from which you were temporarily absent.

| YES .......................... 1 | GO TO *EM7k |
| NO .......................... 5 | GO TO *EM7.1 |
| (IF VOL) RETIRED ............. 6 | GO TO *EM7.1 |
| (IF VOL) DISABLED ............ 7 | GO TO *EM8 |
| (IF VOL) UNABLE TO WORK .... 8 | GO TO *EM7.1 |
| DON’T KNOW .................. 98 | GO TO *EM7.1 |
| REFUSED ..................... 99 | GO TO *EM7.1 |
*EM7h.1. INTERVIEWER CHECKPOINT: (SEE *EM7f, *EM7h)

*EM7f EQUALS ‘5’, ‘8’, OR ‘9’ ................................................................. 1  GO TO *EM7.1
*EM7h EQUALS ‘7’ ................................................................................... 2  GO TO *EM7i
*EM7h EQUALS ‘8’ ................................................................................... 3  GO TO *EM7j
ALL OTHERS ........................................................................................ 4

*EM7i. Does your disability prevent you from accepting work during the next six months?

YES ...................................................... 1  GO TO *EM8
NO ..................................................... 5  GO TO *EM7.1
DON’T KNOW .................................. 8  GO TO *EM7.1
REFUSED ........................................... 9  GO TO *EM7.1

*EM7j. Do you have a disability that prevents you from accepting work during the next six months?

YES ...................................................... 1  GO TO *EM8
NO ..................................................... 5  GO TO *EM7.1
DON’T KNOW .................................. 8  GO TO *EM7.1
REFUSED ........................................... 9  GO TO *EM7.1

*EM7k. What was the reason you were absent from work last week?

ON LAYOFF (TEMPORARY OR INDEFINITE) ................................................. 1
SLACK WORK / BUSINESS CONDITIONS ............................................... 2
WAITING FOR A NEW JOB TO BEGIN ...................................................... 3
VACATION / PERSONAL DAYS ................................................................. 4
OWN ILLNESS/ INJURY/ MEDICAL PROBLEMS ........................................ 5
CHILD CARE PROBLEMS ........................................................................... 6
OTHER FAMILY / PERSONAL OBLIGATIONS ........................................... 7
MATERNITY/ PATERNITY LEAVE .............................................................. 8
LABOR DISPUTE ......................................................................................... 9
WEATHER AFFECTED JOB ......................................................................... 10
SCHOOL TRAINING .................................................................................... 11
CIVIC/MILITARY DUTY ............................................................................. 12
DOES NOT WORK IN THE BUSINESS ..................................................... 13
OTHER (PLEASE SPECIFY) ....................................................................... 14

DON’T KNOW ............................................................................................ 98
REFUSED ....................................................................................................... 99
What about your current employment situation as of today -- are you (IF (*EM1 DOES NOT EQUAL '997' AND *EM2 DOES NOT EQUALS '997'): currently employed, self-employed,) looking for work, disabled, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?

INTERVIEWER: DO NOT READ LIST, CIRCLE ALL THAT APPLY, DO NOT PROBE FOR OTHERS

EMPLOYED ............................................................................. 1
SELF-EMPLOYED ................................................................. 2
LOOKING FOR WORK; UNEMPLOYED ............................. 3
TEMPORARILY LAID OFF.................................................... 4
RETIRED.................................................................................. 5
HOMEMAKER......................................................................... 6
STUDENT................................................................................. 7
MATERNITY LEAVE ............................................................. 8
ILLNESS/SICK LEAVE........................................................... 9
DISABLED............................................................................... 10
OTHER (SPECIFY).................................................................. 11

DON’T KNOW ......................................................................... 98
REFUSED................................................................................. 99


*EM7.1 EQUALS ‘1’.......................................................................................................... 1
*EM7.1 EQUALS ‘2’.......................................................................................................... 2
*EM7.1 EQUALS ‘3’.......................................................................................................... 3
*EM7.1 EQUALS ‘4’.......................................................................................................... 4
*EM7.1 EQUALS ‘5’ OR *EM7e EQUALS ‘6’ *EM7h EQUALS ‘6’ ............................... 5
*EM7.1 EQUALS ‘6’.......................................................................................................... 6
*EM7.1 EQUALS ‘7’.......................................................................................................... 7
*EM7.1 EQUALS ‘8’.......................................................................................................... 8
*EM7.1 EQUALS ‘9’.......................................................................................................... 9
*EM7.1 EQUALS ‘10’ OR *EM7j EQUALS ‘1’ OR *EM7i EQUALS ‘1’
OR *EM7f EQUALS ‘1’.............................................................. 10
*EM7.1 EQUALS ‘11’................................................................. 11
*EM7.1 EQUALS ‘98’................................................................................................. 98
*EM7.1 EQUALS ‘99’................................................................................................. 99


*EM1 EQUALS ‘997’ OR *EM2 EQUALS ‘997’ ............................ 1 GO TO *EM22
*EM8 EQUALS ‘1’, ‘2’, ‘8’ .......................................................... 2 GO TO *EM15
*EM8 EQUALS ‘9’ OR ‘10’.......................................................... 3 GO TO *EM10
*EM7h EQUALS ‘6’........................................................................ 4 GO TO *EM12
*EM8 EQUALS ‘5’ OR *EM7e EQUALS ‘6’ ................................. 5 GO TO *EM11
*EM8 EQUALS ‘98’ OR ‘99’.......................................................... 6 GO TO *EM22
ALL OTHERS............................................................................ 7 GO TO *EM11
**EM10. Is the (illness/disability) due to a physical disorder, an emotional disorder, or a combination of physical and emotional?**

<table>
<thead>
<tr>
<th>Physical</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>2</td>
</tr>
<tr>
<td>Combination</td>
<td>3</td>
</tr>
<tr>
<td>(If Vol: Maternity)</td>
<td>4</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**EM10.1. How much longer do you expect this (illness/disability) to keep you from being able to work?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Unit of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>1</td>
</tr>
<tr>
<td>Weeks</td>
<td>2</td>
</tr>
<tr>
<td>Months</td>
<td>3</td>
</tr>
<tr>
<td>Years</td>
<td>4</td>
</tr>
<tr>
<td>Permanent</td>
<td>996</td>
</tr>
<tr>
<td>Don’t know</td>
<td>998</td>
</tr>
<tr>
<td>Refused</td>
<td>999</td>
</tr>
</tbody>
</table>

**GO TO *EM12**

**EM11. Are you doing any work for pay or profit at the present time?**

**Interviewer:** IF NEC CLARIFY: “Work for pay includes self-employment.”

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**EM12. How long has it been since the last time you worked?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Unit of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>1</td>
</tr>
<tr>
<td>Weeks</td>
<td>2</td>
</tr>
<tr>
<td>Months</td>
<td>3</td>
</tr>
<tr>
<td>Years</td>
<td>4</td>
</tr>
<tr>
<td>Currently work</td>
<td>997</td>
</tr>
<tr>
<td>Don’t know</td>
<td>998</td>
</tr>
<tr>
<td>Refused</td>
<td>999</td>
</tr>
</tbody>
</table>

**EM13. Interviewer Checkpoint: (See *EM8)**

*EM8 equals ‘10’ | 1 |
*EM8 equals ‘4’ only | 2 |
*EM8 equals ‘9’ | 3 |
All others | 4 |
*EM14. Why did you leave your last job--were you fired or laid off, did the company close down, did you quit, choose to retire, or did something else happen?

INTERVIEWER: CIRCLE ALL MENTIONS. DO NOT PROBE FOR OTHERS.

<table>
<thead>
<tr>
<th>Mention</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRED .................................................</td>
<td>1</td>
</tr>
<tr>
<td>LAID OFF .............................................</td>
<td>2</td>
</tr>
<tr>
<td>PLANT/COMPANY CLOSED .............................</td>
<td>3</td>
</tr>
<tr>
<td>QUIT ....................................................</td>
<td>4</td>
</tr>
<tr>
<td>RETIRED ................................................</td>
<td>5</td>
</tr>
<tr>
<td>(IF VOL: WORK FORCE REDUCTION) ..................</td>
<td>6</td>
</tr>
<tr>
<td>(IF VOL: RETURN TO SCHOOL) ........................</td>
<td>7</td>
</tr>
<tr>
<td>OTHER (SPECIFY) ......................................</td>
<td>8</td>
</tr>
<tr>
<td>DON’T KNOW ............................................</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED ..............................................</td>
<td>99</td>
</tr>
</tbody>
</table>

*EM14a. In what month and year did you first learn this was going to happen?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW ..................................</td>
<td>998</td>
<td></td>
</tr>
<tr>
<td>REFUSED .......................................</td>
<td>999</td>
<td></td>
</tr>
</tbody>
</table>
*EM15. What kind of work do you normally do? That is, what is your job called? (IF NEC: Tell me what are some of your main duties.)

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH RESPONDENT WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT AND RECORD ONE PRECODED CATEGORY

____ PRECODED CATEGORY

DON’T KNOW ..........................................................................................................98
REFUSED..................................................................................................................99

1. Legislators and senior officials (all members of state, regional or local legislatures)
(Examples of occupations within this occupation category)
Charity organization senior officials
Employers’ organization senior officials
Environmental protection organization senior officials
Humanitarian organization senior officials
Political party leaders
Special-interest organization senior officials
Sports association senior officials
Trade and industry association leaders
Trade union leaders
Wild life protection organization senior officials

2. Corporate managers (organizations having 3+ managers or 11+ employees)
(Examples of occupations within this occupation category)
Chief executive officers
Deans
Managing directors of companies
Marketing department managers
Operations department managers
Personnel department managers
Presidents of companies
Production department managers
Sales department managers
Section managers

3. General managers (organizations having 1-2 managers or less than 11 employees)
(Examples of occupations within this occupation category)
Managers in businesses in which there are not more than one other manager
Managers in businesses in which there are not more than ten employees
Small business managers
4. Physical, mathematical and engineering science professionals (university degree required)
(Examples of occupations within this occupation category)
Architects
Chemists
Computer applications engineers
Computer programmers
Computer systems analysts
Engineering technologists
Engineers
General public service administrators
Mathematicians
Physicists
Statisticians

5. Life science and health professionals (university degree required)
(Examples of occupations within this occupation category)
Agronomists
Biologists
Botanists
Chiropractors
Dentists
Medical doctors
Professional midwives
Pathologists
Pharmacists
Registered nurses
Veterinarians

6. Teaching professionals (university degree required)
(Examples of occupations within this occupation category)
College and university lecturers
College and university professors
College and university readers
Curricula developers
Pre-primary education teachers
Primary education teachers
Professional remedial teachers
Secondary education teachers
School inspectors
Special education teachers

7. Other professionals (university degree required)
(Examples of occupations within this occupation category)
Accountants
Artists (actors, ballet dancers, opera singers, commercial artists, etc.)
Journalists
Lawyers
Librarians
Ministers of religion (with an associates degree or higher)
Professional social workers (with an associate degree or higher)
Psychologists
Public service administrative professionals
Vocational guidance counselors
8. Physical and engineering science associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
- Aircraft pilots
- Air traffic controllers
- Building inspectors
- Computer assistants
- Computer equipment operators
- Engineering technicians
- Medical equipment operators
- Photographers
- Physical science technicians
- Quality inspectors

9. Life science and health associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
- Associate midwives
- Dieticians
- Faith healers
- Farming advisers
- Herbal healers
- Life science technicians
- Massage Therapists
- Medical assistants
- Optometrists
- Practical nurses
- Sanitary inspectors

10. Teaching associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
- Driving instructors
- Flying instructors
- Pre-primary education teaching assistants
- Primary education teaching assistants
- Professional nursery teaching assistants
- Professional remedial teaching assistants
- Professional special education teaching assistants
- Teachers of the visually impaired
- Teachers of the mentally handicapped
- Teachers of the hearing impaired

11. Other associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
- Administrative secretaries
- Bookkeepers (bookkeeping clerks are 12)
- Employment agents
- Entertainers (who perform on the streets, in night-clubs, at circuses, in bands, etc.)
- Insurance agents
- Police detectives
- Real estate agents
- Religious workers
- Social workers (with less than an associate degree)
- Stock brokers
12. Office clerks (no direct contact with clients)
(Examples of occupations within this occupation category)
Bookkeeping clerks (bookkeepers are 11)
Filing clerks
Mail carriers
Mail clerks
Materials clerks
Personnel clerks
Secretaries
Stock clerks
Tax clerks
Typists

13. Customer service clerks (direct contact with clients)
(Examples of occupations within this occupation category)
Bank tellers
Bookmakers
Cashiers
Counter clerks
Debt collectors
Pawnbrokers
Post office counter clerks
Receptionists
Telephone switchboard-operators
Ticket clerks

14. Personal and protective service workers (provide personal services)
(Examples of occupations within this occupation category)
Child-care workers
Cooks
Fire-fighters
Flight attendants
Hairdressers
Housekeepers
Nursing aids
Police officers
Security guards
Train conductors

15. Models, salespersons, and demonstrators (pose, display, demonstrate or sell goods)
(Examples of occupations within this occupation category)
Advertising models
Artist’s models
Demonstrators
Fashion models
Market salespersons
Retail salespersons
Fruit stand salespersons
Vegetable-stand salespersons
Wholesale salespersons
16. Market-oriented skilled agricultural and fishery workers (perform complex, non-routine tasks)
(Examples of occupations within this occupation category)
Beekeepers
Dog breeders
Farmers
Fishery workers
Hunters
Loggers
Skilled farm workers
Skilled forestry workers
Trappers

17. Subsistence agricultural and Fishery workers (for personal, not commercial use)
(CODE SUBSISTENCE AGRICULTURAL AND FISHERY WORKERS, WHO ARE NOT MANAGERS, MACHINERY OPERATORS, OR MARKET ORIENTED, BUT DO PROVIDE FOOD, SHELTER AND A MINIMUM OF CASH INCOME FOR THEMSELVES AND THEIR HOUSEHOLDS, HERE. IT SHOULD BE NOTED THAT THE NECESSARY SKILLS – AN UNDERSTANDING OF THE NATURAL ENVIRONMENT AND THE CROPS AND ANIMALS WORKED WITH, AS WELL AS MANUAL STRENGTH AND DEXTERITY – ARE USUALLY ACQUIRED BY WORKING FROM CHILDHOOD WITH OTHER MEMBERS OF THE HOUSEHOLD TO PRODUCE THE NECESSITIES FOR SUBSISTING.)
(Examples of occupations within this occupation category)
Subsistence farmers
Subsistence farm workers
Subsistence fisbers
Subsistence fishery workers
Subsistence hunters
Subsistence hunting workers
Subsistence wild plant gatherers
Subsistence herders
Subsistence aquatic life gatherers
Subsistence trappers

18. Extraction and building trades workers (mining, quarrying, and construction industries)
(Examples of occupations within this occupation category)
Bricklayers
Building exterior cleaners
Carpenters
Cement finishers
Electricians
Miners
Painters
 Plumbers
Roofers
Stone cutters

19. Metal, machinery and related trades workers (manufacturing, repair, communications, public utilities)
(Examples of occupations within this occupation category)
Blacksmiths
Electrical fitters
Electric power line workers
Mechanics
Metal-smiths
Sheet-metal workers
Structural metalworkers
Telephone installers
Toolmakers
Welders
20. Precision, handicraft, printing and related trades workers (skilled handicraft, printing) (Examples of occupations within this occupation category)
   Film developers
   Glass blowers
   Handicraft workers
   Jewelers
   Musical instrument makers
   Potters
   Printers
   Silk-screen printers
   Sign-writers
   Typesetters

21. Other craft and related trades workers (skilled craftsman) (Examples of occupations within this occupation category)
   Bakers
   Basket makers
   Butchers
   Cabinet-makers
   Cigarette makers
   Dressmakers
   Food graders
   Shoe-makers
   Tobacco graders
   Wood treaters

22. Stationary plant and related operators (make materials from which parts are made) (Examples of occupations within this occupation category)
   Chemical machine operators (mixing, heat-treating, filtering, distilling, etc.)
   Furnace operators
   Glass-blowing machine operators
   Kiln-operators
   Mining machine operators
   Plant operators
   Power plant operators
   Water purification plant operators
   Well-drilling equipment operators
   Wood-processing plant operators

23. Machine operators and assemblers (make finished products) (Examples of occupations within this occupation category)
   Assemblers (machinery, equipment, supplies, and other products)
   Chemical production machine operators (coating, finishing, plating, developing, etc.)
   Food canning machine operators
   Machine tool operators
   Plastic products machine operators
   Printing-press operators
   Sewing-machine operators
   Textile machine operators
   Woodworking machine operators
24. Drivers and mobile plant operators (*mobile implies operating a machine in a plant*)
(Examples of occupations within this occupation category)
Bulldozer operators
Bus drivers
Crane operators
Fork-lift operators
Locomotive engineers
Motorized farm equipment operators
Railroad brakers
Sailors
Taxi drivers
Truck drivers

25. Sales and services elementary occupations (*perform routine, unskilled services*)
(Examples of occupations within this occupation category)
Domestic cleaners
Door-to-door salespersons
Garbage collectors
Hand dishwashers
Janitors
Newspaper deliverers
Odd-jobs persons
Shoe-shiners
Telephone salespersons
Window washers

26. Agricultural, fishery and related laborers (*perform routine tasks using hand-held tools*)
(Examples of occupations within this occupation category)
Aquatic laborers
Brush cutters
Choppers
Farm laborers
Fish hatchery worker
Fruit pickers
Greenhouse laborers
Hatchery laborers
Migratory workers
Tree tapping laborers

27. Laborers in mining, construction, manufacturing and transport (*perform routine tasks*)
(Examples of occupations within this occupation category)
Animal-drawn vehicle drivers
Bottle sorters
Construction laborers
Factory laborers
Freight handlers
Hand packers
Mining laborers
Order pullers
Rickshaw drivers
Simple-assembly workers (*nuts and bolts, supermarket warehouse, etc.*)

28. Armed forces
(Examples of occupations within this occupation category)

29. Other Specify
*EM16. What kind of place do you work for? What do they (make/do)? / What kind of place is your business? What do you (make/do)?

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE RESPONDENT WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT ONE PRECODED CATEGORY

AGRICULTURE, HUNTING AND FORESTRY ................................................................. 1
FISHING ..................................................................................................................... 2
MINING AND QUARRYING .................................................................................... 3
MANUFACTURING .................................................................................................. 4
ELECTRICITY, GAS AND WATER SUPPLY ........................................................ 5
CONSTRUCTION ...................................................................................................... 6
WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES ............. 7
HOTELS AND RESTAURANTS ................................................................................ 8
TRANSPORT, STORAGE AND COMMUNICATIONS ......................................... 9
FINANCIAL INTERMEDIATION ........................................................................... 10
REAL ESTATE, RENTING AND BUSINESS ACTIVITIES .................................. 11
PUBLIC ADMINISTRATION AND DEFENSE ..................................................... 12
EDUCATION ............................................................................................................ 13
HEALTH AND SOCIAL WORK ............................................................................. 14
OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES ........ 15
PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS ................................ 16
EXTRA-TERRITORIAL ORGANIZATIONS AND BODIES .............................. 17
DON'T KNOW .......................................................................................................... 98
REFUSED .................................................................................................................. 99

*EM17. About how many hours do you work for pay or profit in an average week? (Your best estimate is fine.)

IF NEC: Work for pay includes self-employment
IF NEC: Please tell me how many hours you work, if it is different from how many hours you are paid for.

INTERVIEWER: IF LESS THAN ONE HOUR PER WEEK, ENTER “97”

_________ HOURS PER AVERAGE WEEK  GO TO *EM23
DON'T KNOW .......... 98  GO TO *EM23
REFUSED ................ 99  GO TO *EM23

*EM18. Thinking about the last job you had (from which you retired), did you have an employer on that job or were you self-employed?

SELF-EMPLOYED .................... 1
NOT SELF-EMPLOYED ............ 2
DON'T KNOW ...................... 8
REFUSED .............................. 9
EM19. What kind of work did you do? That is, what was your job called? [Tell me what were some of your main duties?]

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH RESPONDENT WORKED THE MOST HOURS (MAIN PAID JOB)

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT AND RECORD ONE PRECODED CATEGORY

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

________ PRECODED CATEGORY

DON’T KNOW ...........................................................................................................98
REFUSED ..................................................................................................................99

1. Legislators and senior officials (all members of state, regional or local legislatures)
(Examples of occupations within this occupation category)
Charity organization senior officials
Employers’ organization senior officials
Environmental protection organization senior officials
Humanitarian organization senior officials
Political party leaders
Special-interest organization senior officials
Sports association senior officials
Trade and industry association leaders
Trade union leaders
Wild life protection organization senior officials

2. Corporate managers (organizations having 3+ managers or 11+ employees)
(Examples of occupations within this occupation category)
Chief executive officers
Deans
Managing directors of companies
Marketing department managers
Operations department managers
Personnel department managers
Presidents of companies
Production department managers
Sales department managers
Section managers

3. General managers (organizations having 1-2 managers or less than 11 employees)
(Examples of occupations within this occupation category)
Managers in businesses in which there are not more than one other manager
Managers in businesses in which there are not more than ten employees
Small business managers
4. Physical, mathematical and engineering science professionals (*university degree required*)
(Examples of occupations within this occupation category)
Architects
Chemists
Computer applications engineers
Computer programmers
Computer systems analysts
Engineering technologists
Engineers
General public service administrators
Mathematicians
Physicists
Statisticians

5. Life science and health professionals (*university degree required*)
(Examples of occupations within this occupation category)
Agronomists
Biologists
Botanists
Chiropractors
Dentists
Medical doctors
Professional midwives
Pathologists
Pharmacists
Registered nurses
Veterinarians

6. Teaching professionals (*university degree required*)
(Examples of occupations within this occupation category)
College and university lecturers
College and university professors
College and university readers
Curricula developers
Pre-primary education teachers
Primary education teachers
Professional remedial teachers
Secondary education teachers
School inspectors
Special education teachers

7. Other professionals (*university degree required*)
(Examples of occupations within this occupation category)
Accountants
Artists (*actors, ballet dancers, opera singers, commercial artists, etc.*)
Journalists
Lawyers
Librarians
Ministers of religion (*with an associates degree or higher*)
Professional social workers (*with an associate degree or higher*)
Psychologists
Public service administrative professionals
Vocational guidance counselors
8. Physical and engineering science associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
   Aircraft pilots
   Air traffic controllers
   Building inspectors
   Computer assistants
   Computer equipment operators
   Engineering technicians
   Medical equipment operators
   Photographers
   Physical science technicians
   Quality inspectors

9. Life science and health associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
   Associate midwives
   Dieticians
   Faith healers
   Farming advisers
   Herbal healers
   Life science technicians
   Massage Therapists
   Medical assistants
   Optometrists
   Practical nurses
   Sanitary inspectors

10. Teaching associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
   Driving instructors
   Flying instructors
   Pre-primary education teaching assistants
   Primary education teaching assistants
   Professional nursery teaching assistants
   Professional remedial teaching assistants
   Professional special education teaching assistants
   Teachers of the visually impaired
   Teachers of the mentally handicapped
   Teachers of the hearing impaired

11. Other associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
   Administrative secretaries
   Bookkeepers (bookkeeping clerks are 12)
   Employment agents
   Entertainers (who perform on the streets, in night-clubs, at circuses, in bands, etc.)
   Insurance agents
   Police detectives
   Real estate agents
   Religious workers
   Social workers (with less than an associate degree)
   Stock brokers
12. Office clerks *(no direct contact with clients)*  
*(Examples of occupations within this occupation category)*  
Bookkeeping clerks (bookkeepers are 11)  
Filing clerks  
Mail carriers  
Mail clerks  
Materials clerks  
Personnel clerks  
Secretaries  
Stock clerks  
Tax clerks  
Typists

13. Customer service clerks *(direct contact with clients)*  
*(Examples of occupations within this occupation category)*  
Bank tellers  
Bookmakers  
Cashiers  
Counter clerks  
Debt collectors  
Pawnbrokers  
Post office counter clerks  
Receptionists  
Telephone switchboard-operators  
Ticket clerks

14. Personal and protective service workers *(provide personal services)*  
*(Examples of occupations within this occupation category)*  
Child-care workers  
Cooks  
Fire-fighters  
Flight attendants  
Hairdressers  
Housekeepers  
Nursing aids  
Police officers  
Security guards  
Train conductors

15. Models, salespersons, and demonstrators *(pose, display, demonstrate or sell goods)*  
*(Examples of occupations within this occupation category)*  
Advertising models  
Artist’s models  
Demonstrators  
Fashion models  
Market salespersons  
Retail salespersons  
Fruit stand salespersons  
Vegetable-stand salespersons  
Wholesale salespersons
16. Market-oriented skilled agricultural and fishery workers *(perform complex, non-routine tasks)*

(Examples of occupations within this occupation category)
- Beekeepers
- Dog breeders
- Farmers
- Fishery workers
- Hunters
- Loggers
- Skilled farm workers
- Skilled forestry workers
- Trappers

17. Subsistence agricultural and Fishery workers *(for personal, not commercial use)*

(Code Subsistence Agricultural and Fishery workers, who are not managers, machinery operators, or market oriented, but do provide food, shelter and a minimum of cash income for themselves and their households, here. It should be noted that the necessary skills – an understanding of the natural environment and the crops and animals worked with, as well as manual strength and dexterity – are usually acquired by working from childhood with other members of the household to produce the necessities for subsisting.)

(Examples of occupations within this occupation category)
- Subsistence farmers
- Subsistence farm workers
- Subsistence fishers
- Subsistence fishery workers
- Subsistence hunters
- Subsistence hunting workers
- Subsistence wild plant gatherers
- Subsistence herders
- Subsistence aquatic life gatherers
- Subsistence trappers

18. Extraction and building trades workers *(mining, quarrying, and construction industries)*

(Examples of occupations within this occupation category)
- Bricklayers
- Building exterior cleaners
- Carpenters
- Cement finishers
- Electricians
- Miners
- Painters
- Plumbers
- Roofers
- Stone cutters

19. Metal, machinery and related trades workers *(manufacturing, repair, communications, public utilities)*

(Examples of occupations within this occupation category)
- Blacksmiths
- Electrical fitters
- Electric power line workers
- Mechanics
- Metal-smiths
- Sheet-metal workers
- Structural metalworkers
- Telephone installers
- Toolmakers
- Welders
20. Precision, handicraft, printing and related trades workers (*skilled handicraft, printing*)
(Examples of occupations within this occupation category)
Film developers
Glass blowers
Handicraft workers
Jewelers
Musical instrument makers
Potters
Printers
Silk-screen printers
Sign-writers
Typesetters

21. Other craft and related trades workers (*skilled craftsman*)
(Examples of occupations within this occupation category)
Bakers
Basket makers
Butchers
Cabinet-makers
Cigarette makers
Dressmakers
Food graders
Shoe-makers
Tobacco graders
Wood treaters

22. Stationary plant and related operators (*make materials from which parts are made*)
(Examples of occupations within this occupation category)
Chemical machine operators (mixing, heat-treating, filtering, distilling, etc.)
Furnace operators
Glass-blowing machine operators
Kiln-operators
Mining machine operators
Plant operators
Power plant operators
Water purification plant operators
Well-drilling equipment operators
Wood-processing plant operators

23. Machine operators and assemblers (*make finished products*)
(Examples of occupations within this occupation category)
Assemblers (machinery, equipment, supplies, and other products)
Chemical production machine operators (*coating, finishing, plating, developing, etc.*)
Food canning machine operators
Machine tool operators
Plastic products machine operators
Printing-press operators
Sewing-machine operators
Textile machine operators
Woodworking machine operators
24. Drivers and mobile plant operators *(mobile implies operating a machine in a plant)*
(Examples of occupations within this occupation category)
Bulldozer operators
Bus drivers
Crane operators
Fork-lift operators
Locomotive engineers
Motorized farm equipment operators
Railroad brakers
Sailors
Taxi drivers
Truck drivers

25. Sales and services elementary occupations *(perform routine, unskilled services)*
(Examples of occupations within this occupation category)
Domestic cleaners
Door-to-door salespersons
Garbage collectors
Hand dishwashers
Janitors
Newspaper deliverers
Odd-jobs persons
Shoe-shiners
Telephone salespersons
Window washers

26. Agricultural, fishery and related laborers *(perform routine tasks using hand-held tools)*
(Examples of occupations within this occupation category)
Aquatic laborers
Brush cutters
Choppers
Farm laborers
Fish hatchery worker
Fruit pickers
Greenhouse laborers
Hatchery laborers
Migratory workers
Tree tapping laborers

27. Laborers in mining, construction, manufacturing and transport *(perform routine tasks)*
(Examples of occupations within this occupation category)
Animal-drawn vehicle drivers
Bottle sorters
Construction laborers
Factory laborers
Freight handlers
Hand packers
Mining laborers
Order pullers
Rickshaw drivers
Simple-assembly workers *(nuts and bolts, supermarket warehouse, etc.)*

28. Armed forces
(Examples of occupations within this occupation category)

29. Other Specify
*EM20. What kind of place did you work for? What did they make or do? / What kind of place was your business? What did you make or do?

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE RESPONDENT WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT ONE PRECODED CATEGORY

AGRICULTURE, HUNTING AND FORESTRY ...................................................... 1
FISHING ..................................................................................................................... 2
MINING AND QUARRYING .................................................................................... 3
MANUFACTURING .................................................................................................. 4
ELECTRICITY, GAS AND WATER SUPPLY ......................................................... 5
CONSTRUCTION ...................................................................................................... 6
WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES .......... 7
HOTELS AND RESTAURANTS .............................................................................. 8
TRANSPORT, STORAGE AND COMMUNICATIONS ........................................ 9
FINANCIAL INTERMEDIATION ........................................................................ 10
REAL ESTATE, RENTING AND BUSINESS ACTIVITIES .................................... 11
PUBLIC ADMINISTRATION AND DEFENSE ..................................................... 12
EDUCATION ............................................................................................................ 13
HEALTH AND SOCIAL WORK ........................................................................ 14
OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES .... 15
PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS ................................ 16
EXTRA-TERRITORIAL ORGANIZATIONS AND BODIES ................................ 17
DON’T KNOW ......................................................................................................... 98
REFUSED ................................................................................................................. 99

*EM21. INTERVIEWER CHECKPOINT: (SEE *EM8)

*EM8 EQUALS 5 OR 10 ................................................................. 1  GO TO *EM50
ALL OTHERS ...................................................................................................... 2

*EM22. Do you have any problems with your physical or emotional health that would prevent you from working for pay if you wanted to?

YES ...................................................................................................................... 1
NO ....................................................................................................................... 5  GO TO *EM23
DON’T KNOW .................................................................................................. 8  GO TO *EM23
REFUSED ....................................................................................................... 9  GO TO *EM23
*EM22a. Is this a physical health problem, an emotional problem, or a combination of physical and emotional?

PHYSICAL ............................................................... 1
EMOTIONAL ........................................................... 2
COMBINATION ...................................................... 3
(IF VOL:) MATERNITY ........................................ 4
OTHER (SPECIFY) .................................................. 5

___________________________________________

DON’T KNOW ........................................................ 8
REFUSED ............................................................. 9

GO TO *EM50

*EM23. Are you limited in the kind or amount of work you can do because of any problems with your physical or emotional health?

YES ......................................................... 1
NO ............................................................ 5 GO TO *EM50
DON’T KNOW ........................................ 8 GO TO *EM50
REFUSED ............................................ 9 GO TO *EM50

*EM23a. Is this a physical health problem, an emotional problem, or a combination of physical and emotional?

PHYSICAL ............................................................. 1
EMOTIONAL ......................................................... 2
COMBINATION ..................................................... 3
(IF VOL:) MATERNITY ........................................ 4
OTHER (SPECIFY) ................................................ 5

___________________________________________

DON’T KNOW ....................................................... 8
REFUSED ............................................................... 9

*EM23b. On a scale from 0 to 100, where 0 represents no money at all and 100 represents the amount of money you could expect to earn if you had no health problems, what number describes how much a person with your health could expect to earn if they tried to get a job? You can use any number between 0 and 100 to answer.

(If R Vol: “Someone in my health could not get a job”, code the response “997”).

__________ NUMBER

DON’T KNOW ..........998
REFUSED .................999

*EM1 EQUALS '997' OR *EM2 EQUALS '997'......................1  GO TO *SE1
*EM2 EQUALS '0' OR *EM2 EQUALS '996'
OR *EM1 EQUALS '996'...................................................2  GO TO *SE1
*EM7a EQUALS '0'..........................................................3  GO TO *SE1
*EM12 GREATER THAN 52 WEEKS.................................4  GO TO *SE1
ALL OTHERS.................................................................5

*EM51. Were you demoted from a job or did you get a cut in pay at any time in the past 12 months?

YES ...............................................................1
NO.................................................................5  GO TO *EM51b
DON'T KNOW ..................................................8  GO TO *EM51b
REFUSED........................................................9  GO TO *EM51b

*EM51a. In what month did that happen?

_______ MONTH (01-13)

DON'T KNOW ..................................................98
REFUSED........................................................99

*EM51b. Did you have a major scare that you might lose your job or business in the past 12 months?

YES ...............................................................1
NO.................................................................5  GO TO *EM52
DON'T KNOW ..................................................8  GO TO *EM52
REFUSED........................................................9  GO TO *EM52

*EM51c. In what month did that happen?

_______ MONTH (01-13)

(IF VOL) STARTED MORE THAN 12 MONTHS AGO.............97
DON'T KNOW ..................................................98
REFUSED........................................................99

*EM52. Were you fired or did you lose a business in the past 12 months?

YES ...............................................................1
NO.................................................................5  GO TO *EM53
DON'T KNOW ..................................................8  GO TO *EM53
REFUSED........................................................9  GO TO *EM53

*EM52a. In what month did that happen?

_______ MONTH (01-13)

DON'T KNOW ..................................................98
REFUSED........................................................99
*EM53. Did you have any other major disappointment at work in the past 12 months, like not getting an expected promotion?

YES .............................................................................. 1
NO............................................................................. 5  GO TO *EM55
DON’T KNOW .................................................... 8  GO TO *EM55
REFUSED............................................................ 9  GO TO *EM55

*EM53a. In what month did that happen?

_______ MONTH (01-13)

DON’T KNOW .................................................... 98
REFUSED............................................................ 99

*EM55. Did you have any other serious ongoing problem at work in the past 12 months—like a major change or uncertainty or extreme work pressure?

YES .............................................................................. 1
NO............................................................................. 5  GO TO *SE1
DON’T KNOW .................................................... 8  GO TO *SE1
REFUSED............................................................ 9  GO TO *SE1

*EM55a. In what month did that start?

_______ MONTH (01-13)

(IF VOL) STARTED MORE THAN 21 MONTHS AGO................. 97
DON’T KNOW ...................................................................... 98
REFUSED ............................................................................ 99

GO TO *SE1
SPOUSE EMPLOYMENT SECTION (SE)

*SE1. INTERVIEWER CHECKPOINT (SEE *SC3-*SC3a):

R IS MARRIED/COHABITATING ............1
ALL OTHERS...............................................2 GO TO NEXT SECTION

*SE2. The next questions are about your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner). How many years of school has your (spouse/partner) completed?

INTERVIEWER: IF NEC PROBE: “What is your best estimate?”

__________________ YEARS

DON’T KNOW ..............................................................98
REFUSED .................................................................99

*SE4. What is your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner)’s current employment status? Is (he/she) working now for pay, self-employed, looking for work, disabled, temporarily laid off, retired, a homemaker, a full-time or part-time student or something else?

INTERVIEWER: DO NOT READ LIST, CIRCLE ALL THAT APPLY, DO NOT PROBE FOR OTHERS

EMPLOYED ..............................................................1 GO TO *SE9
SELF-EMPLOYED ......................................................2 GO TO *SE9
LOOKING FOR WORK; UNEMPLOYED .............................3
TEMPORARILY LAID OFF ............................................4
RETIRED ...............................................................5
HOMEMAKER ..........................................................6
STUDENT .....................................................................7
MATUREITY LEAVE ....................................................8 GO TO *SE9
ILLNESS/SICK LEAVE ................................................9 GO TO *SE9
DISABLED ..............................................................10
OTHER (SPECIFY) ....................................................11

(IF VOL) NEVER WORKED .........................................97 GO TO *SE12
DON’T KNOW ..........................................................98 GO TO NEXT SECTION
REFUSED .................................................................99 GO TO NEXT SECTION

*SE5. Is your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner) doing any work for pay or profit at the present time?

(INTerviewer: IF NEC CLARIFY: “Work for pay includes self-employment.”)

YES .................................................................1 GO TO *SE9
NO .........................................................................5
DON’T KNOW ........................................................8
REFUSED ...............................................................9
SE6. How long has it been since the last time your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner) worked?

_______ NUMBER

CIRCLE UNIT OF TIME:  DAYS ......1  WEEKS ......2  MONTHS….3  YEARS…..4

NEVER WORKED.......... 997   GO TO *SE12
DON’T KNOW .................. 998
REFUSED ......................... 999

*SE7. What kind of work did your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner) do at (his/her) last job? That is, what was (his/her) job called? [Tell me what were some of (his/her) main duties?]

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE SPOUSE OR PARTNER WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT AND RECORD ONE PRECODED CATEGORY

______PRECODED CATEGORY

DON’T KNOW................................................................. 98
REFUSED................................................................. 99

1. Legislators and senior officials (all members of state, regional or local legislatures)  
(Examples of occupations within this occupation category)
Charity organization senior officials
Employers’ organization senior officials
Environmental protection organization senior officials
Humanitarian organization senior officials
Political party leaders
Special-interest organization senior officials
Sports association senior officials
Trade and industry association leaders
Trade union leaders
Wild life protection organization senior officials

2. Corporate managers (organizations having 3+ managers or 11+ employees)  
(Examples of occupations within this occupation category)
Chief executive officers
Deans
Managing directors of companies
Marketing department managers
Operations department managers
Personnel department managers
Presidents of companies
Production department managers
Sales department managers
Section managers

3. General managers (organizations having 1-2 managers or less than 11 employees)
(Examples of occupations within this occupation category)
Managers in businesses in which there are not more than one other manager
Managers in businesses in which there are not more than ten employees
Small business managers

4. Physical, mathematical and engineering science professionals (university degree required)
(Examples of occupations within this occupation category)
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Chemists
Computer applications engineers
Computer programmers
Computer systems analysts
Engineering technologists
Engineers
General public service administrators
Mathematicians
Physicists
Statisticians

5. Life science and health professionals (university degree required)
(Examples of occupations within this occupation category)
Agronomists
Biologists
Botanists
Chiropractors
Dentists
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Pathologists
Pharmacists
Registered nurses
Veterinarians

6. Teaching professionals (university degree required)
(Examples of occupations within this occupation category)
College and university lecturers
College and university professors
College and university readers
Curricula developers
Pre-primary education teachers
Primary education teachers
Professional remedial teachers
Secondary education teachers
School inspectors
Special education teachers

7. Other professionals (university degree required)
(Examples of occupations within this occupation category)
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Artists (actors, ballet dancers, opera singers, commercial artists, etc.)
Journalists
Lawyers
Librarians
Ministers of religion (with an associates degree or higher)
Professional social workers (with an associate degree or higher)
Psychologists
Public service administrative professionals
Vocational guidance counselors

8. Physical and engineering science associate professionals (some formal training required)
(Examples of occupations within this occupation category)
Aircraft pilots
Air traffic controllers
Building inspectors
Computer assistants
Computer equipment operators
Engineering technicians
Medical equipment operators
Photographers
Physical science technicians
Quality inspectors

9. Life science and health associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
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Dieticians
Faith healers
Farming advisers
Herbal healers
Life science technicians
Massage Therapists
Medical assistants
Optometrists
Practical nurses
Sanitary inspectors

10. Teaching associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
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Flying instructors
Pre-primary education teaching assistants
Primary education teaching assistants
Professional nursery teaching assistants
Professional remedial teaching assistants
Professional special education teaching assistants
Teachers of the visually impaired
Teachers of the mentally handicapped
Teachers of the hearing impaired

11. Other associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
Administrative secretaries
Bookkeepers (bookkeeping clerks are 12)
Employment agents
Entertainers (who perform on the streets, in night-clubs, at circuses, in bands, etc.)
Insurance agents
Police detectives
Real estate agents
Religious workers
Social workers (with less than an associate degree)
Stock brokers
12. Office clerks (*no direct contact with clients*)
(Examples of occupations within this occupation category)
Bookkeeping clerks (bookkeepers are 11)
Filing clerks
Mail carriers
Mail clerks
Materials clerks
Personnel clerks
Secretaries
Stock clerks
Tax clerks
Typists

13. Customer service clerks (*direct contact with clients*)
(Examples of occupations within this occupation category)
Bank tellers
Bookmakers
Cashiers
Counter clerks
Debt collectors
Pawnbrokers
Post office counter clerks
Receptionists
Telephone switchboard-operators
Ticket clerks

14. Personal and protective service workers (*provide personal services*)
(Examples of occupations within this occupation category)
Child-care workers
Cooks
Fire-fighters
Flight attendants
Hairdressers
Housekeepers
Nursing aids
Police officers
Security guards
Train conductors

15. Models, salespersons, and demonstrators (*pose, display, demonstrate or sell goods*)
(Examples of occupations within this occupation category)
Advertising models
Artist’s models
Demonstrators
Fashion models
Market salespersons
Retail salespersons
Fruit stand salespersons
Vegetable-stand salespersons
Wholesale salespersons
16. Market-oriented skilled agricultural and fishery workers (*perform complex, non-routine tasks*)
(Examples of occupations within this occupation category)
Beekeepers
Dog breeders
Farmers
Fishery workers
Hunters
Loggers
Skilled farm workers
Skilled forestry workers
Trappers

17. Subsistence agricultural and Fishery workers (*for personal, not commercial use*)

(CODE SUBSISTENCE AGRICULTURAL AND FISHERY WORKERS, WHO ARE NOT MANAGERS, MACHINERY OPERATORS, OR MARKET ORIENTED, BUT DO PROVIDE FOOD, SHELTER AND A MINIMUM OF CASH INCOME FOR THEMSELVES AND THEIR HOUSEHOLDS, HERE. IT SHOULD BE NOTED THAT THE NECESSARY SKILLS – AN UNDERSTANDING OF THE NATURAL ENVIRONMENT AND THE CROPS AND ANIMALS WORKED WITH, AS WELL AS MANUAL STRENGTH AND DEXTERITY – ARE USUALLY ACQUIRED BY WORKING FROM CHILDHOOD WITH OTHER MEMBERS OF THE HOUSEHOLD TO PRODUCE THE NECESSITIES FOR SUBSISTING.)

(Examples of occupations within this occupation category)
Subsistence farmers
Subsistence farm workers
Subsistence fishers
Subsistence fishery workers
Subsistence hunters
Subsistence hunting workers
Subsistence wild plant gatherers
Subsistence herders
Subsistence aquatic life gatherers
Subsistence trappers

18. Extraction and building trades workers (*mining, quarrying, and construction industries*)
(Examples of occupations within this occupation category)
Bricklayers
Building exterior cleaners
Carpenters
Cement finishers
Electricians
Miners
Painters
Plumbers
Roofers
Stone cutters

19. Metal, machinery and related trades workers (*manufacturing, repair, communications, public utilities*)
(Examples of occupations within this occupation category)
Blacksmiths
Electrical fitters
Electric power line workers
Mechanics
Metal-smiths
Sheet-metal workers
Structural metalworkers
Telephone installers
Toolmakers
Welders
20. Precision, handicraft, printing and related trades workers (skilled handicraft, printing)
(Examples of occupations within this occupation category)
Film developers
Glass blowers
Handicraft workers
Jewelers
Musical instrument makers
Potters
Printers
Silk-screen printers
Sign-writers
Typesetters

21. Other craft and related trades workers (skilled craftsman)
(Examples of occupations within this occupation category)
Bakers
Basket makers
Butchers
Cabinet-makers
Cigarette makers
Dressmakers
Food graders
Shoe-makers
Tobacco graders
Wood treaters

22. Stationary plant and related operators (make materials from which parts are made)
(Examples of occupations within this occupation category)
Chemical machine operators (mixing, heat-treating, filtering, distilling, etc.)
Furnace operators
Glass-blowing machine operators
Kiln-operators
Mining machine operators
Plant operators
Power plant operators
Water purification plant operators
Well-drilling equipment operators
Wood-processing plant operators

23. Machine operators and assemblers (make finished products)
(Examples of occupations within this occupation category)
Assemblers (machinery, equipment, supplies, and other products)
Chemical production machine operators (coating, finishing, plating, developing, etc.)
Food canning machine operators
Machine tool operators
Plastic products machine operators
Printing-press operators
Sewing-machine operators
Textile machine operators
Woodworking machine operators
24. **Drivers and mobile plant operators** *(mobile implies operating a machine in a plant)*  
(Examples of occupations within this occupation category)  
Bulldozer operators  
Bus drivers  
Crane operators  
Fork-lift operators  
Locomotive engineers  
Motorized farm equipment operators  
Railroad brakers  
Sailors  
Taxi drivers  
Truck drivers  

25. **Sales and services elementary occupations** *(perform routine, unskilled services)*  
(Examples of occupations within this occupation category)  
Domestic cleaners  
Door-to-door salespersons  
Garbage collectors  
Hand dishwashers  
Janitors  
Newspaper deliverers  
Odd-jobs persons  
Shoe-shiners  
Telephone salespersons  
Window washers  

26. **Agricultural, fishery and related laborers** *(perform routine tasks using hand-held tools)*  
(Examples of occupations within this occupation category)  
Aquatic laborers  
Brush cutters  
Choppers  
Farm laborers  
Fish hatchery worker  
Fruit pickers  
Greenhouse laborers  
Hatchery laborers  
Migratory workers  
Tree tapping laborers  

27. **Laborers in mining, construction, manufacturing and transport** *(perform routine tasks)*  
(Examples of occupations within this occupation category)  
Animal-drawn vehicle drivers  
Bottle sorters  
Construction laborers  
Factory laborers  
Freight handlers  
Hand packers  
Mining laborers  
Order pullers  
Rickshaw drivers  
Simple-assembly workers *(nuts and bolts, supermarket warehouse, etc.)*  

28. **Armed forces**  
(Examples of occupations within this occupation category)  

29. **Other Specify**
*SE8. What kind of place did your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner) work for? What did they make or do? / What kind of place was your (spouse’s/partner’s) business? What did (he/she) make or do?

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE SPOUSE OR PARTNER WORKED THE MOST HOURS.

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT ONE PRECODED CATEGORY

AGRITCULTURE, HUNTING AND FORESTRY .............................................................. 1
FISHING ..................................................................................................................... 2
MINING AND QUARRYING .................................................................................... 3
MANUFACTURING .................................................................................................. 4
ELECTRICITY, GAS AND WATER SUPPLY ......................................................... 5
CONSTRUCTION ...................................................................................................... 6
WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES .......... 7
HOTELS AND RESTAURANTS .............................................................................. 8
TRANSPORT, STORAGE AND COMMUNICATIONS ........................................... 9
FINANCIAL INTERMEDIATION .......................................................................... 10
REAL ESTATE, RENTING AND BUSINESS ACTIVITIES ................................ 11
PUBLIC ADMINISTRATION AND DEFENSE ..................................................... 12
EDUCATION ............................................................................................................ 13
HEALTH AND SOCIAL WORK ............................................................................. 14
OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES .... 15
PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS .................................. 16
EXTRA-TERITORIAL ORGANIZATIONS AND BODIES ................................. 17

DON’T KNOW ......................................................................................................... 98
REFUSED ................................................................................................................. 99

GO TO *SE12
What kind of work does your (IF *SC3 EQUALS 1: spouse / IF *SC3a EQUALS 1: partner) do? That is, what is his/her job called? [Tell me what are some of his/her main duties?]

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE SPOUSE OR PARTNER WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT AND RECORD ONE PRECODED CATEGORY

---

**PRECODED CATEGORY**

DON'T KNOW .................................................................98
REFUSED .................................................................99

1. Legislators and senior officials (all members of state, regional or local legislatures)
(Examples of occupations within this occupation category)
Charity organization senior officials
Employers’ organization senior officials
Environmental protection organization senior officials
Humanitarian organization senior officials
Political party leaders
Special-interest organization senior officials
Sports association senior officials
Trade and industry association leaders
Trade union leaders
Wild life protection organization senior officials

2. Corporate managers (organizations having 3+ managers or 11+ employees)
(Examples of occupations within this occupation category)
Chief executive officers
Deans
Managing directors of companies
Marketing department managers
Operations department managers
Personnel department managers
Presidents of companies
Production department managers
Sales department managers
Section managers

3. General managers (organizations having 1-2 managers or less than 11 employees)
(Examples of occupations within this occupation category)
Managers in businesses in which there are not more than one other manager
Managers in businesses in which there are not more than ten employees
Small business managers
4. Physical, mathematical and engineering science professionals (*university degree required*)
(Examples of occupations within this occupation category)
Architects
Chemists
Computer applications engineers
Computer programmers
Computer systems analysts
Engineering technologists
Engineers
General public service administrators
Mathematicians
Physicists
Statisticians

5. Life science and health professionals (*university degree required*)
(Examples of occupations within this occupation category)
Agronomists
Biologists
Botanists
Chiropractors
Dentists
Medical doctors
Professional midwives
Pathologists
Pharmacists
Registered nurses
Veterinarians

6. Teaching professionals (*university degree required*)
(Examples of occupations within this occupation category)
College and university lecturers
College and university professors
College and university readers
Curricula developers
Pre-primary education teachers
Primary education teachers
Professional remedial teachers
Secondary education teachers
School inspectors
Special education teachers

7. Other professionals (*university degree required*)
(Examples of occupations within this occupation category)
Accountants
Artists (*actors, ballet dancers, opera singers, commercial artists, etc.*)
Journalists
Lawyers
Librarians
Ministers of religion (*with an associates degree or higher*)
Professional social workers (*with an associate degree or higher*)
Psychologists
Public service administrative professionals
Vocational guidance counselors
8. Physical and engineering science associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
Aircraft pilots
Air traffic controllers
Building inspectors
Computer assistants
Computer equipment operators
Engineering technicians
Medical equipment operators
Photographers
Physical science technicians
Quality inspectors

9. Life science and health associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
Associate midwives
Dieticians
Faith healers
Farming advisers
Herbal healers
Life science technicians
Massage Therapists
Medical assistants
Optometrists
Practical nurses
Sanitary inspectors

10. Teaching associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
Driving instructors
Flying instructors
Pre-primary education teaching assistants
Primary education teaching assistants
Professional nursery teaching assistants
Professional remedial teaching assistants
Professional special education teaching assistants
Teachers of the visually impaired
Teachers of the mentally handicapped
Teachers of the hearing impaired

11. Other associate professionals *(some formal training required)*
(Examples of occupations within this occupation category)
Administrative secretaries
Bookkeepers (bookkeeping clerks are 12)
Employment agents
Entertainers (who perform on the streets, in night-clubs, at circuses, in bands, etc.)
Insurance agents
Police detectives
Real estate agents
Religious workers
Social workers (with less than an associate degree)
Stock brokers
12. **Office clerks** (*no direct contact with clients*)

(Examples of occupations within this occupation category)
- Bookkeeping clerks (bookkeepers are 11)
- Filing clerks
- Mail carriers
- Mail clerks
- Materials clerks
- Personnel clerks
- Secretaries
- Stock clerks
- Tax clerks
- Typists

13. **Customer service clerks** (*direct contact with clients*)

(Examples of occupations within this occupation category)
- Bank tellers
- Bookmakers
- Cashiers
- Counter clerks
- Debt collectors
- Pawnbrokers
- Post office counter clerks
- Receptionists
- Telephone switchboard-operators
- Ticket clerks

14. **Personal and protective service workers** (*provide personal services*)

(Examples of occupations within this occupation category)
- Child-care workers
- Cooks
- Fire-fighters
- Flight attendants
- Hairdressers
- Housekeepers
- Nursing aids
- Police officers
- Security guards
- Train conductors

15. **Models, salespersons, and demonstrators** (*pose, display, demonstrate or sell goods*)

(Examples of occupations within this occupation category)
- Advertising models
- Artist’s models
- Demonstrators
- Fashion models
- Market salespersons
- Retail salespersons
- Fruit stand salespersons
- Vegetable-stand salespersons
- Wholesale salespersons
16. Market-oriented skilled agricultural and fishery workers (*perform complex, non-routine tasks*)
(Examples of occupations within this occupation category)
Beekeepers
Dog breeders
Farmers
Fishery workers
Hunters
Loggers
Skilled farm workers
Skilled forestry workers
Trappers

17. Subsistence agricultural and Fishery workers (*for personal, not commercial use*)

(CODE SUBSISTENCE AGRICULTURAL AND FISHERY WORKERS, WHO ARE NOT MANAGERS, MACHINERY OPERATORS, OR MARKET ORIENTED, BUT DO PROVIDE FOOD, SHELTER AND A MINIMUM OF CASH INCOME FOR THEMSELVES AND THEIR HOUSEHOLDS, HERE. IT SHOULD BE NOTED THAT THE NECESSARY SKILLS – AN UNDERSTANDING OF THE NATURAL ENVIRONMENT AND THE CROPS AND ANIMALS WORKED WITH, AS WELL AS MANUAL STRENGTH AND DEXTERITY – ARE USUALLY ACQUIRED BY WORKING FROM CHILDHOOD WITH OTHER MEMBERS OF THE HOUSEHOLD TO PRODUCE THE NECESSITIES FOR SUBSISTING.)

(Examples of occupations within this occupation category)
Subsistence farmers
Subsistence farm workers
Subsistence fishers
Subsistence fishery workers
Subsistence hunters
Subsistence hunting workers
Subsistence wild plant gatherers
Subsistence herders
Subsistence aquatic life gatherers
Subsistence trappers

18. Extraction and building trades workers (*mining, quarrying, and construction industries*)
(Examples of occupations within this occupation category)
Bricklayers
Building exterior cleaners
Carpenters
Cement finishers
Electricians
Miners
Painters
Plumbers
Roofers
Stone cutters

19. Metal, machinery and related trades workers (*manufacturing, repair, communications, public utilities*)
(Examples of occupations within this occupation category)
Blacksmiths
Electrical fitters
Electric power line workers
Mechanics
Metal-smiths
Sheet-metal workers
Structural metalworkers
Telephone installers
Toolmakers
Welders
20. Precision, handicraft, printing and related trades workers *(skilled handicraft, printing)*  
*(Examples of occupations within this occupation category)*  
Film developers  
Glass blowers  
Handicraft workers  
Jewelers  
Musical instrument makers  
Potters  
Printers  
Silk-screen printers  
Sign-writers  
Typesetters

21. Other craft and related trades workers *(skilled craftsman)*  
*(Examples of occupations within this occupation category)*  
Bakers  
Basket makers  
Butchers  
Cabinet-makers  
Cigarette makers  
Dressmakers  
Food graders  
Shoe-makers  
Tobacco graders  
Wood treaters

22. Stationary plant and related operators *(make materials from which parts are made)*  
*(Examples of occupations within this occupation category)*  
Chemical machine operators (mixing, heat-treating, filtering, distilling, etc.)  
Furnace operators  
Glass-blowing machine operators  
Kiln-operators  
Mining machine operators  
Plant operators  
Power plant operators  
Water purification plant operators  
Well-drilling equipment operators  
Wood-processing plant operators

23. Machine operators and assemblers *(make finished products)*  
*(Examples of occupations within this occupation category)*  
Assemblers (machinery, equipment, supplies, and other products)  
Chemical production machine operators *(coating, finishing, plating, developing, etc.)*  
Food canning machine operators  
Machine tool operators  
Plastic products machine operators  
Printing-press operators  
Sewing-machine operators  
Textile machine operators  
Woodworking machine operators
24. **Drivers and mobile plant operators** *(mobile implies operating a machine in a plant)*

*(Examples of occupations within this occupation category)*

- Bulldozer operators
- Bus drivers
- Crane operators
- Fork-lift operators
- Locomotive engineers
- Motorized farm equipment operators
- Railroad brakers
- Sailors
- Taxi drivers
- Truck drivers

25. **Sales and services elementary occupations** *(perform routine, unskilled services)*

*(Examples of occupations within this occupation category)*

- Domestic cleaners
- Door-to-door salespersons
- Garbage collectors
- Hand dishwashers
- Janitors
- Newspaper deliverers
- Odd-jobs persons
- Shoe-shiners
- Telephone salespersons
- Window washers

26. **Agricultural, fishery and related laborers** *(perform routine tasks using hand-held tools)*

*(Examples of occupations within this occupation category)*

- Aquatic laborers
- Brush cutters
- Choppers
- Farm laborers
- Fish hatchery worker
- Fruit pickers
- Greenhouse laborers
- Hatchery laborers
- Migratory workers
- Tree tapping laborers

27. **Laborers in mining, construction, manufacturing and transport** *(perform routine tasks)*

*(Examples of occupations within this occupation category)*

- Animal-drawn vehicle drivers
- Bottle sorters
- Construction laborers
- Factory laborers
- Freight handlers
- Hand packers
- Mining laborers
- Order pullers
- Rickshaw drivers
- Simple-assembly workers *(nuts and bolts, supermarket warehouse, etc.)*

28. **Armed forces**

*(Examples of occupations within this occupation category)*

29. **Other Specify**
*SE10. What kind of place does your (IF *SC3 EQUALS ‘1’:spouse / IF *SC3a EQUALS ‘1’:partner) work for? What do they make or do? / What kind of place is your (spouse’s/partner’s) business? What does (he/she) make or do?

INTERVIEWER: IF MORE THAN ONE JOB, DESCRIBE THE ONE AT WHICH THE SPOUSE OR PARTNER WORKED THE MOST HOURS

INTERVIEWER: RECORD VERBATIM RESPONSE AND THEN SELECT ONE PRECODED CATEGORY

AGRICULTURE, HUNTING AND FORESTRY .......................................................... 1
FISHING ............................................................................................................... 2
MINING AND QUARRYING .................................................................................. 3
MANUFACTURING ............................................................................................... 4
ELECTRICITY, GAS AND WATER SUPPLY .................................................... 5
CONSTRUCTION ................................................................................................. 6
WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES ............. 7
HOTELS AND RESTAURANTS .......................................................................... 8
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PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS ................................. 16
EXTRA-TERRITORIAL ORGANIZATIONS AND BODIES ........................... 17

DON’T KNOW ................................................................................................. 98
REFUSED ......................................................................................................... 99

*SE11. About how many hours does (he/she) work for pay or profit in an average week? (Your best estimate is fine.)

IF NEC: Work for pay includes self-employment
IF NEC: Please tell me how many hours (he/she) works, if it is different from how many hours (he/she) is paid for.

INTERVIEWER: IF LESS THAN ONE HOUR PER WEEK, ENTER “97”

HOURS PER AVERAGE WEEK ON MAIN JOB

DON’T KNOW ............. 98
REFUSED ................. 99

*SE12. INTERVIEWER CHECKPOINT (SEE *SE4)

*SE4 EQUALS ‘9’ .............................................................................................. 1
*SE4 EQUALS ‘10’.......................................................................................... 2
ALL OTHERS ................................................................................................. 3  GO TO *SE14
*SE13. You mentioned that your (IF *SC3 EQUALS ‘1’: spouse/ IF *SC3a EQUALS ‘1’: partner) is (*SE12 EQUALS ‘1’: on sick leave/ *SE12 EQUALS ‘2’: disabled). Is this because of a physical disorder, an emotional disorder, or a combination of physical and emotional?

PHYSICAL ................................................................................................................................. 1
EMOTIONAL ............................................................................................................................. 2
COMBINATION .................................................................................................................... .... 3
(If Vol) MATERNITY ............................................................................................................. 4
OTHER (Specify) ................................................................................................................ .... 5

DON’T KNOW ........................................................................................................................... 8
REFUSED ................................................................................................................................... 9


*SE5 EQUALS ‘1’ OR *SE4 EQUALS ‘1’ OR ‘2’ ................................................. 1 GO TO *SE14
*SE4 EQUALS ‘97’ OR *SE6 EQUALS ‘997’ OR *SE7 EQUALS ‘97’ OR
*SE9 EQUALS ‘97’ ........................................................................................................ 2 GO TO NEXT SECTION
*SE4 EQUALS ‘8’ OR ‘9’ .................................................................................... 3 GO TO *SE13a
ALL OTHERS ........................................................................................................... 4 GO TO *SE14

*SE13a. How long has (he/she) been off of work?

______ NUMBER
CIRCLE UNIT OF TIME: DAYS ......1 WEEKS ......2 MONTHS….3 YEARS…..4

DON’T KNOW ............ 998
REFUSED .................. 999

*SE14. INTERVIEWER CHECKPOINT: (See *SE6, *SE7, *SE9, *SE4)

*SE6 GREATER THAN “52 WEEKS” OR *SE6 EQUALS ‘997’ .............. 1 GO TO NEXT SECTION
*SE7 EQUALS ‘97’ .......................................................................................................... 2 GO TO NEXT SECTION
*SE9 EQUALS ‘97’ .......................................................................................................... 3 GO TO NEXT SECTION
*SE4 EQUALS ‘97’ .......................................................................................................... 4 GO TO NEXT SECTION
ALL OTHERS ........................................................................................................... 5

*SE17. Did your (IF *SC3 EQUALS ‘1’: spouse/ IF *SC3a EQUALS ‘1’: partner) have a major scare that (he/she) might lose (his/her) job or business in the past 12 months?

YES ................................................................................................................................. 1
NO ............................................................ 5 GO TO *SE15
DON’T KNOW .................................................... 8 GO TO *SE15
REFUSED ....................................................... 9 GO TO *SE15
*SE17a. In what month did that happen?

______ MONTH (01-13)

(IF VOL) STARTED MORE THAN 12 MONTHS AGO............... 97
DON'T KNOW.................................................................... 98
REFUSED.......................................................................... 99

*SE15. In the past 12 months, was your (IF *SC3 EQUALS ‘1’: spouse/ IF *SC3a EQUALS ‘1’:partner) fired or did your (IF *SC3 EQUALS ‘1’: spouse/ IF *SC3a EQUALS ‘1’:partner) lose a business?

YES .............................................................. 1
NO.............................................................. 5  GO TO *SE16
DON'T KNOW.............................................. 8  GO TO *SE16
REFUSED.................................................... 9  GO TO *SE16

*SE15a. In what month did that happen?

______ MONTH (01-13)

DON'T KNOW.............................................. 98
REFUSED.................................................... 99

*SE16. Did (he/she) have any other major disappointment at work, in the past 12 months, like not getting an expected promotion?

YES .............................................................. 1
NO.............................................................. 5  GO TO NEXT SECTION
DON'T KNOW.............................................. 8  GO TO NEXT SECTION
REFUSED.................................................... 9  GO TO NEXT SECTION

*SE16a. In what month did that happen?

______ MONTH (01-13)

DON'T KNOW.............................................. 98
REFUSED.................................................... 99

END OF SECTION
FINANCES (FN)

<table>
<thead>
<tr>
<th>A. Less than $0 (Loss)</th>
<th>M. $10,000 - $19,999</th>
<th>Y. $30,000 - $34,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. $0 (None)</td>
<td>N. $11,000 - $11,999</td>
<td>Z. $35,000 - $39,999</td>
</tr>
<tr>
<td>C. $1 - $999</td>
<td>O. $12,000 - $12,999</td>
<td>AA. $40,000 - $44,999</td>
</tr>
<tr>
<td>D. $1,000 - $1,999</td>
<td>P. $13,000 - $13,999</td>
<td>BB. $45,000 - $49,999</td>
</tr>
<tr>
<td>E. $2,000 - $2,999</td>
<td>Q. $14,000 - $14,999</td>
<td>CC. $50,000 - $54,999</td>
</tr>
<tr>
<td>F. $3,000 - $3,999</td>
<td>R. $15,000 - $15,999</td>
<td>DD. $75,000 - $79,999</td>
</tr>
<tr>
<td>G. $4,000 - $4,999</td>
<td>S. $16,000 - $16,999</td>
<td>EE. $100,000 - $149,000</td>
</tr>
<tr>
<td>H. $5,000 - $5,999</td>
<td>T. $17,000 - $17,999</td>
<td>FF. $150,000 - $199,999</td>
</tr>
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<td>I. $6,000 - $6,999</td>
<td>U. $18,000 - $18,999</td>
<td>GG. $200,000 - $299,999</td>
</tr>
<tr>
<td>J. $7,000 - $7,999</td>
<td>V. $19,000 - $19,999</td>
<td>HH. $300,000 - $499,999</td>
</tr>
<tr>
<td>K. $8,000 - $8,999</td>
<td>W. $20,000 - $24,999</td>
<td>II. $500,000 - $999,999</td>
</tr>
<tr>
<td>L. $9,000 - $9,999</td>
<td>X. $25,000 - $29,999</td>
<td>JJ. $1,000,000 or more</td>
</tr>
</tbody>
</table>

*FN1. INTERVIEWER CHECKPOINT:

R IS ABLE TO READ ................................................................. 1
ALL OTHERS ................................................................. 2

*FN2 INTRO1. (RB, PG 23) The next questions are about the different sources of income you may have. For each question, please tell me the letter you see on page 23 in your booklet that represents the correct answer. First, which letter best represents your personal earnings income in the past 12 months, before taxes? Count only wages and other stipends from your own employment, not pensions, investments, or other financial assistance or income. (Your best estimate is fine.)

IF VOL “NONE,” CODE B.

*FN2 INTRO2. The next questions are about the different sources of income you may have. First, what was your personal earnings income in the past 12 months, before taxes? Count only wages and other stipends from your own employment, not pensions, investments, or other financial assistance or income. (Your best estimate is fine.)

FIND ALL FIGURES REPORTED IN THIS SECTION IN THE TABLE AND RECORD THE APPROPRIATE LETTERS. DO NOT RECORD REPORTED CURRENCY VALUES.

IF VOL “NONE,” CODE B.

INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE OPTION “WHICH LETTER BEST REPRESENTS.”

*FN3. Is that figure before or after taxes?

INTERVIEWER: CODE “ALL OTHERS” IF R REPORTED BEFORE-TAX FIGURE IN *FN2

R REPORTED AFTER-TAX FIGURE IN *FN2 ........................................ 1
ALL OTHERS ................................................................. 2
<table>
<thead>
<tr>
<th>A.</th>
<th>Less than $0 (Loss)</th>
<th>M.</th>
<th>$10,000 - $10,999</th>
<th>Y.</th>
<th>$30,000 - $34,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>$0 (None)</td>
<td>N.</td>
<td>$11,000 - $11,999</td>
<td>Z.</td>
<td>$35,000 - $39,999</td>
</tr>
<tr>
<td>C.</td>
<td>$1 - $999</td>
<td>O.</td>
<td>$12,000 - $12,999</td>
<td>AA.</td>
<td>$40,000 - $44,999</td>
</tr>
<tr>
<td>D.</td>
<td>$1,000 - $1,999</td>
<td>P.</td>
<td>$13,000 - $13,999</td>
<td>BB.</td>
<td>$45,000 - $49,999</td>
</tr>
<tr>
<td>E.</td>
<td>$2,000 - $2,999</td>
<td>Q.</td>
<td>$14,000 - $14,999</td>
<td>CC.</td>
<td>$50,000 - $74,999</td>
</tr>
<tr>
<td>F.</td>
<td>$3,000 - $3,999</td>
<td>R.</td>
<td>$15,000 - $15,999</td>
<td>DD.</td>
<td>$75,000 - $99,999</td>
</tr>
<tr>
<td>G.</td>
<td>$4,000 - $4,999</td>
<td>S.</td>
<td>$16,000 - $16,999</td>
<td>EE.</td>
<td>$100,000 - $149,000</td>
</tr>
<tr>
<td>H.</td>
<td>$5,000 - $5,999</td>
<td>T.</td>
<td>$17,000 - $17,999</td>
<td>FF.</td>
<td>$150,000 - $199,999</td>
</tr>
<tr>
<td>I.</td>
<td>$6,000 - $6,999</td>
<td>U.</td>
<td>$18,000 - $18,999</td>
<td>GG.</td>
<td>$200,000 - $299,999</td>
</tr>
<tr>
<td>J.</td>
<td>$7,000 - $7,999</td>
<td>V.</td>
<td>$19,000 - $19,999</td>
<td>HH.</td>
<td>$300,000 - $499,999</td>
</tr>
<tr>
<td>K.</td>
<td>$8,000 - $8,999</td>
<td>W.</td>
<td>$20,000 - $24,999</td>
<td>II.</td>
<td>$500,000 - $999,999</td>
</tr>
<tr>
<td>L.</td>
<td>$9,000 - $9,999</td>
<td>X.</td>
<td>$25,000 - $29,999</td>
<td>JJ.</td>
<td>$1,000,000 or more</td>
</tr>
</tbody>
</table>

**FN4.** INTERVIEWER CHECKPOINT: (SEE *SC3, *SC3a)

*SC3 OR *SC3a EQUALS ‘1’……………………………………………………………………1
ALL OTHERS …………………………………………………………………………………2 GO TO **FN7**

**FN5.** (RB, PG 23: Still using the categories on page 23) (What was/ Which letter best represents) your (spouse’s/ partner’s) earnings income in the past 12 months, before taxes? Count only wages or other stipends from his or her employment, not pensions, investments, or other income. (Your best estimate is fine.)

______________ LETTER FROM TABLE (SPOUSE’S OR PARTNER’S EARNINGS INCOME)

LESS THAN $0 (LOSS)……………………………………………………A GO TO **FN7**
$ 0 (NONE)…………………………B GO TO **FN7**
DON’T KNOW ………………………8 GO TO **FN7**
REFUSED…………………………….9 GO TO **FN7**

**FN6.** Is that figure before or after taxes?

INTERVIEWER: CODE “ALL OTHERS” IF R REPORTED BEFORE-TAX FIGURE IN **FN5**

R REPORTED AFTER-TAX FIGURE IN **FN5………………………………1
ALL OTHERS ……………………………………………………………………………2

**FN7.** (RB, PG 23: Still using the categories on page 23) (What was/ Which letter best represents) the total personal earnings income of all other family members who lived with you in the past 12 months, before taxes? Count only wages and other stipends from their employment, not pensions, investments, or other income. (Your best estimate is fine.)

IF VOL “NO OTHER HOUSEHOLD FAMILY MEMBERS,” CODE B.

______________ LETTER FROM TABLE (OTHER FAMILY MEMBERS’ EARNINGS INCOME)

LESS THAN $0 (LOSS)……………………………………………………A GO TO **FN9**
$ 0 (NONE)…………………………………………………………B GO TO **FN9**
DON’T KNOW ……………………………………………………………8 GO TO **FN9**
REFUSED……………………………………………………………………9 GO TO **FN9**
Is that figure before or after taxes?

INTERVIEWER: CODE “ALL OTHERS” IF R REPORTED BEFORE-TAX FIGURE IN *FN7

R REPORTED AFTER-TAX FIGURE IN *FN7.................................1
ALL OTHERS ........................................................................2

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Less than $0 (Loss)</td>
<td>M.</td>
<td>$10,000 - $10,999</td>
<td>Y.</td>
</tr>
<tr>
<td>B.</td>
<td>$0 (None)</td>
<td>N.</td>
<td>$11,000 - $11,999</td>
<td>Z.</td>
</tr>
<tr>
<td>C.</td>
<td>$1 - $999</td>
<td>O.</td>
<td>$12,000 - $12,999</td>
<td>AA.</td>
</tr>
<tr>
<td>D.</td>
<td>$1,000 - $1,999</td>
<td>P.</td>
<td>$13,000 - $13,999</td>
<td>BB.</td>
</tr>
<tr>
<td>E.</td>
<td>$2,000 - $2,999</td>
<td>Q.</td>
<td>$14,000 - $14,999</td>
<td>CC.</td>
</tr>
<tr>
<td>F.</td>
<td>$3,000 - $3,999</td>
<td>R.</td>
<td>$15,000 - $15,999</td>
<td>DD.</td>
</tr>
<tr>
<td>G.</td>
<td>$4,000 - $4,999</td>
<td>S.</td>
<td>$16,000 - $16,999</td>
<td>EE.</td>
</tr>
<tr>
<td>H.</td>
<td>$5,000 - $5,999</td>
<td>T.</td>
<td>$17,000 - $17,999</td>
<td>FF.</td>
</tr>
<tr>
<td>I.</td>
<td>$6,000 – $6,999</td>
<td>U.</td>
<td>$18,000 - $18,999</td>
<td>GG.</td>
</tr>
<tr>
<td>J.</td>
<td>$7,000 - $7,999</td>
<td>V.</td>
<td>$19,000 - $19,999</td>
<td>HH.</td>
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<td>K.</td>
<td>$8,000 - $8,999</td>
<td>W.</td>
<td>$20,000 - $24,999</td>
<td>II.</td>
</tr>
<tr>
<td>L.</td>
<td>$9,000 - $9,999</td>
<td>X.</td>
<td>$25,000 - $29,999</td>
<td>JJ.</td>
</tr>
</tbody>
</table>

*FN9. (RB, PG 23: Still using the categories on page 23) (What was/ Which letter best represents) your total family household income from Social Security Retirement benefits? (Your best estimate is fine.)

___________ LETTER FROM TABLE (HOUSEHOLD SOCIAL SECURITY RETIREMENT BENEFITS)

DON’T KNOW ..........8
REFUSED.................9

*FN10. (RB, PG 23: Still using the categories on page 23) (What was/ Which letter best represents) your total family household income from government assistance programs? Include income such as unemployment benefits, food stamps, Aid to Families with Dependent Children, Public Housing Assistance, General Assistance, SSI or SSDI. (Your best estimate is fine.)

___________ LETTER FROM TABLE (HOUSEHOLD GOVERNMENT ASSISTANCE INCOME)

DON’T KNOW ..........8
REFUSED.................9

*FN11. (RB, PG 23: Still using the categories on page 23) (What was/ Which letter best represents) your total family household income from any other sources in the past 12 months -- for example, pensions, investments, child support, or alimony? (Your best estimate is fine.)

___________ LETTER FROM TABLE (OTHER FAMILY INCOME)

DON’T KNOW ..........8
REFUSED.................9
<table>
<thead>
<tr>
<th></th>
<th>A. Less than $0 (Loss)</th>
<th>B. $0 (None)</th>
<th>C. $1 - $999</th>
<th>D. $1,000 - $1,999</th>
<th>E. $2,000 - $2,999</th>
<th>F. $3,000 - $3,999</th>
<th>G. $4,000 - $4,999</th>
<th>H. $5,000 - $5,999</th>
<th>I. $6,000 - $6,999</th>
<th>J. $7,000 - $7,999</th>
<th>K. $8,000 - $8,999</th>
<th>L. $9,000 - $9,999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M. $10,000 - $10,999</td>
<td>N. $11,000 - $11,999</td>
<td>O. $12,000 - $12,999</td>
<td>P. $13,000 - $13,999</td>
<td>Q. $14,000 - $14,999</td>
<td>R. $15,000 - $15,999</td>
<td>S. $16,000 - $16,999</td>
<td>T. $17,000 - $17,999</td>
<td>U. $18,000 - $18,999</td>
<td>V. $19,000 - $19,999</td>
<td>W. $20,000 - $24,999</td>
<td>X. $25,000 - $29,999</td>
</tr>
<tr>
<td></td>
<td>Y. $30,000 - $34,999</td>
<td>Z. $35,000 - $39,999</td>
<td>AA. $40,000 - $44,999</td>
<td>BB. $45,000 - $49,999</td>
<td>CC. $50,000 - $74,999</td>
<td>DD. $75,000 - $99,999</td>
<td>EE. $100,000 - $149,000</td>
<td>FF. $150,000 - $199,999</td>
<td>GG. $200,000 - $299,999</td>
<td>HH. $300,000 - $499,999</td>
<td>II. $500,000 - $999,999</td>
<td>JJ. $1,000,000 or more</td>
</tr>
</tbody>
</table>

*FN12. (RB, PG 23: Still using the categories on page 23) Suppose you (and your spouse or partner) cashed in all your checking and savings accounts, stocks and bonds, real estate, sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off all your mortgage and all your other loans, debts, and credit cards. Would you have any money left over after paying your debts or would you still owe money? (Your best estimate is fine.)

WOULD HAVE MONEY LEFT OVER .........................1
WOULD STILL OWE MONEY .................................2
DEBTS WOULD JUST ABOUT EQUAL ASSETS ..........3 GO TO *FN14
DON’T KNOW ...............................................8 GO TO *FN14
REFUSED ....................................................9 GO TO *FN14

*FN13. How much? (Your best estimate is fine.)

IF VOL “BREAK EVEN,” CODE B.

________ LETTER FROM TABLE (MONEY LEFT OVER OR OWED)

DON’T KNOW .................8
REFUSED .........................9

*FN14. In general, would you say (you have/ your family living here has) more money than you need, just enough for your needs, or not enough to meet your needs?

MORE THAN NEED .................................1 GO TO NEXT SECTION
JUST ENOUGH .........................................2
NOT ENOUGH .........................................3
DON’T KNOW .........................................8
REFUSED ............................................9

*FN14a. How difficult is it for you to pay your monthly bills– very difficult, somewhat, not very, or not at all difficult?

VERY DIFFICULT .......................1 GO TO *FN15
SOMewhat DIFFICULT ..........2 GO TO *FN15
NOT VERY DIFFICULT ...........3 GO TO *FN15
NOT AT ALL DIFFICULT ...........4 GO TO *FN15
DON’T KNOW ..............................8 GO TO *FN15
REFUSED ............................................9 GO TO *FN15
*FN14b. Did these difficulties start in the past 12 months?

YES .............................................1
NO ..............................................5  GO TO *FN15
DON’T KNOW ..................8  GO TO *FN15
REFUSED .........................9  GO TO *FN15

*FN14c. In what month did they start?

______________ MONTH (01-13)

DON’T KNOW ..................98
REFUSED .........................99

*FN15. In the past 12 months, were you ever hungry, but didn’t eat because you could not afford enough food?

YES .............................................1  GO TO *FN18
NO ..............................................5
DON’T KNOW ..................8
REFUSED .........................9

*FN16. In the past 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

YES .............................................1  GO TO *FN19
NO ..............................................5  GO TO *FN19
DON’T KNOW ..................8  GO TO *FN19
REFUSED .........................9  GO TO *FN19

*FN18. How often in the past 12 months did you not have enough money to buy food – often, sometimes, or only rarely?

OFTEN ............................................1
SOMETIMES .................................2
RARELY .........................................3
(IF VOL) NEVER.............................4
DON’T KNOW ..................8
REFUSED .........................9

*FN19. How often in the past 12 months could you not afford to eat balanced meals – often, sometimes, rarely, or never?

OFTEN ............................................1
SOMETIMES .................................2
RARELY .........................................3
NEVER .........................................4
DON’T KNOW ..................8
REFUSED .........................9

*FN20. How many months in the past 12 months did you either cut the size of your meals or skip meals because there wasn’t enough money to buy food?

______________ MONTHS
*FN21. In the past 12 months, did you have a major reduction in your family income, such as someone losing their job or a loss in rental income?

YES ................................................... 1
NO ..................................................... 5  GO TO *FN22
DON’T KNOW ....................................... 8  GO TO *FN22
REFUSED ........................................... 9  GO TO *FN22

*FN21a. In what month did this happen?

__________ MONTH (01-13)

DON’T KNOW ..................................... 98
REFUSED ........................................... 99

*FN22. In the past 12 months, did you have any major unexpected expense that you were not planning for, such as having to replace a car or a furnace?

YES ................................................... 1
NO ..................................................... 5  GO TO *FN23
DON’T KNOW ....................................... 8  GO TO *FN23
REFUSED ........................................... 9  GO TO *FN23

*FN22a. In what month did this expense begin?

__________ MONTH (01-13)

DON’T KNOW ..................................... 98
REFUSED ........................................... 99

*FN23. (Besides what we have just talked about,) During the past 12 months, have (you/your family living here) had any major, ongoing expenses that most people do not have—such as a child in an expensive college, a relative in a nursing home, or a large amount of child support or alimony?

YES ................................................... 1
NO ..................................................... 5  GO TO *FN24
DON’T KNOW ....................................... 8  GO TO *FN24
REFUSED ........................................... 9  GO TO *FN24

*FN23a. What are these expenses?

___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________
___________________________________________________________________________
*FN23b. Did (this expense/ these expenses) start in the past 12 months or more than 12 months ago?

- PAST 12 MONTHS ................................................................. 1
- MORE THAN 12 MONTHS AGO ........................................... 2  GO TO *FN24
- (IF VOL) STARTED EARLIER BUT INCREASED IN PAST 12 MONTHS .... 3  GO TO *FN24
- DON’T KNOW ........................................................................ 8  GO TO *FN24
- REFUSED ............................................................................... 9  GO TO *FN24

*FN23c. In what month did (this expense/ these expenses) (start/ increase)?

______________ MONTH (01-13)

- DON’T KNOW ...............98
- REFUSED .....................99

*FN24. INTERVIEWER CHECKPOINT:

- *FN14 EQUALS ‘3’ OR *FN14a EQUALS ‘1’ .........................1
- ALL OTHERS ........................................................................ 2  GO TO NEXT SECTION

*FN25. In the past 12 months, did you lose your home or car or something else important to you because of your financial problems?

- YES .................................................... 1
- NO ..................................................... 5  GO TO NEXT SECTION
- DON’T KNOW ..............................8  GO TO NEXT SECTION
- REFUSED .......................................9  GO TO NEXT SECTION

*FN25a. In what month did this happen?

INTERVIEWER: IF MULTIPLE OCCURRENCES, RECORD MONTH OF FIRST OCCURRENCE IN PAST 12 MONTHS.

______________ MONTH (01-12)

- DON’T KNOW ...............98
- REFUSED .....................99
MARRIAGE (MR)

*MR1.2 The next few questions are about dating. By dating, I mean going out with or being romantically involved with another person. The relationship could be as brief as one date and does not need to include sexual activity. With that definition in mind, how old were you when you had your first date?

_____________ YEARS OLD

BEFORE 21 ......................................................... 20 GO TO *MR2
NOT BEFORE 21 .................................................. 21 GO TO *MR2
(IF VOL) NEVER DATED ..................................... 77 GO TO *MR2
DON’T KNOW ............................................... 98 GO TO *MR1b
REFUSED ....................................................... 99 GO TO *MR16

M1b. Was it before you were 21?

YES............................................................... 1 GO TO MR2 AND CODE 3
NO............................................................ 5 GO TO MR2 AND CODE 1
DK............................................................ 8 GO TO MR16
RF............................................................ 9 GO TO MR16

*MR2. INTERVIEWER CHECKPOINT (SEE *MR1.2)

R STARTED TO DATE AT AGE 21 OR OLDER............... 1 GO TO *MR16
R NEVER DATED .............................................. 2 GO TO *MR16
ALL OTHERS .................................................. 3

*MR3. How many different people did you ever date in your entire life, even if only one time?

CODE “MORE THAN 97” = 97

____________ NUMBER

DON’T KNOW .............................................. 98
REFUSED ................................................... 99

*MR4. INTERVIEWER CHECKPOINT (SEE *MR3)

ONE ....................................................................... 1 GO TO *MR10
ALL OTHERS .................................................. 2

*MR4.5 How many of the people you ever dated were at least two years older than you?

____________ NUMBER

DON’T KNOW .............................................. 98
REFUSED ................................................... 99

GO TO *MR16
*MR10.0. Was this person older than you, younger than you, or about your same age?

  YOUNGER .............................. 1
  OLDER .................................. 2
  SAME AGE .............................. 3  GO TO *MR16
  DON’T KNOW ........................... 8  GO TO *MR16
  REFUSED ............................... 9  GO TO *MR16

*MR10.1. How many years (younger/older) than you?

    ______ NUMBER OF YEARS

  DON’T KNOW ......................... 8
  REFUSED ............................. 9

_____________________________________________________________________________________________

*MR16. INTERVIEWER CHECKPOINT (SEE *SC3, *SC3a)

  *SC3 EQUALS ‘1’ .............................. 1
  *SC3 EQUALS ‘2’ .............................. 2
  *SC3 EQUALS ‘3’ .............................. 3
  *SC3 EQUALS ‘4’ .............................. 4
  *SC3a EQUALS ‘1’ .......................... 5  GO TO *MR35
  ALL OTHERS ............................. 6  GO TO *MR70

_____________________________________________________________________________________________

*MR16a. How many times have you been married?

    ______ NUMBER

  DON’T KNOW ..................... 98
  REFUSED ............................ 99

_____________________________________________________________________________________________

*MR19. How old were you when you got married (for the first time)?

    _______ YEARS OLD

  DON’T KNOW ..................... 98
  REFUSED ............................ 99

_____________________________________________________________________________________________

*MR20. How long did you date your (first) spouse before you got married?

    _______ NUMBER

    CIRCLE UNIT
    OF TIME:       DAYS .... 1          WEEKS .... 2          MONTHS .... 3          YEARS .... 4

  DON’T KNOW ..................... 998
  REFUSED ............................ 999

_____________________________________________________________________________________________

*MR21. INTERVIEWER CHECKPOINT (SEE *MR16a)

  *MR16a EQUALS ‘1’ OR ‘98’ OR ‘99’ .......................... 1
  ALL OTHERS ..................................... 2  GO TO *MR23
*MR21.1 INTERVIEWER CHECKPOINT (SEE *SC3)

*SC3 EQUALS ‘1’ ................................................................. 1 GO TO *MR37
*SC3 EQUALS ‘2’ ................................................................. 2 GO TO *MR24
*SC3 EQUALS ‘3’ ................................................................. 3 GO TO *MR24
*SC3 EQUALS ‘4’ ................................................................. 4 GO TO *MR25
ALL OTHERS ........................................................................... 5

*MR23. How did your (first) marriage end – were you divorced or widowed?

DIVORCED ................. 1
WIDOWED ................. 2
DON’T KNOW ................. 8
REFUSED ................. 9

*MR24. How old were you when you separated from your (first) spouse for the last time?

___________ YEARS OLD

DON’T KNOW ................. 98
REFUSED ................. 99

*MR24.1 INTERVIEWER CHECKPOINT (SEE *MR24)

AGE IN *MR24 EQUALS CURRENT AGE OR ONE YEAR BEFORE CURRENT AGE .... 1
ALL OTHERS ........................................................................... 2 GO TO *MR25.1

*MR24.2 Did this happen in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5
DON’T KNOW ............................................. 8
REFUSED ............................................. 9

*MR24.3 In what month?

___________ MONTH (01-13)

DON’T KNOW ............................................. 98
REFUSED ............................................. 99

GO TO *MR25.1

*MR25. How old were you when your (first) spouse died?

___________ YEARS OLD

DON’T KNOW ............................................. 98
REFUSED ............................................. 99

GO TO *MR25.1

*MR25a. INTERVIEWER CHECKPOINT (SEE *MR25)
AGE IN *MR25 EQUALS CURRENT AGE OR ONE YEAR BEFORE CURRENT AGE.... 1
ALL OTHERS .......................................................................................................................... 2  GO TO *MR25.1

*MR25b. Did this happen in the past 12 months?

YES ...................................................... 1
NO ..................................................... 5  GO TO *MR25.1
DON’T KNOW .................................. 8  GO TO *MR25.1
REFUSED ........................................ 9  GO TO *MR25.1

*MR25c. In what month?

___________ MONTH (01-13)

DON’T KNOW ....................... 98
REFUSED .............................. 99

*MR25.1 INTERVIEWER CHECKPOINT (SEE *MR16a)

*MR16a EQUALS ‘1’ OR ‘98’ OR ‘99’ .............................................. 1  GO TO *MR25.2
*MR16a EQUALS ‘2’ .................................................................. 2
ALL OTHERS ............................................................................. 3  GO TO *MR26

*MR25.1a. How old were you when you were married the second time?

___________ YEARS OLD

DON’T KNOW .................... 998
REFUSED .......................... 999

*MR25.1b. INTERVIEWER CHECKPOINT (SEE *MR25.1a.)

AGE IN *MR25.1a IS SAME OR ONE LESS THAN R’S CURRENT AGE.............. 1
ALL OTHERS .................................................................................. 2  GO TO *MR25.3

*MR25.1c. Did you get married in the past 12 months?

YES ...................................................... 1
NO ..................................................... 5  GO TO *MR25.3
DON’T KNOW .................................. 8  GO TO *MR25.3
REFUSED ........................................ 9  GO TO *MR25.3

*MR25.1d. In what month?

___________ MONTH (01-13)  GO TO *MR25.3

DON’T KNOW ....................... 98
REFUSED .............................. 99

*MR25.2 INTERVIEWER CHECKPOINT (SEE *SC3a)

*SC3a EQUALS ‘1’ ................................................................. 1  GO TO *MR35
ALL OTHERS ................................................................. 2  GO TO *MR70
*MR25.3. INTERVIEWER CHECKPOINT (SEE *SC3, *SC3a)

*SC3 EQUALS ‘1’ ................................. 1  GO TO *MR37
*SC3 EQUALS ‘2’ ................................. 2
*SC3 EQUALS ‘3’ ................................. 3
*SC3 EQUALS ‘4’ ................................. 4
*SC3a EQUALS ‘1’ .................................. 5  GO TO *MR35
ALL OTHERS ..................................... 6  GO TO *MR70

*MR25.4. How long have you been (IF *SC3 EQUALS ‘2’: separated/ IF *SC3 EQUALS ‘3’: divorced/ IF *SC3 EQUALS ‘4’: widowed) from your second spouse?

________________________________________
CIRCLE UNIT
OF TIME:  DAYS ........ 1  WEEKS ........ 2  MONTHS......... 3  YEARS ........ 4

DON’T KNOW .................................... 998
REFUSED ........................................ 999

*MR25.6. INTERVIEWER CHECKPOINT (SEE *SC3a)

*SC3a EQUALS ‘1’ ............................. 1  GO TO *MR35
ALL OTHERS .................................. 2  GO TO *MR70

*MR26. INTERVIEWER INSTRUCTION: ASK THE NEXT SERIES OF QUESTIONS FOR EACH MARRIAGE BEGINNING WITH THE SECOND.

*MR26a.2. How old were you when you married the (second) time?

_________________ YEARS OLD

DON’T KNOW .................................... 998
REFUSED ........................................ 999

*MR26b.2. INTERVIEWER CHECKPOINT (SEE *MR26a.2)

AGE IN *MR26a.2 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER .................................. 1
ALL OTHERS ........................................ 2  GO TO *MR26e.2

*MR26c.2. Was this in the past 12 months?

YES...................................................... 1  GO TO *MR26e.2
NO...................................................... 5  GO TO *MR26e.2
DON’T KNOW ...................................... 8  GO TO *MR26e.2
REFUSED.......................................... 9  GO TO *MR26e.2
*MR26d.2. In what month?

_____________ MONTH (01-13)

DON’T KNOW......................................................... 98
REFUSED................................................................. 99

*MR26e.2. INTERVIEWER CHECKPOINT

*MR16a EQUALS ('2') AND *SC3 EQUALS ‘1’............................... 1  GO TO *MR26g.2
*MR16a EQUALS ('2') AND *SC3 EQUALS ‘2’, ‘3’.......................... 2  GO TO *MR26g.2
*MR16a EQUALS ('2') AND *SC3 EQUALS ‘4’............................... 3  GO TO *MR26g.2
ALL OTHERS .............................................................................. 4

*MR26f.2. Did your (second) marriage end in divorce or widowhood?

DIVORCE................................................................. 1
WIDOWHOOD ........................................................ 2
ALL OTHERS .......................................................... 3

*MR26g.2. How old were you when  (IF *MR26e.2 EQUALS ‘2’ OR *MR26f.2 EQUALS ‘1’, ‘3’: you
separated from your (second) spouse for the last time/ ALL OTHERS: your (second) spouse died)?

_____________YEARS OLD

DON’T KNOW......................................................... 998
REFUSED................................................................. 999

*MR26h.2. INTERVIEWER CHECKPOINT (SEE *MR26g.2)

AGE IN *MR26g.2 EQUALS R’S CURRENT AGE OR
ONE YEAR YOUNGER...................................................................... 1  GO TO *MR26k.2
ALL OTHERS .................................................................................. 2  GO TO *MR26k.2

*MR26i.2. Was this in the past 12 months?

YES .................................................................................. 1
NO............................................................................... 5  GO TO *MR26k.2
DON’T KNOW................................................................. 8  GO TO *MR26k.2
REFUSED............................................................................ 9  GO TO *MR26k.2

*MR26j.2. In what month?

_____________MONTHS (01-13)

DON’T KNOW......................................................... 98
REFUSED................................................................. 99

*MR26k.2. INTERVIEWER CHECKPOINT (SEE *MR26e.2)
**MR26c.2** EQUALS ‘4’.................................. 1 GO TO **MR26a.3**
ALL OTHERS........................................ 2 GO TO **MR34**

**MR26a.3.** How old were you when you married the (third) time?

__________ YEARS OLD

DON’T KNOW ........................................ 998
REFUSED............................................. 999

**MR26b.3.** INTERVIEWER CHECKPOINT (SEE **MR26a.3**)

AGE IN **MR26a.3** EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER ......................................................... 1
ALL OTHERS ................................................................. 2  GO TO **MR26e.3**

**MR26c.3.** Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5 GO TO **MR26e.3**
DON’T KNOW .................................................. 8 GO TO **MR26e.3**
REFUSED...................................................... 9 GO TO **MR26e.3**

**MR26d.3.** In what month?

___________ MONTH (01-13)

DON’T KNOW ........................................ 98
REFUSED......................................................... 99

**MR26e.3.** INTERVIEWER CHECKPOINT

*MR16a* EQUALS ‘3’ AND *SC3* EQUALS ‘1’................................. 1 GO TO **MR37**
*MR16a* EQUALS ‘3’ AND *SC3* EQUALS ‘2’, ‘3’........................ 2 GO TO **MR26g.3**
*MR16a* EQUALS ‘3’ AND *SC3* EQUALS ‘4’................................. 3 GO TO **MR26g.3**
ALL OTHERS ............................................................................. 4

**MR26f.3.** Did your (third) marriage end in divorce or widowhood?

DIVORCE ......................................................... 1
WIDOWHOOD ..................................................... 2
ALL OTHERS ......................................................... 3

**MR26g.3.** How old were you when  (IF *MR26e.3* EQUALS ‘2’ OR **MR26f.3** EQUALS ‘1’, ‘3’; you
separated from your (third) spouse for the last time/ ALL OTHERS: your (third) spouse died)?

__________ YEARS OLD

DON’T KNOW ................................................. 998
REFUSED......................................................... 999
**MR26h.3.** INTERVIEWER CHECKPOINT (SEE *MR26g.3)

AGE IN *MR26g.3 EQUALS R’S CURRENT AGE OR
ONE YEAR YOUNGER ............................................................................. 1
ALL OTHERS ..................................................................................................... 2  GO TO *MR26k.3

**MR26i.3.** Was this in the past 12 months?

YES ............................................................................................. 1
NO ............................................................................................ 5  GO TO *MR26k.3
DON’T KNOW .................................................................................... 8  GO TO *MR26k.3
REFUSED ............................................................................................ 9  GO TO *MR26k.3

**MR26j.3.** In what month?

_____________MONTHS (01-13)

DON’T KNOW ................................................................................... 98
REFUSED ............................................................................................ 99

**MR26k.3.** INTERVIEWER CHECKPOINT: (SEE *MR26e.3)

*MR26e.3 EQUALS ‘4’ .................................................. 1  GO TO *MR26a.4
ALL OTHERS ................................................................. 2  GO TO *MR34

**MR26a.4.** How old were you when you married the (fourth) time?

_____________YEARS OLD

DON’T KNOW ................................................................................... 98
REFUSED ............................................................................................ 99

**MR26b.4.** INTERVIEWER CHECKPOINT (SEE *MR26a.4)

AGE IN *MR26a.4 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER ..................................................................................... 1
ALL OTHERS ..................................................................................................... 2  GO TO *MR26e.4

**MR26c.4.** Was this in the past 12 months?

YES ............................................................................................. 1
NO ............................................................................................ 5  GO TO *MR26e.4
DON’T KNOW .................................................................................... 8  GO TO *MR26e.4
REFUSED ............................................................................................ 9  GO TO *MR26e.4

**MR26d.4.** In what month?

_____________MONTH (01-13)
*MR26e.4. INTERVIEWER CHECKPOINT

*MR16a EQUALS ('4') AND *SC3 EQUALS '1' ................................. 1
  GO TO *MR37
*MR16a EQUALS ('4') AND *SC3 EQUALS '2', '3' ......................... 2
  GO TO *MR26g.4
*MR16a EQUALS ('4') AND *SC3 EQUALS '4' ............................... 3
  GO TO *MR26g.4
ALL OTHERS .................................................................................. 4

*MR26f.4. Did your (fourth) marriage end in divorce or widowhood?

DIVORCE.................................................................................. 1
WIDOWHOOD ................................................................. 2
ALL OTHERS ................................................................. 3

*MR26g.4. How old were you when (IF *MR26e.4 EQUALS '2' OR *MR26f.4 EQUALS '1', '3': you separated from your (fourth) spouse for the last time/ ALL OTHERS: your (fourth) spouse died)?

_____________ YEARS OLD

DON'T KNOW ........................................................................ 998
REFUSED ............................................................................. 999

*MR26h.4. INTERVIEWER CHECKPOINT (SEE *MR26g.4)

AGE IN *MR26g.4 EQUALS R'S CURRENT AGE OR
ONE YEAR YOUNGER ......................................................................... 1
  GO TO *MR26k.4
ALL OTHERS ..................................................................................... 2

*MR26i.4. Was this in the past 12 months?

YES ........................................................................... 1
NO ............................................................................. 5
  GO TO *MR26k.4
DON'T KNOW........................................................................ 8
  GO TO *MR26k.4
REFUSED ............................................................................. 9
  GO TO *MR26k.4

*MR26j.4. In what month?

_____________ MONTHS (01-13)

DON'T KNOW ........................................................................ 98
REFUSED ............................................................................. 99

*MR26k.4. INTERVIEWER CHECKPOINT: (SEE *MR26e.4)

*MR26e.4 EQUALS '4' .................................................. 1
  GO TO *MR26a.5
ALL OTHERS ................................................................. 2
  GO TO *MR34
*MR26a.5. How old were you when you married the (fifth) time?

_____________ YEARS OLD

DON’T KNOW......................................................... 98
REFUSED................................................................. 99

*MR26b.5. INTERVIEWER CHECKPOINT (SEE *MR26a.5)

AGE IN *MR26a.5 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER.................................................. 1
ALL OTHERS ............................................................................ 2 GO TO *MR26e.5

*MR26c.5. Was this in the past 12 months?

YES............................................................................... 1
NO ................................................................................. 5 GO TO *MR26e.5
DON’T KNOW............................................................. 8 GO TO *MR26e.5
REFUSED..................................................................... 9 GO TO *MR26e.5

*MR26d.5. In what month?

_____________ MONTH (01-13)

DON’T KNOW......................................................... 98
REFUSED................................................................. 99

*MR26e.5. INTERVIEWER CHECKPOINT

*MR16a EQUALS (‘5’) AND *SC3 EQUALS ‘1’ .........................1 GO TO *MR37
*MR16a EQUALS (‘5’) AND *SC3 EQUALS ‘2’, ‘3’ .....................2 GO TO *MR26g.5
*MR16a EQUALS (‘5’) AND *SC3 EQUALS ‘4’..........................3 GO TO *MR26g.5
ALL OTHERS ........................................................................................... 4

*MR26f.5. Did your (fifth) marriage end in divorce or widowhood?

DIVORCE................................................................. 1
WIDOWHOOD ........................................................ 2
ALL OTHERS .......................................................... 3

*MR26g.5. How old were you when (IF *MR26e.5 EQUALS ‘2’ OR *MR26f.5 EQUALS ‘1’, ‘3’: you
separated from your (fifth) spouse for the last time/ ALL OTHERS: your (fifth) spouse died)?

_____________ YEARS OLD

DON’T KNOW......................................................... 98
REFUSED................................................................. 99
*MR26h.5. INTERVIEWER CHECKPOINT (SEE *MR26g.5)

AGE IN *MR26g.5 EQUALS R’S CURRENT AGE OR
ONE YEAR YOUNGER.............................................................1
ALL OTHERS .................................................................2 GO TO *MR26k.5

*MR26i.5. Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5 GO TO *MR26k.5
DON’T KNOW ..................................................... 8 GO TO *MR26k.5
REFUSED ............................................................... 9 GO TO *MR26k.5

*MR26j.5. In what month?

_____________MONTHS (01-13)

DON’T KNOW ..................................................... 98
REFUSED ............................................................... 99

*MR26k.5. INTERVIEWER CHECKPOINT: (SEE *MR26e.5)

*MR26e.5 EQUALS ‘4’----------------------1 GO TO *MR26a.6
ALL OTHERS ..............................2 GO TO *MR34

*MR26a.6. How old were you when you married the (sixth) time?

_____________YEARS OLD

DON’T KNOW ..................................................... 998
REFUSED ............................................................... 999

*MR26b.6. INTERVIEWER CHECKPOINT (SEE *MR26a.6)

AGE IN *MR26a.6 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER..........................................................1
ALL OTHERS .................................................................2 GO TO *MR26e.6

*MR26c.6. Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5 GO TO *MR26e.6
DON’T KNOW ..................................................... 8 GO TO *MR26e.6
REFUSED ............................................................... 9 GO TO *MR26e.6

*MR26d.6. In what month?

_____________MONTH (01-13)
**MR26e.6.** INTERVIEWER CHECKPOINT

*MR16a* EQUALS (‘6’) AND *SC3* EQUALS ‘1’ ......................................................... 1  
GO TO *MR37

*MR16a* EQUALS (‘6’) AND *SC3* EQUALS ‘2’, ‘3’ ............................................... 2  
GO TO *MR26g.6

*MR16a* EQUALS (‘6’) AND *SC3* EQUALS ‘4’ .................................................. 3  
GO TO *MR26g.6

ALL OTHERS ......................................................................................................... 4

**MR26f.6.** Did your (sixth) marriage end in divorce or widowhood?

DIVORCE................................................................. 1
WIDOWHOOD ........................................................ 2
ALL OTHERS .......................................................... 3

**MR26g.6.** How old were you when (IF *MR26e.6* EQUALS ‘2’ OR *MR26f.6* EQUALS ‘1’, ‘3’: you separated from your (sixth) spouse for the last time/ ALL OTHERS: your (sixth) spouse died)?

_________ YEARS OLD

DON’T KNOW......................................................... 998
REFUSED................................................................. 999

**MR26h.6.** INTERVIEWER CHECKPOINT (SEE *MR26g.6)

AGE IN *MR26g.6* EQUALS R’S CURRENT AGE OR ONE YEAR YOUNGER .................................................................................. 1  
GO TO *MR26k.6

ALL OTHERS .................................................................................................. 2

**MR26i.6.** Was this in the past 12 months?

YES........................................................................... 1  
GO TO *MR26k.6

NO............................................................................. 5
DON’T KNOW.......................................................... 8  
GO TO *MR26k.6

REFUSED................................................................. 9  
GO TO *MR26k.6

**MR26j.6.** In what month?

__________ MONTHS (01-13)

DON’T KNOW......................................................... 98
REFUSED................................................................. 99

**MR26k.6.** INTERVIEWER CHECKPOINT: (SEE *MR26e.6)

*MR26e.6* EQUALS ‘4’ ................................................. 1  
GO TO *MR26a.7

ALL OTHERS .......................................................... 2  
GO TO *MR34

**MR26a.7.** How old were you when you married the (seventh) time?
*MR26b.7. INTERVIEWER CHECKPOINT (SEE *MR26a.7)

AGE IN *MR26a.7 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER .............................................................................. 1
ALL OTHERS .............................................................................................. 2  GO TO *MR26e.7

*MR26c.7. Was this in the past 12 months?

YES ............................................................................... 1
NO................................................................................. 5  GO TO *MR26e.7
DON’T KNOW............................................................. 8  GO TO *MR26e.7
REFUSED................................................................. 9  GO TO *MR26e.7

*MR26d.7. In what month?

_____________MONTH (01-13)

DON’T KNOW............................................................. 98
REFUSED................................................................. 99

*MR26e.7. INTERVIEWER CHECKPOINT

*MR16a EQUALS (‘7’) AND *SC3 EQUALS ‘1’..................................... 1  GO TO *MR37
*MR16a EQUALS (‘7’) AND *SC3 EQUALS ‘2’, ‘3’.............................. 2  GO TO *MR26g.7
*MR16a EQUALS (‘7’) AND *SC3 EQUALS ‘4’..................................... 3  GO TO *MR26g.7
ALL OTHERS .............................................................................................. 4

*MR26f.7. Did your (seventh) marriage end in divorce or widowhood?

DIVORCE................................................................. 1
WIDOWHOOD ........................................................ 2
ALL OTHERS .......................................................... 3

*MR26g.7. How old were you when (IF *MR26e.7 EQUALS ‘2’ OR *MR26f.7 EQUALS ‘1’, ‘3’: you separated from your (seventh) spouse for the last time/ ALL OTHERS: your (seventh) spouse died)?

_____________YEARS OLD

DON’T KNOW............................................................. 998
REFUSED................................................................. 999

*MR26h.7. INTERVIEWER CHECKPOINT (SEE *MR26g.7)

AGE IN *MR26g.7 EQUALS R’S CURRENT AGE OR
ONE YEAR YOUNGER .............................................................................. 1
ALL OTHERS .............................................................................................. 2  GO TO *MR26k.7
*MR26i.7. Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5  GO TO *MR26k.7
DON’T KNOW ............................................... 8  GO TO *MR26k.7
REFUSED ......................................................... 9  GO TO *MR26k.7

*MR26j.7. In what month?

_____________MONTHS (01-13)

DON’T KNOW .............................................. 98
REFUSED ......................................................... 99

*MR26k.7. INTERVIEWER CHECKPOINT: (SEE *MR26e.7)

*MR26e.7 EQUALS ‘4’ ................................. 1  GO TO *MR26a.8
ALL OTHERS ............................................. 2  GO TO *MR26e.8

*MR26a.8. How old were you when you married the (eighth) time?

_____________YEARS OLD

DON’T KNOW ............................................... 998
REFUSED ......................................................... 999

*MR26b.8. INTERVIEWER CHECKPOINT (SEE *MR26a.8)

AGE IN *MR26a.8 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER ................................................................. 1
ALL OTHERS ............................................................................. 2  GO TO *MR26e.8

*MR26c.8. Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5  GO TO *MR26e.8
DON’T KNOW ............................................... 8  GO TO *MR26e.8
REFUSED ......................................................... 9  GO TO *MR26e.8

*MR26d.8. In what month?

_____________MONTH (01-13)

DON’T KNOW .............................................. 98
REFUSED ......................................................... 99

*MR26e.8. INTERVIEWER CHECKPOINT
**MR26f.8.** Did your (eighth) marriage end in divorce or widowhood?

- DIVORCE
- WIDOWHOOD
- ALL OTHERS

**MR26g.8.** How old were you when (IF *MR26e.8* EQUALS ‘2’ OR *MR26f.8* EQUALS ‘1’, ‘3’: you separated from your (eighth) spouse for the last time/ ALL OTHERS: your (eighth) spouse died)?

- ___________ YEARS OLD
- DON’T KNOW
- REFUSED

**MR26h.8.** INTERVIEWER CHECKPOINT (SEE *MR26g.8)

- AGE IN *MR26g.8* EQUALS R’S CURRENT AGE OR ONE YEAR YOUNGER
- ALL OTHERS

**MR26i.8.** Was this in the past 12 months?

- YES
- NO
- DON’T KNOW
- REFUSED

**MR26j.8.** In what month?

- ___________ MONTHS (01-13)
- DON’T KNOW
- REFUSED

**MR26k.8.** INTERVIEWER CHECKPOINT: (SEE *MR26e.8)

- *MR26e.8* EQUALS ‘4’
- ALL OTHERS

**MR26a.9.** How old were you when you married the (ninth) time?

- ___________ YEARS OLD
- DON’T KNOW
- REFUSED
*MR26b.9. INTERVIEWER CHECKPOINT (SEE *MR26a.9)

AGE IN *MR26a.9 EQUALS R’s CURRENT AGE OR ONE YEAR YOUNGER .................................................................1
ALL OTHERS ........................................................................................................2 GO TO *MR26e.9

*MR26c.9. Was this in the past 12 months?

YES .......................................................................................... 1
NO ..................................................................................... 5 GO TO *MR26e.9
DON’T KNOW ...................................................................... 8 GO TO *MR26e.9
REFUSED ........................................................................... 9 GO TO *MR26e.9

*MR26d.9. In what month?

____________________ MONTH (01-13)

DON’T KNOW ........................................................................ 98
REFUSED ............................................................................... 99

*MR26e.9. INTERVIEWER CHECKPOINT

*MR16a EQUALS (‘9’) AND *SC3 EQUALS ‘1’ ...................................... 1 GO TO *MR37
*MR16a EQUALS (‘9’) AND *SC3 EQUALS ‘2’, ‘3’ .......................... 2 GO TO *MR26g.9
*MR16a EQUALS (‘9’) AND *SC3 EQUALS ‘4’ ............................... 3 GO TO *MR26g.9
ALL OTHERS ............................................................................... 4

*MR26f.9. Did your (ninth) marriage end in divorce or widowhood?

DIVORCE ......................................................................... 1
WIDOWHOOD ................................................................... 2
ALL OTHERS ......................................................................... 3

*MR26g.9. How old were you when (IF *MR26e.9 EQUALS ‘2’ OR *MR26f.9 EQUALS ‘1’, ‘3’: you separated from your (ninth) spouse for the last time/ ALL OTHERS: your (ninth) spouse died)?

_____________ YEARS OLD

DON’T KNOW ...................................................................... 998
REFUSED ............................................................................... 999

*MR26h.9. INTERVIEWER CHECKPOINT (SEE *MR26g.9)

AGE IN *MR26g.9 EQUALS R’S CURRENT AGE OR ONE YEAR YOUNGER .................................................................................................1
ALL OTHERS ................................................................................... 2 GO TO *MR26k.9

*MR26i.9. Was this in the past 12 months?

YES .......................................................................................... 1
NO ..................................................................................... 5 GO TO *MR26k.9
DON’T KNOW ...................................................................... 8 GO TO *MR26k.9
REFUSED ........................................................................... 9 GO TO *MR26k.9
*MR26j.9. In what month?

____________________ MONTHS (01-13)

DON’T KNOW................................. 98
REFUSED................................. 99

*MR26k.9. INTERVIEWER CHECKPOINT: (SEE *MR26e.9)

*MR26e.9 EQUALS ‘4’................................. 1 GO TO *MR26a.10
ALL OTHERS................................. 2 GO TO *MR34

*MR26a.10. How old were you when you married the (tenth) time?

____________________ YEARS OLD

DON’T KNOW................................. 998
REFUSED................................. 999

*MR26b.10. INTERVIEWER CHECKPOINT (SEE *MR26a.10)

AGE IN *MR26a.10 EQUALS R’s CURRENT AGE OR
ONE YEAR YOUNGER ................................................................. 1
ALL OTHERS................................................................. 2 GO TO *MR26e.10

*MR26c.10. Was this in the past 12 months?

YES ...................................................... 1
NO ...................................................... 5 GO TO *MR26e.10
DON’T KNOW .................................................. 8 GO TO *MR26e.10
REFUSED .................................................. 9 GO TO *MR26e.10

*MR26d.10. In what month?

____________________ MONTH (01-13)

DON’T KNOW................................. 98
REFUSED................................. 99

*MR26e.10. INTERVIEWER CHECKPOINT

*MR16a EQUALS (‘10’) AND *SC3 EQUALS ‘1’ ........................................ 1 GO TO *MR37
*MR16a EQUALS (‘10’) AND *SC3 EQUALS ‘2’, ‘3’ ........................... 2 GO TO *MR26g.10
*MR16a EQUALS (‘10’) AND *SC3 EQUALS ‘4’ ................................. 3 GO TO *MR26g.10
ALL OTHERS ................................................................. 4
*MR26f.10. Did your (tenth) marriage end in divorce or widowhood?

DIVORCE ............................................................... 1
WIDOWHOOD ....................................................... 2
ALL OTHERS ......................................................... 3

*MR26g.10. How old were you when (IF *MR26e.10 EQUALS ‘2’ OR *MR26f.10 EQUALS ‘1’, ‘3’: you separated from your (tenth) spouse for the last time/ ALL OTHERS: your (tenth) spouse died)?

__________ YEARS OLD

DON’T KNOW ....................................................... 998
REFUSED ............................................................... 999

*MR26h.10. INTERVIEWER CHECKPOINT (SEE *MR26g.10)

AGE IN *MR26g.10 EQUALS R’S CURRENT AGE OR ONE YEAR YOUNGER ....................................................... 1
ALL OTHERS ................................................................. 2  GO TO *MR34

*MR26i.10. Was this in the past 12 months?

YES ................................................................. 1
NO ................................................................. 5 GO TO *MR34
DON’T KNOW ....................................................... 8 GO TO *MR34
REFUSED ............................................................... 9 GO TO *MR34

*MR26j.10. In what month?

____________ MONTHS (01-13)

DON’T KNOW ....................................................... 98
REFUSED ............................................................... 99

*MR34. INTERVIEWER CHECKPOINT (SEE *SC3a)

*SC3a EQUALS ‘1’ ................................................................. 1
ALL OTHERS ................................................................. 2  GO TO *MR70

*MR35. You mentioned earlier in the interview that you are living with someone in a marriage-like relationship. How long have the two of you been living together?

____________ NUMBER

CIRCLE UNIT OF TIME: DAYS ...1 WEEKS ...2 MONTHS ...3 YEARS ...4

DON’T KNOW ....................................................... 998
REFUSED ............................................................... 999

*MR37. Using a scale from 0 to 10 where 0 means “the worst possible (marriage/relationship)” and 10 means “the best”, how would you rate your (current) (marriage/relationship)?
*MR40. Most couples have disagreements in their relationships. How often do you and your (spouse/partner) disagree about each of the following matters – all of the time, most of the time, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Question</th>
<th>ALL</th>
<th>MOST</th>
<th>SOME</th>
<th>RARELY</th>
<th>NEVER</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*MR40a. How often do you disagree about handling family finances?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40b. How often do you disagree about) matters of recreation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40c. How often do you disagree about) friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40d. How often do you disagree about) philosophy of life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40e. How often do you disagree about) making major decisions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40f. In general, how often do you think that things between you and your partner are going well? – all of the time, most of the time, sometimes, rarely, or never?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40g. How often do you and your partner quarrel?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40h. How often do you regret ever (getting married/living together)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR40i. How often do you think about getting a divorce or ending your relationship?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*MR41. When it comes to making major decisions, who has the final say – you or your (spouse/partner)?

RESPONDENT ................................................1
(IF VOL) BOTH / IT VARIES .........................2  GO TO *MR41.1a
SPOUSE/PARTNER .......................................3  GO TO *MR41b
DON’T KNOW ..............................................8  GO TO *MR41.1a
REFUSED ......................................................9  GO TO *MR41.1a

*MR41a. Do you have a lot more say, somewhat, or only a little more say than your (spouse/partner)?

A LOT ................................................1
SOMewhat ............................................2
A LITTLE ...............................................3
DON’T KNOW .........................................8
REFUSED ................................................9

GO TO *MR41.1a

*MR41b. Does your (spouse/partner) have a lot more say, somewhat, or only a little more say than you?

A LOT ................................................1
SOMewhat ............................................2
A LITTLE ...............................................3
DON’T KNOW .........................................8
REFUSED ................................................9

(If NEC: a lot, some, a little, or not at all?)

<table>
<thead>
<tr>
<th>Question</th>
<th>A LOT</th>
<th>SOME</th>
<th>LITTLE</th>
<th>NOT AT ALL</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>*MR41.1a. How much does your (spouse/partner) really care about you – a lot, some, a little, or not at all?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.1b. How much does your (spouse/partner) understand the way you feel about things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.1c. How much can you rely on your (spouse/partner) for help if you have a serious problem?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.1d. How much can you open up to your (spouse/partner) if you need to talk about your worries?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(If NEC: often, sometimes, rarely, or never?)

<table>
<thead>
<tr>
<th>Question</th>
<th>OFTEN</th>
<th>SOME</th>
<th>RARELY</th>
<th>NEVER</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*MR41.2a. How often does your (spouse/partner) make too many demands on you – often, sometimes, rarely, or never?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.2b. How often does your (spouse/partner) criticize you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.2c. How often does your (spouse/partner) let you down when you are counting on them?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*MR41.2d. How often does your (spouse/partner) get on your nerves?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*MR42.  (RB, PG 24) People handle disagreements in many different ways. Over the course of your relationship, how often have you or your (spouse/partner) ever done any of these things on List A to each other—often, sometimes, rarely or never?

OF TEN .........................................................1
SOMET IMES ................................................2
RARELY ..................................................3
NE VER .....................................................4  GO TO *MR44
DON’T KNOW ..........................................8
REFUSED ...............................................9  GO TO *MR44

*MR42a. About how many days did either of you do any of these things to the other in the past 12 months?

________ NUMBER OF DAYS

DON’T KNOW ............998
REFUSED .................999

*MR44.  (RB, PG 24) Now looking at List B, over the course of your relationship, how often have you or your (spouse/partner) ever done any of the things on List B to each other—often, sometimes, rarely, or never?

OF TEN .........................................................1
SOMET IMES ................................................2
RARELY ..................................................3
NE VER .....................................................4  GO TO *MR49
DON’T KNOW ..........................................8
REFUSED ...............................................9  GO TO *MR49

*MR44a. About how many days did either of you do any of these things to the other in the past 12 months?
<table>
<thead>
<tr>
<th>*MR49.</th>
<th>How often does your (spouse/partner) behave in each of the following ways?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(IF NEC: Often, sometimes, rarely, or never?)</td>
</tr>
<tr>
<td></td>
<td>OFTEN (1)</td>
</tr>
<tr>
<td>*MR49a.</td>
<td>How often does your (spouse/partner) drink, or use drugs too much? Does this happen-often, sometimes, rarely, or never?</td>
</tr>
<tr>
<td>*MR49b.</td>
<td>How often does your (spouse/partner) waste money the family needs for other things?</td>
</tr>
<tr>
<td>*MR49c.</td>
<td>How often does your (spouse/partner) have extramarital affairs?</td>
</tr>
<tr>
<td>*MR49d.</td>
<td>How often does your (spouse/partner) have times when they are so depressed that it interferes with their normal activities?</td>
</tr>
<tr>
<td>*MR49e.</td>
<td>How often is your (spouse/partner) very disagreeable?</td>
</tr>
<tr>
<td>*MR49f.</td>
<td>How often does your (spouse/partner) threaten to end your relationship or leave you?</td>
</tr>
<tr>
<td>*MR49g.</td>
<td>How often does your (spouse/partner) have temper tantrums?</td>
</tr>
<tr>
<td>*MR49h.</td>
<td>How often does your (spouse/partner) have times when they are so nervous or anxious that it interferes with their normal activities?</td>
</tr>
</tbody>
</table>

*MR50. Does your (spouse/partner) ever have trouble holding down a job?

YES ......................................................1
NO ........................................................5
DON’T KNOW ...........................................8
REFUSED ..............................................9

*MR51. Does your (spouse/partner) ever get involved with criminal activities like burglary or selling stolen property?

YES ......................................................1
*MR52. Was your (spouse/ partner) ever arrested or sent to prison?

YES ......................................................1
NO ........................................................5
DON’T KNOW ....................................8
REFUSED ............................................9

*MR53. How often do you and your (spouse/ partner) do the following things- often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN (1)</th>
<th>SOME (2)</th>
<th>RARELY (3)</th>
<th>NEVER (4)</th>
<th>DON’T KNOW (8)</th>
<th>REFUSED (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MR53a.</strong> How often do the two of you engage in outside interests together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>MR53b.</strong> How often do you work together on a project?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>MR53c.</strong> How often do you calmly discuss something?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>MR53d.</strong> How often do you laugh together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>MR53e.</strong> How often do you have a stimulating exchange of ideas?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*MR54. INTERVIEWER CHECKPOINT (SEE *MR37)

*MR37 EQUALS ‘0’ - ‘5’ .................................................................................................................1
ALL OTHERS.............................................................................................................2 GO TO NEXT SECTION

*MR55. In the past 12 months, did you have any of the following experiences:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
<th>In what month did this happen/start?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MR55.1.</strong> Did you and your (spouse/ partner) make a decision to break up?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>*MR55.1a. ____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GO TO</td>
<td></td>
<td></td>
<td>IF VOL MORE THAN 12 MONTHS AGO ...........97</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*MR55.3</td>
<td></td>
<td></td>
<td>DON’T KNOW .................................98</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REFUSED .......................................99</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
<td>MR55.2.</td>
<td>MR55.3.</td>
<td>MR55.4.</td>
<td>MR55.5.</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Did you and your (spouse/partner) separate at any time in the past 12 months?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have an extra marital affair in the past 12 months?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you end the affair?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your (spouse/partner) find out about the affair?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you find out about your (spouse/partner) having an affair in the past 12 months?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you find out anything else very upsetting about your (spouse/partner) in the past 12 months?</td>
<td>1: No, 5: Yes, 8: Don't know, 9: Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*MR55.8. INTERVIEWER CHECKPOINT

*MR55.7 EQUALS ‘1’……………………………………………………………………………1
ALL OTHERS……………………………………………………………………………2 GO TO NEXT SECTION

*MR55.9. What did you find out?

________________________________________________________________________}_
*MR70. Are you currently dating anyone steadily?

YES ......................................................1  
NO ......................................................5  GO TO *MR71  
DON’T KNOW ...........................................8  GO TO *MR71  
REFUSED ................................................9  GO TO *MR71  

*MR70a. How long have the two of you been dating? (If vol. “dating more then one person,” probe: Think of the one you have been dating the longest.)

_________ NUMBER OF  
CIRCLE UNIT  
OF TIME: OR TIME: WEEKS ..... 1 MONTHS.....2 YEARS ...... 3  
DON’T KNOW ........................................ 998  
REFUSED ........................................... 999  

*MR70b. Using a scale from 0 to 10 where 0 means “the worst possible relationship” and 10 means “the best”, how would you rate your relationship?

_________ NUMBER 
DON’T KNOW ........................................ 998  
REFUSED ........................................... 999  

*MR70c. INTERVIEWER CHECKPOINT (SEE *MR70a)

*MR70a IS LESS THAN ONE YEAR ............................................................... 1  
ALL OTHERS ..................................................................................................... 2  GO TO NEXT SECTION  

*MR71. In the past 12 months, did you experience the break up of (IF *MR70 EQUALS ‘1’: some other/ ALL OTHERS: a) steady romantic relationship?

YES ......................................................1  
NO ......................................................5  GO TO NEXT SECTION  
DON’T KNOW ...........................................8  GO TO NEXT SECTION  
REFUSED ................................................9  GO TO NEXT SECTION  

*MR71a. In what month did the break up occur?

_________ MONTH (01-13)  
DON’T KNOW ........................................... 98  
REFUSED ........................................... 99
*MR71b. Who wanted the break up— you, your partner, or was it a mutual decision?*

YOU .....................................................1  
PARTNER............................................2  
MUTUAL.............................................3  
DON’T KNOW ......................................8  
REFUSED ............................................9

**END OF SECTION**
*CN1. The next questions are about children. How many living biological children do you have, not counting step children, adopted children, or foster children?

__________ BIOLOGICAL CHILDREN

NONE .........................00  GO TO *CN2
DON’T KNOW .................98  GO TO *CN2
REFUSED .....................99  GO TO *CN2

*CN1.1 Could you tell me the age and sex of (your child/each of your children)?

<table>
<thead>
<tr>
<th>AGE</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INTERVIEWER: IF LESS THAN ONE-YEAR OF AGE, RECORD ‘0’</td>
</tr>
<tr>
<td>1</td>
<td>a</td>
</tr>
<tr>
<td>2</td>
<td>a</td>
</tr>
<tr>
<td>3</td>
<td>a</td>
</tr>
<tr>
<td>4</td>
<td>a</td>
</tr>
<tr>
<td>5</td>
<td>a</td>
</tr>
<tr>
<td>6</td>
<td>a</td>
</tr>
<tr>
<td>7</td>
<td>a</td>
</tr>
<tr>
<td>8</td>
<td>a</td>
</tr>
<tr>
<td>9</td>
<td>a</td>
</tr>
<tr>
<td>10</td>
<td>a</td>
</tr>
</tbody>
</table>

*CN1.2 INTERVIEWER CHECKPOINT (SEE *CN1.1a-1.10a)

AT LEAST ONE ‘0’ ENTRY ..............................................................1
ALL OTHERS.......................................................................................2  GO TO *CN2

*CN1.3 You had a baby in the past year. In what month did you have the baby?

__________ MONTH (01-13)

DON’T KNOW .........................98
REFUSED ........................................99
*CN2. How many living non-biological children do you have, including step children, adopted children, and others you helped to raise for at least five years?

_________ CHILDREN

NONE ........................................00  GO TO *CN3
DON’T KNOW ......................98  GO TO *CN3
REFUSED ..............................99  GO TO *CN3

*CN2.1 Could you tell me the age and sex of (this child/each of these children)?

<table>
<thead>
<tr>
<th>AGE</th>
<th>INTERVIEWER: IF LESS THAN ONE-YEAR OF AGE, RECORD ‘0’</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE (1)</td>
<td>FEMALE (2)</td>
</tr>
<tr>
<td>1</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>2</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>3</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>4</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>5</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>6</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>7</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>8</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>9</td>
<td>a</td>
<td>b 1 2</td>
</tr>
<tr>
<td>10</td>
<td>a</td>
<td>b 1 2</td>
</tr>
</tbody>
</table>

*CN3. How old were you the first time you had sexual intercourse?

__________ YEARS OLD  GO TO *CN4.1

NEVER .......................................997
DON’T KNOW .........................998  GO TO *CN4.1
REFUSED .................................999  GO TO *CN4.1

*CN4. INTERVIEWER CHECKPOINT: (*CN1, *CN2)

*CN1 EQUALS BETWEEN ‘1’ AND ‘97’ .................................................................1
*CN2 EQUALS BETWEEN ‘1’ AND ‘97’ .................................................................2  GO TO *CN9
*CN4.1 INTERVIEWER CHECKPOINT: (R’S GENDER)

R IS MALE.................................1   GO TO *CN7
R IS FEMALE.............................2

*CN5. Have you ever had a miscarriage or stillbirth?

YES .......................................1
NO ....................................... 5   GO TO *CN6
DON’T KNOW ..................98
REFUSED .........................99

*CN5a. How many (have you had)?

________ MISCARRIAGE(S) OR STILLBIRTH(S)

DON’T KNOW ...............98
REFUSED .................99

*CN5b. Did you have a miscarriage or still birth in the past 12 months?

YES .....................1
NO ......................... 5   GO TO *CN6
DON’T KNOW ...........8   GO TO *CN6
REFUSED ..............9   GO TO *CN6

DON’T KNOW ...........8   GO TO *CN6

*CN5c. In what month?

________ MONTH (01-13)

DON’T KNOW ...............98
REFUSED ................99

*CN6. Have you ever had an abortion?

YES .................................1
NO ........................................ 5   GO TO *CN7
DON’T KNOW ..................8
REFUSED .........................9

*CN6a. How many have you had?

________ ABORTION(S)

DON’T KNOW ...............98
REFUSED ................99

*CN6b. Did you have an abortion in the past 12 months?

YES .................1
NO ......................... 5   GO TO *CN7
*CN6c. In what month?

_________ MONTH (01-13)

DON’T KNOW .....................98
REFUSED ...........................99

*CN7. Not counting miscarriages, stillbirths, or abortions, has any child of yours ever died?

YES .................................1
NO ....................................5  GO TO *CN7.1
DON’T KNOW ....................98  GO TO *CN7.1
REFUSED ............................99  GO TO *CN7.1

*CN7a. (IF NEC: How many of your children have died?)

_________ CHILD(REN)

DON’T KNOW .....................98
REFUSED ............................99

*CN7.1 INTERVIEWER CHECKPOINT: (R’s GENDER)

R IS MALE.................................1  GO TO *CN7.4
R IS FEMALE.............................2

*CN7.2 INTERVIEWER CHECKPOINT: (SEE *PR6, *PR12)

*PR6 EQUALS ‘3’ .........................................................1  GO TO *CN8
*PR12 EQUALS ‘1’ .......................................................2
ALL OTHERS.........................................................3

*CN7.3 (IF *CN7.2 EQUALS ‘2’: You mentioned earlier that your menstrual periods stopped because of pregnancy. Are you currently pregnant?/ALL OTHERS: Are you currently pregnant?)

YES .................................1
NO ....................................5  GO TO *CN8
DON’T KNOW ....................8  GO TO *CN8
REFUSED ............................9  GO TO *CN8

*CN7.3a. In what month did you become pregnant?

_________ MONTH (01-13)

DON’T KNOW .....................98
REFUSED ............................99
*CN7.3b. Was the pregnancy planned?

YES ..................................1
NO ....................................5
DON’T KNOW ......................8
REFUSED ..........................9

GO TO *CN8

*CN7.4 Is (IF R IS MARRIED: your wife/ ALL OTHERS: any sexual partner of yours) currently pregnant?

YES ..................................1
NO ....................................5  GO TO *CN7.5
DON’T KNOW ......................8  GO TO *CN7.5
REFUSED ..........................9  GO TO *CN7.5

*CN7.4a. In what month did she become pregnant?

_____________ MONTH (01-13)

DON’T KNOW ......................98
REFUSED ..........................99

*CN7.4b. Was the pregnancy planned?

YES ..................................1
NO ....................................5
DON’T KNOW ......................8
REFUSED ..........................9

*CN7.5 Did (IF R IS MARRIED: your wife/ ALL OTHERS: any of your sexual partners) have a miscarriage or still birth or abortion in the past 12 months?

YES ..................................1  GO TO *CN8
NO ....................................5  GO TO *CN8
DON’T KNOW ......................8  GO TO *CN8
REFUSED ..........................9  GO TO *CN8

*CN7.5a. In what month?

(IF MORE THAN ONE IN PAST 12 MONTHS, RECORD MONTH OF FIRST)

_____________ MONTH (01-13)

DON’T KNOW ......................98
REFUSED ..........................99
*CN8. INTERVIEWER CHECKPOINT: (*CN1, *CN2)

*CN1 EQUALS ‘1’ – ‘97’ OR *CN2 EQUALS ‘1’ – ‘97’ .................1
ALL OTHERS..............................................................................2  GO TO NEXT SECTION

*CN9. On a scale from 0 to 10 where 0 means “the worst possible relationship” and 10 means “the best possible relationship,” how would you rate your overall relationship with your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) these days?

__________ NUMBER

DON’T KNOW..............98
REFUSED....................99

LIST FOR *CN10

• PUSHED, GRABBED, OR SHOVED
• THREW SOMETHING
• SLAPPED, HIT, OR SPANKED

*CN10. (RB, PG 24) Please think about your relationship with your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) during the years you raised them. During all that time, how often did you do any of the things in List A to your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) – often, sometimes, rarely, or never?

OFTEN .............................................................1
SOMETIMES ..................................................2
RARELY .........................................................3
NEVER ............................................................4
DON’T KNOW ................................................8
REFUSED .........................................................9

LIST FOR *CN11

• KICKED, BIT OR HIT WITH A FIST
• BEAT UP
• CHOKED
• BURNED OR SCALDED
• THREATENED WITH A KNIFE OR GUN

*CN11. (RB, PG 24) Now look at List B. During the years you raised them, how often did you do any of these things in List B to your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) – often, sometimes, rarely, or never?

OFTEN .............................................................1
SOMETIMES ..................................................2
RARELY .........................................................3
NEVER ............................................................4
DON'T KNOW................................................8
REFUSED ........................................................9

*CN12. Does (your child/ either of your children/ any of your children) have a life threatening or seriously impairing health problem of any sort?

<table>
<thead>
<tr>
<th>YES</th>
<th>.........1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>..................5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..................9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*CN12a. What is the problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
</tr>
<tr>
<td>_____________________________</td>
</tr>
<tr>
<td>_____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*CN12b. Did (ILLNESS) (occur/start) or become significantly worse in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*CN12c. In what month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________ MONTH (01-13)</td>
</tr>
<tr>
<td>(IF VOL) SLOWLY THROUGHOUT ENTIRE YEAR ........ 98</td>
</tr>
<tr>
<td>DON'T KNOW ................................................................. 98</td>
</tr>
<tr>
<td>REFUSED ................................................................................. 99</td>
</tr>
</tbody>
</table>

*CN13. In the past 12 months, did (your child/ either of your children/ any of your children) experience a traumatic experience like being assaulted, witnessed a crime, or something like that?

<table>
<thead>
<tr>
<th>YES</th>
<th>.........1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>..................5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................8</td>
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<tr>
<td>REFUSED</td>
<td>..................9</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*CN13a. What happened?</th>
</tr>
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<tbody>
<tr>
<td>_____________________________</td>
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<tr>
<td>_____________________________</td>
</tr>
<tr>
<td>_____________________________</td>
</tr>
</tbody>
</table>
*CN13b. In what month did this happen?

   ______________ MONTH (01-13)

SLOWLY THROUGHOUT ENTIRE YEAR ......................... 98
DON'T KNOW.......................................................... 98
REFUSED................................................................. 99

*CN14. INTERVIEWER CHECKPOINT: (SEE *CN1, *CN2)

*CN1 EQUALS ‘1’-‘97’ OR *CN2 EQUALS ‘1’-‘97’ .......................... 1
ALL OTHERS ........................................................................... 2

*CN15. Does (your child/ either of your children/ any of your children) have any serious ongoing problems that worries you a lot, like a problem with the law or with direction in life or with substance use?

YES ........................................... 1
NO .............................................. 5 GO TO *CN16
DON'T KNOW ......................... 8 GO TO *CN16
REFUSED ................................. 9 GO TO *CN16

*CN15a. What’s the problem?


*CN16. During the past 12 months, did (your child/ either of your children/ any of your children) have a major life crisis of any sort?

YES .............................................. 1
NO ................................................. 5 GO TO NEXT SECTION
DON'T KNOW ......................... 8 GO TO NEXT SECTION
REFUSED ................................. 9 GO TO NEXT SECTION
**INTERVIEWER: RECORD UP TO THREE MENTIONS**

<table>
<thead>
<tr>
<th>CN16a. What happened?</th>
<th>CN16b. In what month did this happen?</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>MONTH (01-13)</strong></td>
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<tr>
<td></td>
<td>THROUGHOUT THE YEAR............ 97</td>
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<tr>
<td></td>
<td>DON’T KNOW............................ 98</td>
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<table>
<thead>
<tr>
<th>CN16c.</th>
<th>CN16d.</th>
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<td>THROUGHOUT THE YEAR............ 97</td>
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<tr>
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<td>DON’T KNOW............................ 98</td>
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<th>CN16f.</th>
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<td>THROUGHOUT THE YEAR............ 97</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW............................ 98</td>
</tr>
<tr>
<td></td>
<td>REFUSED.................................. 99</td>
</tr>
</tbody>
</table>

**GO TO NEXT SECTION**
**SOCIAL NETWORKS (SN)**

*SN1.* The next few questions are about your social life [Not including your (IF *SC3* EQUALS ‘1’: husband/wife, IF *SC3a* EQUALS ‘1’: partner)]. How often do you talk on the phone, exchange letters or e-mail, or get together with relatives who do not live with you – **most every day**, **a few times a week**, **a few times a month**, **about once a month**, or **less than once a month**?

- MOST EVERY DAY ......................................1
- A FEW TIMES A WEEK ...............................2
- A FEW TIMES A MONTH ............................3
- ONCE A MONTH ......................................4
- LESS THAN ONCE A MONTH ....................5
- (IF VOL) NO RELATIVES ...........................6
- DON’T KNOW ...........................................8
- REFUSED ...............................................9

*GO TO *SN6*

*SN2.* [Not including your (IF *SC3* EQUALS ‘1’: husband/wife, IF *SC3a* EQUALS ‘1’: partner)] how much can you rely on relatives who do not live with you for help if you have a serious problem – **a lot**, **some**, **a little**, or **not at all**?

- A LOT ....................................................1
- SOME ....................................................2
- A LITTLE ...............................................3
- NOT AT ALL .........................................4
- DON’T KNOW .......................................8
- REFUSED .............................................9

*SN3.* Not including your (IF *SC3* EQUALS ‘1’: husband/wife, IF *SC3a* EQUALS ‘1’: partner)] how much can you open up to relatives who do not live with you if you need to talk about your worries – **a lot**, **some**, **a little**, or **not at all**?

- A LOT ....................................................1
- SOME ....................................................2
- A LITTLE ...............................................3
- NOT AT ALL .........................................4
- DON’T KNOW .......................................8
- REFUSED .............................................9

*SN4.* Not including your (IF *SC3* EQUALS ‘1’: husband/wife, IF *SC3a* EQUALS ‘1’: partner)] how often do your relatives make too many demands on you – **often**, **sometimes**, **rarely**, or **never**?

- OFTEN ..................................................1
- SOMETIMES ..........................................2
- RARELY ...............................................3
- NEVER ...............................................4
- DON’T KNOW .......................................8
- REFUSED .............................................9
*SN5. Not including your (IF *SC3 EQUALS ‘1’: husband/wife, IF *SC3a EQUALS ‘1’: partner)] how often do your relatives argue with you – (often, sometimes, rarely, or never)?

- OFTEN ...................................................... 1
- SOMETIMES .................................................. 2
- RARELY ....................................................... 3
- NEVER ......................................................... 4
- DON’T KNOW .............................................. 8
- REFUSED .................................................... 9

*SN6. How often do you talk on the phone or get together with friends– most every day, a few times a week, a few times a month, about once a month, or less than once a month?

- MOST EVERY DAY ........................................ 1
- A FEW TIMES A WEEK .................................. 2
- A FEW TIMES A MONTH .............................. 3
- ONCE A MONTH ......................................... 4
- LESS THAN ONCE A MONTH ..................... 5
- (IF VOL) NO FRIENDS .................................. 6
- DON’T KNOW ............................................. 8
- REFUSED .................................................. 9

*SN7. How much can you rely on your friends for help if you have a serious problem – a lot, some, a little, or not at all?

- A LOT ......................................................... 1
- SOME ......................................................... 2
- A LITTLE ................................................... 3
- NOT AT ALL ............................................... 4
- DON’T KNOW ............................................. 8
- REFUSED .................................................. 9

*SN8. How much can you open up to your friends if you need to talk about your worries – (a lot, some, a little, or not at all)?

- A LOT ......................................................... 1
- SOME ......................................................... 2
- A LITTLE ................................................... 3
- NOT AT ALL ............................................... 4
- DON’T KNOW ............................................. 8
- REFUSED .................................................. 9

*SN9. How often do your friends make too many demands on you – often, sometimes, rarely, or never?

- OFTEN ...................................................... 1
- SOMETIMES .................................................. 2
- RARELY ....................................................... 3
- NEVER ......................................................... 4
- DON’T KNOW .............................................. 8
- REFUSED .................................................... 9
*SN10. How often do your friends argue with you – (often, sometimes, rarely, or never)?

- OFTEN...........................................................1
- SOMETIMES.................................................2
- RARELY........................................................3
- NEVER........................................................4
- DON’T KNOW...............................................8
- REFUSED......................................................9

*SN11. INTERVIEWER CHECKPOINT: (SEE *SC3 and *SC3a)

- *SC3 EQUALS ‘1’ OR *SC3a EQUALS ‘1’ ......................1
- ALL OTHERS .........................................................2  GO TO *SN13

*SN12. When you have a problem or worry, how often do you let your (husband/wife/partner) know about it – always, most of the time, sometimes, rarely, or never?

- ALWAYS.........................................................1
- MOST OF THE TIME...............................2
- SOMETIMES.............................................3
- RARELY ......................................................4
- NEVER........................................................5
- DON’T KNOW.......................................8
- REFUSED......................................................9

*SN13. When you have a problem or worry, how often do you let someone (else) know about it – always, most of the time, sometimes, rarely, or never?

- ALWAYS.........................................................1
- MOST OF THE TIME...............................2
- SOMETIMES.............................................3
- RARELY ......................................................4
- NEVER........................................................5
- DON’T KNOW.......................................8
- REFUSED......................................................9
*SN21. Do you have any serious ongoing tensions, serious conflicts or serious problems getting along with any of the following people:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DON’T KNOW (8)</th>
<th>REFUSE (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SN21a. Either of your parents? INTERVIEWER: CODE “NO” IF PARENTS DEAD</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21b. Any of your brothers or sisters? INTERVIEWER: CODE “NO” IF NO SIBLINGS</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21c. INTERVIEWER CHECKPOINT (SEE *CN1, *CN2) IF *CN1 EQUALS ‘1’-‘97’ OR *CN2 EQUALS ‘1’-‘97’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>GO TO *SN21e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SN21d. Any of your children or step-children?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21e. INTERVIEWER CHECKPOINT *SC3 EQUALS ‘1’</td>
<td></td>
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<td></td>
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<tr>
<td>*SC3a EQUALS ‘1’</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3 GO TO *SN21g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SN21f. Your (IF *SC3 EQUALS ‘1’: spouse/ ALL OTHERS: partner)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21g. Any of your other relatives or in-laws? INTERVIEWER: CODE “NO” IF NO RELATIVES</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21h. Any of your neighbors? INTERVIEWER: CODE “NO” IF NO RELATIVES</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SN21i. Any of your coworkers? INTERVIEWER: CODE “NO” IF NO RELATIVES</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SN21.1. INTERVIEWER CHECKPOINT (SEE *SN21a-*SN21i)

<table>
<thead>
<tr>
<th>0 RESPONSES CODED ‘1’</th>
<th>1</th>
<th>GO TO *SN22</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 RESPONSE CODED ‘1’</td>
<td>2</td>
<td>GO TO *SN21.3</td>
</tr>
<tr>
<td>2+ RESPONSES CODED ‘1’</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*SN21.2. Which of these people did you have the most serious tensions with in the past 12 months?

CIRCLE ONE

- PARENT ................................................... 1
- SIBLING ................................................. 2
- CHILD/STEP-CHILD ....................................... 3
- SPOUSE/PARTNER ......................................... 4
- OTHER RELATIVE/ IN LAW ................................. 5
- NEIGHBOR .................................................. 6
- COWORKER ................................................ 7
- DON’T KNOW ............................................... 8
*SN21.3. [IF *SN2.1 EQUALS ‘3’: Did the problems with (PERSON MENTIONED IN RESPONSE TO LAST QUESTION) start in the past 12 months? / ALL OTHERS: You mentioned having problems getting along with (PERSON MENTIONED IN LAST QUESTION SERIES). Did these problems start in the past 12 months?]

YES ...................................................... 1
NO ........................................................ 5  GO TO *SN21.5
DON’T KNOW ........................................... 8  GO TO *SN21.5
REFUSED ............................................... 9  GO TO *SN21.5

*SN21.4. In what month did the problems start?

_____________ MONTHS (01-13)

DON’T KNOW ......................... 98
REFUSED ............................... 99

GO TO *SN22

*SN21.5. Did these problems get significantly worse for a month or longer during the past 12 months?

YES ...................................................... 1
NO ........................................................ 5  GO TO *SN22
DON’T KNOW ........................................... 8  GO TO *SN22
REFUSED ............................................... 9  GO TO *SN22

*SN21.6. In what month did that worsening start?

_____________ MONTHS (01-13)

DON’T KNOW ......................... 98
REFUSED ............................... 99

*SN22. Did you have a relationship with any close friend or family member end in the past 12 months?

YES ...................................................... 1
NO ........................................................ 5  GO TO *SN23
DON’T KNOW ........................................... 8  GO TO *SN23
REFUSED ............................................... 9  GO TO *SN23

*SN22a. In what month did that occur?

INTERVIEWER: IF MULTIPLE OCCURRENCES, RECORD MONTH OF FIRST OCCURRENCE IN PAST 12 MONTHS.

_____________ MONTHS (01-13)

DON’T KNOW ......................... 98
REFUSED ............................... 99
*SN22b. Before the relationship ended, was this someone with whom you could open up to if you needed to talk about your problems?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES..........................</td>
<td>1</td>
</tr>
<tr>
<td>NO...........................</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW..................</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED......................</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO *SN23

*SN23. For the next question, think only about your very closest friends and close family members. Did any of these people have any of the following experiences in the past 12 months?

In what month did this happen?

INTERVIEWER: IF MULTIPLE OCCURRENCES IN A SINGLE CATEGORY, RECORD MONTH OF FIRST OCCURRENCE IN PAST 12 MONTHS.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>YES....................................</td>
<td>1</td>
<td>_______________MONTHS (01-13)</td>
<td>ON GOING...............</td>
<td>97</td>
<td>DON’T KNOW...................</td>
<td>98</td>
<td>REFUSED...........................</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO....................................</td>
<td>5</td>
<td>GO TO * SN23c</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW.........................</td>
<td>8</td>
<td>GO TO * SN23c</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>REFUSED.............................</td>
<td>9</td>
<td>GO TO * SN23c</td>
<td></td>
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</table>

*SN23c. The start or worsening of a life threatening illness?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>YES..........................</td>
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<tr>
<td>NO...........................</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW..................</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED......................</td>
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GO TO *SN23e

*SN23e. A serious marital or relationship problem?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
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<tbody>
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<tr>
<td>NO...........................</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW..................</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED......................</td>
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GO TO *SN23g

*SN23g. A serious financial issue?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>YES..........................</td>
<td>1</td>
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<tr>
<td>NO...........................</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW..................</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED......................</td>
<td>9</td>
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GO TO *SN23i

*SN23i. A serious legal problem?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
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<tbody>
<tr>
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<tr>
<td>NO...........................</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW..................</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED......................</td>
<td>9</td>
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GO TO *SN23k

*SN23k. A serious physical or sexual assault?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES..........................</td>
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*SN23l. _______________MONTHS (01-13)
**SN23m.** Any other very stressing event?

<table>
<thead>
<tr>
<th>Response</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>GO TO *SN24</td>
</tr>
<tr>
<td>NO</td>
<td>GO TO *SN24</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>GO TO *SN24</td>
</tr>
<tr>
<td>REFUSED</td>
<td>GO TO *SN24</td>
</tr>
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</table>

**SN23n.**

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON GOING</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

**SN24.** Did anyone close to you die in the past 12 months?

<table>
<thead>
<tr>
<th>Response</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>GO TO *SN31</td>
</tr>
<tr>
<td>NO</td>
<td>GO TO *SN31</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>GO TO *SN31</td>
</tr>
<tr>
<td>REFUSED</td>
<td>GO TO *SN31</td>
</tr>
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</table>

**SN25.** What was their relationship to you?

INTERVIEWER: RECORD UP TO 5 MENTIONS.

<table>
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<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
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<tr>
<td>PARENT</td>
<td>1</td>
</tr>
<tr>
<td>CHILD</td>
<td>2</td>
</tr>
<tr>
<td>SPOUSE</td>
<td>3</td>
</tr>
<tr>
<td>SIBLING</td>
<td>4</td>
</tr>
<tr>
<td>OTHER RELATIVE (SPECIFY)</td>
<td>5</td>
</tr>
<tr>
<td>NON-RELATIVE (SPECIFY)</td>
<td>6</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

**SN26.** INTERVIEWER INSTRUCTION: ASK *SN26a-26g* IN SEQUENCE FOR EACH OF UP TO 5 MENTIONS IN *SN25a-25e.*

**SN26a.** In what month did (RELATIONSHIP/he/she) die?

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON GOING</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

**SN26b.** How old was (RELATIONSHIP/he/she) at the time of (his/her) death?

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON GOING</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
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</table>

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7
**SN26c.** How did (he/she) die?

SELECT ONE RESPONSE

MURDER ........................................................... 1  
SUICIDE ......................................................... 2  
ACCIDENT ....................................................... 3  
ILLNESS .......................................................... 4  
OTHER (SPECIFY) ........................................... 5  
DON’T KNOW .................................................. 8  
REFUSED .......................................................... 9  

**SN26d.** Was (he/she) already dead when you heard about it? Or was (he/she) still alive?

ALREADY DEAD ........................................... 1  
ALIVE ............................................................ 2  
DON’T KNOW ................................................... 8  
REFUSED .......................................................... 9  

**SN26e.** How long did (he/she) live after you heard about it?

_________ NUMBER  
CIRCLE UNIT OF TIME:  HOURS ... 1  DAYS .......... 2  WEEKS ....... 3  MONTHS .... 4  
DON’T KNOW ....................... 998  
REFUSED .............................. 999  

**SN26f.** How long had (he/she) been seriously ill before (his/her) death?

INTERVIEWER: IF NOT AT ALL, CODE “0” HOURS  
_________ NUMBER  
CIRCLE UNIT OF TIME:  HOURS ...... 1  DAYS .......... 2  WEEKS ....... 3  MONTHS .... 4  
DON’T KNOW ....................... 998  
REFUSED .............................. 999  

**SN26g.** Was (RELATIONSHIP/he/she) someone with whom you could discuss your personal problems?

YES ......................................................... 1  
NO .............................................................. 5  
DON’T KNOW ................................................... 8  
REFUSED .......................................................... 9  

**SN27 - SN30.** INTERVIEWER INSTRUCTIONS: REPEAT **SN26a-26g** SERIES FOR DEATH REPORTED IN **SN25b-25e.** IF NONE, GO TO **SN31.**
*SN31. How long have you lived in your current neighborhood?

   IF LESS THAN A YEAR, RECORD ‘0’. ROUND DOWN FOR FRACTIONS.

   __________ NUMBER OF YEARS

   DON’T KNOW ......................... 98
   REFUSED ............................. 99

*SN32. How many people do you know by name in your neighborhood — a lot, some a few, or none?

   A LOT ......................................................... 1
   SOME ..................................................... 2
   A FEW .................................................... 3
   NONE ..................................................... 4
   DON’T KNOW ............................... 8
   REFUSED ................................. 9

*SN33. How often do you have a conversation or hang out with any of the people who live in your neighborhood
   -- several times a week, once a week, several times a month, or less than once a month?

   SEVERAL TIMES A WEEK .............. 1
   ONCE A WEEK .................................... 2
   SEVERAL TIMES A MONTH ............. 3
   LESS THAN ONCE A MONTH .......... 4
   (IF VOL) NEVER ............................. 5
   DON’T KNOW ............................... 8
   REFUSED ................................. 9

*SN34. How happy are you with living in your neighborhood — very, somewhat, not very, or not at all happy?

   VERY ...................................................... 1
   SOMewhat ......................................... 2
   NOT VERY ......................................... 3
   NOT AT ALL ........................................ 4  GO TO *SN36
   DON’T KNOW ............................... 8  GO TO *SN36
   REFUSED ................................. 9

*SN35. How unhappy would you be if you had to move out of this neighborhood — very, somewhat, not very,
   or not at all unhappy?

   VERY ...................................................... 1
   SOMewhat ......................................... 2
   NOT VERY ......................................... 3
   NOT AT ALL ........................................ 4
   DON’T KNOW ............................... 8
   REFUSED ................................. 9
**SN36.** How true is each of the following statements about your neighborhood – very true, somewhat, not very, or not at all true? (IF NEC: Is this very, somewhat, not very, or not at all true?)

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY (1)</th>
<th>SOMEWHAT (2)</th>
<th>NOT VERY (3)</th>
<th>NOT AT ALL (4)</th>
<th>DON’T KNOW (8)</th>
<th>REFUSED (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>SN36a.</em> I feel safe being out alone in my neighborhood at night.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>SN36b.</em> People around here are willing to help their neighbors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>SN36c.</em> This is a close-knit neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(If NEC: 0 means “not at all like me” and 10 means “exactly like me”.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>NUMBER (0 - 10)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>SN37.</em> Next I will read four statements about general relationship styles that people often report. On a 0-to-10 scale, where 0 means “not at all like me” and 10 means “exactly like me”, please give me the number that best describes how much each statement sounds like you. First, “It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.” What number between 0 and 10 best describes how much that statement sounds like you.</td>
<td></td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td><em>SN38.</em> Here is the next statement. “I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.” What number between 0 and 10 best describes how much that statement sounds like you.</td>
<td></td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td><em>SN39.</em> Here is the third statement. “I want to be completely emotionally intimate with others, but I often find that others are reluctant to get close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that other’s don’t value me as much as I value them.” What number between 0 and 10 best describes how much that statement sounds like you.</td>
<td></td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td><em>SN40.</em> Here is the last statement. “I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me. What number between 0 and 10 best describes how much that statement sounds like you.</td>
<td></td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>
**LIFE EVENTS (LE)**

*LE1.* The next questions have to do with stressful events during the past 12 months. In the past 12 months; were you robbed or burglarized?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE2

*LE2.* (In the past 12 months,) were you mugged or physically assaulted?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE3

*LE3.* (In the past 12 months,) was your driver's license suspended?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE4

*LE4.* (In the past 12 months) did you sue someone or have someone sue you?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE5

*LE5.* (In the past 12 months) did you have serious trouble with the police or the law?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE9

*LE9.* Other than what we talked about already, in the past 12 months, was there anything important you were expecting that didn’t work out the way you wanted?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

GO TO *LE10

*LE9a.* Briefly, what didn’t work out?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
*LE9b. In what month did you know for sure things were not going to work out?

____________ MONTH (01-13)

DON’T KNOW........................................98
REFUSED............................................99

*LE10. Other than what we talked about already, did anything (else) happen in the past 12 months that you would consider to be a major life crisis?

YES ..........................................................1
NO..........................................................5 GO TO *LE11
DON’T KNOW........................................8 GO TO *LE11
REFUSED..............................................9 GO TO *LE11
RECORD UP TO FIVE MENTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>*LE10.1 (IF NEC: Briefly, what happened?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*LE10.2 (IF NEC: Briefly, what happened?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*LE10.3 (IF NEC: Briefly, what happened?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*LE10.4 (IF NEC: Briefly, what happened?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*LE10.5 (IF NEC: Briefly, what happened?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*LE10.1a. In what month did (CRISIS/ that) happen?  
_________MONTH (01-13)  
(IF VOL) ONGOING ..................... 97  
DON’T KNOW ...................................... 98  
REFUSED .............................................. 99

*LE10.2a. In what month did (CRISIS/ that) happen?  
_________MONTH (01-13)  
(IF VOL) ONGOING ..................... 97  
DON’T KNOW ...................................... 98  
REFUSED .............................................. 99

*LE10.3a. In what month did (CRISIS/ that) happen?  
_________MONTH (01-13)  
(IF VOL) ONGOING ..................... 97  
DON’T KNOW ...................................... 98  
REFUSED .............................................. 99

*LE10.4a. In what month did (CRISIS/ that) happen?  
_________MONTH (01-13)  
(IF VOL) ONGOING ..................... 97  
DON’T KNOW ...................................... 98  
REFUSED .............................................. 99

*LE10.5a. In what month did (CRISIS/ that) happen?  
_________MONTH (01-13)  
(IF VOL) ONGOING ..................... 97  
DON’T KNOW ...................................... 98  
REFUSED .............................................. 99

*LE11. Other than things we have talked about already, did anything happen in the past 12 months that you thought was going to turn out very badly, but that worked out much better than you thought it might?  
YES ............................................... 1  
NO ..................................................... 5  GO TO *LE12  
DON’T KNOW ....................................... 8  GO TO *LE12  
REFUSED ........................................... 9  GO TO *LE12
*LE11a. Briefly, what was it that worked out better than expected?

______________________________________________________________

______________________________________________________________

*LE11b. In what month did you first know that things would work out better than you thought they would?

_____________ MONTH (01-13)

(IF VOL) STILL NOT SURE ..............................................................97
DON’T KNOW ....................................................................................98
REFUSED ............................................................................................99

*LE12. During the past 12 months, did you have a big success, win, or accomplishment in an area of life important to you?

YES ........................................................1
NO ..........................................................5 GO TO NEXT SECTION
DON’T KNOW .......................................................8 GO TO NEXT SECTION
REFUSED ..............................................9 GO TO NEXT SECTION

*LE12a. Briefly, what happened?

______________________________________________________________

______________________________________________________________

*LE12b. In what month did that happen?

_____________ MONTH (01-13)

(IF VOL) ONGOING...............................................................................97
DON’T KNOW ........................................................................................98
REFUSED ............................................................................................99

END OF SECTION
GO TO NEXT SECTION
ADULT DEMOGRAPHICS (DA)

*DA36.1. Since the age of 18, have you ever been homeless?

YES..............................................1
NO................................................5   GO TO *DA36.2
DON’T KNOW ..........................8   GO TO *DA36.2
REFUSED .................................9   GO TO *DA36.2

*DA36.1a. How long were you homeless altogether since the age of 18? (IF NEC: Include times when you stayed in shelters for the homeless.)

_____________ DURATION NUMBER

CIRCLE UNIT OF TIME:
DAYS...............................................1
WEEKS...........................................2
MONTHS.........................................3
YEARS..............................................4

DON’T KNOW ......................................998
REFUSED ............................................999

*DA36.2. Since the age of 18, were you ever in a jail, prison, or correctional facility?

YES..........................................................1
NO.........................................................5   GO TO *DA36.3
(IF VOL “POLITICAL PRISONER”) ....... 6
DON’T KNOW ...........................................8   GO TO *DA36.3
REFUSED ...............................................9   GO TO *DA36.3

*DA36.2a. How long altogether were you in one of these facilities since the age of 18?

_____________ DURATION NUMBER

CIRCLE UNIT OF TIME:
DAYS.................................................1
WEEKS..............................................2
MONTHS.............................................3
YEARS...............................................4

DON’T KNOW .....................................998
REFUSED ............................................999

*DA36.2b. INTERVIEWER CHECKPOINT: (SEE *FN10)

*FN10 EQUALS ‘C’ – ‘JJ’ .................................................................1   GO TO *DA36.3a
ALL OTHERS.........................................................2
*DA36.3. Have you ever received public assistance or welfare since turning age 18 – such as Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families?

YES .............................................................. 1
NO ............................................................... 5  GO TO *DA37
DON’T KNOW ........................................... 8  GO TO *DA37
REFUSED .................................................. 9  GO TO *DA37

*DA36.3a. (IF *DA36.2b EQUALS ‘1’: You told me earlier that you received public assistance – such as Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families – in the past 12 months.) How many years in total did you receive public assistance since you turned 18?

_____________ YEARS

DON’T KNOW ........................................ 998
REFUSED ............................................. 999

*DA36.3a.1. INTERVIEWER CHECKPOINT: (SEE *DA36.2b)

*DA36.2b EQUALS ‘1’ ........................................................................ 1  GO TO *DA37
ALL OTHERS ............................................................................ 2

*DA36.3c. How old were you the last time you received public assistance?

_____________ YEARS OLD

DON’T KNOW ........................................ 998
REFUSED ............................................. 999
*DA37. (RB, PG 25). (Look at the top of page 25 in your booklet.) Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Please circle the number next to the rung where you think you stand at this time in your life, relative to other people in the (COUNTRY OF INTERVIEW)

What is the number you circled?

___________ NUMBER

DON’T KNOW ....................998
REFUSED .........................999

*DA37a. (RB, PG 25). Still looking at the same ladder, put an “X” next to the number where your family stood most of the time you were a child.

(IF VOL, “IT VARIED,” PROBE: Then put an “X” on the number for the highest rung your family stood at any time during your childhood.)

What is the number you placed the “X” next to?

___________ NUMBER

DON’T KNOW .........................998
REFUSED ..............................999
*DA38. (RB, PG 25). (Look at the bottom of page 25 in your booklet.) Think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful for you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

Please circle the number next to the rung where you think you stand at this time in your life, relative to other people in your community.

What is the number you circled?

____________ NUMBER

DON’T KNOW .................. 998
REFUSED ....................... 999

*DA38a. (RB, PG 25). Still looking at the same ladder, put an “X” next to the number where your family stood relative to other families in your community during most of your childhood.

(IF VOL, “IT VARIED,” PROBE: Then put an “X” on the number for the highest rung your family stood at any time during your childhood.)

What is the number you placed the “X” next to?

____________ NUMBER

DON’T KNOW ..................... 998
REFUSED .......................... 999
*DA39. Is your biological mother still living?

YES.................................1  GO TO *DA40
NO .....................................5
DON’T KNOW ....................8  GO TO *DA40
REFUSED ............................9  GO TO *DA40

*DA39a. How old was she when she died?

_______________ AGE

DON’T KNOW ...............998
REFUSED ..............................999

*DA39b. How old were you when she died?

_______________ AGE

DON’T KNOW ..............998
REFUSED ..............................999

*DA39c. Could you tell me the cause of her death?

INTERVIEWER: DO NOT READ LIST.

ILLNESS (SPECIFY) ..........................1
ACCIDENT/ INJURY ..........................2
HOMICIDE .................................3
SUICIDE .................................4
DON’T KNOW .........................8
REFUSED ..............................9

GO TO *DA41

*DA40. How old was your mother when you were born?

__________ YEARS OLD

DON’T KNOW .........................998
REFUSED ...............................999

*DA41. Is your biological father still living?

YES.................................1  GO TO *DA42
NO .....................................5
DON’T KNOW ....................8  GO TO *DA42
REFUSED ............................9  GO TO *DA42

*DA41a. How old was he when he died?

_______________ AGE

DON’T KNOW ...............998
REFUSED ..............................999
*DA41b. How old were you when he died?

_________________ AGE

DON’T KNOW ..........998
REFUSED ...............999

*DA41c. Can you tell me the cause of his death?

INTERVIEWER: DO NOT READ LIST.

ILLNESS (SPECIFY) ..............1
ACCIDENT/ INJURY .............2
HOMICIDE .....................3
SUICIDE .......................4
DON’T KNOW ..................8
REFUSED ......................9

GO TO NEXT SECTION

*DA42. How old was your father when you were born?

_________ YEARS OLD

DON’T KNOW ....................998
REFUSED ..........................999

GO TO NEXT SECTION
*DE20. The next questions are about your childhood. What is the highest grade of school or year of college you completed?

IF “HIGH SCHOOL GRADUATE”: CODE ‘12’ YEARS
IF “COLLEGE GRADUATE”: CODE ‘16’ YEARS

NONE ................................................. 0   GO TO *CH1
ONE .............................................. 1
TWO .............................................. 2
THREE .......................................... 3
FOUR ............................................. 4
FIVE .............................................. 5
SIX .................................................. 6
SEVEN .......................................... 7
EIGHT .......................................... 8
NINE ............................................. 9
TEN .............................................. 10
ELEVEN ........................................ 11
TWELVE ....................................... 12
THIRTEEN ..................................... 13
FOURTEEN .................................... 14
FIFTEEN ........................................ 15
SIXTEEN ....................................... 16
SEVENTEEN OR MORE .................. 17
DON’T KNOW ............................... 98   GO TO *CH1
REFUSED ....................................... 99   GO TO *CH1

*DE20.2. Did you attend an (all-boys/ all-girls) school during any of that time?

YES ............................................. 1
NO .............................................. 5   GO TO *DE20.5
DON’T KNOW ............................... 8   GO TO *DE20.5
REFUSED ..................................... 9   GO TO *DE20.5

*DE20.2a. How many years [did you attend an (all-boys/ all-girls) school]?

__________________YEARS

DON’T KNOW ............ 998
REFUSED ..................... 999

*DE20.3. INTERVIEWER CHECKPOINT: (SEE *DE20, *DE20.2a)

NUMBER IN *DE20 EQUALS NUMBER IN *DE20.2a ......................... 1   GO TO *DE20.5
ALL OTHERS ............................................. 2
**DE20.4.** In which grade(s) did you attend an (all-boys/ all-girls) school?

CIRCLE ALL MENTIONS

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>KINDERGARTEN</td>
<td>0</td>
</tr>
<tr>
<td>FIRST GRADE</td>
<td>1</td>
</tr>
<tr>
<td>SECOND GRADE</td>
<td>2</td>
</tr>
<tr>
<td>THIRD GRADE</td>
<td>3</td>
</tr>
<tr>
<td>FOURTH GRADE</td>
<td>4</td>
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<tr>
<td>FIFTH GRADE</td>
<td>5</td>
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<tr>
<td>SIXTH GRADE</td>
<td>6</td>
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<tr>
<td>SEVENTH GRADE</td>
<td>7</td>
</tr>
<tr>
<td>EIGHTH GRADE</td>
<td>8</td>
</tr>
<tr>
<td>HIGH SCHOOL FRESHMAN</td>
<td>9</td>
</tr>
<tr>
<td>HIGH SCHOOL SOPHOMORE</td>
<td>10</td>
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<tr>
<td>HIGH SCHOOL JUNIOR</td>
<td>11</td>
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<tr>
<td>HIGH SCHOOL SENIOR</td>
<td>12</td>
</tr>
<tr>
<td>ANY COLLEGE</td>
<td>13</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

**DE20.5.** How many different schools did you attend (IF **DE20** EQUALS ‘13’ – ‘97’: up to the end of high school)?

<table>
<thead>
<tr>
<th>Number of Schools</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

**DE20.6.** INTERVIEWER CHECKPOINT: (SEE **DE20.5**)

*DE20.5 EQUALS ‘1’ OR ‘2’* ................................................................. 1  **GO TO **DE20.8a

ALL OTHERS ........................................................................................ 2

**DE20.7.** Some school systems have one school for kindergarten through eighth grade, while other systems have separate middle schools or junior high schools. Did your school system have a middle school or junior high school?

(INTERVIEWER: IF R WAS IN MORE THAN ONE SCHOOL SYSTEM, ONE WITH MIDDLE SCHOOL AND ONE WITHOUT, CODE “YES”)

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>
| NO       | 5      **GO TO DE20.8a**
| DON’T KNOW | 8 **GO TO DE20.8a**
| REFUSED  | 9 **GO TO DE20.8a** |
*DE20.8. Which grades were in this middle school or junior high school?

**RECORD ALL MENTIONS**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN FIFTH GRADE</td>
<td>1</td>
</tr>
<tr>
<td>FIFTH GRADE</td>
<td>2</td>
</tr>
<tr>
<td>SIXTH GRADE</td>
<td>3</td>
</tr>
<tr>
<td>SEVENTH GRADE</td>
<td>4</td>
</tr>
<tr>
<td>EIGHTH GRADE</td>
<td>5</td>
</tr>
<tr>
<td>NINTH GRADE</td>
<td>6</td>
</tr>
<tr>
<td>GREATER THAN NINTH GRADE</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*DE20.8a. When you were in grade school, were you usually one of the younger kids in your classroom, one of the older kids, or about average in terms of age?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUNGER</td>
<td>1</td>
</tr>
<tr>
<td>OLDER</td>
<td>2</td>
</tr>
<tr>
<td>AVERAGE</td>
<td>3</td>
</tr>
<tr>
<td>(IF VOL) IT VARIED</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO NEXT SECTION
CHILDOOD (CH)

*CH1. Compared with the average child, at the time you were growing up were you better off financially, about average, or worse off during most of your childhood?

- BETTER OFF................... 1 GO TO *CH9
- ABOUT AVERAGE ...... 2 GO TO *CH9
- WORSE OFF................... 3
- DON’T KNOW............... 8 GO TO *CH9
- REFUSED................... 9 GO TO *CH9

*CH1a. Was that a lot worse off, somewhat, or just a little worse off?

- A LOT........................... 1
- SOMEWHAT.............. 2
- A LITTLE ................... 3
- DON’T KNOW........... 8
- REFUSED................... 9

*CH9. Did your family ever receive money from a government assistance program while you were growing up, like welfare, Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families?

- YES .................................. 1
- NO .................................... 5 GO TO *CH13
- DON’T KNOW............... 8 GO TO *CH13
- REFUSED................... 9 GO TO *CH13

*CH9a. Was that during all, most, some, or only a little of your childhood and adolescence?

- ALL.........................................1
- MOST .............................................2
- SOME .............................................3
- A LITTLE .......................................4
- DON’T KNOW...............................8
- REFUSED.......................................9

*CH13. How many years did you live with your biological father?

- ___________ YEARS
- DON’T KNOW ....................... 98
- REFUSED .............................. 99

*CH14. How many other adult male head of households did you ever live with for six months or longer during your childhood?

- ___________ NUMBER
- DON’T KNOW ....................... 98
- REFUSED .............................. 99

*CH16. How many years during your childhood did you live without an adult male head of your household?

- ___________ YEARS
- DON’T KNOW ....................... 98
- REFUSED .............................. 99
**CH21.** How many years did you live with your biological mother?

___________ YEARS

DON'T KNOW .........................98
REFUSED ............................99

**CH22.** How many other adult female head of households did you ever live with for six months or longer?

___________ NUMBER

DON'T KNOW ..........................98
REFUSED .............................99

**CH23.** INTERVIEWER CHECKPOINT

*CH21 EQUALS ’18 OR MORE’ .........................1  **GO TO** *CH37**
ALL OTHERS..............................................2

**CH24.** How many years during your childhood did you live without an adult female head of your household?

___________ YEARS

DON'T KNOW .........................98
REFUSED .............................99
*CH37. How often did you have each of the following experiences while you were growing up – often, sometimes, not very often, or never?

<table>
<thead>
<tr>
<th>(IF NEC: Often, sometimes, not very often, or never?)</th>
<th>OFTEN (1)</th>
<th>SOMETIMES (2)</th>
<th>NOT VERY OFTEN (3)</th>
<th>NEVER (4)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CH37a. How often were you made to do chores that were too difficult or dangerous for someone your age?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH37b. How often were you left alone or unsupervised when you were too young to be alone?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH37c. How often did you go without things you needed like clothes, shoes, or school supplies because your parents or caregivers spent the money on themselves?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH37d. How often did your parents or caregivers make you go hungry or not prepare regular meals?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH37e. How often did your parents or caregivers ignore or fail to get you medical treatment when you were sick or hurt?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CH38. How old were you when you were first allowed to go out in the neighborhood on your own without supervision from a parent or older brother or sister?

_____________ YEARS OLD

(IF VOL) NEVER .........................97  **GO TO *CH43**
DON’T KNOW ...........................98
REFUSED ........................................99

*CH38.1. INTERVIEWER CHECKPOINT (SEE *CH38)

*CH38 EQUALS ‘12’-‘17’.................................1
ALL OTHERS..............................................2

*CH39. When you were first allowed out on your own, how often did your parents make you tell them before you went out – often, sometimes, not very often, or never?

| OFTEN .............................................1 |
|---------------------------------------------|---|
| SOMETIMES ......................................2 |
| NOT VERY OFTEN ..................................3 |
| NEVER ...........................................4 |
| (IF VOL) NEVER ALLOWED OUT ..................7  **GO TO *CH43** |
| DON’T KNOW .................................8 |
| REFUSED ......................................9 |
*CH42. When you were first allowed out on your own, how often did you have a set time when you had to be home on school nights (– often, sometimes, not very often, or never)?

- OFTEN ................................................................. 1
- SOMETIMES ................................................................ 2
- NOT VERY OFTEN .................................................. 3
- NEVER ..................................................................... 4
- DON’T KNOW .......................................................... 8
- REFUSED .................................................................. 9

*CH43. How old were you when you were first allowed to stay home by yourself without someone to take care of you?

_________ YEARS OLD

(IF VOL) NEVER ................................................. 97  GO TO *CH46
DON’T KNOW ..................................................... 98
REFUSED ............................................................ 99

*CH44. How often were you left alone when you were (IF *CH43 EQUALS ‘LESS THAN 12:11 years old/ ALL OTHERS: AGE IN *CH43) – just about every day, a few days a week, a few days a month, or less than once a month?

- JUST ABOUT EVERY DAY ........................................ 1
- A FEW DAYS A WEEK ............................................ 2
- A FEW DAYS A MONTH ......................................... 3
- LESS THAN ONCE A MONTH ............................... 4
- DON’T KNOW ........................................................ 8
- REFUSED .................................................................. 9

*CH45. About how many hours were you usually left home like this during these days?

_________ HOURS

(IF VOL) LESS THAN ONE HOUR .............................. 00
DON’T KNOW .......................................................... 98
REFUSED ................................................................... 99

*CH46. What woman spent the most time raising you — your biological mother or someone else?

(IF NEC: Who?)

IF BIOLOGICAL MOTHER AND SOMEONE ELSE ARE BOTH REPORTED, CIRCLE ‘1’ AND ASK SUBSEQUENT QUESTIONS ABOUT BIOLOGICAL MOTHER.

- BIOLOGICAL MOTHER ............................................ 1
- ADOPTIVE MOTHER ............................................... 2
- STEPMOTHER ......................................................... 3
- FOSTER MOTHER .................................................... 4
- OTHER FEMALE RELATIVE ................................... 5
- NANNY/ BABYSITTER ............................................. 6
- NO WOMAN ............................................................ 7  GO TO *CH74.1
- OTHER (SPECIFY) ................................................... 8

DON’T KNOW ........................................................... 98  GO TO *CH74.1
REFUSED ................................................................. 99  GO TO *CH74.1

4
*CH47.1. Was the communication between you and her during most of your childhood excellent, good, fair, or poor?

- EXCELLENT ............................................ 1
- GOOD ........................................................ 2
- FAIR .......................................................... 3
- POOR ........................................................ 4
- DON’T KNOW ........................................... 8
- REFUSED ............................................... 9

*CH47.2. How often did you talk to her about school or about your friends or about your feelings during the time you were growing up—just about every day, a few days a week, once a week, or less than once a week?

- EVERY DAY ............................................ 1
- FEW DAYS A WEEK............................... 2
- ONCE A WEEK........................................ 3
- LESS THAN ONCE A WEEK .................. 4
- (IF VOL) NEVER .................................... 5
- DON’T KNOW ........................................... 8
- REFUSED ............................................... 9

*CH47.3. How much did she know about what you were doing and how you were feeling during the time you were growing up—a lot, some, a little, or not at all?

- A LOT ....................................................... 1
- SOME ........................................................ 2
- A LITTLE.................................................. 3
- NOT AT ALL ............................................ 4
- DON’T KNOW ........................................... 8
- REFUSED ............................................... 9

*CH47.4. How much tension did you have in your relationship with her during much of the time you were growing up — a lot, some, a little, or none?

- A LOT ....................................................... 1
- SOME ........................................................ 2
- A LITTLE.................................................. 3
- NONE ...................................................... 4
- DON’T KNOW ........................................... 8
- REFUSED ............................................... 9

*CH52. Did (WOMAN WHO RAISED R) ever have times lasting two weeks or more where she was sad or depressed most of the time?

- YES ............................................. 1
- NO ............................................. 5  \GO TO *CH60
- DON’T KNOW ........................................ 8  \GO TO *CH60
- REFUSED .......................................... 9  \GO TO *CH60

*CH52a. Was this during all, most, some, or only a little of your life?

- ALL .................................................... 1
- MOST .................................................... 2
- SOME ..................................................... 3
- A LITTLE .............................................. 4
- (IF VOL) NONE ..................................... 5
- DON’T KNOW ........................................ 8
- REFUSED .............................................. 9
*CH60. Did (WOMAN WHO RAISED R) ever have anxiety attacks where all of a sudden she felt frightened, anxious, or panicky?

YES ......................... 1
NO ............................ 5  GO TO *CH74
DON’T KNOW .............. 8  GO TO *CH74
REFUSED .................... 9  GO TO *CH74

*CH60a. Was that during all, most, some, or only a little of your life?

ALL ..............................  1
MOST ............................ 2
SOME ............................ 3
A LITTLE ....................... 4
(IF VOL) NONE ............ 5
DON’T KNOW .............. 8
REFUSED .................... 9

*CH61. Did she ever get professional treatment for her anxiety attacks?

YES ..............................  1
NO ..............................  5  GO TO *CH62
DON’T KNOW .............. 8  GO TO *CH62
REFUSED .................... 9  GO TO *CH62

*CH61a. Was she ever hospitalized for her anxiety attacks?

YES ..............................  1
NO ..............................  5
DON’T KNOW .............. 8
REFUSED .................... 9

*CH62. How much did her anxiety attacks ever cause problems in her life or keep her from doing her regular activities — a lot, some, a little, or not at all?

A LOT ............................. 1
SOME ............................. 2
A LITTLE ......................... 3
NOT AT ALL .................... 4
DON’T KNOW .............. 8
REFUSED .................... 9

*CH74. Did (WOMAN WHO RAISED R) ever attempt to commit suicide?

YES ..............................  1
NO ..............................  5
DON’T KNOW .............. 8
REFUSED .................... 9

*CH74.1. INTERVIEWER CHECKPOINT (SEE *CH46)

*CH46 EQUALS ‘1’ ..........................  1  GO TO *CH75
ALL OTHERS .....................  2
<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>IF VOL: NEVER KNEW BIOLOGICAL MOTHER (7)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CH74.2. I have a few of the same questions now about your biological mother. Did she ever have episodes lasting several weeks or longer when she was sad or depressed nearly every day?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2a. Did she ever have episodes lasting a month or longer when she was nervous, edgy, or anxious most of the time?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2b. Did she ever have sudden attacks of intense fear that happened “out of the blue”?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2c. Did she ever have a problem with alcohol or drugs?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2d. Did she ever have problems with the law?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2e. Did she ever get into physical fights?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CH74.2f. Did she ever attempt to commit suicide?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CH75. Over the years, what man spent the most time raising you — your biological father or someone else?

(IF NEC: Who?)

IF BIOLOGICAL FATHER AND SOMEONE ELSE ARE BOTH REPORTED, CIRCLE ‘1’ AND ASK SUBSEQUENT QUESTIONS ABOUT BIOLOGICAL FATHER.

BIOLOGICAL FATHER ............... 1
ADOPTIVE FATHER ............... 2
STEPFATHER ...................... 3
FOSTER FATHER .............. 4
OTHER MALE RELATIVE ........ 5
BABYSITTER ...................... 6
NO MAN ......................... 7   GO TO *CH104
OTHER (SPECIFY) ............... 8

DON’T KNOW ..................... 98   GO TO *CH104
REFUSED ......................... 99   GO TO *CH104
*CH76. How emotionally close were you with (MAN WHO RAISED R) while you were growing up – very close, somewhat, not very, or not at all?

VERY ........................................................ 1
SOMETHAT ............................................ 2
NOT VERY ............................................... 3
NOT AT ALL ............................................ 4
DON’T KNOW ......................................... 8
REFUSED ............................................... 9

*CH76.1. Was the communication between you and him during most of your childhood excellent, good, fair, or poor?

EXCELLENT ............................................ 1
GOOD ................................................... 2
FAIR .................................................... 3
POOR ................................................... 4
DON’T KNOW ......................................... 8
REFUSED ............................................... 9

*CH76.2. How often did you talk to him about school or about your friends or about your feelings during the time you were growing up—just about every day, a few days a week, once a week, or less than once a week?

EVERY DAY ............................................ 1
FEW DAYS A WEEK ................................ 2
ONCE A WEEK ....................................... 3
LESS THAN ONCE A WEEK .................... 4
(IF VOL) NEVER .................................... 5
DON’T KNOW ......................................... 8
REFUSED ............................................... 9

*CH76.3. How much did he know about what you were doing and how you were feeling during the time you were growing up—a lot, some, a little, or not at all?

A LOT ..................................................... 1
SOME ..................................................... 2
A LITTLE .................................................. 3
NOT AT ALL ............................................ 4
DON’T KNOW ......................................... 8
REFUSED ............................................... 9

*CH76.4. How much tension did you have in your relationship with him during much of the time you were growing up—a lot, some, a little, or none?

A LOT ..................................................... 1
SOME ..................................................... 2
A LITTLE .................................................. 3
NONE ..................................................... 4
DON’T KNOW ......................................... 8
REFUSED ............................................... 9
**CH81.** Did (MAN WHO RAISED R) ever have times lasting two weeks or more where he was sad or depressed most of the time?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

**CH81a.** Was this during all, most, some, or only a little of your childhood?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
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<tr>
<td>MOST</td>
<td>2</td>
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<tr>
<td>SOME</td>
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<tr>
<td>A LITTLE</td>
<td>4</td>
</tr>
<tr>
<td>(IF VOL) NONE</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

**CH89.** Did (MAN WHO RAISED R) ever have anxiety attacks where all of a sudden he felt frightened, anxious, or panicky?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

**CH89a.** Was that during all, most, some, or only a little of your life?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
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<tr>
<td>MOST</td>
<td>2</td>
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<td>(IF VOL) NONE</td>
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<td>DON’T KNOW</td>
<td>8</td>
</tr>
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</table>

**CH90.** Did he ever get professional treatment for his anxiety attacks?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
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<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

**CH90a.** Was he ever hospitalized for his anxiety attacks?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
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<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</tbody>
</table>

**CH91.** How much did his anxiety attacks cause problems in his life or keep him from doing his regular activities — a lot, some, a little, or not at all?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
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</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>3</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
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</tbody>
</table>
**CH103.** Did (MAN WHO RAISED R) ever attempt to commit suicide?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
<td>NEVER KNEW BIOLOGICAL FATHER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td></td>
<td></td>
<td>GO TO NEXT SECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td></td>
<td></td>
<td>8</td>
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<td></td>
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</tbody>
</table>

**CH104.** INTERVIEWER CHECKPOINT (SEE *CH75*)

*CH75 EQUALS ‘1’............................................................... 1
GO TO NEXT SECTION
ALL OTHERS................................................................. 2

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>NO</strong></td>
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</tbody>
</table>

**CH105.** I have a few of the same questions now about your biological father. Did he ever have episodes lasting several weeks or longer when he was sad or depressed nearly every day?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105a.** Did he ever have episodes lasting a month or longer when he was nervous, edgy, or anxious most of the time?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105b.** Did he ever have sudden attacks of intense fear that happened “out of the blue”?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105c.** Did he ever have a problem with alcohol or drugs?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105d.** Did he ever have problems with the law?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105e.** Did he ever get into physical fights?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9

**CH105f.** Did he ever attempt to commit suicide?

1 | 5 | 7 | GO TO NEXT SECTION | 8 | 9
ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (AD)

*AD0. INTERVIEWER CHECKPOINT: (SEE *SC63, *SC64, *SC64.1, *SC64.2, *SC64.3, *SC64.4)

*SC63 EQUALS ‘1’ ...........................................................................1 GO TO *AD1
*SC64 EQUALS ‘1’ ...........................................................................2 GO TO *AD29
*SC64.1 EQUALS ‘1’ .......................................................................3 GO TO *OD1
*SC64.2 EQUALS ‘1’ .......................................................................4 GO TO *CD1
*SC64.3 EQUALS ‘1’ .......................................................................5 GO TO *CD1
*SC64.4 EQUALS ‘1’ .......................................................................6 GO TO *CD1
ALL OTHERS .....................................................................................7 GO TO *CD16

*AD1. Earlier in the interview you mentioned that there was a time that began before second or third grade when you had a lot more trouble than most children with concentration or attention. The next questions are about that time. Which of the following difficulties did you have during that time:

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD1a. Did you frequently lose things like assignments or books or other things you needed? (KEY PHRASE: frequently losing things) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1b. Did you often have trouble paying attention to details, or did you make a lot of careless mistakes? (KEY PHRASE: making lots of careless mistakes) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1c. Did you often forget what you were supposed to be doing or what you had planned to do? (KEY PHRASE: being forgetful) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1d. Did people often say that you did not seem to be listening when they spoke to you? (KEY PHRASE: being told by others that you didn’t seem to listen to them) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1e. Did you quickly lose interest in games you were playing or in work you were doing at home or at school? (KEY PHRASE: quickly losing interest in activities) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1f. Were you unable to keep your mind on what you were doing if things were going on nearby? (KEY PHRASE: being easily distracted) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1g. Did you dislike, avoid, or put off doing things that required a lot of concentration? (KEY PHRASE: disliking, avoiding, or putting off doing things that required a lot of concentration) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1h. Did you get confused when you had to make plans or decide the order in which to do things? (KEY PHRASE: getting confused when you had to make plans) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD1i. Did you often leave chores, homework or other work unfinished even when you meant to get them done, and understood how to do them? (KEY PHRASE: leaving important jobs or homework undone) 1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*AD2. INTERVIEWER CHECKPOINT: (SEE *AD1a-i)

SIX OR MORE “YES” RESPONSES IN *AD1a-i ..................1
ALL OTHERS.................................................................2  GO TO *AD29

*AD3. You had several concentration and attention difficulties, such as (KEY PHRASES FOR FIRST 3 ITEMS ENDORED IN *AD1a-i). Can you remember your exact age the very first time in your life when you had any of these difficulties for a period of six months or longer?

YES........................................1
NO .....................................5  GO TO *AD3b
DON’T KNOW .....................8  GO TO *AD3b
REFUSED ..........................9  GO TO *AD3b

*AD3a. (IF NEC: How old were you?)

_________ YEARS OLD  GO TO *AD4

DON’T KNOW .................998  GO TO *AD4
REFUSED ..........................999  GO TO *AD4

*AD3b. About how old were you the first time (you had any of these difficulties)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you were seven?
IF NOT YES, PROBE: Was it before you were a teenager?
IF NOT YES, PROBE: Was it before your twenties?

_________ YEARS OLD

BEFORE SEVEN YEARS OLD..................6
NOT BEFORE SEVEN YEARS OLD ..........8
BEFORE TEENAGER..............................12
BEFORE TWENTIES.............................19
DON’T KNOW ........................................998
REFUSED ..............................................999

*AD4. Did you still have a lot of difficulty with concentration and attention during the past 12 months?

YES............................................1  GO TO *AD5
NO..............................................5
DON’T KNOW ..............................8
REFUSED .................................9

*AD4a. How old were you the last time you had six months or longer when you had a lot of difficulty with concentration or attention?

_________ YEARS OLD

DON’T KNOW .........................998
REFUSED .........................................999

*AD5. About how many years altogether (did you have/ have you had) these difficulties?

_________ NUMBER OF YEARS

DON’T KNOW .................998
REFUSED ..............................999
<table>
<thead>
<tr>
<th>*AD6. Did these concentration and attention difficulties ever cause you problems...</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD6a. ...at school?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD6b. ...at home?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD6c. ...at work?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*AD6d. ...in your personal relationships or social life?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**AD7. INTERVIEWER CHECKPOINT: (SEE *AD6a-d)**

TWO OR MORE “YES” RESPONSES IN *AD6a-d .................................................. 1
ALL OTHERS................................................................................................. 2  GO TO *AD29

**AD14. Did you ever in your life talk to a medical doctor or other professional about your concentration and attention difficulties? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)**

YES....................................................1  \( \text{GO TO *AD29} \)
NO....................................................5  \( \text{GO TO *AD29} \)
DON’T KNOW........................................8  \( \text{GO TO *AD29} \)
REFUSED............................................9  \( \text{GO TO *AD29} \)

*AD14a. How old were you the first time (you talked to a professional about these difficulties)?

____________YEARS OLD

DON’T KNOW ..........998
REFUSED.................999

**AD29. INTERVIEWER CHECKPOINT: (SEE *SC64)**

*SC64 EQUALS ‘1’ ........................1  \( \text{GO TO *AD43.2} \)
ALL OTHERS.................................2
*AD30. (IF *SC63 Eqauls ‘1’: You also mentioned earlier in the interview/ IF *SC64 Eqauls ‘1’: Earlier in the interview you mentioned) that there was a time that began before second or third grade when you had a lot more trouble than most children with being very restless, fidgety, or impatient. Which of the following difficulties did you have during that time:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD30a. Were you often very active even when you were not supposed to be – for example, climbing on things or running around – even after being asked to keep still?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: being very active when you were not supposed to be)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30b. Did you often feel very restless?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: often feeling very restless)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30c. Were you often “on the go,” usually taking very little time to rest?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: being “on the go” without taking time to rest)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30d. Did you have trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: having trouble playing quietly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30e. Did you usually fidget or squirm a great deal when you were sitting down?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: fidgeting or squirming a lot)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30f. Did you often get up from your seat when you were not supposed to – like at dinner, at school or at religious services?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: getting up from your seat when you were not supposed to)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*AD30g. Were you often extremely talkative?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: being very talkative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30h. Did you often blurt out answers to other people’s questions even before they finished speaking?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: interrupting people by blurting out answers to their questions before they were done speaking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30i. Did you often interrupt people or abruptly join other people’s conversations without being asked to do so?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: interrupting conversations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30j. Did you often try to break into games or interrupt other activities that were already underway?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: interrupting games or other activities)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30k. Did you have a lot of trouble waiting your turn – for example, was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: having trouble waiting your turn)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*AD31. INTERVIEWER CHECKPOINT: (SEE *AD30a-k)

SIX OR MORE “YES” RESPONSES IN *AD30a-k..........................1
ALL OTHERS..................................................................................................................2  GO TO *AD43.2
*AD32. You mentioned several difficulties with restlessness and impatience, such as (KEY PHRASES FOR 3 ITEMS ENDORED IN *AD30a-k). Can you remember your exact age the very first time in your life when you had any of these difficulties for a period of six months or longer?

YES.................................................1
NO..................................................5  GO TO *AD32b
DON’T KNOW.................................8  GO TO *AD32b
REFUSED.................................9  GO TO *AD32b

*AD32a. (IF NEC: How old were you?)

________ YEARS OLD  GO TO *AD33

DON’T KNOW ..............998  GO TO *AD33
REFUSED............................999  GO TO *AD33

*AD32b. About how old were you the first time (you had any of these difficulties)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you were seven?
IF NOT YES, PROBE: Was it before you were a teenager?
IF NOT YES, PROBE: Was it before your twenties?

________ YEARS OLD

BEFORE SEVEN YEARS OLD.................6
NOT BEFORE SEVEN YEARS OLD...........8
BEFORE TEENAGER.............................12
BEFORE TWENTIES............................19
DON’T KNOW.................................998
REFUSED........................................999

*AD33. Did you still have a lot of difficulty with restlessness or impatience during the past 12 months?

YES..................................................1  GO TO *AD34
NO..................................................5
DON’T KNOW.................................8
REFUSED..........................................9

*AD33a. How old were you the last time you had a period of six months or longer when you had these difficulties?

________ YEARS OLD

DON’T KNOW .........................998
REFUSED.................................999

*AD34. About how many years altogether (did you have/ have you had) these difficulties?

________ NUMBER OF YEARS

DON’T KNOW .........................998
REFUSED.................................999
*AD35. Did these difficulties with restlessness or impatience ever cause you problems…

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD35a. …at school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD35b. …at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD35c. …at work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD35d. …in your personal relationships or social life?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*AD36. INTERVIEWER CHECKPOINT: (SEE *AD35a-d)

TWO OR MORE “YES” RESPONSES IN *AD35a-d ....................1
ALL OTHERS.................................................................................2  GO TO *AD43.2

*AD35a. …at school?

*AD35b. …at home?

*AD35c. …at work?

*AD35d. …in your personal relationships or social life?

*AD36. INTERVIEWER CHECKPOINT: (SEE *AD35a-d)

TWO OR MORE “YES” RESPONSES IN *AD35a-d ....................1
ALL OTHERS.................................................................................2  GO TO *AD43.2

*AD43.1. Did you ever in your life talk to a medical doctor or other professional about your problems with being restless or impatient? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

*AD43.1a. How old were you the first time (you talked to a professional about these problems)?

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>998</td>
</tr>
<tr>
<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>

*AD43.2. INTERVIEWER CHECKPOINT: (SEE *SC64.1, *SC64.2, *SC64.3, *SC64.4)

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM:

*SC64.1 EQUALS ‘1’ .................................................................1  GO TO *OD1
*SC64.2 EQUALS ‘1’ .................................................................2  GO TO *CD1
*SC64.3 EQUALS ‘1’ .................................................................3  GO TO *CD1
*SC64.4 EQUALS ‘1’ .................................................................4  GO TO *CD1
ALL OTHERS.................................................................................5  GO TO *CD16
**OD1.** (The next questions are about your childhood.) Earlier in the interview you mentioned a time lasting six months or longer in your childhood or adolescence when you often did things that got you in trouble with adults. Which of the following things did you do during that time:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>OD1a. Did you frequently lose your temper?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: frequently lost your temper)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1b. Did you often argue with or “talk back” to adults?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: often argued with adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1c. Did you frequently disobey rules at home, school, or work?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: often disobeyed rules)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1d. Did you often refuse to follow directions from adults like your parents, teacher, or boss?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: refused to follow directions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1e. Were you angry a lot of the time?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: were angry a lot)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>OD1f. Did you often feel you were being taken advantage of or treated unfairly?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: felt like you were being treated unfairly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1g. Did you annoy people on purpose by doing or saying things just to bother them?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: annoyed people on purpose)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1h. Did you blame others for your mistakes or bad behavior?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: blamed others for your mistakes or bad behavior)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1i. Did you do mean things to “pay people back” for things they did that you didn’t like?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: did mean things to get back at people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1j. Did you easily take offense at the way people treated you?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: easily took offense)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OD1k. Were you easily annoyed by others?</em></td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(KEY PHRASE: were easily annoyed by others)</td>
<td></td>
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</tr>
</tbody>
</table>

**OD2.** INTERVIEWER CHECKPOINT: (SEE *OD1a-k*)

** THREE (FOUR) OR MORE “YES” RESPONSES IN *OD1a-k*..............1
ALL OTHERS.................................................................2  GO TO *OD27
*OD3. You mentioned several things – such as, you (KEY PHRASES FOR 3 ITEMS ENDORSED IN *OD1a-k). Think of the very first time in your life you had a time lasting six months or longer of feeling or acting like this. Can you remember your exact age?

YES ......................... 1  GO TO *OD3b
NO .............................. 5  GO TO *OD3b
DON’T KNOW ............ 8  GO TO *OD3b
REFUSED ..................... 9  GO TO *OD3b

*OD3a. (IF NEC: How old were you?)

________ YEARS OLD  GO TO *OD4a

DON’T KNOW .................. 998 GO TO *OD4a
REFUSED .......................... 999 GO TO *OD4a

*OD3b. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

________ YEARS OLD

BEFORE STARTED SCHOOL .............. 4
BEFORE TEENAGER .......................... 12
WHOLE LIFE OR DON’T KNOW ........... 998
REFUSED .................................................. 999

*OD4a. How old were you the last time you had six months or longer when you felt or behaved like this?

________ YEARS OLD

DON’T KNOW .................. 998
REFUSED .......................... 999

*OD5. How many years altogether did you frequently behave like this?

________ NUMBER OF YEARS

DON’T KNOW .................. 998
REFUSED .......................... 999

*OD6. How much did these behaviors ever interfere with either your school or work, your social life, or your personal relationships – not at all, a little, some, a lot or extremely?

NOT AT ALL ................................. 1  GO TO *OD27
A LITTLE ................................. 2  GO TO *OD27
SOME ........................................ 3
A LOT ........................................ 4
EXTREMELY ............................. 5
DON’T KNOW .............................. 8  GO TO *OD27
REFUSED ................................. 9  GO TO *OD27
*OD12. Did you ever in your life talk to a medical doctor or other professional about these behaviors? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES..............................................................1
NO............................................................5      GO TO *OD27
DON’T KNOW...........................................8      GO TO *OD27
REFUSED..................................................9      GO TO *OD27

*OD12a. How old were you the first time (you talked to a professional about these behaviors)?

____________ YEARS OLD

DON’T KNOW ...........................................998
REFUSED ....................................................999

*OD27. INTERVIEWER CHECKPOINT: (SEE *SC64.2, *SC64.3, *SC64.4)

*SC64.2 EQUALS ‘1’ .........................................................1      GO TO *CD1
*SC64.3 EQUALS ‘1’ .........................................................2      GO TO *CD1
*SC64.4 EQUALS ‘1’ .........................................................3      GO TO *CD1
ALL OTHERS............................................................4      GO TO *CD16
CONDUCT DISORDER (CD)

INTERVIEWER: CHECK THE SKIP IN THE PREVIOUS SECTION.

*CD1. You mentioned earlier that there were times in your childhood or teenage years when you did things adults don’t like kids to do. The next questions are about those things. Was there ever a time… (IF *SC64.2 EQUALS ‘1’ GO TO *CD1a/ IF *SC64.3 EQUALS ‘1’ GO TO *CD1c/ IF *SC64.4 EQUALS ‘1’ GO TO *CD1h)

(IF NEC: As a child or teenager,…) | YES | NO | DK | RF
---|---|---|---|---
*CD1a. As a child or teenager, did you often tell lies to trick people into giving you things or doing what you wanted them to do? | 1 GO TO *CD1c | 5 | 8 | 9
*CD1b. …did you often get out of doing things you were supposed to do by fooling people or lying to them? | 1 | 5 | 8 | 9
*CD1c. … did you ever shoplift or steal something worth at least $10? | 1 | 5 | 8 | 9
*CD1d. … did you ever steal money or other things from your parents or the other people you lived with? | 1 | 5 | 8 | 9
*CD1e. … did you ever break into someone’s locked car, or a locked home or building? | 1 | 5 | 8 | 9
*CD1f. … did you ever set a fire to try to cause serious damage? | 1 | 5 | 8 | 9
*CD1g. (Other than by setting fires,) …did you ever deliberately damage someone’s property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings? | 1 | 5 | 8 | 9
*CD1h. … did you often stay out much later at night than your parents wanted? | 1 | 5 | 8 | 9
*CD1i. … did you often skip school without permission? | 1 | 5 | 8 | 9
*CD1j. … did you ever run away from home and stay away for at least four days? | 1 GO TO *CD3 | 5 | 8 | 9
*CD1k. … did you run away from home overnight more than once? | 1 | 5 | 8 | 9

*CD3. INTERVIEWER CHECKPOINT: (SEE *CD1a – *CD1k)

ONE OR MORE RESPONSES CODED ‘1’ .............................................. 1
ALL OTHERS .............................................................................................. 2  GO TO *CD16a
*CD7. You answered “yes” to (NUMBER OF “YES” RESPONSES IN *CD1 SERIES) of the questions I just asked about childhood behaviors. Think of the very first time in your life you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors). Can you remember your exact age?

YES........................................................1
NO..........................................................5  GO TO *CD7b
DON’T KNOW...............................8  GO TO *CD7b
REFUSED................................…………9  GO TO *CD7b

*CD7a. (IF NEC: How old were you?)

_________ YEARS OLD  GO TO *CD9

DON’T KNOW.........................998  GO TO *CD9
REFUSED......................................999  GO TO *CD9

*CD7b. About how old were you the first time [you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?
IF NOT YES, PROBE: Was it before you were a teenager?

_________ YEARS OLD

BEFORE STARTED SCHOOL..............6
BEFORE TEENAGER............................12
NOT BEFORE TEENAGER.....................13
DON’T KNOW...............................998
REFUSED.........................................999

*CD9. Did you engage in (that type of behavior/ either of those behaviors/ any of those behaviors) during the past 12 months?

YES...................................................1  GO TO *CD10
NO..........................................................5
DON’T KNOW...............................8
REFUSED................................…………9

*CD9a. How old were you the last time you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)?

_________ YEARS OLD

DON’T KNOW.........................998
REFUSED......................................999
**CD10.** About how many years altogether [did you engage in (that type of behavior/ either of those behaviors/ any of those behaviors)/ have you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)]?

________ NUMBER OF YEARS

DON’T KNOW............................. 998
REFUSED................................. 999

**CD11.** How much did (this behavior/ these behaviors) ever interfere with either your school, work, social life, or personal relationships – a little, some, a lot, or extremely?

(IF VOL: “NOT AT ALL”).................. 1
A LITTLE ................................................ 2
SOME.................................................. 3
A LOT ................................................... 4
EXTREMELY ..................................... 5
DON’T KNOW................................. 8
REFUSED......................................... 9

GO TO *CD16a

**CD16.** The next questions are about things adults don’t like children to do. We want to know if these are things you did during your childhood or teenage years. Did you have a period as a child or teenager when you often “bullied,” threatened, or frightened people, including smaller or younger children?

YES .............................................. 1  GO TO *CD16b
NO............................................... 5  GO TO *CD16b
DON’T KNOW................................. 8  GO TO *CD16b
REFUSED......................................... 9  GO TO *CD16b

**CD16a.** Here is another set of questions about things adults don’t like children to do. These questions all involve aggressive behavior. Again, we only want to know if these are things you did during your childhood or teenage years. Did you have a period as a child or teenager when you often “bullied,” threatened, or frightened people, including smaller or younger children?

YES .............................................. 1
NO............................................... 5
DON’T KNOW................................. 8
REFUSED......................................... 9
(IF NEC: As a child or teenager, …)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CD16b. …did you repeatedly get involved in physical fights?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16c. …did you ever use a weapon on another person, like a baseball bat, glass bottle, knife, gun, or brick?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16d. … were you ever physically cruel to an animal and hurt it on purpose? (IF NEC: This does not include hunting or getting rid of pests like rodents or insects.)</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16e. …were you ever physically cruel to a person and hurt them on purpose?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16f. …did you ever force someone to give you something like money, jewelry, or clothing by threatening them or causing them injury?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16g. …did you ever steal someone’s purse, wallet, luggage, package or bag by grabbing it from them? (IF NEC: This does not include stealing from someone who wasn’t aware of the theft, such as stealing a piece of luggage when the owner wasn’t watching.)</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*CD16h. …did you ever make anyone do something sexual by either forcing, intimidating, or threatening them?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CD17.1. INTERVIEWER CHECKPOINT: (SEE *CD16 – *CD16h)

ONE OR MORE RESPONSES CODED ‘1’ .............................................1
ALL OTHERS .....................................................................................2  GO TO *CD24

*CD18. You answered “yes” to (NUMBER OF “YES” RESPONSES IN *CD16 SERIES) type(s) of aggressive behavior in your childhood and teenage years. Think of the very first time in your life when you engaged in (that type of aggressive behavior/ either of those aggressive behaviors / any of those aggressive behaviors). Can you remember your exact age?

YES..............................................1
NO ...............................................5  GO TO *CD18c
DON’T KNOW ...........................8  GO TO *CD18c
REFUSED .................................9  GO TO *CD18c

*CD18b. (IF NEC: How old were you?)

_________ YEARS OLD    GO TO *CD20

DON’T KNOW ..............................998  GO TO *CD20
REFUSED .................................999  GO TO *CD20
*CD18c. About how old were you the first time [you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?
IF NOT YES, PROBE: Was it before you were a teenager?

________ YEARS OLD

BEFORE STARTED SCHOOL ............... 6
BEFORE TEENAGER.......................... 12
NOT BEFORE TEENAGER......................... 13
DON’T KNOW .................................. 998
REFUSED.............................................. 999

*CD20. Did you engage in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors) during the past 12 months?

YES................................................... 1 GO TO *CD21
NO.................................................... 5
DON’T KNOW................................. 8
REFUSED.......................................... 9

*CD20a. How old were you the last time you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)?

________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED................................. 999

*CD21. About how many years altogether [did you engage in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)/ have you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)]?

________ NUMBER OF YEARS

DON’T KNOW ....................... 998
REFUSED............................... 999

*CD22. How much did (this behavior/ these behaviors) ever interfere with either your school, work, social life, or personal relationships – a little, some, a lot, or extremely?

(IF VOL: “NOT AT ALL”)............. 1
A LITTLE...................................... 2
SOME......................................... 3
A LOT......................................... 4
EXTREMELY.............................. 5
DON’T KNOW......................... 8
REFUSED................................. 9

GO TO *CD32
**CD24. INTERVIEWER CHECKPOINT:** (SEE **CD3**)

RESPONSE CODED “1” IN **CD3** .................................1
ALL OTHERS ..........................................................2  GO TO **CD40**

**CD32.** As a child or teenager, were you ever suspended or expelled from school as a result of your behavior?

YES ..........................................................1
NO ...........................................................5
DON’T KNOW ........................................8
REFUSED ..................................................9

**CD33.** As a child or teenager, were you ever fired from a job because of your behavior?

YES ..........................................................1
NO ...........................................................5
DON’T KNOW ........................................8
REFUSED ..................................................9

**CD37.** As a child or teenager, were you ever in trouble with the police as a result of your behavior?

YES ..........................................................1
NO ..........................................................5
DON’T KNOW ........................................8
REFUSED ..................................................9

*CD37a. How old were you the first time (you got into trouble with the police as a result of your behavior)?

______________ YEARS OLD
DON’T KNOW ...........998
REFUSED ...............999

**CD38.** Were you ever actually arrested as a child (because of your behavior)?

YES ..........................................................1
NO ..........................................................5
DON’T KNOW ........................................8
REFUSED ..................................................9

**CD39.** Were you ever sent to jail, prison, or a juvenile correction facility because of your behavior?

YES ..........................................................1
NO ..........................................................5
DON’T KNOW ........................................8
REFUSED ..................................................9

*CD39a. How old were you the first time (you were sent to jail, prison, or a juvenile correction facility for your behavior)?

______________ YEARS OLD
DON’T KNOW ...........998
REFUSED ...............999
*CD39b. How long did you stay in any of these facilities altogether?

_________________ DURATION NUMBER

CIRCLE UNIT
OF TIME: DAYS......1 WEEKS......2 MONTHS......3 YEARS......4

DON’T KNOW .........................998
REFUSED .............................999

*CD40. INTERVIEWER CHECKPOINT: (SEE *SC62, *SC78)

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM.

IF *SC62 EQUALS ‘1’ ..........................1 GO TO *SA1, NEXT SECTION
IF *SC78 EQUALS ‘1’ ..........................2 GO TO *SA11, INTRO 2, NEXT SECTION
ALL OTHERS ..............................3 GO TO *PEC1
**SA1.** Earlier in the interview you mentioned having a time after the age of five when you got very upset by separation from your mother or the person you were closest to emotionally. These next questions are about that time. Think of the time lasting one month or longer, after the age of five, when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

**IF R MAKES GENDER OF PERSON KNOWN, USE GENDER-SPECIFIC TERMS “HIM/HE” OR “HER/SHE.”**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SA1a.</strong> Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1b.</strong> Did you often fear that (PERSON/this person) might be seriously injured in an accident or that some other terrible thing might happen to them?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1c.</strong> Did you often worry that something bad was going to happen to you, like getting lost or kidnapped, that would separate you from (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1d.</strong> Did you often worry that something else might happen to keep you from ever seeing (PERSON/this person) again?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1e.</strong> Did you often want to stay home from school or not go other places so that you could stay near (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SA1e.1. INTERVIEWER CHECKPOINT: (SEE *SA1a - SA1e)**

- ZERO RESPONSES CODED ‘1’...............................................................1
- GO TO *SA3
- ALL OTHERS.............................................................................................2

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SA1f.</strong> Did going places without (PERSON/this person) bother you so much that you would often refuse to go?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1g.</strong> Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1h.</strong> Did you often get sick to your stomach or have headaches when you heard (PERSON/this person) was going out or that you would have to be away from them?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1i.</strong> After the age of five, was there a month or longer when you did not want to go to sleep at night unless (PERSON/this person) was near you?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1j.</strong> Did you refuse to sleep away from home?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>SA1k.</strong> Did you often have bad dreams about (PERSON/this person) being harmed or about something happening that would separate you from one another?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SA2. INTERVIEWER CHECKPOINT: (SEE *SA1 SERIES)**

- ZERO TO TWO “YES” RESPONSES IN *SA1 SERIES..................1
- GO TO *SA4
**SA3.** INTERVIEWER CHECKPOINT: (SEE *SC78*)

“YES” RESPONSE IN *SC78.................. 1  GO TO *SA11 INTRO 1
ALL OTHERS........................................... 5  GO TO *SA48

**SA4.** You mentioned several separation difficulties. Think of times lasting one month or longer during your childhood or adolescence when these difficulties were most frequent and severe. During those times, did you have concerns about separation just about every day, most days, about half the days, or less than half the days?

JUST ABOUT EVERY DAY..... 1  
MOST DAYS ....................... 2  
ABOUT HALF THE DAYS...... 3  
LESS THAN HALF ............. 4  
DON’T KNOW .................... 8  
REFUSED ......................... 9

**SA5.** How severe was the emotional distress created by these concerns -- mild, moderate, severe, or very severe?

MILD ........................................ 1  
MODERATE ............................. 2  
SEVERE ................................... 3  
VERY SEVERE ..................... 4  
DON’T KNOW ....................... 8  
REFUSED ......................... 9

**SA6.** How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down -- often, sometimes, rarely, or never?

OF TEN ..................................... 1  
SOMETIMES ............................ 2  
RARELY .................................. 3  
NEVER ................................... 4  
DON’T KNOW ....................... 8  
REFUSED ......................... 9

**SA7.** How much did your concerns about separation from (PERSON/this person) ever interfere either with your school, work, social life, or personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL......................... 1  GO TO *SA7a.1  
A LITTLE .............................. 2  
SOME ...................................... 3  
A LOT.................................... 4  
EXTREMELY .......................... 5  
DON’T KNOW ....................... 8  
REFUSED ......................... 9

**SA7a.** How often was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OF TEN ..................................... 1  
SOMETIMES ............................ 2  
RARELY .................................. 3  
NEVER ................................... 4  
DON’T KNOW ....................... 8  
REFUSED ......................... 9
*SA7a.1. INTERVIEWER CHECKPOINT: (SEE *SA5 - *SA7a)

*SA5 IS CODED “2-4” OR *SA6 IS CODED “1” OR “2” OR “3” OR
*SA7 IS CODED “3-5” OR *SA7a IS CODED “1” OR “2” OR “3” ..........1
ALL OTHERS ..........................................................................................2 GO TO *SA10

*SA8. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from (PERSON/this person)?

YES ........................................1
NO ........................................ 5 GO TO *SA8b
DON’T KNOW ......................8 GO TO *SA8b
REFUSED ..............................9 GO TO *SA8b

*SA8a. (IF NEC: How old were you?)

__________ YEARS OLD GO TO *SA9

DON’T KNOW ...................998 GO TO *SA9
REFUSED ..........................999 GO TO *SA9

*SA8b. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________ YEARS OLD

BEFORE STARTED SCHOOL ..........4
BEFORE TEENAGER ......................12
NOT BEFORE TEENAGER .............13
DON’T KNOW .................................998
REFUSED ........................................999

*SA9. How many different years did you have concerns of this sort for a month or longer?

__________ YEARS

DON’T KNOW .........................998
REFUSED .................................999

*SA10. INTERVIEWER CHECKPOINT: (SEE *SC78)

“YES” RESPONSE IN *SC78 .............1 GO TO *SA11 INTRO 1
ALL OTHERS ..................................2 GO TO *SA48
In addition to your childhood separation difficulties, you also mentioned earlier in the interview that at another time in your life you had a period of difficulties with separation from a family member, romantic partner, or close friend. Think of the time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

Earlier in the interview you mentioned a period when you had difficulties with separation from a family member, romantic partner, or close friend. The next questions are about that period. Think of a time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

---

**SA11 INTRO 1.**

In addition to your childhood separation difficulties, you also mentioned earlier in the interview that at another time in your life you had a period of difficulties with separation from a family member, romantic partner, or close friend. Think of the time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

**SA11 INTRO 2.**

Earlier in the interview you mentioned a period when you had difficulties with separation from a family member, romantic partner, or close friend. The next questions are about that period. Think of a time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

---

<table>
<thead>
<tr>
<th>Q.</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SA11a. Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?</td>
<td>1 GO TO *SA11c</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11b. When you had to be away from (PERSON/this person), did you feel like you couldn’t care about anything because you were apart?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11c. Did you often fear that (PERSON/this person) might be seriously injured in an accident or die or that some other terrible thing might happen to them?</td>
<td>1 GO TO *SA11e</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11d. Did you ever worry a lot that they might leave you if you quarreled, or that something else might happen that would make (PERSON/this person) leave?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11e. Did you often worry that something bad was going to happen to you that would separate you from (PERSON/this person)?</td>
<td>1 GO TO *SA11g</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SA11c.1. INTERVIEWER CHECKPOINT: (SEE *SA11a - *SA11e)

ZERO RESPONSES CODED ‘1’.............................................................1 GO TO *SA48
ALL OTHERS .................................................................2

<table>
<thead>
<tr>
<th>Q.</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SA11f. Did you worry that something else might happen to prevent you from ever seeing (PERSON/this person) again?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11g. Did you often want to stay home or not go places so that you could stay near (PERSON/this person)?</td>
<td>1 GO TO *SA11i</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11h. Did going places without (PERSON/this person) bother you so much that you would often decide not to go?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11i. Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?</td>
<td>1 GO TO *SA11k</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SA11j. Did you sometimes worry that (PERSON/this person) thought you were “clingy” or too dependent?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*SA11k. Did you often get sick to your stomach, have headaches, or have other physical symptoms when you had to be apart from (PERSON/this person)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SA11l. Did you feel like you could not go to sleep at night unless they were near you?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GO TO *SA11n</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

*SA11m. Did you refuse to sleep away from (PERSON/this person)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SA11n. Did you have repeated nightmares about (PERSON/this person) being harmed or about something happening that would separate you from one another?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*SA12. INTERVIEWER CHECKPOINT: (SEE *SA11 SERIES)

ZERO TO TWO “YES” RESPONSES IN *SA11 SERIES...........1 GO TO *SA48
ALL OTHERS .........................................................2

*SA14. You mentioned several separation difficulties. Think of the period lasting one month or longer when these difficulties were most severe and frequent. During that time did you have concerns about separation from (PERSON/this person) just about every day, most days, about half the days, or less than half the days?

JUST ABOUT EVERY DAY............... 1
MOST DAY.................................2
ABOUT HALF THE DAYS...............3
LESS THAN HALF THE DAYS .........4
DON'T KNOW.............................8
REFUSED...............................9

*SA15. How severe was the emotional distress created by these concerns – mild, moderate, severe, or very severe?

MILD..............................1
MODERATE.........................2
SEVERE.............................3
VERY SEVERE.......................4
DON'T KNOW........................8
REFUSED............................9

*SA16. How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down—often, sometimes, rarely, or never?

OFTEN .......................1
SOMETIMES .................2
RARELY .....................3
NEVER.......................4
DON'T KNOW.............8
REFUSED...............9
*SA17. How much did your concerns about separation from (PERSON/this person) ever interfere with either your school, work, social life, or personal relationships—not at all, a little, some, a lot, or extremely?

   NOT AT ALL ..................1  GO TO *SA19
   A LITTLE ...................2
   SOME .....................3
   A LOT ....................4
   EXTREMELY ..............5
   DON’T KNOW .............8
   REFUSED .................9

*SA18. How often was your emotional distress so severe that you could not carry out your daily activities—often, sometimes, rarely, or never?

   OFTEN .....................1
   SOMETIMES ..............2
   RARELY ..................3
   NEVER ...................4
   DON’T KNOW .............8
   REFUSED ................9

*SA18.5. INTERVIEWER CHECKPOINT: (SEE *SA15 - *SA18)

*SA15 IS CODED “2-4” OR *SA16 IS CODED “1” OR “2” OR “3” OR
*SA17 IS CODED “3-5” OR *SA18 IS CODED “1” OR “2” OR “3” ..................1
   ALL OTHERS .................................................................................................2  GO TO *SA48

*SA19. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from a family member, romantic partner, or close friend?

   YES ..................1
   NO ...................5  GO TO *SA19b
   DON’T KNOW ........8  GO TO *SA19b
   REFUSED ............9  GO TO *SA19b

*SA19a. (IF NEC: How old were you?)

   __________ YEARS OLD  GO TO *SA20
   DON’T KNOW ........998  GO TO *SA20
   REFUSED ..............999  GO TO *SA20

*SA19b. About how old were you (the first time you had a period of this sort)?

   IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

   IF NOT YES, PROBE: Was it before you were a teenager?

   __________ YEARS OLD

   BEFORE STARTED SCHOOL .............4
   BEFORE TEENAGER ..................12
   NOT BEFORE TEENAGER ............13
   DON’T KNOW ......................998
   REFUSED .........................999
**SA20.** Did you have concerns about separation for one month or longer in the past 12 months?

YES.........................................1
NO ........................................5     GO TO *SA20c
DON’T KNOW...........................8     GO TO *SA20c
REFUSED....................................9     GO TO *SA20c

**SA20a.** How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH.....................................1
2-6 MONTHS AGO..............................2
MORE THAN 6 MONTHS AGO...............3
DON’T KNOW.................................8
REFUSED........................................9

**SA20b.** How many weeks in the past 12 months did you have any of these concerns?

_________ WEEKS  GO TO *SA21

DON’T KNOW.................................998     GO TO *SA21
REFUSED.......................................999     GO TO *SA21

**SA20c.** How old were you the last time you had a period lasting one month or longer when you had these concerns?

_________ YEARS OLD

DON’T KNOW.................................998
REFUSED.......................................999

**SA21.** How many different years in your life did you have concerns of this sort for a month or longer?

_________ YEARS

DON’T KNOW.................................998
REFUSED.......................................999

**SA48.** INTERVIEWER CHECKPOINT:

GO TO *PEC1
*PEC1. Now I am going to read another series of statements that people use to describe themselves. Answer “true” or “false” for each statement. The best answer is usually the one that comes to your mind first, so don’t take too much time thinking before you answer. Here’s the first statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE (1)</th>
<th>FALSE (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PEC40. I never met a person I didn’t like.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC41. I have always told the truth.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC42. I always win at games.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC43. I have never been bored.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC44. I never get lost, even in places I’ve never been before.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC45. I never get annoyed when people cut ahead of me in line.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC46. My table manners at home are as good as when I eat out in a restaurant.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC47. I have never lost anything.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC48. No matter how hot or cold it gets, I am always quite comfortable.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC49. It doesn’t bother me if someone takes advantage of me.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC50. I show my feelings for everyone to see.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC51. I get into very intense relationships that don’t last.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC52. I often feel “empty” inside.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC53. I’m very moody.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC54. Giving in to some of my urges gets me into trouble.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC55. I have tantrums or angry outbursts.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC56. When I’m under stress, things around me don’t seem real.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC57. I go to extremes to try to keep people from leaving me.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*PEC58.  I can’t decide what kind of person I want to be.  & 1 & 5 & 8 & 9  
*PEC59.  I’ve never been arrested.  & 1 & 5 & 8 & 9  
*PEC60.  At times I’ve done things that could get a person arrested.  & 1 & 5 & 8 & 9  
*PEC61.  I usually feel bad when I hurt or upset someone.  & 1 & 5 & 8 & 9  
*PEC62.  At times I’ve refused to do things I was expected to do.  & 1 & 5 & 8 & 9  
*PEC63.  I will lie or con someone to get what I want.  & 1 & 5 & 8 & 9  
*PEC64.  I lose my temper and get into physical fights.  & 1 & 5 & 8 & 9  
*PEC65.  I take chances and do dangerous things.  & 1 & 5 & 8 & 9  
*PEC66.  It’s hard for me to stay out of trouble.  & 1 & 5 & 8 & 9  
*PEC67.  At times I fail to do things I promise to do.  & 1 & 5 & 8 & 9  
*PEC68.  At times I’ve intentionally damaged things that weren’t mine.  & 1 & 5 & 8 & 9  
*PEC69.  I will give false information about myself if it will help me get what I want.  & 1 & 5 & 8 & 9  
*PEC70.  I argue or fight when people try to stop me from doing what I want.  & 1 & 5 & 8 & 9  
*PEC71.  My feelings are like the weather, they’re always changing.  & 1 & 5 & 8 & 9  
*PEC72.  Sometimes I get so angry I break or smash things.  & 1 & 5 & 8 & 9  
*PEC73.  I let others make my big decisions for me.  & 1 & 5 & 8 & 9  
*PEC74.  I usually feel uncomfortable or helpless when I’m alone.  & 1 & 5 & 8 & 9  
*PEC75.  I often feel unsure about making everyday decisions.  & 1 & 5 & 8 & 9  

(IF NEC: Would you say this statement is true or false for you?)
<table>
<thead>
<tr>
<th>(IF NEC: Would you say this statement is true or false for you?)</th>
<th>TRUE (1)</th>
<th>FALSE (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PEC76. I keep to myself even when there are other people around.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC77. People think I’m too strict about rules and regulations.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC78. People think I’m too stiff or formal.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC79. I feel awkward or out of place in social situations.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC80. People often make fun of me behind my back.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC81. I prefer activities that I can do by myself.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC82. I hold grudges against people for a long time.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*PEC83. I’m pretty sure that there’s a conspiracy behind many things in the world.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*CO8. How would you rate your abilities in each of the following areas – excellent, good, fair, or poor?

<table>
<thead>
<tr>
<th>(IF NEC: Would you rate yourself excellent, good, fair, or poor in this area?)</th>
<th>EXCELLENT (1)</th>
<th>GOOD (2)</th>
<th>FAIR (3)</th>
<th>POOR (4)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your ability to keep calm and think of the right thing to do in a crisis?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. Your ability to concentrate and learn technical things like how to operate a computer or how to repair things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. Your ability to get along with people when you want to?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>d. Your ability to get people to do what you want them to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>e. Your ability to stay out of trouble when you’re in a situation where trouble could happen?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>f. Your ability to control your emotions when you need to stay in control?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>g. Your ability to keep your sense of humor in tense situations?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>h. Your ability to manage money?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(IF NEC: Would you rate yourself excellent, good, fair, or poor in this area?)</td>
<td>EXCELLENT (1)</td>
<td>GOOD (2)</td>
<td>FAIR (3)</td>
<td>POOR (4)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>i. Your ability to stick to a job and finish it once it is started?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>j. Your ability to manage your time and get things done when they are supposed to be done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>k. Using the same response scale, how would you rate yourself on being responsible, such as showing up when you say you will, and remembering to do things you promise to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

GO TO RESPONDENT CONTACTS
*T1. The next few questions are about the terrorist attacks in New York, Washington and Pennsylvania on September 11. Did you know anyone who was killed in any of those attacks?

YES....................................................1
NO....................................................5 GO TO *T2
DON’T KNOW ..................................8 GO TO *T2
REFUSED .......................................9 GO TO *T2

*T1a. What was their relationship to you?

RECORD ALL MENTIONS

INTERVIEWER: DO NOT DISTINGUISH SINGLE VERSUS MULTIPLE VICTIMS IN A SINGLE CATEGORY; E.G. “three of my friends” IS CODED THE SAME AS “one of my friends”.

INTERVIEWER: CODE “FRIEND” RATHER THAN “ACQUAINTANCE” ONLY IF R REPORTS THAT THE VICTIM WAS A “FRIEND” OR “SOMEONE I WAS CLOSE TO”.

(IF NEC, PROBE: Did you know anyone else who was killed?)

I. RELATIVE

PARENT.......................................................................................................................1
SIBLING ....................................................................................................................2
CHILD .....................................................................................................................3
SPOUSE ..................................................................................................................4
SECOND DEGREE RELATIVE (E.G., COUSIN, NEPHEW, AUNT)............................5
OTHER RELATIVE.................................................................................................6

II. NONRELATIVE

ROMANCE PARTNER ...............................................................................................7
FRIEND ....................................................................................................................8
NEIGHBOR ............................................................................................................9
COWORKER ..........................................................................................................10
ACQUAINTANCE .................................................................................................11
OTHER (SPECIFY) ...............................................................................................12

*T2. Do you know anyone who was injured, but survived, one of the attacks?

YES....................................................1
NO....................................................5 GO TO *T3
DON’T KNOW ..................................8 GO TO *T3
REFUSED .......................................9 GO TO *T3
*T2a. What is their relationship to you?

RECORD ALL MENTIONS

INTERVIEWER: DO NOT DISTINGUISH SINGLE VERSUS MULTIPLE VICTIMS IN A SINGLE CATEGORY; E.G. “three of my friends” IS CODED THE SAME AS “one of my friends”.

INTERVIEWER: CODE “FRIEND” RATHER THAN “ACQUAINTANCE” ONLY IF R REPORTS THAT THE VICTIM WAS A “FRIEND” OR “SOMEONE I WAS CLOSE TO”.

(If nec, probe: Did you know anyone else who was injured in either of the attacks?)

I. RELATIVE

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>1</td>
</tr>
<tr>
<td>Sibling</td>
<td>2</td>
</tr>
<tr>
<td>Child</td>
<td>3</td>
</tr>
<tr>
<td>Spouse</td>
<td>4</td>
</tr>
<tr>
<td>Second degree relative (e.g., cousin, nephew, aunt)</td>
<td>5</td>
</tr>
<tr>
<td>Other relative</td>
<td>6</td>
</tr>
</tbody>
</table>

II. NONRELATIVE

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romance partner</td>
<td>7</td>
</tr>
<tr>
<td>Friend</td>
<td>8</td>
</tr>
<tr>
<td>Neighbor</td>
<td>9</td>
</tr>
<tr>
<td>Coworker</td>
<td>10</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>11</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>12</td>
</tr>
</tbody>
</table>

*T3. Do you have any close friend or relative who was near the site of one of the attacks when it occurred, but who was not injured?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Go To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>*T4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>*T4</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
<td>*T4</td>
</tr>
</tbody>
</table>
*T3a. What is their relationship to you?

RECORD ALL MENTIONS

INTERVIEWER: DO NOT DISTINGUISH SINGLE VERSUS MULTIPLE VICTIMS IN A SINGLE CATEGORY; E.G. “three of my friends” IS CODED THE SAME AS “one of my friends”.

INTERVIEWER: CODE “FRIEND” RATHER THAN “ACQUAINTANCE” ONLY IF R REPORTS THAT THE VICTIM WAS A “FRIEND” OR “SOMEONE I WAS CLOSE TO”.

(If nec, probe: Do you have any other close friend or relative who was near one of the attacks, but not injured?)

I. RELATIVE

PARENT .................................................................................................................................... 1
SIBLING .................................................................................................................................... 2
CHILD ....................................................................................................................................... 3
SPOUSE ..................................................................................................................................... 4
SECOND DEGREE RELATIVE (E.G., COUSIN, NEPHEW, AUNT) .................................. 5
OTHER RELATIVE .............................................................................................................. 6

II. NONRELATIVE

ROMANCE PARTNER ........................................................................................................ 7
FRIEND .................................................................................................................................... 8
NEIGHBOR .......................................................................................................................... 9
COWORKER ........................................................................................................................ 10
ACQUAINTANCE ................................................................................................................ 11
OTHER (SPECIFY) ............................................................................................................ 12

*T4. Were you an in-person witness either to one of the attacks or to the disaster scene in the first few days after the attacks? I don’t mean seeing it on TV, but actually being there.

YES .................................................................................................................................... 1
NO ........................................................................................................................................ 5
DON’T KNOW ................................................................................................................... 8
REFUSED ............................................................................................................................ 9

GO TO NEXT SECTION

GO TO NEXT SECTION

GO TO NEXT SECTION
*T4a. Briefly, where were you and what did you see?

RECORD VERBATIM

(FIELD CODE. CIRCLE ALL THAT APPLY. PROBE ONLY IF NECESSARY)

R WAS PRESENT IN ONE OF THE AFFECTED BUILDINGS DURING THE ATTACK .................. 1
R WAS INJURED IN ONE OF THE ATTACKS ........................................................................ 2
R NARROWLY ESCAPED INJURY .......................................................................................... 3
R WAS IN THE NEIGHBORHOOD OF THE AFFECTED BUILDINGS DURING THE ATTACK .... 4
R WAS IN NYC OR DC AND COULD SEE SMOKE OR FIRE FROM THE ATTACK .............. 5
R WAS IN NYC OR DC, BUT COULD NOT SEE SMOKE OR FIRE .................................. 6
R TRAVELED TO THE SCENE WITHIN HOURS OF THE ATTACK ...................................... 7
R TRAVELED TO THE SCENE WITHIN SEVERAL DAYS OF THE ATTACK .......................... 8
R SAW ONE OR MORE DEAD BODIES ................................................................................. 9
R WAS A RELIEF WORKER (EITHER VOLUNTEER OR PROFESSIONAL) .......................... 10
OTHER ......................................................................................................................... 11
HARD COPY SCREENER

CASE ID NUMBER |__|__|__|__|__|__|__|__|__|__|
DEMENTIA (DM): HARD-COPY ADMINISTRATION

*DM1. The next questions are about your memory. I’d like you to remember my middle name. My middle name is (MIDDLE NAME OF INTERVIEWER). Can you repeat that please?

INTERVIEWER: REPEAT MIDDLE NAME A MAXIMUM OF THREE TIMES, IF NECESSARY.

CORRECT NAME.................. 1
INCORRECT....................... 5
DON’T KNOW..................... 8
REFUSED.......................... 9

*DM2. Next are some questions about time.

<table>
<thead>
<tr>
<th>Question</th>
<th>CORRECT</th>
<th>ERROR</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*DM2a. What month is it?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*DM2b. What is the day of the week?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*DM2c. What is the year?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(INTERVIEWER: IF ± 1 YEAR, CODE “1.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DM2d. What season of the year is it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DM3. What (city/ suburb/ township/ village) are we in?

RECORD RESPONSE: ____________________________________________________________

CORRECT................................. 1
ERROR................................. 2
DON’T KNOW.......................... 8
REFUSED............................... 9

*DM4. INTERVIEWER: CHOOSE ONE OF THE FOLLOWING 2 QUESTIONS, USING YOUR DISCRETION AS TO WHICH IS MOST APPROPRIATE. CODE PLAUSIBLE ANSWERS THAT CANNOT BE READILY CONFIRMED AS “1.”

OPTION 1. What are the names of two main streets near here?

RECORD RESPONSE: ____________________________________________________________

CORRECT....................... 1
ERROR........................... 2
DON’T KNOW............... 8
REFUSED.................... 9

OPTION2. What is the name of the (river/ OTHER GEOGRAPHICAL LANDMARK) near here?

RECORD RESPONSE: ____________________________________________________________

CORRECT....................... 1
ERROR........................... 2
DON’T KNOW............... 8
REFUSED.................... 9
**DM4a.** INTERVIEWER CHECKPOINT: (SEE *DM1-*DM4)

6 OR 7 CORRECT IN *DM1-*DM4.........................................................1
ALL OTHERS...................................................................................2   GO TO INTERVIEWER OBSERVATION

**DM5.** I am going to read a set of ten words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words -- most people recall only a few. Please listen carefully as I read the list. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Are you ready? (INTERVIEWER: READ THE TEN BOLDED WORDS IN THE LEFT COLUMN BELOW, PAUSING FOR ONE SECOND BETWEEN EACH WORD)

**DM5a.** Now please tell me all the words you can remember.
(CHECK THE BOXES NEXT TO THE WORDS R RECALLS IN THE “1ST TRIAL” COLUMN BELOW)
INTERVIEWER: ALLOW A MAXIMUM OF 2 MINUTES.

**DM5b.** Thank you. Now I will read the words again. I will ask you to repeat the words again when I have finished.
(READ THE TEN WORDS AGAIN, PAUSING FOR ONE SECOND BETWEEN EACH WORD)
Please tell me all the words you can remember.
(CHECK THE BOXES NEXT TO THE WORDS R RECALLS IN THE “2ND TRIAL” COLUMN BELOW)
INTERVIEWER: ALLOW A MAXIMUM OF 2 MINUTES.

**DM5c.** Thank you. I will read the words to you one last time. I will ask you to repeat the words when I have finished.
(READ THE TEN WORDS AGAIN, PAUSING FOR ONE SECOND BETWEEN EACH WORD)
Please tell me all the words you can remember.
(CHECK THE BOXES NEXT TO THE WORDS R RECALLS IN THE “3RD TRIAL” COLUMN BELOW)
INTERVIEWER: ALLOW A MAXIMUM OF 2 MINUTES.

<table>
<thead>
<tr>
<th>1ST TRIAL</th>
<th>2ND TRIAL</th>
<th>3RD TRIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARM</td>
<td>*DM5d.</td>
<td>*DM5n.</td>
</tr>
<tr>
<td>BOOK</td>
<td>*DM5e.</td>
<td>*DM5o.</td>
</tr>
<tr>
<td>CORNER</td>
<td>*DM5g.</td>
<td>*DM5q.</td>
</tr>
<tr>
<td>GRASS</td>
<td>*DM5h.</td>
<td>*DM5r.</td>
</tr>
<tr>
<td>LETTER</td>
<td>*DM5i.</td>
<td>*DM5s.</td>
</tr>
<tr>
<td>STICK</td>
<td>*DM5k.</td>
<td>*DM5u.</td>
</tr>
<tr>
<td>TICKET</td>
<td>*DM5m.</td>
<td>*DM5w.</td>
</tr>
</tbody>
</table>

**DM5m.2** INTERVIEWER CHECKPOINT (SEE *DM1 – *DM5)

AT LEAST 5 CORRECT IN *DM5d – *DM5m OR AT LEAST 5 CORRECT IN *DM5n–*DM5w OR AT LEAST 5 CORRECT IN *DM5x–*DM5gg .............1 CONTINUE WITH CAPI
GO TO INTERVIEWER OBSERVATION
National Survey of Health and Stress

PANEL RESPONDENT BOOKLET

SID: __ __ __ __ __ __ __
### HOW MUCH HAVE YOUR ACTIVITIES BEEN LIMITED BY HEALTH PROBLEMS IN THE PAST THREE MONTHS?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Excellent functioning in all areas of life</td>
<td>(e.g., superior performance at work and excellent personal relationships)</td>
</tr>
<tr>
<td>90</td>
<td>Good functioning in all areas of life</td>
<td>(e.g., no problems at work or in personal life)</td>
</tr>
<tr>
<td>80</td>
<td>Slight difficulty</td>
<td>(e.g., temporarily falling behind in work or school, minor argument with friend or relative)</td>
</tr>
<tr>
<td>70</td>
<td>Some difficulty</td>
<td>(e.g., some work or school problems, but still generally doing well; some interpersonal problems, but still having meaningful relationships)</td>
</tr>
<tr>
<td>60</td>
<td>Moderate difficulty</td>
<td>(e.g., inadequate work or school performance or ongoing conflicts with people in your personal life)</td>
</tr>
<tr>
<td>50</td>
<td>Serious impairment in one area</td>
<td>(e.g., can't keep a job or has no friends)</td>
</tr>
<tr>
<td>40</td>
<td>Serious impairment in more than one area</td>
<td>(e.g., unable to work and has no friends and has conflicts with family)</td>
</tr>
<tr>
<td>30</td>
<td>Unable to function in most areas</td>
<td>(e.g., no job, no friends, stays in bed most days)</td>
</tr>
<tr>
<td>20</td>
<td>Difficulty with basic needs</td>
<td>(e.g., needs help with bathing or dressing or preparing meals; cannot be left alone for long periods)</td>
</tr>
<tr>
<td>10</td>
<td>Unable to meet basic needs</td>
<td>(e.g., requires constant supervision or nursing home care)</td>
</tr>
<tr>
<td>0</td>
<td>Unconscious</td>
<td>(e.g., in coma or on a life support machine)</td>
</tr>
</tbody>
</table>
WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU FELT VERY AFRAID OR REALLY SHY WITH PEOPLE LIKE …

- Meeting new people
- Going to parties
- Going on a date
- Using a public bathroom
- Giving a speech
- Speaking in class

WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU FELT VERY UNCOMFORTABLE OR AFRAID OF…

- Being in crowds
- Going to public places
- Traveling by yourself
- Traveling away from home
WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU HAD A STRONG FEAR OF...

**GROUP 1: ANIMALS**
- Bugs
- Snakes or dogs
- Any other animals

**GROUP 2: STILL WATER OR WEATHER**
- Still water, like a swimming pool or a lake
- Storms
- Thunder or lightning

**GROUP 3: MEDICAL SETTINGS**
- Going to the dentist
- Going to the doctor
- Getting a shot or injection
- Seeing blood
- Seeing injury
- Being in a hospital or doctor’s office

**GROUP 4: CLOSED SPACES**
- Caves
- Tunnels
- Closets
- Elevators

**GROUP 5: HIGH PLACES**
- Roofs
- Balconies
- Bridges
- High staircases

**GROUP 6: FLYING**
- Flying
- Airplanes
WHICH PROBLEMS DID YOU HAVE MOST OF THE DAY NEARLY EVERY DAY?
(CHECK OFF “YES” RESPONSES IN BOXES √)

☐ Sad, empty, or depressed
☐ So sad that nothing could cheer you up
☐ Discouraged about your life
☐ Hopeless about the future
☐ Lost interest in almost all things
☐ Nothing was fun
☐ Much smaller appetite than usual
☐ Much larger appetite than usual
☐ Gain weight without trying to
☐ Lost weight without trying to
☐ A lot more trouble that usual falling asleep
☐ Slept a lot more than usual
☐ Slept much less than usual
☐ Tired or low in energy
☐ A lot more energy than usual
☐ Talked or moved more slowly than is normal for you
☐ Anyone else noticed that you were talking or moving slowly
☐ So restless or jittery that you paced up and down
(CHECK OFF “YES” RESPONSES IN BOXES √)

☐ Anyone else noticed that you were restless
☐ Thoughts came much more slowly than usual
☐ Thoughts seemed to jump from one thing to another
☐ A lot more trouble concentrating than is normal for you
☐ Unable to make up your mind about things
☐ Lost self-confidence
☐ Not as good as other people
☐ Totally worthless
☐ Guilty
☐ Irritable, grouchy, or in a bad mood
☐ Nervous or anxious
☐ Sudden attacks of intense fear or panic
☐ Thought a lot about death
☐ Thought it would be better if you were dead
☐ Thought about committing suicide
☐ Made a suicide plan
☐ Made a suicide attempt
☐ Could not cope with everyday responsibilities
☐ Wanted to be alone rather than spend time with friends or relatives
☐ Less talkative than usual
☐ Often in tears
DID YOU HAVE 2 OR MORE OF THE FOLLOWING PROBLEMS?

- Heart pounding or racing
- Sweating
- Trembling
- Feeling sick to your stomach
- Having a dry mouth
- Having chills or hot flushes
- Feeling numbness or tingling sensations
- Having trouble breathing
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling dizzy or faint
- Afraid you might die
- Fear of losing control, going crazy, or passing out
- Feeling like you were “not really there,” like you were watching a movie of yourself
- Feeling that things around you were unreal
DID YOU EVER STRONGLY FEAR...

- Meeting new people
- Talking to people in authority
- Speaking up in a meeting or class
- Going to parties or other social gatherings
- Acting, performing, or giving a talk in front of an audience
- Taking an important exam or interviewing for a job
- Working while someone watches
- Entering a room when others are already present
- Talking with people you don’t know very well
- Expressing disagreement to people you don’t know very well
- Writing or eating or drinking while someone watches
- Urinating in a public bathroom or using a bathroom away from home
- Being in a dating situation
- Any other social or performance situation where you could be the center of attention or where something embarrassing might happen
DID YOU EVER HAVE 2 OR MORE OF THE FOLLOWING REACTIONS?

- Heart pounding or racing
- Sweating
- Trembling
- Feeling sick to your stomach
- Having a dry mouth
- Having chills or hot flushes
- Feeling numbness or tingling sensations
- Having trouble breathing normally
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling dizzy or faint
- Afraid that you might die
- Fear of losing control, going crazy, or passing out
- Feeling like you were distant from the situation “not really there,” or like you were watching yourself in a movie
- Feeling that things around you were unreal
DID YOU EVER STRONGLY FEAR...

- Being home alone
- Being in crowds
- Traveling away from home
- Traveling alone or being alone away from home
- Using public transportation
- Driving a car
- Standing in a line in a public place
- Being in a department store, shopping mall, or supermarket
- Being in a movie theater, auditorium, lecture hall, or church
- Being in a restaurant or any other public place
- Being in a wide, open field or street
DID YOU HAVE 1 OR MORE OF THE FOLLOWING REACTIONS?

- Having trouble breathing normally
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling sick to your stomach
- Feeling dizzy or faint
- Fear of losing control, going crazy, or passing out
- Afraid that you might die
- Having chills or hot flushes
- Feeling numbness or tingling sensations
- Feeling like you were “not really there,” like you were watching a movie of yourself
- Feeling that things around you were not real or like a dream
EXAMPLES OF COMMONLY MENTIONED REASONS FOR BEING ANXIOUS

DIFFUSE WORRIES, SUCH AS . . .
- Everything
- Nothing in particular

PERSONAL PROBLEMS, SUCH AS . . .
- Finances
- Success at school or work
- Relationships or love life
- Physical appearance or health

PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS . . .
- Social phobias (e.g., meeting people after moving to a new town)
- Agoraphobia (e.g., leaving home alone after a divorce)
- Specific phobias (e.g., fears of bugs, heights, or closed spaces)
- Obsessions (e.g., worry about germs)

NETWORK PROBLEMS OF LOVED ONES…
- Being away from home or apart from loved ones
- The health or welfare of loved ones

SOCIETAL PROBLEMS, SUCH AS . . .
- Crime/violence/war
- The economy
- The environment (e.g. global warming, pollution)
- Moral decline of society (e.g. commercialism, decline of the family)
DID ANY OF THESE 3 EXPERIENCES EVER HAPPEN TO YOU?

A. You seriously thought about committing suicide

B. You made a plan for committing suicide

C. You attempted suicide

WHICH OF THESE 3 STATEMENTS BEST DESCRIBES YOUR SITUATION?

1. I made a serious attempt to kill myself and it was only luck that I did not succeed.

2. I tried to kill myself, but knew that the method was not fool-proof.

3. My attempt was a cry for help, I did not intend to die.
WHAT METHOD DID YOU USE?

A. Gun
B. Razor, knife or other sharp instrument
C. Overdose of prescription medications
D. Overdose of over-the-counter medications
E. Overdose of other drug (e.g. heroin, crack, alcohol)
F. Poisoning (e.g. carbon monoxide, rat poison)
G. Hanging, strangulation, suffocation
H. Drowning
I. Jumping from high places
J. Motor vehicle crash
K. Other (please describe)
## Alcohol Equivalents

### Hard Liquor

<table>
<thead>
<tr>
<th>Amount</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mixed drink</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 shot glass</td>
<td>1 drink</td>
</tr>
<tr>
<td>½ pint</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 pint</td>
<td>12 drinks</td>
</tr>
<tr>
<td>1 fifth</td>
<td>20 drinks</td>
</tr>
<tr>
<td>1 quart or liter</td>
<td>24 drinks</td>
</tr>
</tbody>
</table>

### Wine

<table>
<thead>
<tr>
<th>Amount</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 glass</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 bottle</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 “wine cooler”</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 gallon</td>
<td>30 drinks</td>
</tr>
</tbody>
</table>

### Beer or Ale

<table>
<thead>
<tr>
<th>Amount</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 12 oz bottle</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 12 oz can</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 40 oz bottle</td>
<td>3 drinks</td>
</tr>
<tr>
<td>1 six pack</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 pitcher</td>
<td>5 drinks</td>
</tr>
<tr>
<td>1 case</td>
<td>24 drinks</td>
</tr>
</tbody>
</table>
**SEDATIVES AND TRANQUILIZERS** (SLEEPING PILLS, “DOWNERS,” “NERVE PILLS”), SUCH AS . . .

<table>
<thead>
<tr>
<th>Barbiturate</th>
<th>Dalmane</th>
<th>Limbitrol</th>
<th>Paxipam</th>
<th>Sk-Lygen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amytal</td>
<td>Deprol</td>
<td>Mebaral</td>
<td>Pentobarbital</td>
<td>Sopor</td>
</tr>
<tr>
<td>Ativan</td>
<td>Diazepam</td>
<td>Meprobamate</td>
<td>Phenobarbital</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>Doriden</td>
<td>Methaqualone</td>
<td>Placidyl</td>
<td>Tuinal</td>
</tr>
<tr>
<td>Buticap</td>
<td>Durax</td>
<td>Menrium</td>
<td>Restoril</td>
<td>Valium</td>
</tr>
<tr>
<td>Butisol</td>
<td>Equanil</td>
<td>Miltown</td>
<td>Secobarbital</td>
<td>Xanax</td>
</tr>
<tr>
<td>Centrax</td>
<td>Halcion</td>
<td>Nembutal</td>
<td>Secobral</td>
<td>Xanax</td>
</tr>
<tr>
<td>Chloral Hydrate</td>
<td>Librium</td>
<td>Noludar</td>
<td>Serax</td>
<td></td>
</tr>
</tbody>
</table>

**STIMULANTS** (AMPHETAMINES, “UPPERS,” “SPEED,” “ICE,” “CRANK”), SUCH AS . . .

<table>
<thead>
<tr>
<th>Benzedrine (“bennies”)</th>
<th>Ecstasy</th>
<th>Plegine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biphetamine</td>
<td>Eskatrol</td>
<td>Pondomin</td>
</tr>
<tr>
<td>Cylert</td>
<td>Fastin</td>
<td>Preludin</td>
</tr>
<tr>
<td>Desoxyn</td>
<td>Ionamin</td>
<td>Ritalin</td>
</tr>
<tr>
<td>Dexamyl</td>
<td>Mazanor</td>
<td>Sanorex</td>
</tr>
<tr>
<td>Dexedrine (“dexies”)</td>
<td>Methamphetamine</td>
<td>Tenuate</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>Methedrine</td>
<td>Tepanil</td>
</tr>
<tr>
<td>Didrex</td>
<td>Obredrin-L.A</td>
<td>Voranil</td>
</tr>
</tbody>
</table>

**ANALGESICS (PAINKILLERS)**, SUCH AS . . .

<table>
<thead>
<tr>
<th>Anileridine</th>
<th>Levo-Dromoran</th>
<th>Stadol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenex</td>
<td>Methadone</td>
<td>Talacen</td>
</tr>
<tr>
<td>Codeine</td>
<td>Morphine</td>
<td>Talwin</td>
</tr>
<tr>
<td>Darvon</td>
<td>Percodan</td>
<td>Talwin NX</td>
</tr>
<tr>
<td>Demerol</td>
<td>Phenaphen with codeine</td>
<td>Tylenol with codeine</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>Propoxyphene</td>
<td>Wygesic</td>
</tr>
<tr>
<td>Dolene</td>
<td>SK-65</td>
<td></td>
</tr>
</tbody>
</table>
DID YOU EVER IN YOUR LIFETIME GO TO SEE ANY OF THESE PROFESSIONALS FOR PROBLEMS WITH YOUR EMOTIONS OR NERVES OR YOUR USE OF ALCOHOL OR DRUGS?

A. A psychiatrist
B. General practitioner or family doctor
C. Any other medical doctor, like a cardiologist, gynecologist or urologist
D. Psychologist
E. Social worker
F. Counselor
G. Any other mental health professional, such as a psychotherapist or a mental health nurse
H. A nurse, occupational therapist, or other health professional
I. A religious or spiritual advisor like a minister, priest, or rabbi
J. Any other healer, like an herbalist, chiropractor, or spiritualist
DID YOU USE ANY OF THESE THERAPIES IN THE PAST 12 MONTHS

- Acupuncture
- Biofeedback
- Chiropractic
- Energy healing
- Exercise or movement therapy
- Herbal therapy (e.g., St. John’s wort, chamomile)
- High dose mega-vitamins
- Homeopathy
- Hypnosis
- Imagery techniques
- Massage therapy
- Prayer or other spiritual practices
- Relaxation or meditation techniques
- Special diets
- Spiritual healing by others
- Any other non-traditional remedy or therapy (Please describe)
WHAT TYPES OF HERBAL MEDICINES DID YOU USE?

- Chamomile
- Kava
- Lavender
- St. John’s wort
- Valerian
- Chasteberry
- Black cohosh
- Other (Please describe)
**DID YOU TAKE ANY OF THE FOLLOWING MEDICINES?**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Medicine</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetophenazine</td>
<td>Desipramine</td>
<td>Librax</td>
</tr>
<tr>
<td>Adaptin</td>
<td>Desoxyn</td>
<td>Libritabs</td>
</tr>
<tr>
<td>Adderall</td>
<td>Desoxyn Gradumet</td>
<td>Librium</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>Desyrel</td>
<td>Limbitrol</td>
</tr>
<tr>
<td>Amantadine</td>
<td>Dextedrine</td>
<td>Lithium</td>
</tr>
<tr>
<td>Ambien</td>
<td>Dextroamphetamine</td>
<td>Lithium Carbonate</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>Dextrostat</td>
<td>Lithium Citrate Syrup</td>
</tr>
<tr>
<td>Amobarbital</td>
<td>Dihydroergotamine Mesylate</td>
<td></td>
</tr>
<tr>
<td>Amoxapine</td>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Diphenhydramine</td>
<td></td>
</tr>
<tr>
<td>Amytal</td>
<td>Disulfiram</td>
<td></td>
</tr>
<tr>
<td>Anafranil</td>
<td>Divalproex</td>
<td></td>
</tr>
<tr>
<td>Antabuse</td>
<td>Doral</td>
<td></td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Doriden</td>
<td></td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Doxepin</td>
<td></td>
</tr>
<tr>
<td>Aquachloral</td>
<td>Droperidol</td>
<td></td>
</tr>
<tr>
<td>Artane</td>
<td>Duralith</td>
<td></td>
</tr>
<tr>
<td>Asendin</td>
<td>Effexor</td>
<td></td>
</tr>
<tr>
<td>Ativan</td>
<td>Elavil</td>
<td></td>
</tr>
<tr>
<td>Aventyl</td>
<td>Epitol</td>
<td></td>
</tr>
<tr>
<td>Benadryl</td>
<td>Equanil</td>
<td></td>
</tr>
<tr>
<td>Benztropine</td>
<td>Eskalith</td>
<td></td>
</tr>
<tr>
<td>Bupropion</td>
<td>Eskalith CR-450</td>
<td></td>
</tr>
<tr>
<td>Buspar</td>
<td>Ethchlorvynol</td>
<td></td>
</tr>
<tr>
<td>Buspine</td>
<td>Etrafon</td>
<td></td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>Fluoxetine</td>
<td></td>
</tr>
<tr>
<td>Carbatrol</td>
<td>Fluphenazine</td>
<td></td>
</tr>
<tr>
<td>Catapres</td>
<td>Flurazepam</td>
<td></td>
</tr>
<tr>
<td>Celexa</td>
<td>Fluvoxamine</td>
<td></td>
</tr>
<tr>
<td>Chloral Hydrate</td>
<td>Gabapentin</td>
<td></td>
</tr>
<tr>
<td>Chlordiazepoxide</td>
<td>Gen-Xene</td>
<td></td>
</tr>
<tr>
<td>Chlorpromazine</td>
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<td>Risperdal</td>
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</table>
DID YOU HAVE ANY OF THESE REACTIONS?
(CHECK OFF “YES” RESPONSES IN BOXES √)

GROUP 1: Traumatic Personal Experiences
- Trying not to think about it
- Staying away from reminders of it
- Being unable to remember parts of it
- Losing interest in things you used to enjoy
- Feeling emotionally distant from other people
- Trouble feeling normal feelings
- Feeling you have no reason to plan for the future

GROUP 2: Personal Violence
- Unwanted memories
- Unpleasant dreams
- Flashbacks
- Getting very upset when reminded of it
- Physical reactions

GROUP 3: Events Affecting Others
- Sleep problems
- Irritability
- Trouble concentrating
- Being more alert or watchful
- Being jumpy or easily startled
WHICH LETTER REPRESENTS YOUR INCOME OR EARNINGS IN THE PAST 12 MONTHS FROM EACH OF THE FOLLOWING SOURCES?

<table>
<thead>
<tr>
<th>Letter</th>
<th>Income Range</th>
<th>Letter</th>
<th>Income Range</th>
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<tbody>
<tr>
<td>A.</td>
<td>Less than $0 (Loss)</td>
<td>S.</td>
<td>$16,000 - $16,999</td>
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<td>B.</td>
<td>$0 (none)</td>
<td>T.</td>
<td>$17,000 - $17,999</td>
</tr>
<tr>
<td>C.</td>
<td>$1 - $999</td>
<td>U.</td>
<td>$18,000 - $18,999</td>
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<td>D.</td>
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<td>V.</td>
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<td>F.</td>
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<td>G.</td>
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<td>H.</td>
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<td>I.</td>
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<td>AA.</td>
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<td>J.</td>
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<td>DD.</td>
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<td>EE.</td>
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<td>N.</td>
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<td>FF.</td>
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<tr>
<td>O.</td>
<td>$12,000 - $12,999</td>
<td>GG.</td>
<td>$200,000 - $299,999</td>
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<tr>
<td>P.</td>
<td>$13,000 - $13,999</td>
<td>HH.</td>
<td>$300,000 - $499,999</td>
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<tr>
<td>Q.</td>
<td>$14,000 - $14,999</td>
<td>II.</td>
<td>$500,000 - $999,999</td>
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<tr>
<td>R.</td>
<td>$15,000 - $15,999</td>
<td>JJ.</td>
<td>$1,000,000 or more</td>
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</tbody>
</table>
LIST A

- Pushed, grabbed or shoved
- Threw something
- Slapped or hit

LIST B

- Kicked, bit or hit with a fist
- Beat up
- Choked
- Burned or scalded
- Threatened with a knife or gun
WHERE DO YOU STAND COMPARED TO OTHER PEOPLE IN THE UNITED STATES?

10 = The people who are the best off—those who have the most money, the most education and the most respected jobs.

1 = The people who are the worst off—those who have the least money, least education, and the least respected jobs or no job.

WHERE DO YOU STAND RELATIVE TO OTHER PEOPLE IN YOUR COMMUNITY?

10 = The people who have the highest standing in your community.

1 = The people who have the lowest standing in your community.