

**Drug Abuse Treatment Outcome
Study--Adolescent (DATOS-A),
1993-1995: [United States]**

*United States Department of Health and
Human Services. National Institute on
Drug Abuse*

Questionnaire for Intake 2 Data

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DRUG ABUSE TREATMENT OUTCOME STUDY – ADOLESCENT (DATOS-A)
Project 5125



INTAKE 2 QUESTIONNAIRE

Conducted by:

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Conducted for:

National Institute on Drug Abuse
National Institutes of Health
Department of Health and Human Services
Rockville, MD 20857

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Client ID No.:

Date Completed:

19
MONTH DAY YEAR

Final Result Code:

PR No.:

Total Length of Interview:

MINUTES

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden to: Public Health Service Reports Clearance Officer, ATTN: PRA, Hubert H. Humphrey Building, Room 721B, 200 Independence Avenue, S.W., Washington, DC 20201; and to the Paperwork Reduction Project (0930-0150), Office of Management and Budget, Washington, DC 20503.

INTRODUCTION TO INTERVIEW

As you might recall, you were previously interviewed for the Drug Abuse Treatment Outcome Study-Adolescent (DATOS-Adolescent). I would like to interview you again to find out more about you and how you are doing. To compensate you for your time, we will pay you \$10.00. Today's interview will take about 90 minutes.

I want to remind you that your participation in today's interview is strictly voluntary. Treatment at this program or receipt of any service will not depend on or be affected by your participation in today's interview. You can skip any questions that you do not wish to answer. You will not be penalized for not providing any part or all of the information. You may refuse to participate at any point in today's interview and will suffer no penalty.

The information you provide will be held strictly confidential. The only exception to keeping all information confidential would be if you were to tell me of your intent to harm yourself or someone else or if you were to tell me you were currently being abused.

Do you have any questions that you would like to ask me? If you agree to being interviewed, let's begin.

BY MY SIGNATURE, I CONFIRM THAT I HAVE READ THIS STATEMENT TO THE RESPONDENT AND HE/SHE HAS AGREED TO BE INTERVIEWED.

SIGNED THIS DATE: _____ BY: _____

(SIGNATURE OF INTERVIEWER)

Drug Abuse Treatment Outcome Study – Adolescent Intake 2 Interview

- Section A. Demographics and Background/Adolescent Demographics and Living Arrangements
- Section B. Health
- Section C. Cognitive Impairment (Trail Making Test)
- Section D. Religiosity and Self-Concept
- Section E. Adolescent Anxiety
- Section F. Depression/Adolescent Depression
- Section G. Sexual Experiences
- Section H. Behavioral Problems/Adolescent Behavioral Problems
- Section J. Psychological Distress
- Section K. Motivation and Readiness for Treatment
- Section L. Interviewer Observations
- Section M. Minimental Status Exam

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ESTABLISHING TIME LINE

REMOVE TIME LINE CARD ON PAGE T-3.

- T1. This is a kind of calendar in which we can write down things that have happened to you or your family. Here we are in (NAME OF CURRENT MONTH). **[WRITE WITH RESPONDENT CURRENT DATE AND DATE 12 MONTHS AGO ON TIME LINE.]** Now, when is your birthday? **[HELP RESPONDENT WRITE BIRTHDATE ON TIME LINE.]**
- T2. Have there been any big things that happened to you since a year ago? Tell me about them. When was that? **[WRITE WITH RESPONDENT DATE(S) AND BRIEF DESCRIPTION OF BIG THING(S) ON TIME LINE.]**
- T3. Thinking back 6 months ago, that is, to last (NAME MONTH OR SEASON), is there anything that really sticks out in your mind . . . that you remember clearly? **[WRITE WITH RESPONDENT BRIEF DESCRIPTION OF MEMORABLE EVENT ON TIME LINE THAT TOOK PLACE 6 MONTHS AGO.]**
- T4. How about around this time a year ago, last (NAME OF SEASON), or around this time? **[POINT TO TIME LINE.]**

**INTERVIEWER: IF NO EVENTS FOR 6 MONTHS OR 1 YEAR ARE NAMED,
USE FOLLOWING LIST TO JOG MEMORY OF RESPONDENT:**

- BEGINNING AND END OF SCHOOL YEAR
- OTHER FAMILY BIRTHDAYS
- BEGINNING AND END OF ANY JOBS
- HOSPITALIZATION
- PEOPLE ENTERING OR LEAVING HOUSEHOLD
- DEATHS OF FRIENDS AND FAMILY MEMBERS

[WHEN EVENTS FOR 6 MONTHS AND 1 YEAR AGO HAVE BEEN NAMED, GIVE TIME LINE TO RESPONDENT TO HOLD.]

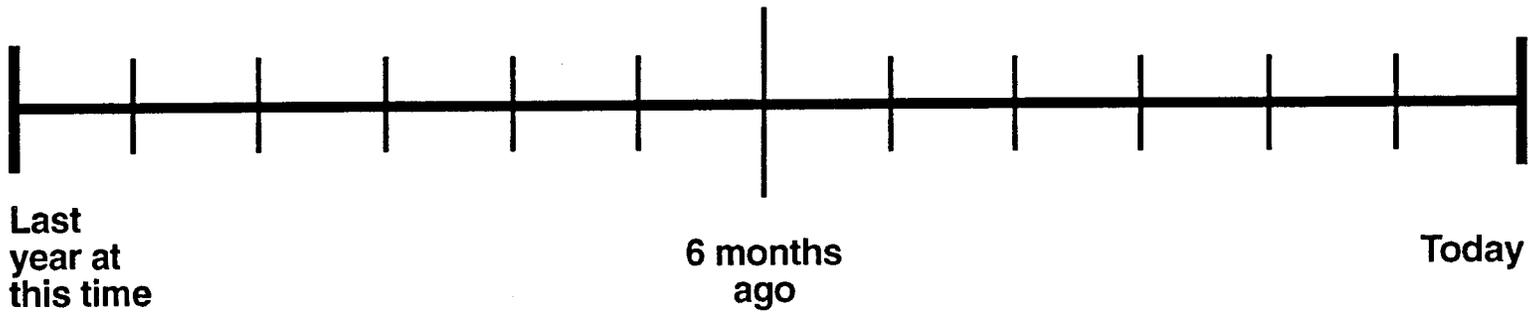
Some of the following questions are about things that you did or felt or ways you behaved in the past 6 months, that is, since **[SHOW 6-MONTH MARKER TO RESPONDENT]**.

Other questions are about the whole past year **[SHOW 1-YEAR MARKER TO RESPONDENT]** or about your whole life. To help you remember what period of time I am asking about, we're going to use this special calendar as we go along.

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Time Line

T-3



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A5. How satisfied were you with the place you lived at the time you were admitted? Would you say you were . . .

- 01 very dissatisfied
- 02 somewhat dissatisfied
- 03 somewhat satisfied
- 04 very satisfied → GO TO A6

A5a. Did your lack of satisfaction with the place you lived result mainly from your not being able to find other housing that you could afford (either better housing, more rooms, or a place of your own)?

- 01 YES
- 02 NO

A6. How long had you continuously lived (there/on the street) before you were admitted to this program?

YEARS	MONTHS	WEEKS
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SKIP: IF 52 OR MORE WEEKS (1 YEAR OR MORE), GO TO A7.

A6a. At how many addresses, residences, or places did you live during the 12 months before admission to this program?

<input type="text"/> <input type="text"/>	ADDRESSES
---	-----------

A7. In the 12 months before admission to this program, how many days did you stay overnight in a place where you could not come and go as you pleased, such as a jail, a hospital, or a therapeutic community?

<input type="text"/> <input type="text"/> <input type="text"/>	DAYS	IF 000, GO TO A8.
--	------	-------------------

During those 12 months, how many days did you stay overnight . . . ? [READ EACH LINE.]

DAYS

a. in a jail, in a prison, or in a juvenile detention home

<input type="text"/> <input type="text"/> <input type="text"/>
--

b. in a therapeutic community or other inpatient drug or alcohol treatment program

<input type="text"/> <input type="text"/> <input type="text"/>
--

c. in a hospital (for some other reason)

<input type="text"/> <input type="text"/> <input type="text"/>
--

d. in some other kind of place where you could not come and go as you pleased (SPECIFY) _____

<input type="text"/> <input type="text"/> <input type="text"/>
--

WHAT IS THE TOTAL NUMBER OF DAYS ENTERED IN A7a-d?

<input type="text"/> <input type="text"/> <input type="text"/>
--

VERIFY THAT TOTAL EQUALS NUMBER RECORDED IN A7.
PROBE AND RECONCILE IF THEY DO NOT.

A8. Have you ever traveled around for a month or more without having any arrangements ahead of time and not knowing how long you were going to stay or where you were going to work? [IF R VOLUNTEERS "ONLY ON VACATION FROM JOB," CODE 02.]

01 YES → TALLY

02 NO → GO TO A9

A8a. How old were you the first time you did that?

AGE

A8b. How old were you the last time you did that?

AGE

A9. Have you ever had no regular place to live for a month or more, or lived on the street or in a shelter for that long?

01 YES → TALLY

02 NO → GO TO A10

A9a. How old were you the first time you did that?

AGE

A9b. How old were you the last time you did that?

AGE

A10. Now, I would like to ask about your marital status at the time you were admitted to this program. At the time you were admitted to this program, were you married, separated, divorced, widowed, living with someone as married (but not legally married), or had you never been married? [TALLY.]

01 MARRIED

02 SEPARATED → GO TO A10b

03 DIVORCED → GO TO A10e

04 WIDOWED → GO TO A10e

05 LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED) → GO TO A10d

06 NEVER MARRIED → GO TO A16

A10a. Were you living with your (husband/wife)?

01 YES → GO TO A10d

02 NO

A10b. Was this a legal separation?

01 YES → GO TO A10e

02 NO

A10c. Were you living apart because of not getting along or for other reasons?

01 NOT GETTING ALONG → GO TO A10e

02 OTHER REASONS

A10d. Were you satisfied with your relationship?

01 YES

02 NO

A10e. Before you were admitted to this program, how long had you been (MARITAL STATUS FROM A10)?
[TALLY.]

YEARS	

MONTHS	

WEEKS	

IF WIDOWED (A10 = 04) FOR
1 YEAR OR MORE, GO TO A13.

A11. In general, before your admission, how did your (husband/wife/partner) feel about your use of drugs?
Would you say that (he/she) . . .

01 was very much opposed

02 was somewhat opposed

03 didn't care one way or the other

04 approved of your use of drugs

05 was not aware of your drug use → GO TO A12

06 NOT IN CONTACT WITH PARTNER → GO TO A13

A11a. How important to you was the way (he/she) felt about your drug use? Would you say . . .

01 not at all

02 somewhat

03 very important

A11b. Have you had any serious problems with your (husband/wife/partner) because of your drug use?

01 YES

02 NO

A11c. Did your (husband/wife/partner) pressure you to get treatment for your drug use?

01 YES

02 NO

A11d. Was (he/she) abusing drugs in the 12 months before you entered this program?
Do not count alcohol abuse.

01 YES

02 NO

A11e. Was this person in drug treatment at any time during those 12 months?

01 YES

02 NO

A12. During the 12 months before you were admitted, how much would you say your (husband/wife/partner) was concerned, helpful, or supportive of you? Would you say . . .

00 not at all

01 somewhat

02 very much

A13. How many times have you been legally married?

--	--

TIMES → TALLY

IF 01, GO TO A14.

IF 00, GO TO SKIP BEFORE A16.

A13a. How many times have you been divorced?

--	--

TIMES [MUST BE LESS THAN OR EQUAL TO A13]

SHOW ONSET/RECENCY CARD.

A13b. When did you get divorced (the last time)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

--	--

 AGE

A14. What is the longest time that you have ever been legally married?

YEARS	

MONTHS	

WEEKS	

A15. (Other than when you separated or just before a divorce), did you and your (husband(s)/wife(wives)) ever separate for a few days or longer because of not getting along?

01 YES

02 NO → GO TO SKIP BEFORE A16

A15a. (Other than when you separated or just before a divorce,) did you separate more than once because of not getting along (counting all marriages)?

01 YES

02 NO

SHOW ONSET/RECENCY CARD.

A15b. When did you separate (the last time)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

--	--

 AGE

SKIP: IF A10 = 05 (LIVED WITH SOMEONE) AND A10e = 1 YEAR OR MORE (LIVED WITH SOMEONE FOR ONE YEAR OR MORE), GO TO A16b.

A16. Have you ever lived with someone for at least a year as though you were married?

- 01 YES → TALLY 02 NO

**SKIP: IF A16 = 02 (NEVER LIVED WITH ANYONE) AND A10 = 06 (NEVER MARRIED), GO TO SKIP BEFORE A21.
IF A16 = 02 (NEVER LIVED WITH ANYONE) AND A10 DOESN'T EQUAL 06, GO TO SKIP BEFORE A18.**

A16a. When was the last time you lived with someone as though married?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

A16b. How many times have you lived with someone for at least a year as though married?

TIMES

A16c. How long did you live with someone as though married (the longest time)?

YEARS	MONTHS	WEEKS
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

A17. Did you and the person(s) you lived with as married ever separate for a few days or longer because of not getting along?

- 01 YES 02 NO → GO TO SKIP BEFORE A18

A17a. Did you separate more than once (counting all persons you lived with as married)?

- 01 YES 02 NO

A17b. When did you separate (the last time)?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

SKIP: IF A10 = 02 (SEPARATED), 03 (DIVORCED), OR 04 (WIDOWED), GO TO A19.

A18. Before admission to this program, how well were you doing as a (husband/wife/partner)? Would you say . . .

01 poor

02 fair

03 well

A19. Did you ever walk out on any (spouse/partner with whom you were living as married) either permanently or for at least several weeks?

01 YES → TALLY

02 NO → GO TO A20

A19a. Did you walk out on more than 1 occasion?

01 YES

02 NO

A19b. How old were you the (first) time you did that?

AGE → IF A19a = 02, GO TO A20.

A19c. How old were you the last time you did that?

AGE

A20. Did you ever hit or throw things at your (spouse(s)/partner(s))?

01 YES

02 NO → GO TO SKIP BEFORE A21

A20a. Were you ever the one who hit or threw things first, regardless of who started the argument?

01 YES

02 NO → GO TO SKIP BEFORE A21

A20b. Did you hit or throw things first on more than 1 occasion?

01 YES → TALLY

02 NO

A20c. Did you ever feel that doing that was okay because you had been mistreated or the person deserved it?

01 YES

02 NO

03 FELT BAD ABOUT SOME, NOT OTHERS

A20d. How many times in the past year did you hit or throw things at your (spouse(s)/partner(s))?

TIMES

A20e. How old were you the (first) time you did that?

AGE → IF A20b = 02, GO TO A21.

A20f. How old were you the last time you did that?

AGE

SKIP: IF A4 = 05-11, GO TO A26.

A21. Next, I will ask about where you have lived, the relationships that you might have had with family and friends, and how your life has been going. At the time you were admitted to this program, excluding yourself, how many people were living with you, either family or other members of your household?
[IF LIVING ALONE, RECORD 00.]

PERSONS IF 00, GO TO A26

SKIP: IF A10 = 02 (SEPARATED), 03 (DIVORCED), 04 (WIDOWED), OR 06 (NEVER MARRIED), GO TO A21b.

A21a. Did your spouse/partner live with you?

01 YES

02 NO

SKIP: IF A21 = 01 AND A21a = 01, GO TO A22.

A21b. How many of these people were your . . . ? [ENTER NUMBER IN COLUMN AND PROBE AS NEEDED.]

NUMBER

01 children

02 parents

03 other relatives

04 other nonrelatives

VERIFY THAT THE TOTAL NUMBER FROM A21a-b EQUALS THE TOTAL IN A21. IF NOT, RECONCILE.

A22. How satisfied were you living with (this person/these people)? Would you say . . .

01 very dissatisfied

02 somewhat dissatisfied

03 somewhat satisfied

04 very satisfied

A23. Who made the important decisions for your household, such as where you would live or how money would be spent? [CIRCLE ALL MENTIONS.]

- 01 RESPONDENT
- 02 SPOUSE/PARTNER
- 03 PARENT/IN-LAWS
- 04 OTHER FAMILY OR RELATIVE
- 05 ROOMMATE/FRIEND
- 06 OTHER (SPECIFY) _____

A24. Before admission, how well did you do as a part of this group, that is, as a housemate or roommate? Would you say . . .

- 01 poor
- 02 fair
- 03 well

HAND RESPONDENT SHOW CARD 2.

A25. While you lived there, how often did you . . . ?

	NOT AT ALL	LESS THAN ONCE A WEEK	AT LEAST ONCE A WEEK	ALMOST DAILY
a. argue or get very angry with any of the people you lived with	01	02	03	04
b. have to rely on the people you lived with to do your share of the household chores or duties (such as cleaning, shopping, washing dishes)	01	02	03	04
c. have problems with the people you lived with because of your drug or alcohol use	01	02	03	04
d. care for someone who had serious health problems or disabilities that required a lot of extra care such as helping him or her dress, eat, or get medicine	01	02	03	04

SKIP: IF A25d = 04 (ALMOST DAILY), ASK A25e; OTHERWISE, GO TO A26.

A25e. How much did having to stay with (this person/these people) limit your ability to get out and do things? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very much

A26. During the 12 months before admission, who did you live with most of the time? **[CIRCLE ONE.]**

- 01 WITH SPOUSE OR SEXUAL PARTNER AND CHILDREN
- 02 WITH SPOUSE OR SEXUAL PARTNER ONLY
- 03 WITH CHILDREN ONLY
- 04 WITH BOTH PARENTS
- 05 WITH MOTHER ONLY
- 06 WITH FATHER ONLY
- 07 PARENT(S) AND OWN CHILDREN
- 08 WITH OTHER FAMILY ONLY OR ANY COMBINATION OF 01 - 07 ABOVE
- 09 WITH FOSTER PARENTS
- 10 WITH FAMILY AND FRIENDS/BOARDERS/ROOMMATES
- 11 WITH FRIENDS OR ROOMMATES ONLY
- 12 ALONE
- 13 INSTITUTION OR CLOSED FACILITY (E.G., PRISON, JAIL, MENTAL HOSPITAL)
- 14 NO STABLE ARRANGEMENTS
- 15 OTHER (SPECIFY) _____

A27. Next, I will ask about children. Altogether, at the time you were admitted, how many children had you (given birth to/fathered)? Do not count any stepchildren, foster children, or children who were adopted or born dead.

CHILDREN → TALLY. IF 00, GO TO A28.

A27a. (Is that child/How many of these children are) living today?

CHILDREN

A28. How many (other) children have you raised as your own, such as stepchildren, foster children, or adopted children?

CHILDREN → TALLY. IF 00, GO TO SKIP BEFORE A29.

A28a. (Is that child/How many of these children are) living today?

CHILDREN

SKIP: IF A27 AND A28 BOTH = 00, GO TO A46.

A29. ADD THE NUMBER OF CHILDREN RECORDED IN A27a AND A28a; ENTER BELOW.

CHILDREN

IF 00 (NO LIVING CHILDREN), GO TO A40.

IF 01, GO TO A30.

IF 02 OR MORE, GO TO A30a.

A30. When you were admitted, was this child younger than 18 years old?

01 YES → GO TO A31

02 NO → GO TO A40

A30a. When you were admitted, how many of these children (either your own or those you were raising as your own) were younger than 18 years old?

CHILDREN

IF 00, GO TO A40.

A31. During the 12 months before admission, did (this child/any of these children) get in serious trouble, for example, with drugs, the police, or at school?

01 YES

02 NO

A32. (Has your child/How many of your children) under 18 lived with you most of the time in the 12 months before admission?

CHILDREN

**IF NUMBER EQUALS NUMBER OF CHILDREN UNDER 18
(A30 and A32 = 01 OR A30a = A32), GO TO A33.**

A32a. Who did your (child/(other) children) under 18 live with most of the time in the 12 months before admission? [CIRCLE ALL MENTIONS BUT ONLY ONE RESPONSE PER CHILD.]

- 02 WITH SPOUSE/SEXUAL PARTNER
- 03 WITH EX-SPOUSE/EX-SEXUAL PARTNER
- 04 WITH OTHER RELATIVE(S)
- 05 WITH NONRELATIVE(S) SUCH AS FOSTER PARENTS
- 06 IN AN INSTITUTION

A33. At the time of admission, (did you have legal custody of your child/how many of your children did you have legal custody of)?

--	--

CHILDREN

IF NUMBER EQUALS NUMBER OF CHILDREN UNDER 18

(A30 AND A33 = 01 OR A30a = A33), GO TO SKIP BEFORE A34.

A33a. Who had legal custody of your (child/(other) children)? [CIRCLE ALL MENTIONS BUT ONLY ONE RESPONSE PER CHILD.]

- 02 SPOUSE OR SEXUAL PARTNER
- 03 EX-SPOUSE OR EX-SEXUAL PARTNER
- 04 OTHER RELATIVE(S)
- 05 NONRELATIVE(S) SUCH AS FOSTER PARENTS
- 06 IN AN INSTITUTION

**SKIP: IF ALL CHILDREN UNDER 18 LIVED WITH RESPONDENT
(A30 and A32 = 01 OR A30a = A32), GO TO A35.**

A34. During those months, how often did you see (your child/any of your children) who did not live with you? Would you say . . . [CIRCLE ALL MENTIONS.]

- 00 not at all
- 01 less than once a week
- 02 at least once a week
- 03 almost daily

A35. Will your drug treatment or getting off drugs affect who has custody of (your child/any of your children)?

- 01 YES
- 02 NO
- 03 SOMEWHAT/MAYBE

DOES A33 EQUAL 1 OR MORE?

- 01 YES
- 02 NO → GO TO A40

A36. At the time of admission, did you have any concerns about losing custody of (your child/any of your children) because of your drug problem?

- 01 YES
- 02 NO → GO TO A37

A36a. Did you have any concerns that a staff person in this program might report your drug problem to someone who might take away custody of (your child/your children)?

- 01 YES
- 02 NO

HAND RESPONDENT SHOW CARD 2.

A37. Next, I'm going to list several ways that some parents behave with their children at times. Please tell me how often you did each of these things. In the year before admission, about how often did you spend time with (this child/at least 1 of these children) . . . ?

	NOT AT ALL	LESS THAN ONCE A WEEK	AT LEAST ONCE A WEEK	ALMOST DAILY	NA
a. in leisure activities away from home — such as picnics, movies, or sports	01	02	03	04	05
b. at home working on a project or playing together	01	02	03	04	05
c. helping with reading or homework	01	02	03	04	05
d. eating meals together	01	02	03	04	05

A38. Before admission, how well were you doing as a (parent/guardian)? Would you say . . .

- 01 poor
- 02 fair
- 03 well

A39. Before admission, how difficult was it for you to go places or do things because of problems in finding someone to take care of your child(ren) or the child(ren) living with you? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very difficult

A40. Have you sometimes left young children under 6 years old at home alone while you were out shopping or doing anything else?

IF RESPONDENT VOLUNTEERS "ONLY IN EMERGENCY" AND GIVES A CONVINCING EXAMPLE, "FOR LESS THAN 30 MINUTES," OR CHILD COULD BE HEARD OR COULD COME THERE, CODE "02."

- 01 YES → TALLY
- 02 NO → GO TO A41
- 03 VOL: NEVER LIVED WITH CHILD → GO TO A46

A40a. How old were you the first time you did that?

AGE

A40b. How old were you the last time you did that?

AGE

A41. Have there been times when someone else fed a child (of yours/you were caring for) because you didn't cook or have food in the house, or has someone kept your child overnight because no one was taking care of the child at home? [IF RESPONDENT VOLUNTEERS "ONLY IN EMERGENCY," CODE 02.]

01 YES → TALLY

02 NO → GO TO A42

A41a. How old were you the first time you did that?

AGE

A41b. How old were you the last time you did that?

AGE

A42. Has a nurse, or social worker or teacher ever said that any child (of yours/you were caring for) wasn't being given enough to eat or wasn't being kept clean enough, or wasn't getting medical care when it was needed?

01 YES → TALLY

02 NO → GO TO A43

A42a. How old were you the first time you did that?

AGE

A42b. How old were you the last time you did that?

AGE

A43. Have you more than once run out of money for food for your family because you had spent the food money on yourself or on going out?

01 YES → TALLY

02 NO → GO TO A44

A43a. How old were you the first time you did that?

AGE

A43b. How old were you the last time you did that?

AGE

A44. Has there ever been a period when you did not provide the financial support for your child(ren) that you were supposed to?

01 YES → TALLY

02 NO → GO TO BOX BEFORE A45

03 VOL: ONLY WHEN NO INCOME → GO TO BOX BEFORE A45

A44a. How old were you the first time you did that?

AGE

A44b. How old were you the last time you did that?

AGE

HAVE ANY RESPONSES BEEN TALLIED ON TALLY SHEET X, PART B?

01 YES

02 NO → GO TO A46

A45. You mentioned that you [READ TALLIED RESPONSES FROM TALLY SHEET X, PART B]. When is the first time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

A45a. When is the last time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

A46. Now, I would like to ask about other relationships that you may have had during your lifetime. In the 12 months before admission, would you say you have had a close, long-lasting, personal relationship with anyone?

01 YES

02 NO → GO TO A46b

A46a. During that time, how many people did you have a close, long-lasting, personal relationship with?

NUMBER OF PEOPLE IF MORE THAN 99, RECORD NUMBER IN MARGIN.

A46b. In the 12 months before your admission, did you have a period of 1 month or more in which you had serious problems getting along with family or close friends?

01 YES

02 NO

A46c. In your lifetime, have you had a period of 1 month or more in which you had serious problems getting along with your mother?

01 YES

02 NO

A46d. In your lifetime, have you had a period of 1 month or more in which you had serious problems getting along with your father?

01 YES

02 NO

A46e. In your lifetime, has there been a period lasting 1 month or more in which you have had serious problems getting along with other family members or close friends?

01 YES

02 NO

A47. Did you have any problems with family members and close friends because of your drug or alcohol use in the 12 months before admission to this program?

01 YES

02 NO → GO TO A48

A47a. In those 12 months, how serious were these problems you had because of using drugs or alcohol? Would you say . . .

01 not at all

02 somewhat

03 very serious

A48. How important to you now is counseling or professional help for problems getting along with family members and close friends? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very important

A49. During the 12 months before admission, altogether how much contact (mail, telephone, or in person) did you have with any family members or close friends? Would you say . . .

- 00 none
- 01 some
- 02 a lot
- 93 IF VOL: NO FAMILY OR FRIENDS → GO TO A56

HAND RESPONDENT SHOW CARD 3.

IN QUESTIONS A50-A54, IF RESPONDENT'S RESPONSE IS DIFFERENT FOR FAMILY AND FRIENDS, CODE THE MOST FREQUENT OF THE RESPONSES.

I want to know about your relationships with your family and friends and whether you feel you can rely on any of them.

	NEVER OR RARELY	SOME OF THE TIME	ALMOST ALWAYS
A50. How often can you talk about your deepest problems with at least some of your family or friends?	01	02	03
A51. How often do your family or close friends help or encourage you to stop using drugs?	01	02	03
A52. How often do you receive help or encouragement from your family or close friends with other kinds of problems such as with jobs, the law, and so on?	01	02	03
A53. How often do your family or close friends help you out with things such as providing transportation, running errands, or fixing things for you?	01	02	03
A54. How often can you count on family or close friends to help you in an emergency in the middle of the night?	01	02	03

A55. Before admission to this program, how were you doing as a family member or friend? Would you say . . .

- 01 poor
- 02 fair
- 03 well

HAND RESPONDENT SHOW CARD 2.

A56. Next, I will ask about the way you might have spent your time before you were admitted to this program. In the 12 months before admission, how often did you . . . ?

	NOT AT ALL	LESS THAN ONCE A WEEK	AT LEAST ONCE A WEEK	ALMOST DAILY
a. do physical exercise (such as play ball, do aerobics, dance, or lift weights)	01	02	03	04
b. read or do hobbies (such as fish, collect things, do crafts, or make things)	01	02	03	04
c. attend meetings or programs of groups, clubs, or organizations that you belonged to	01	02	03	04

HAND RESPONDENT SHOW CARD 4.

A57. Now, I would like to ask you about the activities of any people you were close to in the 12 months before admission, either family members or friends. Please don't include anyone you met in jail, prison, or drug or alcohol treatment. In the 12 months before your admission, would you say that none of the people, one or a few of the people, or many of the people that you are close to . . . ?

	NONE	ONE OR A FEW	MANY
a. used heroin, crack, cocaine, or other drugs for nonmedical purposes	01	02	03
b. drank alcohol heavily	01	02	03
c. got arrested	01	02	03
d. entered jail, prison, or a juvenile detention home	01	02	03
e. entered treatment for drug or alcohol problems	01	02	03
f. quit using heroin, crack, cocaine, or other drugs	01	02	03

A58. Taking all things together, how would you say your life was before admission? Would you say it was . . .

- 01 very unhappy
- 02 somewhat unhappy
- 03 somewhat happy
- 04 very happy

A59. At the time you were admitted, would you say things then were better or worse than they had been a year before?

01 WORSE

02 BETTER

A60. (Before you were 15 years old), did you ever go without adequate food, shelter, or medical care, or fail to get other important physical or emotional needs met?

01 YES

02 NO

A61. (Before you were 15), did you ever run away from home overnight?

01 YES

02 NO → GO TO STATEMENT BEFORE A65

A61a. Did you run away more than once?

01 YES → GO TO A61c

02 NO

A61b. Did you return home to live after running away?

01 YES

02 NO

A61c. How old were you when you first ran away from home overnight?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

NOTE: FOR THIS DATOS-A INSTRUMENT, THERE ARE NO QUESTIONS A62 TO A64.

Next, I am going to read a series of statements. Please listen to each one carefully and decide whether it is true for you or false for you.

	TRUE	FALSE
A65. The first statement is: I think I am stricter about right and wrong than most people	01	02
A66. I often act on the spur of the moment without stopping to think	01	02
A67. I often feel as though I have done something wrong or wicked	01	02
A68. Even when I have gotten into trouble, I was usually trying to do the right thing	01	02
A69. A person is better off not to trust anyone	01	02
A70. I have a right to fight or hurt other people if I have a good reason	01	02
A71. I have a right to damage property to get back at someone	01	02
A72. If I need money for my family, I have a right to steal	01	02
A73. I need to take care of myself even if it harms other people	01	02

A74. Something that happens to boys as well as girls, and men as well as women, is sexual mistreatment or sexual assault. When we say "sexual mistreatment" or "sexual assault," we mean any sexual contact that you had with someone else that you did not want, whether you were physically forced to have that contact or persuaded by talking to have that contact. We also mean any time that you had sexual contact with someone who was 5 or more years older than you before you turned 13 years old, regardless of whether you wanted the sexual contact or not. When we say "sexual contact," we mean any sexual contact between someone else and your genitals [IF FEMALE, SAY: genitals and/or breasts. IF MALE, SAY: genitals] or between you and someone else's genitals. This includes touching with hands or mouth or having intercourse.

Now, here are some questions about some of these experiences you might have had. Did you ever have sexual contact with anyone who was 5 years or more older than you before you reached the age of 13?

01 YES 02 NO → GO TO A75

A74a. Who was this? Was it . . . [CIRCLE ALL MENTIONS.]

- 01 a family member
- 02 someone else you knew (besides family member)
- 03 a stranger

A74b. How many times did this happen? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES IF RESPONDENT IS 15 OR OLDER, GO TO A75.

A74c. During the 12 months before admission, how many times did this happen before age 13?
[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

A75. Has anyone ever used pressure, coercion, or nonphysical threats to make you let them have contact with your genitals or to make you have contact with their genitals?

01 YES 02 NO → GO TO A76

A75a. Who was this? Was it . . . [CIRCLE ALL MENTIONS.]

- 01 a family member
- 02 someone else you knew (besides family member)
- 03 a stranger

A75b. How often did this happen (before you were 15)? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

SKIP: IF RESPONDENT IS UNDER AGE 15, GO TO A75d.

A75c. How often did this happen since you were 15 or older? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES IF 00 AND RESPONDENT IS 16 OR OLDER, GO TO A75e.

A75d. During the 12 months before admission, how many times did this happen? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

SHOW ONSET/REGENCY CARD.

A75e. When did this last happen?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

A76. Has anyone ever used physical force or threats of force to make you have some type of unwanted sexual contact?

01 YES 02 NO → GO TO A77

A76a. Who was this? Was it . . . [CIRCLE ALL MENTIONS.]

- 01 a family member
- 02 someone else you knew (besides family member)
- 03 a stranger

A76b. How often did this happen (before you were 15)? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

SKIP: IF RESPONDENT IS UNDER AGE 15, GO TO A76d.

A76c. How often did this happen since you were 15 or older? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES IF 00 AND RESPONDENT IS 16 OR OLDER, GO TO A76e.

A76d. During the 12 months before admission, how many times did this happen? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

A76e. When did this last happen?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

A76f. Are you concerned that someone may sexually assault you, or anyone else in your household, sometime soon?

01 YES

02 NO → GO TO A77

A76g. How much does this worry you? Would you say . . .

01 not at all

02 a little

03 a lot

A77. Has anyone ever assaulted you physically (other than sexually), that is, hit or beat you so hard that you had cuts or bruises, had to stay in bed, or had to see a doctor?

01 YES

02 NO → GO TO A78

A77a. Who assaulted you physically? Was it . . . [CIRCLE ALL MENTIONS.]

- 01 a family member
- 02 someone else you knew (besides family member)
- 03 a stranger

A77b. How often did this happen (before you were 15)? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

SKIP: IF RESPONDENT IS UNDER AGE 15, GO TO A77d.

A77c. How often did this happen since you were 15 or older? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES IF 00, GO TO A77e.

A77d. During the 12 months before admission, how many times did this happen? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

TIMES

A77e. When did this last happen?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

A77f. Are you concerned that someone may physically assault you, or anyone else in your household, sometime soon?

01 YES

02 NO → GO TO A78

A77g. How much does this worry you? Would you say . . .

01 not at all

02 a little

03 a lot

A78. Other than the events I have just asked about, including sexual and physical assault, during your lifetime, have you ever (TYPE OF EVENT)?

IF YES, RECORD IN COLUMN A78 FOR EVENT TYPE, ASK A78a-b, THEN ASK A78 FOR NEXT EVENT TYPE.

IF NO, RECORD IN COLUMN A78 FOR EVENT TYPE, THEN ASK A78 FOR NEXT EVENT TYPE.

IF THE AGE REPORTED FOR AN EVENT IS THE SAME AS A PREVIOUS EVENT, ASK A78c.

- a. How old were you when (this/TYPE OF EVENT) happened the first time? [RECORD IN COLUMN A78a.]
- b. How many times has (TYPE OF EVENT) happened to you? [RECORD IN COLUMN A78b.]
- c. Was (CURRENT EVENT) at (AGE) the same event as (PREVIOUS EVENT) you mentioned happening when you were (AGE)? [RECORD IN COLUMN A78c.]

TYPE OF EVENT	A78.		A78a.	A78b.	A78c.	
	YES	NO	AGE	NUMBER OF TIMES	YES	NO
a. been in a very serious accident at work, in a car, or somewhere else	01	02	<input type="text"/>	<input type="text"/>		
b. been in a natural disaster, such as a tornado, hurricane, flood, major earthquake, or some other natural disaster	01	02	<input type="text"/>	<input type="text"/>	01	02
c. been robbed, assaulted, or the victim of any other type of crime	01	02	<input type="text"/>	<input type="text"/>	01	02
d. been in any other situation in which you feared you might be killed or seriously injured (SPECIFY)	01	02	<input type="text"/>	<input type="text"/>	01	02
e. had a loved one assaulted or the victim of some other crime, accident, or disaster (other than event you have already told me about)	01	02	<input type="text"/>	<input type="text"/>	01	02
f. seen someone seriously injured, badly mutilated, or violently killed	01	02	<input type="text"/>	<input type="text"/>	01	02
g. experienced any other unusual and very stressful situation or event, such as being in combat or a war zone? (SPECIFY)	01	02	<input type="text"/>	<input type="text"/>	01	02

**SECTION A. SUPPLEMENT
ADOLESCENT DEMOGRAPHIC
AND LIVING ARRANGEMENTS**



S1. To get some more information on your background, let's go back now and talk a little about your life while you were growing up. First, while you were growing up, in what State did you live mostly? **[IF MORE THAN ONE PLACE, PROBE FOR PLACE LIVED MOST BETWEEN AGES 6 AND 16.]**

STATE (SPECIFY) _____
(OR COUNTRY IF NOT U.S.A.)

S1a. Was that in a rural or country area, a small town, a small city, a suburb of a large city, or in a large city?
[IF MORE THAN ONE, CIRCLE FOR TYPE OF PLACE RECORDED IN S1.]

- 01 RURAL OR COUNTRY AREA
- 02 SMALL TOWN (<25,000)
- 03 SMALL CITY (25,000-100,000)
- 04 SUBURB OF A LARGE CITY
- 05 LARGE CITY (>100,000)
- 06 OTHER (SPECIFY) _____

S2. Please tell me what type of residence you have lived in most of the time when growing up?

- 01 A ONE-FAMILY HOUSE, DUPLEX, OR CONDOMINIUM
- 02 A MOBILE HOME OR TRAILER
- 03 AN APARTMENT BUILDING OR OTHER MULTIPLE FAMILY BUILDING
- 04 A HOTEL, ROOMING HOUSE, OR BOARDING HOUSE
- 05 A HOSPITAL OR MEDICAL INSTITUTION
- 06 IN JAIL, PRISON, OR A JUVENILE DETENTION HOME
- 07 A RESIDENTIAL DRUG TREATMENT PROGRAM
- 08 SOME OTHER GROUP RESIDENCE OR HALFWAY HOUSE
- 09 IN A HOMELESS SHELTER
- 10 ON THE STREET (NO REGULAR PLACE)
- 11 (IF VOL.:) OTHER (SPECIFY) _____

S3. How safe from crime was the neighborhood where you have lived most of the time when growing up?
Would you say . . .

- 01 very safe
- 02 fairly safe
- 03 fairly unsafe
- 04 very unsafe

S4. At how many addresses, residences, or places have you lived?

ADDRESSES

S5. During your lifetime, what adults have you lived with most of the time? **[RECORD VERBATIM AND ASK: Did anyone else live with you then? RECORD VERBATIM. ASK AGAIN: Anyone else? AND THEN CIRCLE BELOW BEST DESCRIPTION OF LIVING ARRANGEMENTS.]**

VERBATIM: _____

- 01 BOTH BIOLOGICAL MOTHER AND BIOLOGICAL FATHER TOGETHER → **GO TO S7**
- 02 BIOLOGICAL MOTHER ALONE
- 03 BIOLOGICAL MOTHER WITH STEPFATHER(S) INCLUDING BOYFRIEND(S)
- 04 BIOLOGICAL MOTHER WITH RELATIVE(S) OR FRIEND(S)
- 05 BIOLOGICAL FATHER ALONE
- 06 BIOLOGICAL FATHER WITH STEPMOTHER(S), INCLUDING GIRLFRIEND(S)
- 07 BIOLOGICAL FATHER WITH RELATIVE(S) OR FRIEND(S)
- 08 GUARDIAN FAMILY (INCLUDING ADOPTIVE PARENTS, GRANDPARENTS, OR OTHER RELATIVES)
- 09 SINGLE FEMALE GUARDIAN (INCLUDING ADOPTIVE MOTHER, GRANDMOTHER, OR OTHER FEMALE RELATIVE)
- 10 SINGLE MALE GUARDIAN (INCLUDING ADOPTIVE FATHER, GRANDFATHER, OR OTHER MALE RELATIVE)
- 11 FOSTER PARENT(S)
- 12 ORPHANAGE
- 13 OTHER (SPECIFY) _____

S6. Did you ever live with both your biological mother and father?

- 01 YES
- 02 NO → **GO TO S8**

S7. Was there ever a time that you did not live with both your biological mother and father? **[DO NOT COUNT INTERRUPTIONS OF LESS THAN A YEAR.]**

- 01 YES
- 02 NO → **GO TO S11**

S8. What happened to keep you from living with both of them together?

- 01 RESPONDENT PLACED FOR ADOPTION
- 02 PARENTS NEVER MARRIED, NEVER LIVED TOGETHER
- 03 FATHER DIED
- 04 MOTHER DIED
- 05 BOTH PARENTS DIED
- 06 PARENTS SEPARATED OR DIVORCED, RESPONDENT STAYED WITH MOTHER
- 07 PARENTS SEPARATED OR DIVORCED, RESPONDENT STAYED WITH FATHER
- 08 PARENTS SEPARATED OR DIVORCED, BOTH LEFT RESPONDENT'S HOME
- 09 PARENTS SEPARATED OR DIVORCED, RESPONDENT SENT TO LIVE WITH SOMEONE ELSE
- 10 RESPONDENT SENT TO LIVE WITH SOMEONE ELSE, PARENT(S) ALIVE AND NOT SEPARATED OR DIVORCED
- 11 RESPONDENT ABANDONED (LIVED SOME TIME WITH BIOLOGICAL PARENTS)
- 12 RESPONDENT LEFT HOME, RAN AWAY
- 13 OTHER (SPECIFY) _____

SKIP: IF RESPONDENT NEVER LIVED WITH BOTH PARENTS (S6=02), GO TO S11.

S9. How old were you when that first happened? [IF DON'T KNOW, CODE 00 AND ASK S10.]

AGE → GO TO S11

S10. Would you say it was before you were age 6 or later than that?

- 01 before age 6
- 02 age 6 or older

S11. The next set of questions is about the people who were a mother and father to you. These might be your biological parents, adopted parents, your stepparents, a guardian, or someone else. First, who was the man most responsible for raising you while you were growing up?

- 00 NO MAN RESPONSIBLE (E.G., INSTITUTION, RAISED ONLY BY FEMALES) → GO TO S12
- 01 BIOLOGICAL FATHER
- 02 ADOPTIVE FATHER
- 03 STEPFATHER
- 04 BROTHER, STEPBROTHER
- 05 BROTHER-IN-LAW
- 06 UNCLE
- 07 GRANDFATHER
- 08 FOSTER FATHER
- 09 OTHER MALE RELATIVE
- 10 OTHER MALE NONRELATIVE

S11a. What was his usual occupation? [RECORD VERBATIM, THEN ENTER APPROPRIATE CODE FROM CODE LIST - OCCUPATION.]

VERBATIM: _____

OCCUPATION CODE

CODE LIST—OCCUPATION

- 00 NO USUAL PAID OCCUPATION (NOT INCLUDING HOME MAKER)
- 01 PROFESSIONAL AND TECHNICAL (ACCOUNTANT, ARCHITECT, ENGINEER, LAWYER OR JUDGE, SCIENTIST, DOCTOR, REGISTERED NURSE, TEACHER, SOCIAL WORKER, WRITER, ENTERTAINER, DRAFTSPERSON)
- 02 MANAGER AND ADMINISTRATOR (OFFICE MANAGER, SALES MANAGER, SCHOOL ADMINISTRATOR, GOVERNMENT OFFICIAL, SMALL BUSINESS OWNER)
- 03 SALES (SALES REPRESENTATIVE, INSURANCE AGENT, REAL ESTATE BROKER, BOND SALESPERSON, SALES CLERK OR OTHER SALES PEOPLE, CASHIER)
- 04 CLERICAL OR OFFICE WORKER (BANK TELLER, BOOKKEEPER, SECRETARY, FILE CLERK, TYPIST, POSTAL CLERK OR CARRIER, TICKET AGENT)
- 05 CRAFT AND KINDRED (BAKER, CARPENTER, ELECTRICIAN, BRICKLAYER, MECHANIC, MACHINIST, TOOL AND DIE MAKER, TELEPHONE INSTALLER)
- 06 OPERATIVE (ASSEMBLER, CHECKER, GAS STATION ATTENDANT, MEAT CUTTER, PACKER, LAUNDRY AND DRYCLEANING OPERATOR, MINER, WELDER, GARAGE WORKER)
- 07 TRANSPORTATION EQUIPMENT OPERATIVE (BUS DRIVER, CAB DRIVER, CHAUFFEUR, TRUCK DRIVER, DELIVERY PERSON)
- 08 NONFARM LABORER (CONSTRUCTION, FREIGHT HANDLER, SANITATION WORKER, CAR WASHER, YARD WORKER, ODD-JOB PERSON)
- 09 PRIVATE HOUSEHOLD WORKER (MAID, BUTLER, COOK)
- 10 SERVICE WORKER (COOK, WAITER, BARBER, JANITOR, PRACTICAL NURSE, CARETAKER FOR CHILDREN, DAY CARE WORKER, BEAUTICIAN, POLICE OFFICER, FIREFIGHTER)
- 11 FARMER AND FARM MANAGER
- 12 FARM LABORER (FIELD BOSS, PICKER)
- 20 MILITARY SERVICE
- 30 HOME MAKER
- 86 OTHER

S12. Who was the woman most responsible for raising you while you were growing up?

- 00 NO WOMAN RESPONSIBLE (E.G., INSTITUTION, RAISED ONLY BY MALES) → **GO TO S13**
- 01 BIOLOGICAL MOTHER
- 02 ADOPTIVE MOTHER
- 03 STEPMOTHER
- 04 SISTER, STEPSISTER
- 05 SISTER-IN-LAW
- 06 AUNT
- 07 GRANDMOTHER
- 08 FOSTER MOTHER
- 09 OTHER FEMALE RELATIVE
- 10 OTHER FEMALE NONRELATIVES

S12a. What was her usual occupation? [**RECORD VERBATIM, THEN ENTER APPROPRIATE CODE FROM CODE LIST - OCCUPATION.**]

VERBATIM: _____

OCCUPATION CODE

S13. How many biological brothers and sisters do you have? [**COUNT HALF SIBLINGS EVEN IF RESPONDENT DID NOT LIVE WITH THEM.**]

BROTHERS AND SISTERS → **IF 00, GO TO S15.**

S14. How many of your biological brothers and sisters lived with you most of the time?

BROTHERS AND SISTERS

S15. How many children (excluding biological brothers and sisters) besides you lived in the household in which you grew up most of the time?

CHILDREN

START USING TALLY SHEET X, PART C.

S16. In the past 12 months, did you attend school?

01 YES 02 NO → **TALLY S16 AND S16a AND GO TO S17**

S16a. In the past 6 months, did you attend school?

01 YES 02 NO → **TALLY**

S17. In the past 12 months, have you held a job?

01 YES

02 NO → TALLY S17 AND S17a AND GO TO SECTION B

S17a. In the past 6 months, have you held a job?

01 YES

02 NO → TALLY

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SECTION B.
HEALTH

B1. In this section, I want to ask some questions about your physical health. At the time you were admitted to this program, would you say that your health was . . . ?

- 01 excellent
- 02 good
- 03 fair
- 04 poor

B2. Comparing your general health when you were admitted to that of other people your age, would you say your health was . . . ?

- 01 much better
- 02 better
- 03 the same
- 04 worse
- 05 much worse

B3. Would you say your health at admission was [READ CHOICES] than it was 12 months before admission?

- 01 much better
- 02 better
- 03 the same
- 04 worse
- 05 much worse

B4. Now, I want to ask some questions about health problems you may have had. In the 12 months before admission, was your health affected by . . . (CONDITION)?

IF YES, CODE 01 AND ASK B4a FOR THAT CONDITION.

IF NO, CODE 02 AND ASK B4 FOR NEXT CONDITION.

B4a. Has a doctor ever diagnosed this? [RECORD UNDER COLUMN B4a.]

CONDITION	<u>B4.</u> HEALTH AFFECTED BY		<u>B4a.</u> DOCTOR DIAGNOSED	
	YES	NO	YES	NO
a. respiratory system or breathing problems, such as shortness of breath, cystic fibrosis, asthma, frequent coughing, colds or sore throats, nosebleeds	01	02	01	02
b. tuberculosis	01	02	01	02
c. heart or circulatory problems, including congenital heart conditions, rheumatic fever, heart murmurs, hypertension, chest pain, anemia (sickle cell), or other disorders (including hemophilia)	01	02	01	02
d. digestive system or stomach problems, such as nausea, vomiting, stomach aches, ulcers, diarrhea, constipation, or diabetes	01	02	01	02
e. hepatitis, jaundice, kidney trouble, blood in urine or bladder infection, or liver problems	01	02	01	02
f. bone and muscle problems, such as paralysis, backache, joint pain, old fractures, or other injuries	01	02	01	02
g. nervous system problems, such as headaches, migraines, seizures, epilepsy, blackouts, anxiety, or panic attacks/nervous breakdown	01	02	01	02
h. [IF FEMALE] female or gynecological problems like ovarian cysts, severe bleeding or cramps, endometriosis, lower abdominal pain, pelvic inflammatory disease (PID), breastlumps, or breast pain	01	02	01	02
i. [IF MALE] problems with urinating (passing your urine or water), swelling or soreness about your nipples, or discharge from your penis	01	02	01	02
j. venereal or sexually transmitted diseases (STD), such as gonorrhea, syphilis, chlamydia, or herpes	01	02	01	02
k. any other physical health problems that seriously affected your health, such as excessive weight loss or gain, skin rashes or blemishes, dental problems, or reactions to medications or food	01	02	01	02
[SPECIFY – IF AIDS/HIV+ IS MENTIONED, RECORD “IMMUNE DISORDER.”]				

B4b. Do you think you are the right weight for your age?

01 YES

02 NO

SKIP: IF RESPONDENT IS MALE, GO TO B5.

B4c. How old were you when you had your first period? [IF HAS NOT STARTED PERIOD, CODE 00.]

AGE IF 00, GO TO B5.

B4d. When you have your period are you sick? Would you say . . .

00 never → GO TO B5

01 always

02 sometimes

B4e. Do you take any medication for cramps?

01 YES

02 NO → GO TO B5

B4f. What do you take?

VERBATIM: _____

B5. Have you ever had a blood test for HIV infection (the AIDS virus)?

01 YES

02 NO

SKIP: IF RESPONDENT IS MALE, GO TO B7.

B6. Are you pregnant?

01 YES

02 NO → GO TO B7

B6a. Has this been verified?

01 YES

02 NO → GO TO B6c

B6b. How was it verified—by a doctor, by a pregnancy test at a hospital, clinic, or doctor's office, by a home pregnancy test, or some other way? [CIRCLE ALL MENTIONS.]

● 01 DOCTOR

● 02 PREGNANCY TEST AT A HOSPITAL, CLINIC, OR DOCTOR'S OFFICE

● 03 HOME PREGNANCY TEST

● 04 OTHER (SPECIFY) _____

B6c. How many months pregnant are you?

MONTHS

B6d. During your pregnancy, would you say that your physical or bodily discomfort has been . . . ?

- 00 none
- 01 very mild
- 02 mild
- 03 moderate
- 04 severe

B6e. Did being pregnant affect your decision to enter drug treatment?

- 01 YES
- 02 NO → GO TO B6g

B6f. What about being pregnant affected your decision to enter drug treatment? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

VERBATIM: _____

- 01 CONCERNED ABOUT EFFECT OF DRUGS ON BABY
- 02 CONCERNED ABOUT OWN HEALTH
- 03 COST OF DRUGS
- 04 PRESSURE FROM OTHERS
- 05 AFRAID WOULD LOSE CUSTODY OF BABY
- 06 OTHER

B6g. Since you became pregnant (this time), how many times have you seen a doctor or other health professional about your pregnancy or problems with your pregnancy?

NUMBER OF TIMES

B7. (Other than from pregnancy) during the 12 months before your admission, would you say that your physical or bodily pain was . . . ?

- 00 none
- 01 very mild
- 02 mild
- 03 moderate
- 04 severe

B8. During those 12 months, did you take any prescribed medication on a regular basis for a physical health problem?

- 01 YES
- 02 NO

B9. Are you currently taking any medication prescribed by a doctor for a physical health problem?

01 YES 02 NO

B10. During the 12 months before admission, did your health . . . (LIMITATION)? [RECORD UNDER COLUMN B10.]

IF YES, CODE 01 AND ASK B10a FOR THAT LIMITATION.

IF NO, CODE 02 AND ASK B10 FOR NEXT LIMITATION.

B10a. Did it limit your activities for less than 3 months or for 3 months or more? [RECORD UNDER COLUMN B10a.]

LIMITATION	B10.		B10a.	
	YES	NO	LESS THAN 3 MONTHS	3 MONTHS OR MORE
a. limit the kind of vigorous activities you could do, such as running, lifting heavy objects, or participating in strenuous sports	01	02	01	02
b. limit the kind of moderate activities you could do, such as walking 2 or 3 blocks, carrying a bag of groceries, or doing housework	01	02	01	02
c. limit your ability to walk uphill or to climb a few flights of stairs	01	02	01	02
d. prevent you from bending, lifting, or stooping	01	02	01	02
e. limit your ability to walk 1 block	01	02	01	02
f. limit your ability to eat, dress, or bathe, or use the toilet	01	02	01	02

HAND RESPONDENT SHOW CARD 5.

B11. How well do you hear (with a hearing aid if you use one)?

- 01 VERY POORLY
- 02 SOMEWHAT POORLY
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

B12. How well do you see (with eyeglasses or contact lenses if you wear them)?

- 01 VERY POORLY
- 02 SOMEWHAT POORLY
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

B13. How well can you move your arms?

- 01 VERY POORLY
- 02 SOMEWHAT POORLY
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

B14. How well can you move your hands?

- 01 VERY POORLY
- 02 SOMEWHAT POORLY
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

B15. During the 12 months before admission, were there any days that your physical health kept you from working at a job, working around the house, or going to school?

- 01 YES ↴ 02 NO → **GO TO B16**

B15a. Did it limit your activities for less than 3 months or for 3 months or more?

- 01 LESS THAN 3 MONTHS
- 02 3 MONTHS OR MORE

B15b. In the 12 months before admission, how many days did your health keep you from working at a job, working around the house, or going to school?

DAYS

B16. During the 12 months before admission, how many days did an injury or physical illness keep you in bed for most or all of the day?

DAYS

B17. Now, I would like to ask you about your use of medical services. First, I'd like to talk about visits to a doctor. During the 12 months before admission, how many times did you see or talk with a medical doctor about problems with your physical health (including pregnancy)? Do not count doctors you may have seen when you were in the hospital overnight or at a drug or other treatment program.

TIMES

B17a. During the 12 months before admission, how many times did you see or talk with another health professional, such as a nurse or physician's assistant, about problems with your physical health (including pregnancy)? Do not count health professionals you saw when you were in the hospital or at a drug or other treatment program.

TIMES

B18. When you want help with or care for a physical health problem, where do you usually go?

- 00 NO CARE RECEIVED
- 01 PRIVATE PHYSICIAN
- 02 HOSPITAL CLINIC
- 03 HOSPITAL EMERGENCY ROOM
- 04 HMO OR OTHER GROUP HEALTH PLAN
- 05 URGENT CARE CLINIC
- 06 COMMUNITY HEALTH CENTER
- 07 PUBLIC CLINIC
- 08 DRUG OR ALCOHOL TREATMENT PROGRAM
- 09 CLINIC OR NURSE AT SCHOOL OR WORK
- 10 OTHER (SPECIFY) _____

B19. Now, I'd like to talk about any times you have stayed overnight or longer in a hospital for a physical health problem. How many times in your life have you been hospitalized overnight or longer for physical health problems (including pregnancy)? Include health problems that resulted from drug or alcohol use like o.d.'s and d.t.'s, but do not include drug or alcohol treatment such as detox. [IF NEVER, RECORD 00.]

TIMES

IF 00, GO TO B22.

B19a. For your most recent overnight hospital stay, tell me when it was. When were you admitted to the hospital the last time?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

B19b. During your last hospital stay, how many nights did you stay?

NIGHTS

B19c. What were you admitted for then? [RECORD VERBATIM.]

 .

B19d. Was this a complication of, or did it in some way result from, your drug or alcohol use?

01 YES

02 NO

SKIP: IF NO HOSPITAL STAYS IN PAST 12 MONTHS (B19a = 03), GO TO B22.

B20. Now, I would like to ask about any hospital stays not related to complications of drug or alcohol use that you may have had in the 12 months before your admission to this program. In the 12 months before admission to this program, how many times were you hospitalized for physical health problems not related to complications of drug or alcohol use?

HOSPITALIZATIONS

IF 00, GO TO B22.

B21. In the 12 months before admission to this program, how many days were you hospitalized for a physical health problem not related to complications of drug or alcohol use?

DAYS

B22. Now, I'd like to ask some more questions about your health. At the time you were admitted to this program, were you receiving disability payments, benefits, or a pension for a physical health problem?

01 YES ↘

02 NO → GO TO B23

B22a. What kind of a pension was that? [CIRCLE ALL MENTIONS.]

- 01 SSDI (SOCIAL SECURITY DISABILITY INCOME)
- 02 SSI (SUPPLEMENTAL SECURITY INCOME)
- 03 WORKER'S COMP
- 04 OTHER (SPECIFY) _____

B22b. For what condition were you receiving this disability pension?

C199213-1					
2					
-3					

B23. Overall, how troubled or bothered were you by medical problems in the 12 months before admission to this program? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

B24. How important to you now is treatment or counseling for medical problems? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very important

B25. Did you have any physical health problems because of your drug or alcohol use in the 12 months before admission to this program?

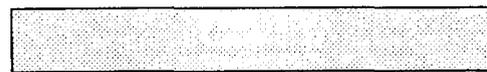
- 01 YES
- 02 NO → GO TO SECTION C

B25a. In those 12 months, how serious were these problems you had because of using drugs or alcohol? Would you say . . . ?

- 01 not at all
- 02 somewhat
- 03 very serious

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**SECTION C.
COGNITIVE IMPAIRMENT (TRAIL MAKING TEST)**



SKIP: IS THE RESPONDENT BLIND OR HANDICAPPED IN SUCH A WAY AS TO PREVENT (HIM/HER) FROM USING A PENCIL?

01 YES → ENTER TYPE OF DISABILITY

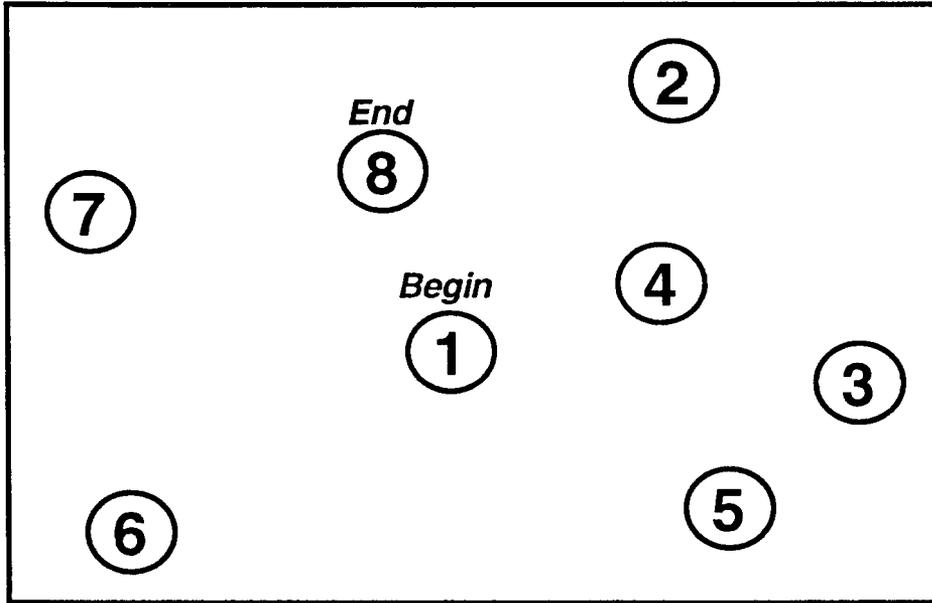
02 NO → ADMINISTER SECTION C

_____ → **GO TO SECTION D**

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SAMPLE TRAIL A

SAMPLE



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Now, I'd like to ask you to work on a short task. The task involves connecting points on a paper.

TAKE OUT STOPWATCH AND QUESTION SPECIFICATIONS FOR YOUR REFERENCE WHILE YOU ADMINISTER THIS SECTION.

- C1. PLACE THE PART A SAMPLE TEST SHEET FLAT ON THE TABLE DIRECTLY IN FRONT OF THE RESPONDENT. GIVE THE RESPONDENT A PENCIL AND WHILE YOU POINT TO THE NUMBERS, SAY:

On this page are some numbers. When I tell you to begin, start at number 1 and draw a line from 1 to 2, 2 to 3, 3 to 4, and so on, in order, until you reach the point marked END. Draw the lines as fast as you can. Ready! Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME IT TAKES THE RESPONDENT TO COMPLETE THE TASK.

IF THE RESPONDENT COMPLETES "SAMPLE TRAIL A" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Let's try the next one. → GO TO C4

- C2. IF THE RESPONDENT MAKES A MISTAKE ON "SAMPLE TRAIL A," POINT OUT THE ERROR AND EXPLAIN IT. AFTER YOU EXPLAIN THE ERROR, SAY:

Remember to begin at number 1 and draw a line from 1 to 2, 2 to 3, 3 to 4, and so on, in order, until you reach the point marked END. Work as fast as you can. Ready! Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

IF THE RESPONDENT COMPLETES "SAMPLE TRAIL A" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Now try the next one. → GO TO C4

- C3. IF THE RESPONDENT MAKES A MISTAKE DURING THE SECOND ATTEMPT ON THE "SAMPLE TRAIL A," TAKE THE RESPONDENT'S HAND AND GUIDE THE PENCIL [USING THE ERASER END] THROUGH THE TRAIL AND SAY:

Remember to begin at number 1 and draw a line from 1 to 2, 2 to 3, 3 to 4, and so on, in order, until you reach the point marked END. Draw the lines as fast as you can. Ready!

Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

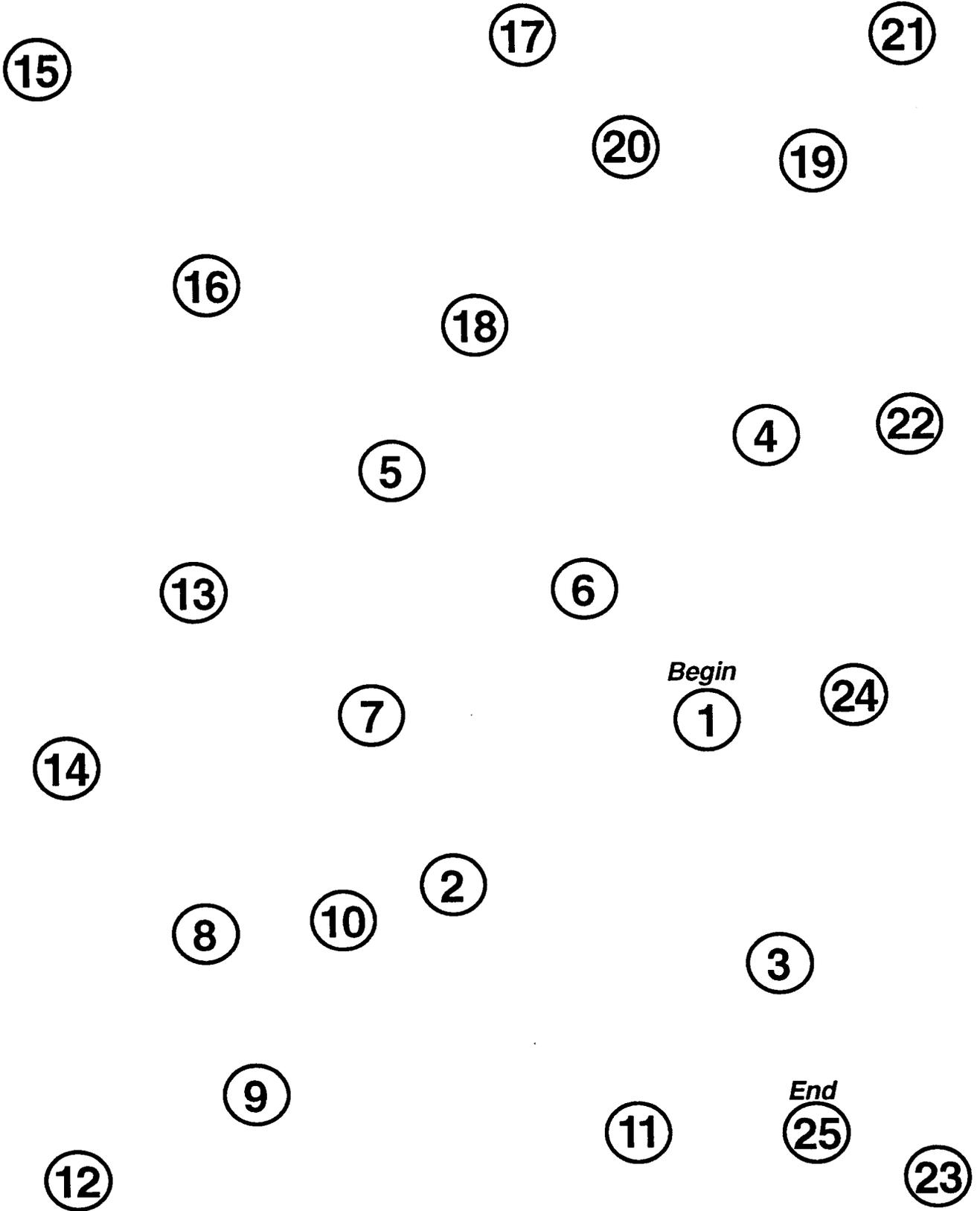
IF THE RESPONDENT COMPLETES THE "SAMPLE TRAIL A" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Thank you.

IF THE RESPONDENT MAKES A MISTAKE DURING THE THIRD ATTEMPT ON "SAMPLE TRAIL A" TEST, REPEAT THE PROCEDURE UNTIL THE RESPONDENT SUCCEEDS OR IT BECOMES EVIDENT THAT THE RESPONDENT CANNOT DO THE TASK. IF THE RESPONDENT IS UNABLE TO COMPLETE THE TASK, GO TO SECTION M AND ADMINISTER THE MINIMENTAL STATUS EXAM.

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TRAIL TEST A



CLIENT ID:

C4. AFTER THE RESPONDENT HAS COMPLETED THE "SAMPLE TRAIL A" TEST, TAKE BACK THE SAMPLE AND HAND THE RESPONDENT THE "TRAIL TEST A" (WITH NUMBERS 1-25) AND SAY:

On this page are numbers from 1 to 25. Do this the same way. Begin at number 1 and draw a line from 1 to 2, 2 to 3, 3 to 4, and so on, in order, until you reach the point marked END. Remember, work as fast as you can. Ready! Begin!

START STOPWATCH. IF THE RESPONDENT MAKES AN ERROR, CALL IT TO THE ATTENTION OF THE RESPONDENT IMMEDIATELY AND HAVE THE RESPONDENT PROCEED FROM THE LAST CORRECT POSITION. DO NOT STOP TIMING.

C4a. AFTER THE RESPONDENT COMPLETES "TRAIL TEST A," **STOP STOPWATCH**, TAKE THE TEST SHEET FROM HIM/HER, AND RECORD THE TIME IN MINUTES AND SECONDS. BE SURE TO RECORD THE RESPONDENT'S ID ON THE BACK OF THE TEST.

--	--

MINUTES

--	--

SECONDS

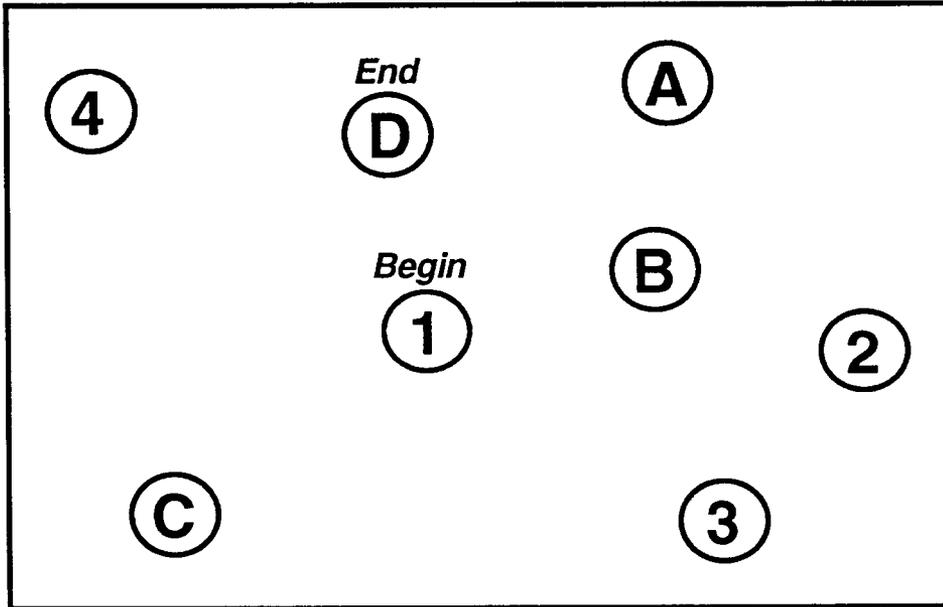
THEN SAY:

That's fine. Now we'll try another one.

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SAMPLE TRAIL B

SAMPLE



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C5. PLACE THE "SAMPLE TRAIL B" TEST FLAT ON THE TABLE DIRECTLY IN FRONT OF THE RESPONDENT AND, AS YOU POINT TO EACH OF FIRST FEW NUMBERS AND LETTERS, SAY:

On this page are some numbers and letters. Begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, B to 3, 3 to C, and so on, in order, until you reach the point marked END. Remember, first you have a number, then a letter, then a number, then a letter, and so on. Draw the lines as fast as you can. Ready! Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME IT TAKES THE RESPONDENT TO COMPLETE THE TASK.

IF THE RESPONDENT COMPLETES "SAMPLE TRAIL B" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Let's try the next one. → **GO TO C8**

C6. IF THE RESPONDENT MAKES A MISTAKE ON "SAMPLE TRAIL B," POINT OUT THE ERROR AND EXPLAIN IT. AFTER YOU EXPLAIN THE ERROR, SAY:

Remember to begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, B to 3, and so on until you reach the circle marked END. Ready! Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

IF THE RESPONDENT COMPLETES "SAMPLE TRAIL B" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Now let's try the next one. → **GO TO C8**

C7. IF THE RESPONDENT MAKES A MISTAKE DURING THE SECOND ATTEMPT ON "SAMPLE TRAIL B," TAKE THE RESPONDENT'S HAND AND GUIDE THE PENCIL [USING THE ERASER END] THROUGH THE TRAIL. THEN SAY:

Remember to begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, and so on, until you reach the circle marked END. Do not skip around but go from one circle to the next in the proper order. Draw the lines as fast as you can. Ready! Begin!

FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

IF THE RESPONDENT COMPLETES "SAMPLE TRAIL B" CORRECTLY, AND IN A MANNER SHOWING THAT THE RESPONDENT UNDERSTANDS WHAT TO DO, SAY:

Good! Now let's try the next one. → **GO TO C8**

IF THE RESPONDENT MAKES A MISTAKE DURING THE THIRD ATTEMPT ON "SAMPLE TRAIL B," REPEAT THE PROCEDURE UNTIL THE RESPONDENT SUCCEEDS OR IT BECOMES EVIDENT THAT THE RESPONDENT CANNOT DO THE TASK. IF THE RESPONDENT IS UNABLE TO COMPLETE THE TASK, GO TO SECTION M AND ADMINISTER THE MINIMENTAL STATUS EXAM.

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TRAIL TEST B

End
13

10

8

9

I

D

B

4

3

Begin

1

7

5

H

C

12

G

A

J

L

2

6

K

F

E

11

CLIENT ID:

C8. AFTER THE RESPONDENT HAS COMPLETED "SAMPLE TRAIL B," HAND THE RESPONDENT THE "TRAIL TEST B" TEST AND SAY:

On this page are both numbers and letters. Do this the same way. Begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, B to 3, 3 to C, and so on, in order, until you reach the point marked END. Remember to work as fast as you can. Ready! Begin!

START STOPWATCH. IF THE RESPONDENT MAKES AN ERROR, CALL IT TO THE RESPONDENT'S ATTENTION IMMEDIATELY AND HAVE THE RESPONDENT PROCEED FROM THE LAST CORRECT POSITION. DO NOT STOP TIMING.

C8a. AFTER THE RESPONDENT COMPLETES "TRAIL TEST B," **STOP STOPWATCH**, TAKE THE TEST SHEET FROM THE RESPONDENT AND RECORD THE TIME IN MINUTES AND SECONDS. BE SURE TO RECORD THE RESPONDENT'S ID ON THE BACK OF THE TEST.

--	--

MINUTES

--	--

SECONDS

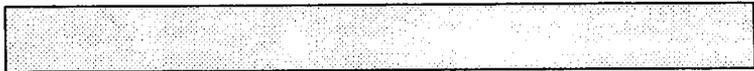
SKIP: IF RESPONDENT TAKES LONGER THAN 1 MINUTE AND 40 SECONDS TO COMPLETE "TRAIL TEST B," GO TO SECTION M AND ADMINISTER THE MINIMENTAL STATUS EXAM.

THEN SAY:

That's fine. Now we can continue the interview.

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SECTION D.
RELIGIOSITY AND SELF-CONCEPT



D1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say they are . . . ?

- 00 not at all important
- 01 not too important
- 02 fairly important
- 03 very important

HAND RESPONDENT SHOW CARD 6.

D2. How often do you meditate or pray? Would you say . . .

- 00 never
- 01 less than once a month
- 02 about once a month
- 03 2 to 3 times a month
- 04 once a week
- 05 more than once a week

D3. How often do you usually attend religious services, not counting meetings like council meetings or choir practices?

- 00 NEVER
- 01 LESS THAN ONCE A MONTH
- 02 ABOUT ONCE A MONTH
- 03 2 TO 3 TIMES A MONTH
- 04 ONCE A WEEK
- 05 MORE THAN ONCE A WEEK

D4. How often do you read religious books or religious materials?

- 00 NEVER
- 01 LESS THAN ONCE A MONTH
- 02 ABOUT ONCE A MONTH
- 03 2 TO 3 TIMES A MONTH
- 04 ONCE A WEEK
- 05 MORE THAN ONCE A WEEK

D5. How often do you watch or listen to religious programs on T.V. or radio or listen to religious tapes?

- 00 NEVER
- 01 LESS THAN ONCE A MONTH
- 02 ABOUT ONCE A MONTH
- 03 2 TO 3 TIMES A MONTH
- 04 ONCE A WEEK
- 05 MORE THAN ONCE A WEEK

D6. When you have problems or difficulties in your work, family, or personal life, how often do you seek spiritual comfort and support? Would you say . . .

- 00 never
- 01 rarely
- 02 sometimes
- 03 often
- 04 almost always
- 05 IF VOL: NEVER HAVE PROBLEMS

D7. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closer to what you believe?

- 01 STOP EXISTING → GO TO D8
- 02 AFTERLIFE
- 03 IF VOL: DON'T KNOW → GO TO D8

Please tell me how strongly you agree or disagree with each of the following statements.

D7a. In the afterlife, you will be reunited with your loved ones. Would you say you . . .

- 01 strongly agree
- 02 agree somewhat
- 03 disagree somewhat
- 04 strongly disagree

D7b. People who suffer unjustly in this life will be rewarded in the afterlife.

- 01 strongly agree
- 02 agree somewhat
- 03 disagree somewhat
- 04 strongly disagree

D8. How important is it to you to turn your will and your life over to the care of a higher power? Would you say...

- 00 not at all
- 01 somewhat
- 02 very important

HAND RESPONDENT SHOW CARD 7.

Now, I'd like to ask some questions about your feelings about yourself. For each of the following statements, please tell me how much you agree or disagree, based on how you feel about yourself right now.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
D9. All in all, I'm satisfied with myself	01	02	03	04
D10. At times I think I'm no good at all	01	02	03	04
D11. I feel that I have a lot of good qualities	01	02	03	04
D12. I'm able to do things as well as most other people	01	02	03	04
D13. I feel that I don't have much to be proud of	01	02	03	04
D14. I feel useless at times	01	02	03	04
D15. I feel that I'm basically no good	01	02	03	04
D16. I wish I could have more respect for myself	01	02	03	04
D17. All in all, I feel that I'm a failure.	01	02	03	04
D18. I feel that I'm not important to others	01	02	03	04

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SECTION E.
ADOLESCENT ANXIETY

E1. In this next set of questions, I'll ask about some problems or experiences that you might have had in your lifetime. By "lifetime," I mean any time in the past or the present. Have there ever been times when you felt very frightened or panicked and didn't know why?

01 YES 02 NO

E1a. Have there ever been times when your heart started to beat very quickly, or you got short of breath and you became very scared?

01 YES 02 NO

SKIP: IF E1 AND E1a = 02, GO TO E9.

E1b. Did you feel that way because something happened that scared you?

01 YES 02 NO → GO TO E1b2

E1b1. Did you feel this way only when there was something to frighten you?

01 YES 02 NO

E1b2. Did you feel frightened or panicky like this because you were embarrassed or other people were watching you?

01 YES 02 NO → GO TO E1b4

E1b3. Did you feel this way only when you were being watched by others?

01 YES 02 NO

E1b4. Did you feel this way when you had to be apart from your (parent(s)/guardian(s)) or away from home?

01 YES 02 NO → GO TO SKIP BEFORE E1b6

E1b5. Did you feel that way only when you were away from home?

01 YES 02 NO

SKIP: IF E1b1 OR E1b3 OR E1b5 = 01, GO TO E9.

E1b6. Did these feelings of fear or panic come on suddenly for no good reason?

01 YES 02 NO → GO TO E9

E1c. When you had these feelings of fear or panic, did you ever have a physical illness or injury?

01 YES 02 NO → GO TO E1e

E1c1. What physical illness or injury did you have?

PHYS ILL/INJ: _____

E1d. When you had these feelings of fear or panic, did you always have a physical illness or injury?

01 YES 02 NO

E1e. When you had these feelings of fear or panic, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO E1h

MED/DRUG/ALC: _____

E1f. When you had these feelings of fear or panic, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO E1h 02 NO → IF E1d = 01, GO TO E1h.

E1g. You said that you sometimes had these feelings of fear or panic when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had these feelings of fear or panic always when you had a physical illness or injury?

01 YES 02 NO → GO TO E1h

E1g1. What else caused these feelings of fear or panic?

PHYS ILL/INJ: _____

E1h. Did you tell a doctor about these feelings of fear or panic? The term "doctor" includes psychiatrists, other medical doctors, osteopaths, students in training to be medical doctors or osteopaths, nurse practitioners, and physicians' assistants.

01 YES 02 NO → GO TO E1k

E1i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing these feelings of fear or panic?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO E2
02 MED/DRUG/ALC → GO TO E2
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO E2
04 NOTHING, NO DEFINITE DIAGNOSIS

E1j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO E2

02 NO, NO EXAM, DK → GO TO E2

E1k. Did you tell any other professional about these feelings of fear or panic? The term "other professional" includes psychologists, social workers, guidance counselors, nurses, clergy, dentists, chiropractors, and podiatrists.

01 YES → GO TO E2

02 NO

E1l. Did you more than once take medication for these feelings of fear or panic?

01 YES → GO TO E2

02 NO

E1m. Did these feelings of fear or panic interfere with your life or activities a lot?

01 YES

02 NO

START USING TALLY SHEET E, PART A.

E2. During one of your worst spells of suddenly feeling very frightened or panicky, did you ever notice that you had any of the following problems? [READ EACH PROBLEM AND CODE "YES" OR "NO" IN COLUMN E2. TALLY ALL 01 AND 01* IN E2. REPEAT "During this spell" AS NECESSARY.]

During this spell . . . ?

PROBLEM	E2.		E3.	
	YES	NO	YES	NO
a. were you short of breath—having trouble catching your breath <u>being short of breath</u>	01*	02	01	02
b. did your heart pound <u>your heart pounding</u>	01*	02	01	02
c. were you dizzy or lightheaded <u>feeling dizzy</u>	01*	02	01	02
d. did you have tightness, pain, or discomfort in your chest or stomach <u>having tightness, pain, or discomfort in your chest or stomach</u>	01*	02	01	02
e. did your fingers or feet tingle or feel numb <u>tingling or numbness in your fingers or feet</u>	01	02		
f. did you feel like you were choking or having difficulty swallowing <u>feeling like you were choking or having difficulty swallowing</u>	01	02		
g. did you feel faint <u>feeling faint</u>	01	02		
h. did you sweat <u>sweating</u>	01	02		
i. did you tremble or shake <u>trembling or shaking</u>	01	02		
j. did you have hot flashes or chills <u>having hot flashes or chills</u>	01	02		
k. did you or things around you seem unreal <u>things seeming unreal</u>	01	02		
l. were you afraid that you might die <u>being afraid you might die</u>	01	02		
m. were you afraid that you might act in a crazy way <u>being afraid you might act in a crazy way</u>	01	02		
n. did you have nausea <u>nausea</u>	01*	02	01	02
o. did you have belly pain <u>belly pain</u>	01*	02	01	02
p. did you feel like you were smothering <u>feeling like you were smothering</u>	01	02		
q. did you have a dry mouth <u>dry mouth</u>	01	02		

E3. FOR EACH 01* CIRCLED IN COLUMN E2, ASK:

Were you ever bothered by (UNDERLINED WORDS) at any time other than when you were having one of these spells? [CODE UNDER COLUMN E3.]

E4. ARE THERE A TOTAL OF 2 OR MORE 01s OR 01*s CIRCLED IN E2a-q, COLUMN E2?

01 YES

02 NO → GO TO E9

SHOW ONSET/REGENCY CARD.

E5. When was the first time you had any one of these sudden spells of feeling frightened or panicky and had problems like (READ TALLIED ITEMS FROM TALLY SHEET E, PART A)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E5a. When was the last time (you had one of these spells)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E6. Have you ever had 4 spells or attacks within a 4-week period?

01 YES → GO TO E8

02 NO

E7. After having an attack, was there ever a month or more when you were constantly afraid that you might have another attack?

01 YES

02 NO

E7a. Have you had more than one attack of feeling panicky or frightened when most people would not be afraid?

01 YES

02 NO → GO TO E9

E8. During at least several of your attacks of feeling very frightened or panicky, did some of these problems such as (READ UP TO 4 ITEMS TALLIED ON TALLY SHEET E, PART A) begin suddenly, and get worse within the first few minutes of the attack?

01 YES

02 NO

E9. Now, I want to ask you about longer periods of feeling worried and anxious or nervous. Have you ever had a period of a month or more when most of the time you felt worried and anxious or nervous?

01 YES

02 NO → GO TO E15

E9a. What is the longest period you've had of feeling worried and anxious or nervous?

NO. OF MONTHS → IF "DK," ASK:

Was it for 6 months or more?

IF LESS THAN 6 MONTHS, CODE 01.

IF 6 MONTHS OR MORE, CODE 95.

IF STILL DK, RECORD DK NEXT TO NO. OF MONTHS BOX.

SKIP: IF E9a IS 6 MONTHS OR MORE, ASK E10. OTHERWISE, GO TO E15.

E10. During one of those periods of 6 months or more, were you worrying about things that were unlikely to happen?

01 YES → GO TO E11

02 NO

E10a. Were you worrying a great deal over things that were not really serious?

01 YES

02 NO

E11. During any of those periods, did you have different worries on your mind at the same time?

01 YES → TALLY ON TALLY SHEET F, PART A

02 NO → GO TO E12

E11a. Were any of your worries about what other people might do or what might happen to them?

01 YES → GO TO E12

02 NO

E11b. What sort of things did you worry about? [RECORD VERBATIM AND CIRCLE CODE BELOW.]

VERBATIM: _____

01 ONLY OWN SYMPTOMS* OR BEING OVERWEIGHT

02 ACADEMIC PERFORMANCE

03 ATHLETIC PERFORMANCE

04 SOCIAL PERFORMANCE

05 ANYTHING ELSE

***SYMPTOMS: NERVOUSNESS, DEPRESSION, DRINKING TOO MUCH, TAKING DRUGS, HAVING A PANIC ATTACK, NOT SLEEPING, FEELING SUICIDAL, AVOIDING THINGS RESPONDENT WAS AFRAID OF.**

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E12. Next, I'd like to ask you about other problems you might have had when you were worried and anxious or nervous—problems that could not be entirely explained by a physical illness or medication, drugs, or alcohol you had taken.

When you were worried and anxious or nervous, were you also . . . ?

PROBLEM	YES	NO/ VOL. DUE TO PHY. ILL/DRUGS/ ALCOHOL
a. easily tired [<u>being easily tired</u>]	01	02
b. easily startled [<u>being easily startled</u>]	01	02
c. trembly or shaky [<u>feeling trembly</u>]	01	02
d. restless [<u>feeling restless</u>]	01	02
e. bothered by tense, sore, or aching muscles [<u>being bothered by tense or achy muscles</u>]	01	02
f. <u>having a lot of trouble keeping your mind on what you were doing</u>	01	02
g. keyed up or on edge [<u>feeling keyed up</u>]	01	02
h. particularly irritable (very grouchy or crabby) [<u>feeling irritable</u>]	01	02
i. <u>sweating a lot</u>	01	02
j. aware of your <u>heart pounding or racing</u>	01	02
k. <u>having cold and clammy hands</u>	01	02
l. <u>feeling dizzy or light-headed</u>	01	02
m. <u>having a dry mouth</u>	01	02
n. <u>having nausea or diarrhea</u>	01	02
o. <u>having to urinate too frequently</u>	01	02
p. <u>having hot flashes or chills</u>	01	02
q. short of breath or feeling like you were smothering [<u>feeling short of breath</u>]	01	02
r. <u>having trouble swallowing</u>	01	02
s. <u>having trouble falling or staying asleep</u>	01	02
t. <u>having discomfort or pain in the stomach</u>	01	02
u. <u>feeling faint or unreal</u>	01	02
v. <u>feeling like you might lose control or go mad</u>	01	02
w. <u>having difficulty concentrating because of worrying</u>	01	02

SKIP: IF LESS THAN 4 ITEMS ARE CIRCLED 01 IN E12, GO TO E15.

E13. When was the first time you were worried and anxious or nervous or afraid most of the time for at least 6 months and had some of these other problems like (READ ITEMS CODED 01 IN E12)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E13a. How long has it been since your last period of 6 months or more of feeling worried and anxious or nervous and having some of these other problems?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E14. I've asked you a lot of questions about your being worried and anxious or nervous. You told me that you had problems like (READ ITEMS CODED 01 IN E12). Have you ever seen a doctor* or any other professional* like that because of feeling (nervous/worried/anxious)?

01 YES ↴

02 NO → GO TO E15

E14a. Who did you see?

VERBATIM: _____

E14b. What did the doctor* say was wrong (What did (PERSON SEEN) say what was the matter)?

VERBATIM: _____

START USING TALLY SHEET E, PART B.

- E15. Now, I would like to ask you about different problems and worries you may have had for at least 6 months in your lifetime. Have you ever had a lot of headaches?
- 01 YES → TALLY 02 NO
- E16. Have you ever had a lot of stomach aches?
- 01 YES → TALLY 02 NO
- E17. Have you ever had a lot of other aches and pains?
- 01 YES → TALLY 02 NO
- E18. Did you ever get very worried about things that are coming up . . . like before a test in school or before a game or before a party?
- 01 YES → TALLY 02 NO
- E19. Have you ever been very worried about how well you do your (schoolwork/job)?
- 01 YES → TALLY 02 NO
- E20. Have you ever been very worried about how good you are at sports or games or in gym?
- 01 YES → TALLY 02 NO
- E21. Have you ever been very worried about being on time; have you often been afraid that you would be late?
- 01 YES → TALLY 02 NO
- E22. Have you often been worried that you have made a mistake or done something the wrong way?
- 01 YES → TALLY 02 NO
- E23. Have you ever been very worried about whether your family has enough money?
- 01 YES → TALLY 02 NO
- E24. Have you often worried that you have made a fool of yourself in front of other people?
- 01 YES → TALLY 02 NO
- E25. Have you often worried about how you look?
- 01 YES → TALLY 02 NO

E26. Have you ever been very worried about whether people like you?

01 YES → TALLY

02 NO

E27. Have you ever been very worried about your health or about getting sick?

01 YES → TALLY

02 NO

E28. Have you ever been the kind of person who doesn't like to be noticed or is easily embarrassed, or have you ever been very self-conscious?

01 YES → TALLY

02 NO

E29. Have you ever been the kind of person who is often very tense, or who finds it very hard to relax?

01 YES → TALLY

02 NO

E30. ARE 4 ITEMS (E15 TO E29) CHECKED ON TALLY SHEET E, PART B?

01 YES

02 NO → GO TO SECTION F

E31. You said you've had problems like (READ ITEMS E15-E29 CHECKED ON TALLY SHEET E, PART B).
Was there ever a time when some of these problems occurred together— that is, within the same month?

01 YES

02 NO → GO TO SECTION F

E31a. Did this period when some of these problems occurred together last 6 months or more?

01 YES

02 NO → GO TO SECTION F

E32. When was the first time you had a period of 6 months or more when you had some of these problems?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E32a. What about the last time you had 6 months or more when you had some of these problems?
When did that end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

SKIP: REFER TO TALLY SHEET E, PART B, ITEM NUMBERS IN PARENTHESES. BELOW, PUT A "✓" IN THE BOX IN FRONT OF THE ITEMS COMPARABLE TO THOSE CHECKED ON TALLY SHEET E, PART B. FOR EACH ITEM CHECKED, ASK THOSE ITEMS AND THEIR SUBPARTS. IF NOT CHECKED, SKIP THE ITEM AND ITS SUBPARTS AND GO TO THE NEXT CHECKED ITEM.

START USING TALLY SHEET E, PART C.

E33. Now, I'd like to know about the time when you had the largest number of these problems at the same time. During that time when you were having the largest number of these problems, did you have a lot of head-aches?

01 YES 02 NO → GO TO E34

E33a. How often did you have headaches? Would you say . . .

- 01 less than once a month
- 02 1 - 3 days a month
- 03 1 - 6 days a week
- 04 every day

E33b. Was that when you were sick, say with a cold or the flu, or because of another medical problem (or when you had your monthly period)?

01 YES 02 NO → TALLY AND GO TO E33d

E33c. Did you have a lot of headaches when you weren't sick or didn't have a medical problem (or your period)?

01 YES → TALLY 02 NO

E33d. Did you tell a doctor about these headaches?

01 YES 02 NO → GO TO E34

E33e. Did the doctor say the headaches were because you were nervous or worried?

01 YES 02 NO

E34. During that time, did you have a lot of stomach aches?

01 YES 02 NO → GO TO E35

E34a. How often did you have stomach aches? Would you say . . .

- 01 less than once a month
- 02 1 - 3 days a month
- 03 1 - 6 days a week
- 04 every day

E34b. Was that when you were sick, say with a cold or the flu, or because of another medical problem (or when you had your monthly period)?

01 YES

02 NO → TALLY AND GO TO E34d

E34c. Did you have a lot of stomach aches when you weren't sick or didn't have a medical problem (or your period)?

01 YES → TALLY

02 NO

E34d. Did you tell a doctor about these stomach aches?

01 YES

02 NO → GO TO E35

E34e. Did the doctor say the stomach aches were because you were nervous or worried?

01 YES

02 NO

E35. During that time, did you have a lot of other aches and pains?

01 YES

02 NO → GO TO E36

E35a. How often did you have a lot of aches and pains? Would you say . . .

01 less than once a month

02 1 - 3 days a month

03 1 - 6 days a week

04 every day

E35b. Was that when you were sick, say with a cold or the flu, or because you had been hurt (or when you had your monthly period)?

01 YES

02 NO → TALLY AND GO TO E35d

E35c. Did you have a lot of aches and pains when you weren't sick or hurt (or didn't have your period)?

01 YES → TALLY

02 NO

E35d. Did you tell a doctor about these aches?

01 YES

02 NO → GO TO E36

E35e. Did the doctor say these aches were because you are nervous or worried?

01 YES

02 NO

E36. Now, I'm going to ask you about certain things that might worry you. For these questions, again please think about the time when you had the largest number of problems. During that time, did you get very worried about things that were coming up . . . like before a test in school or before a game or before a party?

01 YES

02 NO → GO TO E37

E36a. When something special like that was coming up, did you almost always worry a lot about it?

01 YES

02 NO → GO TO E37

E36b. What about things coming up that you usually did okay at? Did you worry a lot about them?

01 YES → TALLY

02 NO

E36c. When you were worried like that, did you keep asking other people if things will turn out okay?

01 YES

02 NO

E36d. Did you worry a lot about things coming up for as long as 6 months?

01 YES

02 NO

E37. During that time, did you worry about how well you did your (schoolwork/job)?

01 YES

02 NO → GO TO E38

03 NO/VOL. NOT IN SCHOOL/NO JOB → GO TO E38

E37a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E38

E37b. Did most people say you were doing okay in your (schoolwork/job)?

01 YES → TALLY

02 NO

E37c. Did you keep asking your (teacher/boss) or other people if you were doing okay in your (schoolwork/job)?

01 YES

02 NO

E37d. Did you worry a lot about your (schoolwork/job) for as long as 6 months?

01 YES

02 NO

E38. During that time, did you worry about how good you were at sports or games or in gym?

01 YES

02 NO → GO TO E39

E38a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E39

E38b. What about games that you usually did okay at? Did you worry a lot about them?

01 YES → TALLY

02 NO

E38c. Did you keep asking other people if you were doing okay in sports or games?

01 YES

02 NO

E38d. Did you worry a lot about how good you were at sports or games for as long as 6 months?

01 YES

02 NO

E39. During that time when you were having the largest number of problems, did you worry about being on time; were you often afraid that you would be late?

01 YES

02 NO → GO TO E40

E39a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E40

E39b. Did you worry about being late even when you had plenty of time?

01 YES → TALLY

02 NO

E39c. Did you keep asking other people if you would be on time?

01 YES

02 NO

E39d. Did you worry a lot about being late for as long as 6 months?

01 YES

02 NO

E40. During that time, did you often worry that you had made a mistake or done something the wrong way?

01 YES

02 NO → GO TO E41

E40a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E41

E40b. Did you worry about things that weren't that important?

01 YES → TALLY

02 NO

E40c. When you were worried like that, did you keep asking other people if things would turn out okay?

01 YES

02 NO

E40d. Did you worry a lot about doing things wrong for as long as 6 months?

01 YES

02 NO

E41. During that time, did you worry about whether your family had enough money?

01 YES

02 NO → GO TO E42

E41a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E42

E41b. Did you worry about money even when there was no need to worry?

01 YES → TALLY

02 NO

E41c. Did you keep asking others if the family had enough money?

01 YES

02 NO

E41d. Did you worry a lot about money for as long as 6 months?

01 YES

02 NO

E42. During that time when you were having the largest number of problems, did you often worry that you had made a fool of yourself in front of other people?

01 YES

02 NO → GO TO E43

E42a. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E43

E42b. How about when you were around kids who thought you were okay? Did you worry a lot about this even then?

01 YES → TALLY

02 NO

E42c. When you were worried like that, did you keep asking other people if you acted okay?

01 YES

02 NO

E42d. Did you worry a lot about how you seem to other people for as long as 6 months?

01 YES

02 NO

E43. During that time, did you often worry about how you looked?

01 YES

02 NO → GO TO E44

E43a. Did you worry about your looks or appearance more than other kids your age?

01 YES

02 NO → GO TO E44

E43b. Did you worry about this at least once a week?

01 YES

02 NO → GO TO E44

E43c. Did other people say you looked okay?

01 YES → TALLY

02 NO

E43d. When you were worried like that, did you keep asking other people if you looked okay?

01 YES

02 NO

E43e. Did you worry about how you looked for as long as 6 months?

01 YES

02 NO

E44. During that time, did you worry about whether other people liked you?

01 YES 02 NO → GO TO E45

E44a. Did you worry about this at least once a week?

01 YES 02 NO → GO TO E45

E44b. How about when you were with people who liked you? Did you worry then?

01 YES → TALLY 02 NO

E44c. Did you keep asking others if people liked you?

01 YES 02 NO

E44d. Did you worry a lot about whether others liked you for as long as 6 months?

01 YES 02 NO

E45. During that time when you were having the largest number of problems, did you worry about your health or about getting sick?

01 YES 02 NO → GO TO E46

E45a. Did you worry about this at least once a week?

01 YES 02 NO → GO TO E46

E45b. Were you generally healthy?

01 YES → TALLY 02 NO

E45c. Did you keep asking others if your health was okay?

01 YES 02 NO

E45d. Did you worry about your health for as long as 6 months?

01 YES 02 NO

E46. During that time, were you easily embarrassed or very self-conscious or did you not like to be noticed?

01 YES 02 NO → GO TO E47

E46a. Did you feel self-conscious or embarrassed at least once a week?

01 YES → TALLY 02 NO → GO TO E47

E46b. Did being self-conscious like that keep you from going places or meeting people?

01 YES 02 NO

E46c. When you were self-conscious like that, did you often get up and leave, or have a bad reaction, like crying?

01 YES

02 NO

E46d. Were you self-conscious like that for as long as 6 months?

01 YES

02 NO

E47. During that time, were you often very tense or did you find it very hard to relax?

01 YES ↴

02 NO → GO TO H48

E47a. Were you like that even when there was no reason to be tense?

01 YES → TALLY

02 NO

E47b. Were you tense like that a lot of the time for as long as 6 months?

01 YES

02 NO

SKIP: (SEE TALLY SHEET E, PART C) IF NO ITEMS (E33b TO E47a) ARE CHECKED, GO TO SECTION F.

E48. I've asked you a lot of questions about problems and worries you may have had in the same time period. You told me that you (READ ITEMS (E33b-E47a) CHECKED ON TALLY SHEET E, PART C). Have you ever seen a doctor* or any other professional* like that because of feeling (nervous/worried)?

01 YES ↴

02 NO → GO TO E49

E48a. Who did you see?

VERBATIM: _____

E48b. What did the doctor say was wrong (What did (PERSON SEEN) say what was the matter)?

VERBATIM: _____

E49. When did this period when you had these problems begin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

E49a. When did that period end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

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**SECTION F.
DEPRESSION/ADOLESCENT DEPRESSION**

SKIP: (SEE TALLY SHEET X, PART A.) IF RESPONDENT IS UNDER AGE 18 (ITEM A2 = 17 OR UNDER), GO TO F42.

USE TALLY SHEET F, PART A.

F1. Next, I'd like to ask about some other kinds of problems or experiences that you might have had. In your lifetime, have you ever had 2 weeks or more when nearly every day you felt sad, blue, or depressed?

01 YES → TALLY

02 NO

F2. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

01 YES

02 NO → GO TO F3

F2a. Did a period like that ever last 2 years without being interrupted by your feeling okay for 2 months?

01 YES

02 NO → GO TO F3

F2b. Did you tell a doctor about this period of feeling depressed or sad most days? The term "doctor" includes psychiatrists, other medical doctors, osteopaths, and students in training to be medical doctors or osteopaths, nurse practitioners, and physicians' assistants.

01 YES → GO TO F2f

02 NO

F2c. Did you tell any other professional about this period of feeling depressed or sad most days? The term "other professional" includes psychologists, social workers, guidance counselors, nurses, clergy, dentists, chiropractors, and podiatrists.

01 YES → GO TO F2f

02 NO

F2d. Did you more than once take medication for this period of feeling depressed or sad most days?

01 YES → GO TO F2f

02 NO

F2e. Did this period of feeling depressed or sad most days interfere with your life or activities a lot?

01 YES

02 NO

SHOW ONSET/RECENCY CARD.

F2f. When did the first period of at least 2 years of feeling sad most of the time begin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F2g. When did the last period of at least 2 years of feeling sad most of the time end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F2h. Did you frequently feel hopeless during this period?

01 YES

02 NO

F3. Has there ever been a period of 2 weeks or longer when you lost your appetite? [CAN BE "YES" EVEN IF FOOD INTAKE IS NORMAL.]

01 YES 02 NO → GO TO F4

F3a. Did you tell a doctor* about losing your appetite?

01 YES 02 NO → GO TO F3d

F3b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your loss of appetite?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F3e
02 MED/DRUG/ALC → GO TO F3h
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F4
04 NOTHING, NO DEFINITE DIAGNOSIS

F3c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F3e
02 NO, NO EXAM, DK → TALLY AND GO TO F4

F3d. Was your loss of appetite ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F3g

IF YES: What caused your loss of appetite?

DX: _____

F3e. Was losing your appetite always the result of a physical illness or injury?

01 YES → GO TO F4 02 NO

F3f. When your loss of appetite was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F4

MED/DRUG/ALC: _____ → GO TO F4

F3g. Was your loss of appetite ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F4

MED/DRUG/ALC: _____

F3h. Was your loss of appetite always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F4

02 NO → IF F3d=02 → TALLY AND GO TO F4

F3i. You said that you sometimes lost your appetite when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you lost your appetite always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused loss of appetite?

DX: _____

F4. Have you ever lost weight without trying—as much as 2 pounds a week for several weeks?

01 YES 02 NO → GO TO F5

F4a. Did you tell a doctor* about losing weight without trying?

01 YES 02 NO → GO TO F4d

F4b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing the loss of weight?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F4e
02 MED/DRUG/ALC → GO TO F4h
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F5
04 NOTHING, NO DEFINITE DIAGNOSIS

F4c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO F4e
02 NO, NO EXAM, DK → TALLY AND GO TO F5

F4d. Was losing weight without trying ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F4g

IF YES: What caused this weight loss?

DX: _____

F4e. Was losing weight without trying always the result of a physical illness or injury?

01 YES → GO TO F5 02 NO

F4f. When losing weight without trying was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F5

MED/DRUG/ALC: _____ → GO TO F5

F4g. Was the loss of weight without trying ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F5

MED/DRUG/ALC: _____

F4h. Was the loss of weight without trying always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F5

02 NO → IF F4d=02 → TALLY AND GO TO F5

F4i. You said that you sometimes lost weight without trying when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when this happened always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What caused this weight loss?

DX: _____

F5. Has there ever been at least 2 weeks when you had an increase in appetite other than when you were growing (or pregnant)?

01 YES 02 NO → GO TO F6

F5a. Did you tell a doctor* about your increase in appetite?

01 YES 02 NO → GO TO F5d

F5b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your increase in appetite?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F5e
- 02 MED/DRUG/ALC → GO TO F5h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F6
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F5c. Did the doctor find anything abnormal when he or she examined you or took tests or x-rays?

- 01 YES → [SPECIFY] _____ → GO TO F5e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F6

F5d. Was your increased appetite ever the result of a physical illness or injury?

- 01 YES 02 NO → GO TO F5g

IF YES: What caused your increased appetite?

DX: _____

F5e. Was your increased appetite always the result of a physical illness or injury?

- 01 YES → GO TO F6 02 NO

F5f. When increased appetite was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F6

MED/DRUG/ALC: _____ → GO TO F6

F5g. Was your increase in appetite ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F6

MED/DRUG/ALC: _____

F5h. Was your increase in appetite always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F6

02 NO → IF F5d=02 → TALLY AND GO TO F6

F5i. You said that sometimes your appetite increased when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when your appetite increased always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused your increased appetite?

DX: _____

F6. Have you ever had a period when your eating increased so much that you gained as much as 2 pounds a week for several weeks (without trying)? [CODE 01 IF RESPONDENT VOLUNTEERS REBOUND AFTER MALNUTRITION.]

01 YES 02 NO → GO TO F7

F6a. Did you tell a doctor* about this weight gain?

01 YES 02 NO → GO TO F6d

F6b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing this weight gain?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F6e
- 02 MED/DRUG/ALC → GO TO F6h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F7
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F6c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F6e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F7

F6d. Was weight gain ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F6g

IF YES: What caused your weight gain?

DX: _____

F6e. Was weight gain always the result of a physical illness or injury?

01 YES → GO TO F7 02 NO

F6f. When weight gain was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F7

MED/DRUG/ALC: _____ → GO TO F7

F6g. Was weight gain ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F7

MED/DRUG/ALC: _____

F6h. Was weight gain always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F7

02 NO → IF F6d=02 → TALLY AND GO TO F7

F6i. You said that you sometimes gained weight when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you gained weight always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What caused your weight gain?

DX: _____

F7. Have you ever had 2 weeks or more when nearly every night you had trouble falling asleep?

01 YES 02 NO → GO TO F8

F7a. Did you tell a doctor* about trouble falling asleep?

01 YES 02 NO → GO TO F7d

F7b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble falling asleep?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F7e
- 02 MED/DRUG/ALC → GO TO F7h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F10
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F7c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F7e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F10

F7d. Was trouble falling asleep ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F7g

IF YES: What caused trouble falling asleep?

DX: _____

F7e. Was trouble falling asleep always the result of a physical illness or injury?

01 YES → GO TO F8 02 NO

F7f. When trouble falling asleep was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____ → GO TO F8

F7g. Was your trouble falling asleep ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____

F7h. Was your trouble falling asleep always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F8 02 NO → IF F7d=02 → TALLY AND GO TO F10

F7i. You said that you sometimes had trouble falling asleep when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble falling asleep always the result of a physical illness or injury?

01 YES 02 NO → TALLY AND GO TO F10

IF YES: What else caused your trouble falling asleep?

DX: _____

F8. Have you ever had 2 weeks or more when nearly every night you had trouble staying asleep?

01 YES 02 NO → GO TO F9

F8a. Did you tell a doctor* about your trouble staying asleep?

01 YES 02 NO → GO TO F8d

F8b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble staying asleep?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F8e

02 MED/DRUG/ALC → GO TO F8h

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F10

04 NOTHING, NO DEFINITE DIAGNOSIS

F8c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO F8e

02 NO, NO EXAM, DK → TALLY AND GO TO F10

F8d. Was trouble staying asleep ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F8g

IF YES: What caused trouble staying asleep?

DX: _____

F8e. Was trouble staying asleep always the result of a physical illness or injury?

01 YES → GO TO F9 02 NO

F8f. When trouble staying asleep was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____ → GO TO F9

F8g. Was your trouble staying asleep ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____

F8h. Was your trouble staying asleep always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F9

02 NO → IF F8d=02 → TALLY AND GO TO F10

F8i. You said that you sometimes had trouble staying asleep when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble staying asleep always the result of a physical illness or injury?

01 YES

02 NO → TALLY AND GO TO F10

IF YES: What else caused your trouble staying asleep?

DX: _____

F9. Have you ever had 2 weeks or more when nearly every night you had trouble waking up too early?

01 YES 02 NO → GO TO F10

F9a. Did you tell a doctor* about your trouble waking up too early?

01 YES 02 NO → GO TO F9d

F9b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble waking up too early?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F9e

02 MED/DRUG/ALC → GO TO F9h

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F10

04 NOTHING, NO DEFINITE DIAGNOSIS

F9c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO F9e

02 NO, NO EXAM, DK → TALLY AND GO TO F10

F9d. Was trouble waking up too early ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F9g

IF YES: What caused trouble waking up too early?

DX: _____

F9e. Was trouble waking up too early always the result of a physical illness or injury?

01 YES → GO TO F10 02 NO

F9f. When trouble waking up too early was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____ → GO TO F10

F9g. Was your trouble waking up too early ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F10

MED/DRUG/ALC: _____

F9h. Was your trouble waking up too early always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F10

02 NO → IF F9d=02 → TALLY AND GO TO F10

F9i. You said that you sometimes had trouble waking up too early when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble waking up too early always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused your trouble waking up early?

DX: _____

F10. Have you ever had 2 weeks or longer when nearly every day you were sleeping too much?

01 YES 02 NO → GO TO F11

F10a. Did you tell a doctor* about sleeping too much?

01 YES 02 NO → GO TO F10d

F10b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing sleeping too much?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F10e
- 02 MED/DRUG/ALC → GO TO F10h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F11
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F10c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F10e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F11

F10d. Was sleeping too much ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F10g

IF YES: What caused sleeping too much?

DX: _____

F10e. Was sleeping too much always the result of a physical illness or injury?

01 YES → GO TO F11 02 NO

F10f. When sleeping too much was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F11

MED/DRUG/ALC: _____ → GO TO F11

F10g. Was sleeping too much ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F11

MED/DRUG/ALC: _____

F10h. Was sleeping too much always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F11

02 NO → IF F10d=02 → TALLY AND GO TO F11

F10i. You said that you sometimes slept too much when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you slept too much always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused sleeping too much?

DX: _____

F11. Has there ever been a period lasting 2 weeks or more when you lacked energy or felt tired out all the time, even when you had not been working very hard?

01 YES 02 NO → GO TO F12

F11a. Did you tell a doctor* about feeling tired out all the time?

01 YES 02 NO → GO TO F11d

F11b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing feeling tired out all the time?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F11e
- 02 MED/DRUG/ALC → GO TO F11h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F12
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F11c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO F11e
02 NO, NO EXAM, DK → TALLY AND GO TO F12

F11d. Was feeling tired out all the time ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F11g

IF YES: What caused feeling tired out all the time?

DX : _____

F11e. Was feeling tired out all the time always the result of a physical illness or injury?

01 YES → GO TO F12 02 NO

F11f. When feeling tired out all the time was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F12

MED/DRUG/ALC: _____ → GO TO F12

F11g. Was feeling tired out all the time ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F12

MED/DRUG/ALC: _____

F11h. Was feeling tired out all the time always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F12

02 NO → IF F11d=02 → TALLY AND GO TO F12

F11i. You said that you sometimes felt tired out all the time when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt tired out always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused feeling tired out all the time?

DX: _____

F12. Did you ever have 2 weeks or more when you felt very bad when you got up but felt better later in the day?

01 YES 02 NO → GO TO F13

F12a. Did you tell a doctor* about feeling bad when you got up?

01 YES 02 NO → GO TO F12d

F12b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you to feel bad when you got up?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F12e
- 02 MED/DRUG/ALC → GO TO F12h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F13
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F12c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F12e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F13

F12d. Was feeling bad when you got up ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F12g

IF YES: What caused feeling bad when you got up?

DX: _____

F12e. Was feeling bad when you got up always the result of a physical illness or injury?

01 YES → GO TO F13 02 NO

F12f. When feeling bad when you got up was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F13

MED/DRUG/ALC: _____ → GO TO F13

F12g. Was feeling bad when you got up ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F13

MED/DRUG/ALC: _____

F12h. Was feeling bad when you got up always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F13

02 NO → IF F12d=02 → TALLY AND GO TO F13

F12i. You said that you sometimes felt bad when you got up when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt bad when you got up always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused feeling bad when you got up?

DX: _____

F13. Has there ever been 2 weeks or more when nearly every day you talked or moved more slowly than is normal for you?

01 YES 02 NO → GO TO F14

F13a. Did you tell a doctor* about talking or moving more slowly?

01 YES 02 NO → GO TO F13d

F13b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing talking or moving more slowly?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F13e
02 MED/DRUG/ALC → GO TO F13h
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F14
04 NOTHING, NO DEFINITE DIAGNOSIS

F13c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F13e
02 NO, NO EXAM, DK → TALLY AND GO TO F14

F13d. Was talking or moving more slowly ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F13g

IF YES: What caused talking or moving more slowly?

DX : _____

F13e. Was talking or moving more slowly always the result of a physical illness or injury?

01 YES → GO TO F14 02 NO

F13f. When talking or moving more slowly was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F14

MED/DRUG/ALC: _____ → GO TO F14

F13g. Was talking or moving more slowly ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F14

MED/DRUG/ALC: _____

F13h. Was talking or moving more slowly always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F14

02 NO → IF F13d=02 → TALLY AND GO TO F14

F13i. You said that you sometimes talked or moved more slowly when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you talked or moved more slowly always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused talking or moving more slowly?

DX: _____

F14. Has there ever been 2 weeks or more when nearly every day you had to be moving all the time—that is, you couldn't sit still and paced up and down?

01 YES 02 NO → GO TO F15

F14a. Did you tell a doctor* about needing to be moving all the time?

01 YES 02 NO → GO TO F14d

F14b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing moving all the time?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F14e
- 02 MED/DRUG/ALC → GO TO F14h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F15
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F14c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F14e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F15

F14d. Was moving all the time ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F14g

IF YES: What caused moving all the time?

DX: _____

F14e. Was moving all the time always the result of a physical illness or injury?

01 YES → GO TO F15 02 NO

F14f. When moving all the time was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F15

MED/DRUG/ALC: _____ → GO TO F15

F14g. Was moving all the time ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F15

MED/DRUG/ALC: _____

F14h. Was moving all the time always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F15

02 NO → IF F14d=02 → TALLY AND GO TO F15

F14i. You said that you sometimes had to be moving all the time when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had to be moving all the time always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused moving all the time?

DX: _____

F15. Has there ever been a period of several weeks when your interest in sex was a lot less than usual?

- 01 YES
- 02 NO → GO TO F16
- 03 IF VOL: NO INTEREST EVER → GO TO F16

F15a. Did you tell a doctor* about your decreased interest in sex?

- 01 YES
- 02 NO → GO TO F15d

F15b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing less interest in sex?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F15e
- 02 MED/DRUG/ALC → GO TO F15h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F16
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F15c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F15e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F16

F15d. Was less interest in sex ever the result of a physical illness or injury?

- 01 YES
- 02 NO → GO TO F15g

IF YES: What caused less interest in sex?

DX: _____

F15e. Was less interest in sex always the result of a physical illness or injury?

- 01 YES → GO TO F16
- 02 NO

F15f. When less interest in sex was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW
- 02 NO → TALLY AND GO TO F16

MED/DRUG/ALC: _____ → GO TO F16

F15g. Was less interest in sex ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F16

MED/DRUG/ALC: _____

F15h. Was less interest in sex always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F16

02 NO → IF F15d=02 → TALLY AND GO TO F16

F15i. You said that you sometimes had less interest in sex when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had less interest in sex always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused less interest in sex?

DX: _____

F16. Has there ever been 2 weeks or longer when you lost interest in most things like work or hobbies or things you usually liked to do for fun?

01 YES 02 NO → GO TO F17

F16a. Did you tell a doctor* about losing all interest in things?

01 YES 02 NO → GO TO F16d

F16b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you to lose all interest in things?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F16e
- 02 MED/DRUG/ALC → GO TO F16h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F17
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F16c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F16e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F17

F16d. Was losing all interest in things ever the result of a physical illness or injury?

- 01 YES 02 NO → GO TO F16g

IF YES: What caused you to lose all interest in things?

DX: _____

F16e. Was losing all interest in things always the result of a physical illness or injury?

- 01 YES → GO TO F17 02 NO

F16f. When losing all interest in things was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F17

MED/DRUG/ALC: _____ → GO TO F17

F16g. Was losing all interest in things ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F17

MED/DRUG/ALC: _____

F16h. Was losing all interest in things always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F17

02 NO → IF F16d=02 → TALLY AND GO TO F17

F16i. You said that you sometimes lost all interest in things when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you lost interest in things always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused you to lose all interest in things?

DX: _____

F17. Has there ever been 2 weeks or more when nearly every day you felt worthless?

01 YES → TALLY

02 NO

F17a. Has there ever been 2 weeks or more when nearly every day you felt sinful?

01 YES → TALLY

02 NO

F17b. Has there ever been 2 weeks or more when nearly every day you felt guilty?

01 YES → TALLY

02 NO

SKIP: IF F17-F17b = 02, GO TO F19.

F18. Was there any particular reason for feeling (worthless/sinful/guilty)?

01 YES

02 NO → GO TO F19

What was that? (VERBATIM) _____

F19. Have there ever been 2 weeks or more when you felt that you were not as good as other people or inferior?

01 YES → TALLY

02 NO

F20. Has there ever been 2 weeks or longer when you had so little self-confidence that you wouldn't try to have your say about anything?

01 YES → TALLY

02 NO

F21. Has there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

01 YES 02 NO → GO TO F22

F21a. Did you tell a doctor* about trouble concentrating?

01 YES 02 NO → GO TO F21d

F21b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you trouble concentrating?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F21e
- 02 MED/DRUG/ALC → GO TO F21h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F22
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F21c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F21e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F22

F21d. Was trouble concentrating ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F21g

IF YES: What caused trouble concentrating?

DX: _____

F21e. Was trouble concentrating always the result of a physical illness or injury?

01 YES → GO TO F22 02 NO

F21f. When trouble concentrating was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F22

MED/DRUG/ALC: _____ → GO TO F22

F21g. Was trouble concentrating ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F22

MED/DRUG/ALC: _____

F21h. Was trouble concentrating always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F22

02 NO → IF F21d=02 → TALLY AND GO TO F22

F21i. You said that you sometimes had trouble concentrating when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble concentrating always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused trouble concentrating?

DX: _____

F22. Have you ever had 2 weeks or more when nearly every day your thoughts came much slower than usual or seemed mixed up?

01 YES 02 NO → GO TO F23

F22a. Did you tell a doctor* about thoughts coming slower or seeming mixed up?

01 YES 02 NO → GO TO F22d

F22b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your thoughts coming slower?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F22e
- 02 MED/DRUG/ALC → GO TO F22h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F23
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F22c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → GO TO F22e
- 02 NO, NO EXAM, DK → TALLY AND GO TO F23

F22d. Was having slower thoughts ever the result of a physical illness or injury?

- 01 YES 02 NO → GO TO F22g

IF YES: What caused you to have slower thoughts?

DX: _____

F22e. Was having slower thoughts always the result of a physical illness or injury?

- 01 YES → GO TO F23 02 NO

F22f. When having slower thoughts was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F23

MED/DRUG/ALC: _____ → GO TO F23

F22g. Was having slower thoughts ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F23

MED/DRUG/ALC: _____

F22h. Was having slower thoughts always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F23

02 NO → IF F22d=02 → TALLY AND GO TO F23

F22i. You said that you sometimes had slower thoughts when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had slower thoughts always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused you to have slower thoughts?

DX: _____

F23. Have you ever had 2 weeks or more when nearly every day you were unable to make up your mind about things you ordinarily have no trouble deciding about?

01 YES 02 NO → GO TO F24

F23a. Did you tell a doctor* about being unable to make up your mind?

01 YES 02 NO → GO TO F23d

F23b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your being unable to make up your mind?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F23e
- 02 MED/DRUG/ALC → GO TO F23h
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → TALLY AND GO TO F24
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F23c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → GO TO F23e
02 NO, NO EXAM, DK → TALLY AND GO TO F24

F23d. Was being unable to make up your mind ever the result of a physical illness or injury?

01 YES 02 NO → GO TO F23g

IF YES: What caused your being unable to make up your mind?

DX: _____

F23e. Was being unable to make up your mind always the result of a physical illness or injury?

01 YES → GO TO F24 02 NO

F23f. When being unable to make up your mind was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → TALLY AND GO TO F24

MED/DRUG/ALC: _____ → GO TO F24

F23g. Was being unable to make up your mind ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → TALLY AND GO TO F24

MED/DRUG/ALC: _____

F23h. Was being unable to make up your mind always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F24

02 NO → IF F23d=02 → TALLY AND GO TO F24

F23i. You said that you sometimes were unable to make up your mind when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you were unable to make up your mind always the result of a physical illness or injury?

01 YES

02 NO → TALLY

IF YES: What else caused being unable to make up your mind?

DX: _____

F24. Has there ever been a period of 2 weeks or more when you thought a lot about death—either your own, someone else's, or death in general?

01 YES → TALLY

02 NO

F25. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?

01 YES → TALLY

02 NO

F26. Have you ever felt so low you thought about committing suicide?

01 YES → TALLY

02 NO

F27. Have you ever attempted suicide?

01 YES → TALLY ↘

02 NO → GO TO F28

F27a. When was the first time you attempted suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F27b. When was the last time you attempted suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F28. HAVE ITEMS BEEN CHECKED IN 3 OR MORE BOXES ON TALLY SHEET F, PART A?

01 YES

02 NO → GO TO SECTION G

F29. IS F1 OR F16 CHECKED ON TALLY SHEET F, PART A?

01 YES

02 NO → GO TO F31

F30. You said you've had a period of feeling depressed or uninterested and also said you've had some other problems like (you/you had/you were) (READ BOXED ITEMS CHECKED ON TALLY SHEET F, PART A).

Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?

01 YES → GO TO F30b

02 NO

F30a. So, there's never been a period when you felt depressed (or uninterested) at the same time you were having some of these other problems?

01 NEVER BEEN A PERIOD → GO TO SECTION G

02 HAS BEEN A PERIOD

F30b. Did this period of feeling depressed or uninterested and at the same time having some of these other problems last for 2 weeks or more?

01 YES

02 NO → GO TO SECTION G

F30c. When was the first time you had a period of 2 weeks or more when you had some of these problems (and also felt depressed or uninterested)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F30d. What about the last time that you had 2 weeks or more when you had some of these problems and also felt depressed or uninterested? When did that last spell end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE → TALLY

GO TO F32.

F31. You said you have had times when (you/you had/you were) (LIST BOXED ITEMS CHECKED ON TALLY SHEET F, PART A). Was there ever a time when several of these problems occurred together—that is, within the same month?

- 01 YES 02 NO → GO TO SECTION G

F31a. When you were having some of these problems, at about the same time were you feeling okay or were you feeling low, gloomy, blue, or uninterested in everything?

- 01 OKAY → GO TO SECTION G
02 GLOOMY, LOW, ETC.

F31b. Did this period of feeling gloomy, low, and at the same time having some of these other problems last 2 weeks or more?

- 01 YES 02 NO → GO TO SECTION G

F31c. When was the first time you had a period of 2 weeks or more when you had several of these problems and also felt low, gloomy, or uninterested in everything?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

F31d. What about the last time you had 2 weeks or more when you had several of these problems and also felt low, gloomy, or uninterested in everything? When did that last spell end?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE → TALLY

F32. What's the longest spell you've ever had when you felt depressed (or uninterested) and had several of these other problems at the same time?

YEARS	MONTHS	WEEKS
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF WHOLE LIFE OR MORE THAN 19 YEARS, CODE 90 YEARS.

TALLY

**SKIP: IF 1 DAY TO 13 DAYS, GO TO SECTION G.
IF 2 WEEKS TO 23 WEEKS, GO TO F34.
IF 24 WEEKS (6 MONTHS) TO 104 WEEKS (24 MONTHS), GO TO SKIP BEFORE F33b.
IF MORE THAN 2 YEARS, CONTINUE.**

F33. When did you first have 2 years or more when you felt blue and had several of these other problems at the same time?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F33a. What about the last time you had 2 years or more when you felt blue and had several of those other problems at the same time? When did that last spell end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

SKIP: (SEE TALLY SHEET F, PART A) IF RESPONDENT HAD WORRIES ON MIND (E11 CHECKED), CONTINUE. OTHERWISE, GO TO F34.

F33b. You said earlier that you have had a long period when you were anxious and worrying about several different things. Did this whole spell of feeling anxious and worried fall within a period when you were depressed?

01 YES

02 NO

F34. Now, I'd like to ask about spells when you felt both depressed and had some of these other problems like (READ ITEMS CHECKED IN A FEW OF THE BOXES ON TALLY SHEET F, PART A). In your lifetime, how many spells like that have you had that lasted 2 weeks or more? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

NO. OF SPELLS → TALLY

SKIP: IF F34 = 01, GO TO F35.

F34a. Between (any of) these spells, were you feeling okay at least for some months?

01 OKAY SOME MONTHS

02 NO

F35. Were you ever in a hospital overnight because of (that spell/any of those spells) of feeling depressed?

01 YES → GO TO F37

02 NO

F36. Did you tell a doctor* about (that spell/any of those spells)?

01 YES → GO TO F36b

02 NO

F36a. Did you tell any other professional* about (it/any of them)?

01 YES

02 NO

F36b. Did you take medication more than once because of (that spell/ any of those spells)?

01 YES

02 NO

F36c. Did (that spell/any of those spells) interfere with your life, work, or activities a lot?

01 YES

02 NO

F36d. Was any spell so bad that it kept you from working or from seeing friends or relatives?

01 YES

02 NO

F37. Did (this spell/any of those spells) occur just after someone close to you died? [IF RESPONDENT VOLUNTEERS "BEGAN MORE THAN 2 MONTHS AFTER DEATH," CODE 02.]

01 YES

02 NO → GO TO F38

F37a. Have you had any spell of depression along with these other problems like (READ 3 BOXED ITEMS CHECKED ON TALLY SHEET F, PART A) at times when it wasn't just after a death?

01 YES, NOT ALL DUE TO DEATH

02 NO, ALL DUE TO DEATH → GO TO F38

SKIP: (SEE TALLY SHEET F, PART A) IF RESPONDENT HAD NO SPELL IN PAST 12 MONTHS (F30d OR F31d IS CHECKED), GO TO F38.

F37b. What about the spell or spells you had in the past 12 months — (was that/were they all) due to someone close to you dying?

01 YES, ALL DUE TO DEATH

02 NO, NOT ALL DUE TO DEATH

F38. IS MORE THAN 1 SPELL CODED IN F34 (ON TALLY SHEET F, PART A)?

01 YES → GO TO F40 02 NO

F39. DOES F32 ON TALLY SHEET F, PART A = LONGER THAN 52 WEEKS (1 YEAR)?

01 YES 02 NO → GO TO F41

F40. Now, I'd like to know about the time when you were feeling depressed for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? [IF CAN'T CHOOSE: Then pick 1 bad spell.]

AGE

REFER TO TALLY SHEET F. BELOW, PUT A "√" IN THE BOX IN FRONT OF THE ITEMS COMPARABLE TO THOSE CHECKED ON TALLY SHEET F, PART A. ASK THE F41 SERIES QUESTION FOR EACH ITEM THAT YOU CHECK BELOW.

F41. I'd also like to know which of these other problems you had during (this/that) spell of depression. For instance, during (this/that) spell (when you were (AGE IN F40) years old) [READ EACH QUESTION FOR WHICH COMPARABLE ITEM IS CHECKED ON TALLY SHEET], ... ?

	YES, OCCURRED DURING THIS SPELL	NO, DID NOT OCCUR THEN
<input type="checkbox"/> F3-II. did you lose your appetite	01	02
<input type="checkbox"/> F4-II. did you lose weight without trying to, as much as 2 pounds a week.....	01	02
<input checked="" type="checkbox"/> F5-II. did you have an increase in appetite	01	02
<input type="checkbox"/> F6-II. did your eating increase so much that you gained as much as 2 pounds a week for several weeks	01	02
<input type="checkbox"/> F7-II. did you have trouble falling asleep	01	02
<input type="checkbox"/> F8-II. did you have trouble staying asleep	01	02
<input type="checkbox"/> F9-II. did you have trouble waking up too early	01	02
<input type="checkbox"/> F10-II. were you sleeping too much	01	02
<input type="checkbox"/> F11-II. did you feel tired out all of the time	01	02
<input type="checkbox"/> F12-II. did you feel very bad when you got up but felt better later in the day	01	02
<input type="checkbox"/> F13-II. did you talk or move more slowly than is normal for you	01	02
<input type="checkbox"/> F14-II. did you have to be moving all of the time	01	02

[CONTINUED]

	YES, OCCURRED DURING THIS SPELL	NO, DID NOT OCCUR THEN
--	--	-----------------------------------

<input type="checkbox"/>	F15-II. was your interest in sex a lot less than usual	01	02
<input type="checkbox"/>	F16-II. did you lose all interest in things like work or hobbies or things you usually liked to do for fun	01	02

<input type="checkbox"/>	F17-II. did you feel worthless	01	02
<input type="checkbox"/>	F17a-II. did you feel sinful	01	02
<input type="checkbox"/>	F17b-II. did you feel guilty	01	02

<input type="checkbox"/>	F19-II. did you feel inferior	01	02
<input type="checkbox"/>	F20-II. did you have little self-confidence	01	02

<input type="checkbox"/>	F21-II. did you have a lot more trouble concentrating than is normal for you	01	02
<input type="checkbox"/>	F22-II. did your thoughts come much slower or seem mixed up	01	02
<input type="checkbox"/>	F23-II. were you unable to make up your mind about things you ordinarily have no trouble deciding about	01	02

<input type="checkbox"/>	F24-II. did you think a lot about death	01	02
<input type="checkbox"/>	F25-II. did you feel like you wanted to die	01	02
<input type="checkbox"/>	F26-II. did you feel so low you thought about committing suicide	01	02
<input type="checkbox"/>	F27-II. did you attempt suicide	01	02

GO TO SECTION G.

START USING TALLY SHEET F, PART B.

F42. Now I'm going to change the subject a bit and ask about some other feelings kids sometimes have. I'm going to start off asking you about depression and feeling sad. In your lifetime, have you ever had 2 weeks or more when nearly every day you felt very sad?

01 YES → TALLY 02 NO → GO TO F43

F42a. When you feel sad this way, does it last most of the day?

01 YES 02 NO

F43. Would you say you have been very sad a lot of the time for as long as a year?

01 YES 02 NO → GO TO F44

F43a. Would you say most of the time?

01 YES 02 NO → GO TO F44

F43b. Were you very sad most of the time for as long as 2 years?

01 YES 02 NO

F43c. Did you tell a doctor about this (1 year/2 year) [IF 01 IS CIRCLED IN BOTH F43a AND F43b, SAY "2 YEAR"; IF 01 IS CIRCLED ONLY IN F43a, SAY "1 YEAR"] period of feeling very sad most of the time? The term "doctor" includes psychiatrists, other medical doctors, osteopaths, and students in training to be medical doctors or osteopaths, nurse practitioners, and physicians' assistants.

01 YES → GO TO F43g 02 NO

F43d. Did you tell any other professional about this (1 year/2 year) period of feeling very sad most of the time? The term "other professional" includes psychologists, social workers, guidance counselors, nurses, clergy, dentists, chiropractors, and podiatrists.

01 YES → GO TO F43g 02 NO

F43e. Did you more than once take medication for this (1 year/2 year) period of feeling very sad most of the time?

01 YES → GO TO F43g 02 NO

F43f. Did this (1 year/2 year) period of feeling very sad most of the time interfere with your life or activities a lot?

01 YES 02 NO

SHOW ONSET/RECENCY CARD.

F43g. When did the first (1 year/2 year) period of feeling very sad most of the time begin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F43h. When did the last (1 year/2 year) period of feeling very sad most of the time end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F43i. Did you frequently feel hopeless during this (1 year/2 year) period?

01 YES

02 NO

F44. In your lifetime, have you ever had 2 weeks or more when nearly every day you were grouchy or irritable, often in a bad mood, so that even little things would make you mad?

01 YES → TALLY

02 NO → GO TO F45

F44a. When you are grouchy like this, does it last most of the day?

01 YES

02 NO

F45. Would you say you have been grouchy or irritable, often in a bad mood a lot of the time for as long as a year?

01 YES

02 NO → GO TO F46

F45a. Would you say most of the time?

01 YES

02 NO → GO TO F46

F45b. Were you grouchy or irritable, often in a bad mood most of the time for 2 years?

01 YES

02 NO

F45c. Did you tell a doctor* about this (1 year/2 year) period of feeling grouchy or irritable, often in a bad mood?

01 YES → GO TO F45g

02 NO

F45d. Did you tell any other professional* about this (1 year/2 year) period of feeling grouchy or irritable, often in a bad mood?

01 YES → GO TO F45g

02 NO

F45e. Did you more than once take medication for this (1 year/2 year) period of feeling grouchy or irritable, often in a bad mood?

01 YES → GO TO F45g

02 NO

F45f. Did this (1 year/2 year) period of feeling grouchy or irritable, often in a bad mood interfere with your life or activities a lot?

01 YES

02 NO

F45g. When did the first (1 year/2 year) period of feeling grouchy most of the time begin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F45h. When did the last (1 year/2 year) period of feeling grouchy most of the time end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F45i. Did you frequently feel hopeless during this (1 year/2 year) period?

01 YES

02 NO

USE TALLY SHEET F, PART C.

F46. Has there ever been a period of 2 weeks or longer when most days you often did not feel very much like eating?
[CAN BE "YES" EVEN IF FOOD INTAKE IS NORMAL.]

01 YES → TALLY

02 NO → GO TO F47

F46a. When you did not feel very much like eating, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F46c

IF YES: What physical illness or injury did you have?

DX: _____

F46b. When you did not feel very much like eating, did you always have a physical illness or injury?

01 YES

02 NO

F46c. When you did not feel very much like eating, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F46f

MED/DRUG/ALC: _____

F46d. When you did not feel very much like eating, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F46f

02 NO → IF F46b = 01, GO TO F46f.

F46e. You said that you sometimes did not feel very much like eating when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you did not feel very much like eating always when you had a physical illness or injury?

01 YES

02 NO

F46f. Did you tell a doctor* about your not feeling like eating?

01 YES

02 NO → GO TO F47

F46g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your not feeling like eating?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F47

02 MED/DRUG/ALC → GO TO F47

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F47

04 NOTHING, NO DEFINITE DIAGNOSIS

F46h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F47. Have you ever lost a lot of weight?

01 YES → TALLY

02 NO → GO TO F48

F47a. Were you on a diet or trying to lose weight?

01 YES

02 NO

F47b. Did you lose so much weight that other people noticed?

01 YES

02 NO

F47c. When you lost a lot of weight, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F47e

IF YES: What physical illness or injury did you have?

DX: _____

F47d. When you lost a lot of weight, did you always have a physical illness or injury?

01 YES

02 NO

F47e. When you lost a lot of weight, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F47h

MED/DRUG/ALC: _____

F47f. When you lost a lot of weight, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F47h

02 NO → IF F47d = 01, GO TO F47h.

F47g. You said that you sometimes lost a lot of weight when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you lost a lot of weight always when you had a physical illness or injury?

01 YES

02 NO

F47h. Did you tell a doctor* about losing weight without trying?

01 YES

02 NO → GO TO F48

F47i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing the loss of weight?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F48

02 MED/DRUG/ALC → GO TO F48

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F48

04 NOTHING, NO DEFINITE DIAGNOSIS

F47j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F48. Has there ever been at least 2 weeks when most days you often wanted to eat more than usual?

01 YES → TALLY

02 NO → GO TO F49

F48a. When you wanted to eat more than usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F48c

IF YES: What physical illness or injury did you have?

DX: _____

F48b. When you wanted to eat more than usual, did you always have a physical illness or injury?

01 YES

02 NO

F48c. When you wanted to eat more than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F48f

MED/DRUG/ALC: _____

F48d. When you wanted to eat more than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F48f

02 NO → IF F48b = 01, GO TO F48f.

F48e. You said that you sometimes wanted to eat more than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you wanted to eat more than usual always when you had a physical illness or injury?

01 YES

02 NO

F48f. Did you tell a doctor* about your wanting to eat more than usual?

01 YES

02 NO → GO TO F49

F48g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your wanting to eat more than usual?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F49

02 MED/DRUG/ALC → GO TO F49

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F49

04 NOTHING, NO DEFINITE DIAGNOSIS

F48h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F49. Have you ever had a period when you gained a lot of weight?

01 YES → TALLY

02 NO → GO TO F50

F49a. Were you trying to gain weight?

01 YES

02 NO

F49b. Did you gain so much weight that other people said it was a problem?

01 YES

02 NO

F49c. When you gained a lot of weight, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F49e

IF YES: What physical illness or injury did you have?

DX: _____

F49d. When you gained a lot of weight, did you always have a physical illness or injury?

01 YES

02 NO

F49e. When you gained a lot of weight, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F49h

MED/DRUG/ALC: _____

F49f. When you gained a lot of weight, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F49h

02 NO → IF F49d = 01, GO TO F49h.

F49g. You said that you sometimes gained a lot of weight when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you gained a lot of weight always when you had a physical illness or injury?

01 YES

02 NO

F49h. Did you tell a doctor* about this weight gain?

01 YES

02 NO → GO TO F50

F49i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing this weight gain?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F50

02 MED/DRUG/ALC → GO TO F50

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F50

04 NOTHING, NO DEFINITE DIAGNOSIS

F49j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F50. Have you ever had 2 weeks or more when most nights you had more trouble sleeping than usual, that is, more trouble than usual falling asleep or staying asleep or waking up too early?

01 YES → TALLY

02 NO → GO TO F51

F50a. When you had more trouble sleeping than usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F50c

IF YES: What physical illness or injury did you have?

DX: _____

F50b. When you had more trouble sleeping than usual, did you always have a physical illness or injury?

01 YES

02 NO

F50c. When you had more trouble sleeping than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F50f

MED/DRUG/ALC: _____

F50d. When you had more trouble sleeping than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F50f

02 NO → IF F50b = 01, GO TO F50f.

F50e. You said that you sometimes had more trouble sleeping than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had more trouble sleeping than usual always when you had a physical illness or injury?

01 YES

02 NO

F50f. Did you tell a doctor* about your trouble sleeping?

01 YES

02 NO → GO TO F51

F50g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble sleeping?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F51

02 MED/DRUG/ALC → GO TO F51

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F51

04 NOTHING, NO DEFINITE DIAGNOSIS

F50h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F51. Have you ever had 2 weeks or more when you slept a lot more than usual?

01 YES → TALLY

02 NO → GO TO F52

F51a. When you slept a lot more than usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F51c

IF YES: What physical illness or injury did you have?

DX: _____

F51b. When you slept a lot more than usual, did you always have a physical illness or injury?

01 YES

02 NO

F51c. When you slept a lot more than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F51f

MED/DRUG/ALC: _____

F51d. When you slept a lot more than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F51f

02 NO → IF F51b = 01, GO TO F51f.

F51e. You said that you sometimes slept a lot more than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you slept a lot more than usual always when you had a physical illness or injury?

01 YES

02 NO

F51f. Did you tell a doctor* about sleeping too much?

01 YES

02 NO → GO TO F52

F51g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your sleeping too much?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F52

02 MED/DRUG/ALC → GO TO F52

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F52

04 NOTHING, NO DEFINITE DIAGNOSIS

F51h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F52. Has there ever been 2 weeks or more when most days you definitely talked or moved around a lot less than usual?

01 YES → TALLY

02 NO → GO TO F53

F52a. Did you talk or move around so little that other people noticed?

01 YES

02 NO

F52b. When you talked or moved around a lot less than usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F52d

IF YES: What physical illness or injury did you have?

DX: _____

F52c. When you talked or moved around a lot less than usual, did you always have a physical illness or injury?

01 YES

02 NO

F52d. When you talked or moved around a lot less than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F52g

MED/DRUG/ALC: _____

F52e. When you talked or moved around a lot less than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F52g

02 NO → IF F52c = 01, GO TO F52g.

F52f. You said that you sometimes talked or moved around a lot less than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you talked or moved around a lot less than usual always when you had a physical illness or injury?

01 YES

02 NO

F52g. Did you tell a doctor* about talking or moving a lot less?

01 YES

02 NO → GO TO F53

F52h. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your talking or moving a lot less?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F53

02 MED/DRUG/ALC → GO TO F53

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F53

04 NOTHING, NO DEFINITE DIAGNOSIS

F52i. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F53. Has there ever been 2 weeks or more when most days you were very restless, when you just had to keep walking around?

01 YES → TALLY

02 NO → GO TO F54

F53a. Was that different from how you usually are?

01 YES

02 NO

F53b. Were you so restless that other people noticed it or said something about it?

01 YES

02 NO

F53c. When you were very restless, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F53e

IF YES: What physical illness or injury did you have?

DX: _____

F53d. When you were very restless, did you always have a physical illness or injury?

01 YES

02 NO

F53e. When you were very restless, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F53h

MED/DRUG/ALC: _____

F53f. When you were very restless, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F53h

02 NO → IF F53d = 01, GO TO F53h.

F53g. You said that you sometimes were very restless when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you were very restless always when you had a physical illness or injury?

01 YES

02 NO

F53h. Did you tell a doctor* about being very restless?

01 YES

02 NO → GO TO F54

F53i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your being very restless?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F54

02 MED/DRUG/ALC → GO TO F54

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F54

04 NOTHING, NO DEFINITE DIAGNOSIS

F53j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F54. Have you ever had any experience with sex or been sexually active, that is, more than hugging or kissing on the cheek, mouth, ears, or neck?

01 YES

02 NO → TALLY AND GO TO F56

F55. Has there ever been a period of several (by that, I mean 3 or more) weeks when your interest in sex was a lot less than usual?

01 YES → TALLY

02 NO → GO TO F56

03 IF VOL: NO INTEREST EVER → GO TO F56

F55a. When you had less interest in sex than usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F55c

IF YES: What physical illness or injury did you have?

DX: _____

F55b. When you had less interest in sex than usual, did you always have a physical illness or injury?

01 YES

02 NO

F55c. When you had less interest in sex than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F55f

MED/DRUG/ALC: _____

F55d. When you had less interest in sex than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F55f

02 NO → IF F55b = 01, GO TO F55f.

F55e. You said that you sometimes had less interest in sex than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had less interest in sex than usual always when you had a physical illness or injury?

01 YES

02 NO

F55f. Did you tell a doctor* about your decreased interest in sex?

01 YES

02 NO → GO TO F56

F55g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing less interest in sex?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F56
- 02 MED/DRUG/ALC → GO TO F56
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F56
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F55h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____
- 02 NO, NO EXAM, DK

F56. Has there ever been 2 weeks or more when almost every day you just weren't interested in anything and felt bored or just sat around most of the time?

- 01 YES → TALLY
- 02 NO → GO TO F57

F56a. Was that a change from how you usually were?

- 01 YES
- 02 NO

F56b. When you felt not interested like this, did it last most of the day?

- 01 YES
- 02 NO

F56c. When you weren't interested in anything and you felt bored, did you ever have a physical illness or injury?

- 01 YES
- 02 NO → GO TO F56e

IF YES: What physical illness or injury did you have?

DX: _____

F56d. When you weren't interested in anything and you felt bored, did you always have a physical illness or injury?

- 01 YES
- 02 NO

F56e. When you weren't interested in anything and you felt bored, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW
- 02 NO → GO TO F56h

MED/DRUG/ALC: _____

F56f. When you weren't interested in anything and you felt bored, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → GO TO F56h
- 02 NO → IF F56d = 01, GO TO F56h.

F56g. You said that you sometimes weren't interested in anything and you felt bored when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you weren't interested in anything and you felt bored always when you had a physical illness or injury?

- 01 YES
- 02 NO

F56h. Did you tell a doctor* about losing all interest in things?

01 YES 02 NO → GO TO F57

F56i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you to lose all interest in things?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F57

02 MED/DRUG/ALC → GO TO F57

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F57

04 NOTHING, NO DEFINITE DIAGNOSIS

F56j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F57. Have you ever had 2 weeks or more when most days nothing was fun for you?

01 YES → TALLY

02 NO → GO TO F58

F57a. Was that a change from how you usually were?

01 YES

02 NO

F57b. When you felt like nothing was fun for you, did this last most of the day?

01 YES

02 NO

F57c. When you felt nothing was fun, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F57e

IF YES: What physical illness or injury did you have?

DX: _____

F57d. When you felt nothing was fun, did you always have a physical illness or injury?

01 YES

02 NO

F57e. When you felt nothing was fun, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F57h

MED/DRUG/ALC: _____

F57f. When you felt nothing was fun, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F57h

02 NO → IF F57d = 01, GO TO F57h.

F57g. You said that you sometimes felt nothing was fun when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt nothing was fun always when you had a physical illness or injury?

01 YES 02 NO

F57h. Did you tell a doctor* about feeling like nothing was fun for you?

01 YES 02 NO → GO TO F58

F57i. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling like nothing was fun for you?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F58
- 02 MED/DRUG/ALC → GO TO F58
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F58
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F57j. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F58. Have you ever been so down that it was hard for you to do your (schoolwork/work)?

01 YES → TALLY 02 NO → GO TO F59

F58a. When you were so down that it was hard for you to do your (schoolwork/work), did you ever have a physical illness or injury?

01 YES 02 NO → GO TO F58c

IF YES: What physical illness or injury did you have?

DX: _____

F58b. When you were so down that it was hard for you to do your (schoolwork/work), did you always have a physical illness or injury?

01 YES 02 NO

F58c. When you were so down that it was hard for you to do your (schoolwork/work), were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO F58f

MED/DRUG/ALC: _____

F58d. When you were so down that it was hard for you to do your (schoolwork/work), were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F58f 02 NO → IF F58b = 01, GO TO F58f.

F58e. You said that you sometimes were so down that it was hard for you to do your (schoolwork/work) when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you were so down that it was hard for you to do your (schoolwork/work) always when you had a physical illness or injury?

01 YES 02 NO

F58f. Did you tell a doctor* about your feeling down?

01 YES 02 NO → GO TO F59

F58g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling down?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F59
02 MED/DRUG/ALC → GO TO F59
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F59
04 NOTHING, NO DEFINITE DIAGNOSIS

F58h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F59. Have you ever had trouble looking after yourself or your things, like keeping yourself clean or picking up after yourself?

01 YES → TALLY 02 NO → GO TO F60

F59a. When you had trouble looking after yourself or your things, did you ever have a physical illness or injury?

01 YES 02 NO → GO TO F59c

IF YES: What physical illness or injury did you have?

DX: _____

F59b. When you had trouble looking after yourself or your things, did you always have a physical illness or injury?

01 YES 02 NO

F59c. When you had trouble looking after yourself or your things, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO F59f

MED/DRUG/ALC: _____

F59d. When you had trouble looking after yourself or your things, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F59f 02 NO → IF F59b = 01, GO TO F59f.

F59e. You said that you sometimes had trouble looking after yourself or your things when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble looking after yourself or your things always when you had a physical illness or injury?

01 YES 02 NO

F59f. Did you tell a doctor* about your trouble looking after yourself?

01 YES 02 NO → GO TO F60

F59g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble looking after yourself?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F60
- 02 MED/DRUG/ALC → GO TO F60
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F60
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F59h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F60. Has there ever been a period lasting 2 weeks or more when most days you felt more tired than usual, so that you sat around and didn't do much of anything?

01 YES → TALLY 02 NO → GO TO F61

F60a. When you felt more tired than usual, did you ever have a physical illness or injury?

01 YES 02 NO → GO TO F60c

IF YES: What physical illness or injury did you have?

DX: _____

F60b. When you felt more tired than usual, did you always have a physical illness or injury?

01 YES 02 NO

F60c. When you felt more tired than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO F60f

MED/DRUG/ALC: _____

F60d. When you felt more tired than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F60f 02 NO → IF F60b = 01, GO TO F60f.

F60e. You said that you sometimes felt more tired than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt more tired than usual always when you had a physical illness or injury?

01 YES 02 NO

F60f. Did you tell a doctor* about feeling more tired than usual?

01 YES 02 NO → GO TO F61

F60g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling more tired than usual?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F61
02 MED/DRUG/ALC → GO TO F61
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F61
04 NOTHING, NO DEFINITE DIAGNOSIS

F60h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F61. Have you ever had 2 weeks or more when most days you felt like you had much less energy than usual, so that it was a big effort to do anything?

01 YES → TALLY 02 NO → GO TO F62

F61a. When you had much less energy than usual, did you ever have a physical illness or injury?

01 YES 02 NO → GO TO F61c

IF YES: What physical illness or injury did you have?

DX: _____

F61b. When you had much less energy than usual, did you always have a physical illness or injury?

01 YES 02 NO

F61c. When you had much less energy than usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO F61f

MED/DRUG/ALC: _____

F61d. When you had much less energy than usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F61f 02 NO → IF F61b = 01, GO TO F61f.

F61e. You said that you sometimes had much less energy than usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had much less energy than usual always when you had a physical illness or injury?

01 YES 02 NO

F61f. Did you tell a doctor* about your having less energy?

01 YES 02 NO → GO TO F62

F61g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your having less energy?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F62
02 MED/DRUG/ALC → GO TO F62
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F62
04 NOTHING, NO DEFINITE DIAGNOSIS

F61h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F62. Did you ever have 2 weeks or more when you felt very bad when you got up but felt better later in the day?

01 YES → TALLY 02 NO → GO TO F63

F62a. When you felt very bad when you got up but felt better later in the day, did you ever have a physical illness or injury?

01 YES 02 NO → GO TO F62c

IF YES: What physical illness or injury did you have?

DX: _____

F62b. When you felt very bad when you got up but felt better later in the day, did you always have a physical illness or injury?

01 YES 02 NO

F62c. When you felt very bad when you got up but felt better later in the day, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → GO TO F62f

MED/DRUG/ALC: _____

F62d. When you felt very bad when you got up but felt better later in the day, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F62f 02 NO → IF F62b = 01, GO TO F62f.

F62e. You said that you sometimes felt very bad when you got up but felt better later in the day when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt very bad when you got up but felt better later in the day always when you had a physical illness or injury?

01 YES 02 NO

F62f. Did you tell a doctor* about feeling bad when you got up?

01 YES 02 NO → GO TO F63

F62g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you to feel bad when you got up?)

MD DX: _____

- 01 PHYS. ILL/INJ → GO TO F63
- 02 MED/DRUG/ALC → GO TO F63
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F63
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F62h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F63. Have you ever had 2 weeks or more when most days you felt less good about yourself than usual and when you blamed yourself a lot for things that happened in the past?

01 YES → TALLY 02 NO → GO TO F64

F63a. Did you blame yourself even for things that weren't your fault?

01 YES 02 NO

F64. Has there ever been 2 weeks or more when most days you felt sinful?

01 YES → TALLY 02 NO

F65. Has there ever been 2 weeks or more when most days you were more down on yourself than usual, when you felt that you couldn't do anything right?

01 YES → TALLY 02 NO

SKIP: IF F63, F64, AND F65 = 02, GO TO F67.

F66. Was there any particular reason for feeling (less good about yourself/sinful/more down on yourself)?

01 YES 02 NO → GO TO F67

What was that? (VERBATIM): _____

F67. Have you often felt bad about the way you look?

01 YES → TALLY

02 NO → GO TO F68

F67a. When you felt bad about the way you look, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F67c

IF YES: What physical illness or injury did you have?

DX: _____

F67b. When you felt bad about the way you look, did you always have a physical illness or injury?

01 YES

02 NO

F67c. When you felt bad about the way you look, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F67f

MED/DRUG/ALC: _____

F67d. When you felt bad about the way you look, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F67f

02 NO → IF F67b = 01, GO TO F67f.

F67e. You said that you sometimes felt bad about the way you look when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt bad about the way you look always when you had a physical illness or injury?

01 YES

02 NO

F67f. Did you tell a doctor* about your feeling bad about the way you look?

01 YES

02 NO → GO TO F68

F67g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling bad about the way you look?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F68

02 MED/DRUG/ALC → GO TO F68

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F68

04 NOTHING, NO DEFINITE DIAGNOSIS

F67h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F68. Were there ever times when you often felt like you were about to cry or were in tears?

01 YES → TALLY

02 NO → GO TO F69

F68a. When you were about to cry or were in tears, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F68c

IF YES: What physical illness or injury did you have?

DX: _____

F68b. When you were about to cry or were in tears, did you always have a physical illness or injury?

01 YES

02 NO

F68c. When you were about to cry or were in tears, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F68f

MED/DRUG/ALC: _____

F68d. When you were about to cry or were in tears, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F68f

02 NO → IF F68b = 01, GO TO F68f.

F68e. You said that you sometimes were about to cry or were in tears when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you were about to cry or were in tears always when you had a physical illness or injury?

01 YES

02 NO

F68f. Did you tell a doctor* about your feeling like you were about to cry?

01 YES

02 NO → GO TO F69

F68g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling like you were about to cry?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F69

02 MED/DRUG/ALC → GO TO F69

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F69

04 NOTHING, NO DEFINITE DIAGNOSIS

F68h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F69. Has there ever been 2 weeks or more when most days you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on other things you were doing?

01 YES → TALLY

02 NO → GO TO F70

F69a. Was that different from how you usually were?

01 YES

02 NO

F69b. When you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F69d

IF YES: What physical illness or injury did you have?

DX: _____

F69c. When you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things, did you always have a physical illness or injury?

01 YES

02 NO

F69d. When you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F69g

MED/DRUG/ALC: _____

F69e. When you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F69g

02 NO → IF F69c = 01, GO TO F69g.

F69f. You said that you sometimes had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on things always when you had a physical illness or injury?

01 YES

02 NO

F69g. Did you tell a doctor* about your trouble paying attention or keeping your mind on things?

01 YES

02 NO → GO TO F70

F69h. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble paying attention or keeping your mind on things?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F70

02 MED/DRUG/ALC → GO TO F70

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F70

04 NOTHING, NO DEFINITE DIAGNOSIS

F69i. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F70. Has there ever been 2 weeks or more when most days you weren't able to concentrate or to think as clearly or as quickly as usual?

01 YES → TALLY

02 NO → GO TO F71

F70a. When you weren't able to concentrate or to think as clearly or quickly as usual, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F70c

IF YES: What physical illness or injury did you have?

DX: _____

F70b. When you weren't able to concentrate or to think as clearly or quickly as usual, did you always have a physical illness or injury?

01 YES

02 NO

F70c. When you weren't able to concentrate or to think as clearly or quickly as usual, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F70f

MED/DRUG/ALC: _____

F70d. When you weren't able to concentrate or to think as clearly or quickly as usual, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F70f

02 NO → IF F70b = 01, GO TO F70f.

F70e. You said that you sometimes weren't able to concentrate or to think as clearly or quickly as usual when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you weren't able to concentrate or to think as clearly or quickly as usual always when you had a physical illness or injury?

01 YES

02 NO

F70f. Did you tell a doctor* about your trouble concentrating or thinking clearly?

01 YES

02 NO → GO TO F71

F70g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your trouble concentrating or thinking clearly?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F71

02 MED/DRUG/ALC → GO TO F71

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F71

04 NOTHING, NO DEFINITE DIAGNOSIS

F70h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F71. Have you often felt that things never seem to work out all right for you?

01 YES → TALLY

02 NO → GO TO F72

F71a. When you felt that things never seem to work out all right for you, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F71c

IF YES: What physical illness or injury did you have?

DX: _____

F71b. When you felt that things never seem to work out all right for you, did you always have a physical illness or injury?

01 YES

02 NO

F71c. When you felt that things never seem to work out all right for you, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F71f

MED/DRUG/ALC: _____

F71d. When you felt that things never seem to work out all right for you, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F71f

02 NO → IF F71b = 01, GO TO F71f.

F71e. You said that you sometimes felt that things never seem to work out all right for you when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you felt that things never seem to work out all right for you always when you had a physical illness or injury?

01 YES

02 NO

F71f. Did you tell a doctor* about your feeling that things never seem to work out?

01 YES

02 NO → GO TO F72

F71g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your feeling that things never seem to work out?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F72

02 MED/DRUG/ALC → GO TO F72

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F72

04 NOTHING, NO DEFINITE DIAGNOSIS

F71h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____

02 NO, NO EXAM, DK

F72. Have you ever had 2 weeks or more when most days it was harder than usual for you to make up your mind about things or to make decisions?

01 YES → TALLY

02 NO → GO TO F73

F72a. When you found it was harder than usual for you to make up your mind, did you ever have a physical illness or injury?

01 YES

02 NO → GO TO F72c

IF YES: What physical illness or injury did you have?

DX: _____

F72b. When you found it was harder than usual for you to make up your mind, did you always have a physical illness or injury?

01 YES

02 NO

F72c. When you found it was harder than usual for you to make up your mind, were you ever taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → GO TO F72f

MED/DRUG/ALC: _____

F72d. When you found it was harder than usual for you to make up your mind, were you always taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → GO TO F72f

02 NO → IF F72b = 01, GO TO F72f.

F72e. You said that you sometimes found it was harder than usual for you to make up your mind when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you found it was harder than usual for you to make up your mind always when you had a physical illness or injury?

01 YES

02 NO

F72f. Did you tell a doctor* about being unable to make up your mind?

01 YES

02 NO → GO TO F73

F72g. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your being unable to make up your mind?)

MD DX: _____

01 PHYS. ILL/INJ → GO TO F73

02 MED/DRUG/ALC → GO TO F73

03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → GO TO F73

04 NOTHING, NO DEFINITE DIAGNOSIS

F72h. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____
02 NO, NO EXAM, DK

F73. Has there ever been a period of 2 weeks or more when you thought a lot more than usual about death or dying—either your own, someone else's, or death in general?

- 01 YES → TALLY 02 NO

F74. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?

- 01 YES → TALLY 02 NO

F75. Has there ever been a period of 2 weeks or more when you thought a lot about suicide or killing yourself?

- 01 YES → TALLY 02 NO

F76. Have you ever in your whole life tried to kill yourself? By this, I mean actually did something to try to commit suicide, not just talked about it.

- 01 YES → TALLY 02 NO → GO TO F78

SHOW ONSET/REGENCY CARD.

F77. When was the first time you attempted suicide?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

F77a. When was the last time you attempted suicide?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

F78. HAVE 2 OR MORE ITEMS BEEN CHECKED ON TALLY SHEET F, PART C?
01 YES 02 NO → GO TO SECTION G

F79. IS F42, F44, F56, OR F57 CHECKED ON TALLY SHEET F, PART B AND PART C?
01 YES 02 NO → GO TO F81

F80. You said you've had a period of feeling depressed; that is, you said you were very sad or grouchy, or that nothing was fun, or you were just not interested in things and also said you've had some other problems like you (READ ITEMS ON TALLY SHEET F, PART C).

Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?

- 01 YES → GO TO F80b 02 NO

F80a. So, there's never been a period when you felt depressed at the same time you were having some of these other problems?

- 01 NEVER BEEN A PERIOD → GO TO SECTION G
02 HAS BEEN A PERIOD

F80b. Did this period of feeling depressed and at the same time having some of these other problems last for 2 weeks or more?

- 01 YES 02 NO → GO TO SECTION G

F80c. When was the first time you had a period of 2 weeks or more when you had some of these problems and also felt depressed?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE

START USING TALLY SHEET F, PART D.

F80d. What about the last time that you had 2 weeks or more when you had some of these problems and also felt depressed? When did that last (spell/period of 2 weeks or more) end?

- 01 WITHIN THE MONTH BEFORE ADMISSION
02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
03 MORE THAN 1 YEAR AGO → How old were you? AGE → TALLY
- } GO TO F82.

F81. You said you have had times when you (READ ITEMS CHECKED ON TALLY SHEET F, PART C). Was there ever a time when several of these problems occurred together—that is, within the same month?

01 YES

02 NO → GO TO SECTION G

F81a. When you were having some of these problems, at about the same time were you feeling okay or were you feeling low, gloomy, moody, blue, or uninterested in everything?

01 OKAY → GO TO SECTION G

02 GLOOMY, LOW, ETC.

F81b. Did this period of feeling gloomy, low, moody, and at the same time having some of these other problems last 2 weeks or more?

01 YES

02 NO → GO TO SECTION G

F81c. When was the first time you had a period of 2 weeks or more when you had several of these problems and also felt low, gloomy, moody, or uninterested in everything?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F81d. What about the last time you had 2 weeks or more when you had several of these problems and also felt depressed; that is, you felt low, gloomy, moody, or uninterested in everything? When did that last (spell/period of 2 weeks or more) end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE → TALLY

F82. What's the longest spell you've ever had when you felt depressed and had several of these other problems at the same time?

YEARS	MONTHS	WEEKS
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

↓
TALLY

SKIP: IF 1 DAY TO 13 DAYS, GO TO SECTION G.

IF 2 WEEKS TO 23 WEEKS, GO TO F84.

IF 24 WEEKS (6 MONTHS) TO 52 WEEKS (12 MONTHS), GO TO SKIP BEFORE F83b.

IF MORE THAN 1 YEAR, CONTINUE.

F83. When did you first have 1 year or more when you felt blue and had several of these other problems at the same time?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F83a. What about the last time you had 1 year or more when you felt blue and had several of those other problems at the same time? When did that last spell end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

SKIP: (SEE TALLY SHEET F, PART A) IF RESPONDENT HAD DIFFERENT WORRIES ON MIND (E11 IS CHECKED), CONTINUE. OTHERWISE, GO TO F84.

F83b. You said earlier that you have had a long period when you were anxious and worrying about several different things. Did this whole spell of feeling anxious and worried fall within a period when you were depressed?

01 YES

02 NO

F84. Now, I'd like to ask about spells when you felt both depressed and had some of these other problems like (READ SEVERAL ITEMS CHECKED ON TALLY SHEET F, PART C). In your lifetime, how many spells like that have you had that lasted 2 weeks or more? [IF MORE THAN 99, RECORD NUMBER IN MARGIN.]

NO. OF SPELLS → TALLY

SKIP: IF F84 = 01, GO TO F85.

F84a. Between (any of) these spells, were you feeling okay at least for some months?

01 OKAY SOME MONTHS

02 NO

F85. Were you ever in a hospital overnight because of (that spell/any of those spells) of feeling depressed?

01 YES → GO TO F87

02 NO

F86. Did you tell a doctor* about (that spell/any of those spells)?

01 YES → GO TO F86d

02 NO

F86a. Did you tell any other professional* about (it/any of them)?

01 YES

02 NO

F86b. Did you take medication more than once because of (that spell/ any of those spells)?

01 YES 02 NO

F86c. Did (that spell/any of those spells) interfere with your life, school, work, or activities a lot?

01 YES 02 NO

F86d. Was any spell so bad that it kept you from working or from seeing friends or relatives?

01 YES 02 NO

F86e. Did (that spell/any of those spells) cause problems in getting along with friends or other people your age?

01 YES 02 NO

F86f. Did (that spell/any of those spells) cause problems with how you get along with people at home?

01 YES 02 NO

F87. Did (that spell/any of those spells) occur just after someone close to you died? [IF RESPONDENT VOLUNTEERS "BEGAN MORE THAN 2 MONTHS AFTER DEATH," CODE 02.]

01 YES 02 NO → GO TO F88

F87a. Have you had any spell of depression along with these other problems like (READ 2 ITEMS CHECKED ON TALLY SHEET F, PART C) at times when it wasn't just after a death?

01 YES, NOT ALL DUE TO DEATH 02 NO, ALL DUE TO DEATH → GO TO F88

SKIP: (SEE TALLY SHEET F, PART D) IF RESPONDENT HAD NO SPELL IN PAST 12 MONTHS (F80d OR F81d IS CHECKED), GO TO F88.

F87b. What about the spell or spells you had in the last year — (was that/were they all) due to someone close to you dying?

01 YES, ALL DUE TO DEATH 02 NO, NOT ALL DUE TO DEATH

F88. IS MORE THAN 1 SPELL CODED IN F84 (ON TALLY SHEET F, PART D)?

01 YES → GO TO F90 02 NO

F89. DOES F82 ON TALLY SHEET F, PART D = LONGER THAN 52 WEEKS (1 YEAR)?

01 YES 02 NO → GO TO F91

F90. Now, I'd like to know about the time when you were feeling depressed for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? [IF CAN'T CHOOSE: Then pick 1 bad spell.]

AGE

REFER TO TALLY SHEET F, PART C. BELOW, PUT A "√" IN THE BOX IN FRONT OF THE ITEMS COMPARABLE TO THOSE CHECKED ON TALLY SHEET F, PART C. ASK THE F91 SERIES QUESTION FOR EACH ITEM THAT YOU CHECK BELOW.

F91. I'd also like to know which of these other problems you had during (this/that) spell of depression. For instance, during (this/that) spell (when you were (AGE IN F90) years old) [READ EACH QUESTION FOR WHICH COMPARABLE ITEM IS CHECKED ON TALLY SHEET F, PART C] . . . ?

	YES, OCCURRED DURING THIS SPELL	NO, DID NOT OCCUR THEN
<input type="checkbox"/> F46-II. did you often not feel very much like eating	01	02
<input type="checkbox"/> F47-II. did you lose a lot of weight	01	02
<input type="checkbox"/> F48-II. did you often want to eat more	01	02
<input type="checkbox"/> F49-II. did you gain a lot of weight	01	02
<input type="checkbox"/> F50-II. did you have more trouble sleeping than usual	01	02
<input type="checkbox"/> F51-II. did you sleep a lot more than usual	01	02
<input type="checkbox"/> F52-II. did you definitely talk or move around a lot less than usual	01	02
<input type="checkbox"/> F53-II. were you very restless	01	02
<input type="checkbox"/> F55-II. did you have less interest in sex than usual	01	02
<input type="checkbox"/> F56-II. did you feel nothing was fun	01	02
<input type="checkbox"/> F57-II. were you just not interested in anything . . . did you feel bored	01	02
<input type="checkbox"/> F58-II. were you so down that it was hard for you to do your (schoolwork/work)	01	02
<input type="checkbox"/> F59-II. did you have trouble looking after yourself or your things	01	02
<input type="checkbox"/> F60-II. were you more tired than usual	01	02
<input type="checkbox"/> F61-II. did you have much less energy than usual	01	02
<input type="checkbox"/> F62-II. did you feel very bad when you got up but feel better later in the day	01	02
<input type="checkbox"/> F63-II. did you feel less good about yourself than usual . . . did you blame yourself a lot for things that happened in the past	01	02
<input type="checkbox"/> F64-II. did you feel sinful	01	02
<input type="checkbox"/> F65-II. were you more down on yourself than usual	01	02
<input type="checkbox"/> F67-II. did you often feel bad about the way you look	01	02
<input type="checkbox"/> F68-II. were you about to cry or were in tears	01	02

[CONTINUED]

YES, OCCURRED

DURING
THIS SPELL

NO, DID NOT
OCCUR THEN

<input type="checkbox"/>	F69-II. did you have more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on other things	01	02
<input type="checkbox"/>	F70-II. were you unable to concentrate or to think as clearly or quickly as usual	01	02
<input type="checkbox"/>	F71-II. did you feel that things never seem to work out all right	01	02
<input checked="" type="checkbox"/>	F72-II. did you find it was harder than usual for you to make up your mind	01	02
<input type="checkbox"/>	F73-II. did you think a lot more than usual about death or dying	01	02
<input type="checkbox"/>	F74-II. did you feel like you wanted to die	01	02
<input type="checkbox"/>	F75-II. did you think a lot about suicide or killing yourself	01	02
<input type="checkbox"/>	F76-II. did you try to kill yourself	01	02

F92. When did this spell of depression, when you had these problems, begin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

F92a. When did this spell of depression, when you had all of these problems, end?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

**SECTION G.
SEXUAL EXPERIENCES**

IF EF54=2 then -9

SKIP: (SEE TALLY SHEET F, PART D) IF RESPONDENT IS NOT SEXUALLY ACTIVE (ITEM F54 IS CHECKED), GO TO STATEMENT BEFORE H1.

G1. For the next series of questions, I'll be asking about your sexual experiences. In general, has your sex life been important to you, or could you have gotten along as well without it?

- 01 IMPORTANT
- 02 GOTTEN ALONG AS WELL WITHOUT IT
- 03 NO SEXUAL EXPERIENCES → GO TO SECTION H

G2. DID RESPONDENT REFUSE G1?

- 01 YES → GO TO SECTION H
- 02 NO

G3. How old were you when you first had sexual relations?

SKIP: IF RESPONDENT SAYS "NEVER," CODE 00 AND GO TO SECTION H.

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, RECORD 01.

IF 15 OR MORE, RECORD 95.

IF STILL DK, RECORD DK NEXT TO AGE BOX.

IF AGE IN G3 = 15 OR MORE, CODE 02 IN G3a WITHOUT ASKING.

G3a. (Before age 15), did you ever force someone to have sex with you?

- 01 YES
- 02 NO → GO TO SKIP BEFORE G4

G3b. How old were you the first time you forced someone to have sex with you?

AGE

SKIP: SEE TALLY SHEET X, PART A.
IF RESPONDENT EVER MARRIED (A13=1 OR MORE), ASK G4.
IF RESPONDENT LIVED WITH PARTNER (A10=05 OR A16=01), GO TO G5.
OTHERS GO TO G6.

G4. During (any/your) marriage, did you have sexual relations outside of marriage with at least 3 different people [HOMOSEXUAL OR HETEROSEXUAL]?

01 YES

02 NO

G5. Have you ever been faithful for more than a year—with no other sexual relationships at all during that period? [IF RESPONDENT SAYS ONLY BECAUSE THERE WAS NO OPPORTUNITY (E.G., IN PRISON), CODE 02.]

01 YES

02 NO

03 NO RELATIONSHIP LASTED 1 YEAR OR LONGER

G6. Have you ever had sex with as many as 10 different people within a single year (including your husband/wife/partner)? [INCLUDES HOMOSEXUAL AND HETEROSEXUAL]

01 YES

02 NO

G6a. IS G4 OR G6 CODED 01 (YES)?

01 YES

02 NO → GO TO STATEMENT AT TOP OF PAGE G-3.

SHOW ONSET/REGENCY CARD.

G6b. You mentioned (having sexual relations outside of marriage/having sex with 10 different people). When is the first time you did (this/either of those things)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

G6c. When is the last time you did (this/either of those things)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

For the next series of questions, I'll be asking about your experiences with sexual intercourse. There are two types of intercourse:

Vaginal intercourse is when a male's penis is inside a female's vagina.

Anal intercourse is when a male's penis is inside his partner's anus or rectum.

SKIP: IF RESPONDENT IS FEMALE, GO TO G16.

G7. First, I want to ask you about your sexual experiences with females in the 12 months before admission to the program. In those 12 months, about how many different females did you have vaginal intercourse with?
[PROBE "NONE."]

- 00 NEVER HAD VAGINAL INTERCOURSE → GO TO G8
- 01 NONE → GO TO G8
- 02 1 FEMALE
- 03 2 TO 4 FEMALES
- 04 5 TO 9 FEMALES
- 05 10 TO 20 FEMALES
- 06 21 TO 99 FEMALES
- 07 100 OR MORE FEMALES

G7a. In those 12 months, about how often did you use a condom or "rubber" when you had vaginal intercourse with the (female/females)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

G8. In the 12 months before admission, about how many different females did you have anal intercourse with?

- 01 NONE → GO TO SKIP BEFORE G9
- 02 1 FEMALE
- 03 2 TO 4 FEMALES
- 04 5 TO 9 FEMALES
- 05 10 TO 20 FEMALES
- 06 21 TO 99 FEMALES
- 07 100 OR MORE FEMALES

G8a. In those 12 months, about how often did you use a condom or "rubber" when you had anal intercourse with the (female/females)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

SKIP: IF G7=00 OR 01 AND G8=01, GO TO G11.

G9. To the best of your knowledge, had any female you had (vaginal/anal) intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G10. To the best of your knowledge, had any female you had (vaginal/anal) intercourse with in those 12 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G11. Now, I want to ask about your sexual experiences with males in the 12 months before admission. In those 12 months, about how many different males did you have anal intercourse with? [PROBE "NONE."]

- 00 NEVER HAD SEX WITH A MALE → GO TO G14
- 01 NONE → GO TO G14
- 02 1 MALE
- 03 2 TO 4 MALES
- 04 5 TO 9 MALES
- 05 10 TO 20 MALES
- 06 21 TO 99 MALES
- 07 100 OR MORE MALES

G11a. In those 12 months, about how often did you use a condom or "rubber" when you had anal intercourse with the (male/males)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

G12. To the best of your knowledge, had any male you had anal intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G13. To the best of your knowledge, had any male you had anal intercourse with in those 12 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G14. At any time in the 12 months before admission, did anyone give you money or drugs to have (vaginal/anal) intercourse?

01 YES

02 NO

G15. At any time in the 12 months before admission, did you have intercourse with anyone who you thought or knew had tested positive for the AIDS virus or who had AIDS?

01 YES

02 NO → GO TO SECTION H

G15a. During that period, how many people did you have intercourse with who you thought or knew had tested positive for the AIDS virus or who had AIDS?

01 1 PERSON

02 2 TO 4 PEOPLE

03 5 OR MORE PEOPLE

SKIP: GO TO SECTION H.

G16. I want to ask you about your sexual experiences with males in the 12 months before admission. In those months, about how many different males did you have vaginal intercourse with? [PROBE "NONE."]

00 NEVER HAD VAGINAL INTERCOURSE WITH A MALE → GO TO G17

01 NONE → GO TO G17

02 1 MALE

03 2 TO 4 MALES

04 5 TO 9 MALES

05 10 TO 20 MALES

06 21 TO 99 MALES

07 100 OR MORE MALES

G16a. In those 12 months, about how often did the (male/males) you had intercourse with use a condom or "rubber" while you were having vaginal intercourse? Would you say . . .

01 never

02 sometimes

03 usually

04 every time

G17. In the 12 months before admission, about how many different males did you have anal intercourse with? [PROBE "NONE."]

00 NEVER HAD ANAL INTERCOURSE WITH A MALE → GO TO SKIP BEFORE G18

01 NONE → GO TO SKIP BEFORE G18

02 1 MALE

03 2 TO 4 MALES

04 5 TO 9 MALES

05 10 TO 20 MALES

06 21 TO 99 MALES

07 100 OR MORE MALES

G17a. In those 12 months, about how often did the (male/males) you had intercourse with use a condom or "rubber" while you were having anal intercourse? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

SKIP: IF G16= 00 OR 01 AND G17= 00 OR 01, GO TO SECTION H.

G18. In those 12 months, did you have (vaginal/anal) intercourse with a male who you think has had intercourse with both males and females?

- 01 YES
- 02 NO

G19. To the best of your knowledge, had any male you had (vaginal/anal) intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G20. At any time in the 12 months before admission, did any male give you money or drugs to have (vaginal/anal) intercourse?

- 01 YES
- 02 NO

G21. To the best of your knowledge, did any male you had (vaginal/anal) intercourse with in those 12 months ever use a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G22. At any time in the 12 months before admission, did you have (vaginal/anal) intercourse with any male who you thought or knew had tested positive for the AIDS virus or who had AIDS?

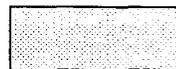
- 01 YES
- 02 NO → GO TO SECTION H

G22a. During that period, how many males did you have (vaginal/anal) intercourse with who you thought or knew had tested positive for the AIDS virus or who had AIDS?

- 01 1 MALE
- 02 2 TO 4 MALES
- 03 5 OR MORE MALES

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SECTION H.
BEHAVIORAL PROBLEMS/ADOLESCENT BEHAVIORAL PROBLEMS



**SKIP: (SEE TALLY SHEET X, PART A) IF RESPONDENT IS UNDER AGE 18
(ITEM A2 = 17 OR UNDER), GO TO STATEMENT BEFORE H31.**

H1. Now, I'd like to ask you about your life as a child before you were 15 years old. Not counting times you were sick, did you ever have a problem with wetting the bed when you were older than 5?

01 YES 02 NO

H2. Were you unusually shy as a child or teenager?

01 YES 02 NO

H3. Before you were 15, did you often get into physical fights that you had started?

01 YES 02 NO → GO TO H4

H3a. How old were you the first time you started a physical fight?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H4. Did you more than once use a weapon in a fight or threaten someone with a weapon before you were 15?

01 YES 02 NO → GO TO H5

H4a. How old were you when you first used a weapon in a fight or threatened someone with a weapon?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H5. Before you were 15, did you sometimes try to physically hurt anyone? [IF H3=01: This could include starting a fight with them because you wanted to hurt them.]

01 YES

02 NO → GO TO H6

H5a. How old were you when you first tried to physically hurt someone?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H6. Did you ever hurt or kill an animal on purpose before you were 15? Do not count hunting, fishing, or exterminating rats, mice, or insects.

01 YES

02 NO → GO TO H7

H6a. How old were you the first time you tried to hurt or kill an animal on purpose?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H7. Of course, no one tells the truth all the time, but did you tell a lot of lies when you were a child or teenager?

01 YES

02 NO → GO TO H8

H7a. How old were you when you first told a lot of lies?

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, RECORD 01.

IF 15 OR MORE, RECORD 95.

IF STILL DK, RECORD DK NEXT TO AGE BOX.

H8. When you were a child, did you more than once swipe (or steal) things from a store or from other children or steal from your parents or from anyone else? [DO NOT COUNT STEALING CANDY.]

01 YES

02 NO → GO TO H9

H8a. How old were you when you first stole things?

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, RECORD 01.

IF 15 OR MORE, RECORD 95.

IF STILL DK, RECORD DK NEXT TO AGE BOX.

H9. Before you were 15, did you ever rob or mug anyone or snatch a purse or threaten to hurt anyone if they didn't give you money or jewelry?

01 YES

02 NO → GO TO H10

H9a. How old were you the first time?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

START USING TALLY SHEET H, PART A.

H10. Before you were 15, did you ever intentionally damage someone's car or do anything else to destroy or severely damage someone else's property?

01 YES

02 NO → GO TO H10b

H10a. How old were you when you first did that?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H10b. What about later, at age 15 or after, did you intentionally set any fires or try to destroy something that belonged to someone else?

01 YES → TALLY

02 NO

H11. Before you were 15, did you intentionally start any fires? Don't count fires that you were supposed to start like bonfires or fires in stoves or fireplaces.

01 YES

02 NO → GO TO H12

H11a. How old were you when you first did that?

AGE

IF RESPONDENT SAYS DK, RECORD DK NEXT TO AGE BOX.

H12. Have you ever spanked or hit any child, hard enough so that the child had bruises or had to stay in bed or see a doctor?

01 YES → TALLY

02 NO → GO TO H13

H12a. How many times in the past year did you hit or spank a child hard?

TIMES

H13. Since age 15, have you been in more than one fight that came to swapping blows (other than fights with your spouse(s)/partner(s))?

01 YES → TALLY

02 NO → GO TO H14

IF RESPONDENT VOLUNTEERS "ONLY AS REQUIRED BY JOB," CODE 02 IN H13.

H13a. How many times in the past year have you been in such a fight?

TIMES

H14. Since you were 15, have you ever used a weapon like a stick, knife, or gun in a fight?

01 YES → TALLY

02 NO → GO TO H15

**IF RESPONDENT SAYS "WIELDED BUT MISSED," CODE 01 IN H14.
IF RESPONDENT SAYS "ONLY AS REQUIRED BY JOB," CODE 02 IN H14.**

H14a. How many times in the past year have you used a weapon?

TIMES

H15. Since you were 15, have you ever physically attacked anyone (other than while fighting)?

01 YES → TALLY 02 NO → GO TO H16

H15a. How many times in the past year have you been in such a fight?

TIMES

H16. IS H10b (DAMAGED OTHERS' PROPERTY) OR H15 (PHYSICALLY ATTACKED SOMEONE) TALLIED?

01 YES 02 NO → GO TO H18

H17. You mentioned [READ TALLIED RESPONSES FROM H10b AND H15]. Did you ever feel that doing (that/those things) was okay because you had been mistreated or the person deserved it?

01 YES
02 NO
03 FELT BAD ABOUT SOME, NOT OTHERS

H18. Have you ever been sued for a bad debt or had things you bought taken back because you didn't meet the payments?

01 YES → TALLY 02 NO → GO TO H19

H18a. Did this happen more than twice?

01 YES, MORE THAN TWICE → TALLY 02 NO

H19. Since you were 15, have you stolen anything or robbed or threatened anyone?

01 YES → TALLY 02 NO → GO TO H20

H19a. How many times in the past year have you done these things (stolen anything, robbed, or threatened anyone)?

TIMES

H19b. Did you ever feel that doing that was okay because you have been mistreated or the person deserved it?

01 YES
02 NO
03 FELT BAD ABOUT SOME, NOT OTHERS

H20. Have you ever made money illegally by selling drugs?

01 YES → TALLY

02 NO

H20a. Have you made money illegally in any other way such as buying or selling stolen goods or being part of a gambling or betting operation?

01 YES → TALLY

02 NO → GO TO H21

H20b. How old were you the first time you did that?

AGE

H20c. How old were you the last time you did that?

AGE

H21. Have you ever been paid for having sex with someone? [INCLUDES HOMOSEXUAL OR HETEROSEXUAL.]

01 YES → TALLY

02 NO

H22. Have you ever made money by finding customers for male or female prostitutes?

01 YES → TALLY

02 NO

H23. Have you ever used an alias or an assumed name?

IF RESPONDENT VOLUNTEERS ONLY PEN OR STAGE NAME, CODE 02.

01 YES → TALLY

02 NO → GO TO H24

H23a. How old were you the first time you did that?

AGE

H23b. How old were you the last time you did that?

AGE

H24. Have you thought that you lied pretty often since you have been an adult?

01 YES → TALLY

02 NO → GO TO H25

H24a. How old were you the first time you did that?

AGE

H24b. How old were you the last time you did that?

AGE

H25. HAVE ANY RESPONSES BEEN TALLIED ON TALLY SHEET H, PART A, STARTING WITH H10b?

01 YES

02 NO → GO TO STATEMENT BEFORE H31

SHOW ONSET/REGENCY CARD.

H26. You mentioned that you [READ TALLIED RESPONSES FROM TALLY SHEET H, PART A]. When was the first time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

H26a. When was the last time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? AGE

H27. HAVE 3 OR MORE RESPONSES BEEN TALLIED STARTING WITH H10b?

01 YES

02 NO → GO TO STATEMENT BEFORE H31

H28. Did you ever talk to a doctor about any of these things you did like [READ TALLIED RESPONSES]?

01 YES

02 NO

NOTE: FOR THIS DATOS-A INSTRUMENT, THERE ARE NO QUESTIONS H29 AND H30.

START USING TALLY SHEET H, PART B.

For the next questions, we'll be talking mostly about the last 6 months. I would now like to ask some questions about problems with overactivity and not paying attention. A lot of (teenagers/young adults) are sometimes overactive or don't concentrate, but we are interested in problems that are there most of the time.

SKIP: (SEE TALLY SHEET X, PART C) IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS (S16a AND S17a ARE CHECKED), GO TO H32.

H31. In the past 6 months, have you moved your hands and feet a lot or squirmed around in your seat (during class/at your job)? [IF RESPONDENT IS BOTH IN SCHOOL AND WORKING, SAY, "DURING CLASS."]

01 YES 02 NO

H32. Do you have more trouble sitting still than others your age?

01 YES 02 NO

H33. In the past 6 months, have you been too fidgety or restless? That is, fiddling with your hands or jiggling your feet or wriggling or twisting around in your seat?

01 YES 02 NO

H34. If you are someplace where you have to be still or stay put, like in church or riding in a car, do you get very restless and feel you have to move around?

01 YES 02 NO → GO TO H35

H34a. Is that so even if you are only there for, say, 15 minutes?

01 YES 02 NO

H35. If you have to stay in a place for, say, more than 10 minutes, do you nearly always feel restless, as if you wanted to kick your feet or get up or move about?

01 YES 02 NO

SKIP: IF H31 = BLANK OR 02 AND H32, H33, H34, AND H35 = 02, GO TO H37.

H36. Has this trouble with sitting still or fidgeting been a problem for at least 6 months?

01 YES → TALLY 02 NO

H37. When you were between ages 7 and 10, that is, from the time you turned 7 until you turned 11, did you often have trouble with sitting still or fidgeting?

01 YES 02 NO → GO TO SKIP BEFORE H39

H38. During this time, was this trouble with sitting still or fidgeting a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H40.

H39. Do you get up from your seat a lot at (school/your job)?

01 YES 02 NO

H40. Do you have trouble staying in your seat at home, for example, when you are eating at the table or watching TV (or doing your homework)?

01 YES 02 NO

SKIP: IF H39 = BLANK OR 02 AND H40 = 02, GO TO H42.

H41. Has not being able to stay in your seat been a problem for at least 6 months?

01 YES → TALLY 02 NO

H42. When you were between ages 7 and 10, did you often have trouble staying in your seat?

01 YES 02 NO → GO TO SKIP BEFORE H44

H43. During this time, was not being able to stay in your seat a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H45.

H44. In the past 6 months, have you had a hard time keeping your mind on your (schoolwork/work) when there are other things going on (in the classroom/where you were working)?

01 YES 02 NO

H45. At home, do you have a problem playing games, or working on projects, or doing your homework because little things keep taking your mind off what you are doing?

01 YES 02 NO

SKIP: IF H44 = BLANK OR 02 AND H45 = 02, GO TO H47.

H46. Has difficulty with keeping your mind on what you are doing been a problem for at least 6 months?

01 YES → TALLY 02 NO

H47. When you were between ages 7 and 10, did you often have difficulty with keeping your mind on what you were doing?

01 YES 02 NO → GO TO H49

H48. During this time, was difficulty with keeping your mind on what you were doing a problem for at least 6 months?

01 YES → TALLY 02 NO

H49. In the past 6 months, when you were playing games, have you often had trouble waiting for your turn?

01 YES 02 NO

H50. Do you often push or try to cut ahead when you have to stand in line?

01 YES 02 NO → GO TO SKIP BEFORE H51

H50a. Have people gotten mad at you for doing that?

01 YES 02 NO

SKIP: IF H49 AND H50 = 02, GO TO H52.

H51. Has trouble waiting for your turn or cutting ahead in line been a problem for at least 6 months?

01 YES → TALLY 02 NO

H52. When you were between ages 7 and 10, did you often have trouble waiting for your turn or cutting ahead in line?

01 YES 02 NO → GO TO H54

H53. During this time, was trouble waiting for your turn or cutting ahead in line a problem for at least 6 months?

01 YES → TALLY 02 NO

H54. THIS QUESTION ASCERTAINS WHO THE RESPONDENT'S CARETAKER WAS FOR THE PAST 6 MONTHS. IN QUESTIONS THAT FOLLOW, THE NAME OF THE PERSON IDENTIFIED BY THE RESPONDENT IS USED WHEREVER "CARETAKER" APPEARS IN PARENTHESES. IF THE RESPONDENT HAS NO CARETAKER, USE OPTIONAL WORDING. A CARETAKER MUST BE AN ADULT WHOM THE RESPONDENT LIVES WITH (INCLUDING CARETAKER IN A RESIDENTIAL SCHOOL OR INSTITUTION WHEN THE RESPONDENT HAS LIVED THERE FOR THE WHOLE OF THE PAST 6 MONTHS). IF THE RESPONDENT HAS LIVED AWAY FROM HOME FOR LESS THAN 6 MONTHS, PHRASE QUESTIONS IN RELATION TO PERIOD WHEN THE RESPONDENT WAS AT HOME.

Who was the adult you lived with for most of the past 6 months before admission to this program who was most responsible for your care?

- LIVED WITH BOTH BIOLOGICAL/ADOPTIVE PARENTS 01
- WITH BIOLOGICAL/ADOPTIVE MOTHER ALONE 02
- WITH BIOLOGICAL/ADOPTIVE MOTHER AND OTHER 03
- WITH BIOLOGICAL/ADOPTIVE FATHER ALONE 04
- WITH BIOLOGICAL/ADOPTIVE FATHER AND OTHER 05
- OTHER NONINSTITUTIONAL (FRIENDS, RELATIVES, STEPPARENT ALONE) 06
(SPECIFY) _____
- EDUCATIONAL INSTITUTIONAL (NONTHERAPEUTIC SCHOOL/COLLEGE) 07
(SPECIFY) _____
- SPECIAL LIVING ARRANGEMENTS (HOSPITAL, GROUP HOME,
FOSTER PARENTS, PRISON, THERAPEUTIC SCHOOL OR COMMUNITY) 08
(SPECIFY) _____
- NO CARETAKER 09

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H56.

H55. Do you often call out the answers at (school/your job) even before (the teacher/a coworker) has finished the question?

- 01 YES 02 NO

H56. Do you often blurt out an answer before (your (CARETAKER)/someone) finish(es) asking the question?

- 01 YES 02 NO → GO TO SKIP BEFORE H57

H56a. Has (your (CARETAKER)/anyone) gotten annoyed at you for that?

- 01 YES 02 NO

SKIP: IF H55 = BLANK OR 02 AND H56 = 02, GO TO H58.

H57. Has blurring out answers like this been a problem for at least 6 months?

- 01 YES → TALLY 02 NO

H58. When you were between ages 7 and 10, did you often blurt out answers?

01 YES

02 NO → GO TO SKIP BEFORE H60

H59. During this time, was blurting out answers a problem for at least 6 months?

01 YES → TALLY

02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H61.

H60. Has (a teacher/your boss) had to remind you what you are supposed to be doing again and again and again?

01 YES

02 NO

H61. When (your (CARETAKER)/someone) ask(s) you to do something, does that person have to keep reminding you to go back to it because you can't remember what you are supposed to do?

01 YES

02 NO

SKIP: IF H60 = BLANK OR 02 AND H61 = 02, GO TO H63.

H62. Has needing to be reminded to follow through on things been a problem for at least 6 months?

01 YES → TALLY

02 NO

H63. When you were between ages 7 and 10, did you often need to be reminded to follow through on things?

01 YES

02 NO → GO TO SKIP BEFORE H65

H64. During this time, was needing to be reminded to follow through on things a problem for at least 6 months?

01 YES → TALLY

02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H66.

H65. In the past 6 months, have you often had trouble paying attention to your (schoolwork/work)?

01 YES

02 NO

H66. Suppose you are playing a game or doing a project you enjoy at home. Do you have trouble paying attention even if there is nothing else happening to take your mind off it?

01 YES

02 NO

H67. At home, is it hard for you to spend more than a few minutes doing anything?

01 YES

02 NO

SKIP: IF H65 = BLANK OR 02 AND H66 AND H67 = 02, GO TO H69.

H68. Has this trouble with paying attention been a problem for at least 6 months?

01 YES → TALLY 02. NO

H69. When you were between ages 7 and 10, did you often have trouble with paying attention?

01 YES 02 NO → GO TO SKIP BEFORE H71

H70. During this time, was trouble with paying attention a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H72.

H71. Do you have a problem at (school/work) because you keep stopping and starting the work you are doing?

01 YES 02 NO

H72. When you are at home, do you have a problem doing your homework or chores because you keep stopping and starting what you are doing?

01 YES 02 NO

SKIP: IF H71 = BLANK OR 02 AND H72 = 02, GO TO H74.

H73. Has stopping and starting what you are doing been a problem for at least 6 months?

01 YES → TALLY 02 NO

H74. When you were between ages 7 and 10, did you often keep stopping and starting what you were doing?

01 YES 02 NO → GO TO SKIP BEFORE H76

H75. During this time, was stopping and starting what you were doing a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H77.

H76. In the past 6 months, have you often stopped in the middle of doing something at (school/work) before you are finished?

01 YES ↴ 02 NO → **GO TO H77**

H76a. Was this because you would start doing something else instead?

01 YES 02 NO

H76b. Do you even stop in the middle of doing fun things like games?

01 YES 02 NO

H77. How about at home? Is it a problem that you often stop in the middle of things, without finishing?

01 YES ↴ 02 NO → **GO TO SKIP BEFORE H78**

H77a. Is that because you start doing something else instead?

01 YES 02 NO

H77b. Do you even stop in the middle of a game, or when you are playing?

01 YES 02 NO

SKIP: IF H76a AND H77a = BLANK OR 02, GO TO H79.

H78. Has shifting from one thing to another been a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H79. When you were between ages 7 and 10, did you often stop in the middle of things, without finishing?

01 YES 02 NO → **GO TO H81**

H80. During this time, was shifting from one thing to another a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H81. In the past 6 months, have you been much more noisy than others when you are doing fun things?

01 YES 02 NO → **GO TO H82**

H81a. Is it hard for you to do fun things quietly?

01 YES 02 NO

H82. ((Have your teachers/Has your boss) or other people/Have others) complained that you are too noisy when you do fun things?

01 YES

02 NO

SKIP: IF H81a = BLANK OR 02, AND H82 = 02, GO TO H84.

H83. Has being so noisy when you are doing fun things been a problem for at least 6 months?

01 YES → TALLY

02 NO

H84. When you were between ages 7 and 10, were you often too noisy when you were doing fun things?

01 YES

02 NO → GO TO SKIP BEFORE H86

H85. During this time, was being too noisy when you were doing fun things a problem for at least 6 months?

01 YES → TALLY

02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H87.

H86. Do you run around a lot more than others your age at (school/work), for example, during (gym or free time/free time)?

01 YES

02 NO

H87. How about when you are at home? Are you always running around a lot, like running or jumping or climbing on things?

01 YES

02 NO

SKIP: IF H86 = BLANK OR 02 AND H87 = 02, GO TO H89.

H88. Has running or jumping or climbing on things been a problem for at least 6 months?

01 YES → TALLY

02 NO

H89. When you were between ages 7 and 10, did you often run around a lot, like running or jumping or climbing on things?

01 YES

02 NO → GO TO SKIP BEFORE H91

H90. During this time, was running or jumping or climbing on things a problem for at least 6 months?

01 YES → TALLY

02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H92.

H91. Do you talk too much at (school/work)?

01 YES 02 NO

H92. Do you talk too much at home?

01 YES 02 NO → **GO TO H93**

H92a. Has (your (CARETAKER) or anyone else/anyone) complained about this?

01 YES 02 NO

H93. ((Does/Do) your (CARETAKER) or other adults/Do adults) think that you are a motormouth or chatterbox, that you are always talking too much?

01 YES 02 NO

SKIP: IF H91 = BLANK OR 02 AND H92 AND H93 = 02, GO TO H95.

H94. Has talking too much been a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H95. When you were between ages 7 and 10, were you often talking too much?

01 YES 02 NO → **GO TO H97**

H96. During this time, was talking too much a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H97. In the past 6 months, have you often started to talk when somebody else is still talking?

01 YES 02 NO → **GO TO H98**

H97a. Have people gotten annoyed because you interrupt too much?

01 YES 02 NO

H98. Do you often butt in on what others are doing?

01 YES 02 NO → **GO TO SKIP BEFORE H99**

H98a. Did they ever get mad at you for that?

01 YES 02 NO

SKIP: IF H97 AND H98 = 02, GO TO H100.

H99. Has interrupting or butting in on others been a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H100. When you were between ages 7 and 10, did you often interrupt or butt in on others?

01 YES 02 NO → **GO TO SKIP BEFORE H102**

H101. During this time, was interrupting or butting in on others a problem for at least 6 months?

01 YES → **TALLY** 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H103.

H102. Have you often not listened to what your (teachers are saying/boss is saying)?

01 YES 02 NO → **GO TO H102c**

H102a. Is that because you have a problem with hearing?

01 YES 02 NO → **GO TO H102c**

H102b. What kind of hearing problem do you have?

VERBATIM: _____

H102c. (Have your teachers/Has your boss) complained about your not listening?

01 YES 02 NO

H102d. Did you not listen because you were daydreaming?

01 YES 02 NO

H103. Do you often not listen to what (your (CARETAKER) or other people/other people) are saying?

01 YES 02 NO → **GO TO SKIP BEFORE H104**

H103a. Is that because you are daydreaming?

01 YES 02 NO

SKIP: IF H102 = BLANK OR 02 AND H103 = 02, GO TO H105.

H104. Has not listening to others been a problem for at least 6 months?

01 YES → TALLY 02 NO

H105. When you were between ages 7 and 10, did you often not listen to other people?

01 YES 02 NO → GO TO SKIP BEFORE H107

H106. During this time, was not listening to others a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H108.

H107. Do you often lose papers, books, pens, or pencils (or equipment you need for your job) at (school/work)?

01 YES 02 NO

H108. At home, do you lose things more than others your age?

01 YES 02 NO

SKIP: IF H107 = BLANK OR 02 AND H108 = 02, GO TO H110.

H109. Has losing things been a problem for at least 6 months?

01 YES → TALLY 02 NO

H110. When you were between ages 7 and 10, did you often lose things?

01 YES 02 NO → GO TO SKIP BEFORE H112

H111. During this time, was losing things a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H113.

H112. Do you make a lot of careless mistakes at (school/work) when doing your (schoolwork/work)?

01 YES 02 NO

H113. At home, do you make more careless mistakes than others your age?

01 YES

02 NO

SKIP: IF H112 = BLANK OR 02 AND H113 = 02, GO TO H115.

H114. Has making careless mistakes been a problem for at least 6 months?

01 YES → **TALLY**

02 NO

H115. When you were between ages 7 and 10, did you often make careless mistakes?

01 YES

02 NO → **SKIP TO H117**

H116. During that time, was making careless mistakes a problem for at least 6 months?

01 YES → **TALLY**

02 NO

H117. In the past 6 months, have you often gotten yourself into a dangerous situation where you could have been injured because you weren't thinking?

01 YES ↴

02 NO → **GO TO H118**

H117a. Please tell me about this.

VERBATIM: _____

H117b. Was this something you did suddenly, without thinking about it first?

01 YES

02 NO

H117c. Has doing dangerous things like this been a problem for at least 6 months?

01 YES → **TALLY**

02 NO

H118. When you were between ages 7 and 10, did you often do dangerous things like this?

01 YES

02 NO → **GO TO SKIP BEFORE H120**

H119. During this time, was doing dangerous things a problem for at least 6 months?

01 YES → **TALLY**

02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H121.

H120. Do you often forget or lose track of what you are doing at (school/work), that is, just sort of drift off?

01 YES 02 NO

H121. Do you often drift off or lose track of what you are doing at home?

01 YES 02 NO

SKIP: IF H120 = BLANK OR 02 AND H121 = 02, GO TO H124.

H122. Sometimes people seem to lose track of what they are doing when they are using drugs or alcohol . . . or are very tired or haven't slept well . . . or sick . . . or very worried or anxious. Do you lose track of what you are doing when you are in one of these situations?

01 YES 02 NO → **GO TO H123**

H122a. Do you often drift off or lose track when you are not using drugs or alcohol, or are not tired, not sick, or not worried or anxious?

01 YES 02 NO

SKIP: IF H122 = 01 AND H122a = 02, GO TO H124.

H123. Has losing track or drifting off been a problem for at least 6 months?

01 YES → **TALLY** 02 NO

H124. When you were between ages 7 and 10, did you often drift off or lose track of what you were doing?

01 YES 02 NO → **GO TO SKIP BEFORE H126**

H124a. During this time, did you lose track of what you were doing because you were using drugs or alcohol . . . or were very tired or hadn't slept well . . . or sick . . . or very worried?

01 YES 02 NO → **GO TO H125**

H124b. During this time, did you often drift off or lose track when you were not using drugs or alcohol, or were not tired, not sick, or not worried or anxious?

01 YES 02 NO → **GO TO SKIP BEFORE H126**

H125. During this time, was losing track or drifting off a problem for at least 6 months?

01 YES → **TALLY** 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H127.

H126. In the past 6 months, have you often felt drowsy or sluggish at (school/work), like you have no energy?

01 YES 02 NO

H127. Do you often feel drowsy or sluggish at home?

01 YES 02 NO

SKIP: IF H126 = BLANK OR 02 AND H127 = 02, GO TO H130.

H128. Sometimes people feel drowsy or sluggish when they are using drugs or alcohol . . . or are very tired or haven't slept well . . . or sick . . . or very worried or anxious. Do you feel drowsy or sluggish when you are in one of those situations?

01 YES 02 NO → GO TO H129

H128a. Do you often feel drowsy or sluggish when you are not using drugs or alcohol, or are not tired, not sick, or not worried or anxious?

01 YES 02 NO

SKIP: IF H128 = 01 AND H128a = 02, GO TO H130.

H129. Has feeling drowsy or sluggish been a problem for at least 6 months?

01 YES → TALLY 02 NO

H130. When you were between ages 7 and 10, did you often feel drowsy or sluggish?

01 YES 02 NO → GO TO SKIP BEFORE H132

H130a. During this time, did you often feel drowsy or sluggish because you were using drugs or alcohol . . . or were very tired or hadn't slept well . . . or sick . . . or very worried?

01 YES 02 NO → GO TO H131

H130b. During this time, did you often feel drowsy or sluggish when you were not using drugs or alcohol, or were not tired, not sick, or not worried or anxious?

01 YES 02 NO → GO TO SKIP BEFORE H132

H131. During this time, was feeling drowsy or sluggish a problem for at least 6 months?

01 YES → TALLY 02 NO

SKIP: IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN THE PAST 6 MONTHS, GO TO H133.

H132. Are there a lot of things you want to do and know how to do at (school/work), but you somehow never get around to doing?

01 YES 02 NO

H133. Are there a lot of things at home you can do and want to do, but never get around to doing?

01 YES 02 NO

SKIP: IF H132 = BLANK OR 02 AND H133 = 02, GO TO H138.

H134. Is that because you don't have any energy?

01 YES 02 NO

H135. Is that because you are very disorganized?

01 YES 02 NO

H136. Sometimes people don't get around to things when they are using drugs or alcohol or want to make someone else mad or angry. Do you have trouble getting around to things when you are in one of these situations?

01 YES 02 NO → GO TO H137

H136a. Do you often have trouble getting around to things when you are not using drugs or trying to make someone else mad or angry?

01 YES 02 NO

SKIP: IF H136 = 01 AND H136a = 02, GO TO H138.

H137. Has not getting around to things been a problem for at least 6 months?

01 YES → TALLY 02 NO

H138. When you were between ages 7 and 10, did you often have trouble getting around to things?

01 YES 02 NO → GO TO H140

H138a. During this time, did you often have trouble getting around to things because you were using drugs or alcohol or wanted to make someone else mad or angry?

01 YES 02 NO → GO TO H139

H138b. During this time, did you often have trouble getting around to things when you were not using drugs or alcohol or trying to make someone else mad or angry?

01 YES 02 NO → GO TO H140

H139. During this time, was not getting around to things a problem for at least 6 months?

01 YES → TALLY 02 NO

H140. HAVE 4 OR MORE ITEMS (H36-H137) BEEN CHECKED ON TALLY SHEET H, PART B, IN COLUMN 1, OR HAVE 4 MORE ITEMS (H38-H139) BEEN CHECKED IN COLUMN 2?

01 YES 02 NO → GO TO H145

H141. I've asked you a lot of questions about problems you may have had with paying attention or being too active. For example, did (READ ALL ITEMS CHECKED ON TALLY SHEET H, PART B, COLUMNS 1 AND 2) cause problems for you when you were in kindergarten or first grade?

01 YES 02 NO

H142. How old were you when you first started having problems because of these things?
[IF RESPONSE = WHOLE LIFE, ALWAYS, RECORD 77.]

AGE

H143. Have you ever seen a doctor* or any other professional* like that because you have problems with paying attention or being too active?

01 YES ↴ 02 NO → GO TO H144

H143a. Who did you see?

VERBATIM: _____

H143b. What did the doctor say was wrong (What did the (PERSON SEEN) say was the matter)?

VERBATIM: _____

H144. Have you ever taken any medicine for hyperactivity?

01 YES 02 NO → GO TO H145

H144a. Have you taken any medicine for this in the past 6 months?

01 YES 02 NO → GO TO H145

H144b. What is the name of the medicine?

VERBATIM: _____

START USING TALLY SHEET H, PART C.

H145. Now, I'm going to ask you some questions about things that can get people into trouble. I just want to remind you that everything you tell me is completely confidential. For most of these questions, please think about the whole past 12 months. In the past 12 months, have you snatched someone's purse?

01 YES → TALLY 02 NO

H146. Have you held someone up or robbed someone?

01 YES → TALLY 02 NO

H147. Have you threatened someone in order to steal from him or her?

01 YES → TALLY 02 NO

SKIP: IF H145, H146, AND H147 ALL = 02, GO TO H150.

H148. Have you (snatched a purse/robbed someone/threatened someone) in the past 6 months?

01 YES 02 NO

H149. How old were you the first time you did this? **[RECORD EXACT AGE.]**

AGE

H150. In the past 12 months, have you stolen money from someone at home?

01 YES 02 NO

H151. In the past 12 months, have you done any shoplifting?

01 YES 02 NO

H152. Have you stolen at any other time when the person you stole from wasn't around or wasn't looking, like from someone's desk or locker?

01 YES 02 NO

SKIP: IF H150, H151, AND H152 ALL = 02, GO TO H154.

H153. Have you (stolen from someone at home/shoplifted/stolen from someone who wasn't around) more than once in the past 12 months?

01 YES → TALLY 02 NO → GO TO H153b

H153a. Have you stolen like this in the past 6 months?

01 YES 02 NO

H153b. When you stole like this, did you ever take anything that was worth more than \$10.00?

01 YES 02 NO → GO TO H153d

H153c. In the past 12 months, how many times did you steal more than \$10.00, or something worth more than \$10.00?

01 1 - 3 TIMES
02 4 - 6 TIMES
03 7 - 12 TIMES
04 MORE THAN 12 TIMES

H153d. How old were you the first time you stole something when no one was looking?
[RECORD EXACT AGE.]

AGE

H154. In the past 12 months, have you run away from home overnight?

01 YES ↴ 02 NO → GO TO H155

H154a. Have you run away more than once?

01 YES → TALLY 02 NO

H154b. When you ran away, did you (ever) stay away for as long as 2 whole weeks?

01 YES → TALLY 02 NO

H154c. Have you run away in the past 6 months?

01 YES 02 NO

H154d. How old were you the first time you ran away?
[RECORD EXACT AGE.]

AGE

H155. Have you told a lot of lies?

01 YES 02 NO → **GO TO H156**

H155a. Have you gotten into trouble for lying?

01 YES 02 NO → **GO TO H156**

H155b. How often have you gotten into trouble for lying? Would you say . . .

01 less than once a month
02 1 - 3 days a month → **TALLY**
03 1 - 6 days a week → **TALLY**
04 every day → **TALLY**

H155c. Have you gotten in trouble for lying in the past 6 months?

01 YES 02 NO

H155d. How old were you the first time you got in trouble for telling lies? **[RECORD EXACT AGE. IF RESPONSE = WHOLE LIFE, ALWAYS, RECORD 77.]**

AGE

H156. In the past 12 months, have you started any fires without permission?

01 YES 02 NO → **GO TO SKIP BEFORE H157**

H156a. Did the fire cause any damage or hurt anyone?

01 YES 02 NO

H156b. Did you mean for the fire to cause damage or hurt someone?

01 YES → **TALLY** 02 NO → **GO TO SKIP BEFORE H157**

H156c. Have you started a fire like this in the past 6 months?

01 YES 02 NO

H156d. How old were you the first time you started a fire like this? **[RECORD EXACT AGE.]**

AGE

SKIP: (SEE TALLY SHEET X, PART C) IF RESPONDENT DID NOT ATTEND SCHOOL AND DID NOT HAVE A JOB IN PAST 12 MONTHS (S16 AND S17 ARE CHECKED), GO TO H158.

H157. Have you (skipped class or played hooky from school/taken off from work without asking) in the past 12 months?

01 YES ↴

02 NO → GO TO H158

H157a. How often have you done this in the past 12 months?

01 1 - 3 TIMES

02 4 - 6 TIMES → TALLY

03 7 - 12 TIMES → TALLY

04 MORE THAN 12 TIMES → TALLY

H157b. Have you skipped (class or school/work) in the past 6 months?

01 YES

02 NO

H157c. Did you skip (class or school/work) because you were nervous or afraid?

01 YES

02 NO

H157d. When you skipped (class or school/work) did you (usually) stay home?

01 YES

02 NO

H157e. How old were you the first time you skipped (class or school/work)? [RECORD EXACT AGE.]

AGE

H158. In the past 12 months, have you broken into a house, building, or car?

01 YES → TALLY ↴

02 NO → GO TO H159

H158a. Have you done this in the past 6 months?

01 YES

02 NO

H158b. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

H159. Have you broken something or messed up some place on purpose, like breaking windows, writing on a building, slashing tires?

01 YES → TALLY ↴

02 NO → GO TO H160

H159a. Have you done this in the past 6 months?

01 YES

02 NO

H159b. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

H160. In the past 12 months, have you tortured animals or hurt them on purpose?

01 YES → TALLY ↴ 02 NO → GO TO SKIP BEFORE H161

H160a. Have you done this in the past 6 months?

01 YES 02 NO

H160b. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

SKIP: (SEE TALLY SHEET F, PART D) IF RESPONDENT IS NOT SEXUALLY EXPERIENCED (F54 IS CHECKED), GO TO H162.

H161. In the past 12 months, have you done anything sexual with someone for money or for something else you wanted?

01 YES → TALLY 02 NO → GO TO H161c

H161a. Have you done this in the past 6 months?

01 YES 02 NO

H161b. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

H161c. In the past 12 months, have you forced someone to do something sexual with you against their will?

01 YES → TALLY 02 NO → GO TO H162

H161d. Have you done this in the past 6 months?

01 YES 02 NO

H161e. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

H162. In the past 12 months, have you been in any serious physical fights where there was punching or hitting?

01 YES 02 NO → GO TO H162h

H162a. Have you been in many fights like that?

01 YES 02 NO

H162b. Have you started any serious fights like that in the past 12 months?

01 YES 02 NO → GO TO H162h

H162c. Have you started at least four fights like that in the past 12 months?

01 YES → TALLY 02 NO

H162d. Have you started at least one fight like that in the past 6 months?

01 YES 02 NO

H162e. Have you started fights like that with people at home?

01 YES 02 NO

H162f. Have you started fights like that with other people, like at school or in the neighborhood?

01 YES 02 NO

H162g. How old were you when you first began to start fights like that? [RECORD EXACT AGE.]

AGE

H162h. Have you ever used a weapon in a fight, like a bat or a brick or a bottle or a knife or gun?

01 YES 02 NO → GO TO H163

H162i. Have you used a weapon like that in more than one fight in the past 12 months?

01 YES → TALLY 02 NO

H162j. Have you used a weapon like that in at least one fight in the past 6 months?

01 YES 02 NO

H162k. How old were you when you first began to use a weapon in fights? [RECORD EXACT AGE.]

AGE

H163. In the past 12 months, have you ever been physically cruel or tried to cause someone pain?

01 YES 02 NO → GO TO H164

H163a. Please tell me what happened.

VERBATIM: _____

H163b. Was this in a fight, or when you lost your temper?

01 YES 02 NO → TALLY AND GO TO H163d

H163c. Did it only happen in a fight, or when you lost your temper?

01 YES → GO TO H164 02 NO → TALLY

H163d. Have you tried to hurt someone, not during a fight, in the past 6 months?

01 YES 02 NO

H163e. How old were you the first time you did this? [RECORD EXACT AGE.]

AGE

H164. HAVE ANY ITEMS (H145 TO H163c) BEEN CHECKED ON TALLY SHEET H, PART C?

01 YES 02 NO → GO TO H166

H165. You told me that you did things like (READ ITEMS (H145 - H163c) CHECKED ON TALLY SHEET H, PART C). Have you ever seen a doctor* or any other professional* because of these things?

01 YES ↴ 02 NO → GO TO H166

H165a. Who did you see?

VERBATIM: _____

H165b. What did the doctor say was wrong (What did (PERSON SEEN) say was the matter)?

VERBATIM: _____

H166. Do you belong to a gang or hang around with a group of kids who get into a lot of trouble?

01 YES

02 NO → GO TO SECTION J

H166a. Does being part of this group mean a lot to you?

01 YES

02 NO

SKIP: (SEE TALLY SHEET X, PART C) IF RESPONDENT DID NOT ATTEND SCHOOL IN PAST 12 MONTHS (S16 IS CHECKED), GO TO H166c.

H166b. In the past 12 months, have you skipped school with some of these kids?

01 YES

02 NO

H166c. Have you stayed away from home overnight with some of these kids?

01 YES

02 NO

H166d. Have you often stayed out late in the evening with those kids?

01 YES

02 NO

H166e. Have you ever told on a member of this group to get yourself out of trouble?

01 YES

02 NO

H166f. In the past 12 months, have you often used drugs or drunk alcohol with this group?

01 YES

02 NO

H166g. Have you ever stolen anything, gotten into fights, or broken other laws with members of this group?

01 YES

02 NO

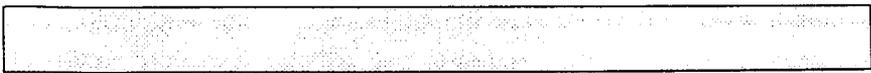
H166h. Has your group sometimes fought with other groups or gangs?

01 YES

02 NO

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**SECTION J.
PSYCHOLOGICAL DISTRESS**



SKIP: GO TO SECTION K.

HAND RESPONDENT SHOW CARD 8.

J1. Now, I am going to read a list of problems and experiences that people sometimes have. Please listen to each one carefully, then tell me how distressed (bothered) you were by this problem or experience in the month before you entered this program. In the month before admission, how much were you distressed (bothered) by . . . (PROBLEM)?

[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
a. nervousness or shakiness inside	00	01	02	03	04
b. trembling	00	01	02	03	04
c. suddenly being scared for no reason	00	01	02	03	04
d. feeling fearful	00	01	02	03	04
e. heart pounding or racing	00	01	02	03	04
f. feeling tense or keyed up	00	01	02	03	04
g. spells of terror or panic	00	01	02	03	04
h. feeling so restless you couldn't sit still	00	01	02	03	04
i. the feeling that something bad was going to happen	00	01	02	03	04
j. thoughts and images of a frightening nature	00	01	02	03	04

SKIP: IF J1a-j ARE ALL CODED 00 OR 01, GO TO J3.

J2. In that month, would you say that none, some, or most of these problems were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

HAND RESPONDENT SHOW CARD 8.

J3. In the month before admission, how much were you distressed (bothered) by... (PROBLEM)?
[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
a. loss of sexual interest or pleasure	00	01	02	03	04
b. feeling low in energy or slowed down	00	01	02	03	04
c. crying easily	00	01	02	03	04
d. feelings of being trapped or caught	00	01	02	03	04
e. blaming yourself for things	00	01	02	03	04
f. feeling lonely	00	01	02	03	04
g. feeling blue	00	01	02	03	04
h. worrying too much about things	00	01	02	03	04
i. feeling no interest in things	00	01	02	03	04
j. feeling hopeless about the future	00	01	02	03	04
k. feeling everything is an effort	00	01	02	03	04
l. feeling worthless	00	01	02	03	04
m. feeling guilty for things which may not be your fault	00	01	02	03	04
n. thoughts of ending your life	00	01	02	03	04

SKIP: IF J3a-n ARE ALL CODED 00 OR 01, GO TO J5.

J4. In that month, would you say that none, some, or most of the problems I've just described, such as [READ UP TO 3 ITEMS CODED 02 OR HIGHER], were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

HAND RESPONDENT SHOW CARD 8.

J5. In the month before admission, how much were you distressed (bothered) by... (PROBLEM)?
[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
a. feeling easily annoyed or irritated	00	01	02	03	04
b. temper outbursts that you could not control	00	01	02	03	04
c. having urges to beat, injure, or harm someone	00	01	02	03	04
d. having urges to break or smash things	00	01	02	03	04
e. getting into frequent arguments	00	01	02	03	04
f. shouting or throwing things	00	01	02	03	04

SKIP: IF J5a-f ARE ALL CODED 00 OR 01, GO TO J7.

J6. In that month, would you say that none, some, or most of the problems I've just described, such as [READ UP TO 3 ITEMS CODED 02 OR HIGHER], were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

J7. Next, I am going to read a series of statements to you. Please listen to each statement carefully and decide whether this statement is true for you or whether it is false for you now. **[REPEAT AS OFTEN AS NEEDED: Would you say this statement is true for you or false for you?]**

	TRUE	FALSE
a. My home life was always happy	01	02
b. Most of the time I feel happy	01	02
c. I have often gone against my parents' wishes	01	02
d. I seem to do things that I regret more often than other people do	01	02
e. People often talk about me behind my back	01	02
f. As a child in school, I used to give the teachers lots of trouble	01	02
g. If the pay were right, I would like to travel with a circus or carnival	01	02

J8. For the next set of questions, I'll be asking you about things that might have happened to you in the whole past 12 months. These questions refer to things that seemed strange or didn't make sense to other people. In the past 12 months, have you believed something that made other people think you were imagining things? For example, have you believed . . . ?

BELIEF	YES	NO
a. that other people were watching you or spying on you or plotting to hurt you	01	02
b. that there were special messages meant just for you on television or the radio or in newspapers or magazines	01	02
c. that people were looking at you or talking about you or laughing at you a lot for no reason	01	02
d. that you have done some very bad thing that you must be punished for	01	02
e. that you were famous or one of the most important people in the whole world	01	02
f. that you have some kind of special powers that make it possible for you to do things no one else can do	01	02

J9. Now, I'm going to ask you about other strange things you may have believed. In the past 12 months, have you believed . . . ?

BELIEF	YES	NO
a. that other people were reading your mind or controlling your thoughts	01	02
b. that you could read or could know someone else's thoughts	01	02
c. that someone or something was taking or stealing thoughts out of your head	01	02
d. that someone was magically putting thoughts into your head	01	02
e. that there was something strange going wrong with your body	01	02
f. that your muscles and movements were somehow being controlled by others	01	02
g. any other beliefs that other people thought were very strange	01	02

J10. In the past 12 months, did you . . . ?

SENSATION	YES	NO
a. have a vision or see something that other people couldn't see	01	02
b. hear voices or noises that no one else could hear	01	02
c. smell odors around you that nobody else could smell	01	02
d. have strange feelings inside or on your body, like tingling or burning, or something moving around inside your body	01	02
e. have had any other unusual experiences, like feeling that someone was there when they weren't	01	02

J11. In the past 12 months, was there a time when what you were saying didn't make sense, seemed all jumbled up, and seemed very strange to other people?

01 YES 02 NO

J12. In the past 12 months, when you were talking, would you often wander off the subject to start talking about something else because you forgot what you were talking about?

01 YES 02 NO

J13. Did you often give others answers that were strange or confused or mixed up, that didn't make sense to other people?

01 YES 02 NO

J14. In the past 12 months, have you often talked and talked and talked and never really gotten to the point?

01 YES 02 NO

J15. Was there a time when you would often pause while you were talking ... just stop in the middle and not finish what you were saying because you forgot what you were talking about, or because something in your mind interrupted you?

01 YES 02 NO

J16. In the past 12 months, have you ever sat or stood or stayed quite still in a strange way for a period of time, as though you were frozen or like a statue?

01 YES 02 NO

J17. In the past 12 months, did you talk out loud to yourself or mumble to yourself a lot?

01 YES 02 NO

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**SECTION K.
MOTIVATION AND READINESS FOR TREATMENT**



Now, I am going to read a series of statements that people sometimes make when they enter treatment. Carefully consider each of these statements, and tell me how closely they describe your own thoughts and feelings at the present time.

HAND RESPONDENT SHOW CARD 9.

Please tell me if you agree with each statement not at all, somewhat, or very much.

	NOT AT ALL	AGREE SOMEWHAT	VERY MUCH AGREE	NOT APPLICABLE
K1. I have too many outside problems that will prevent me from completing treatment	01	02	03	99
K2. I really don't need treatment; I'm here because of pressure on me (family, legal)	01	02	03	99
K3. My drug use is a very serious problem in my life	01	02	03	99
K4. My drug use has caused problems in most areas of my life	01	02	03	99
K5. I have to stay off all drugs in order to do what I want to in life	01	02	03	99
K6. I know I have to make real changes in myself to get my life together	01	02	03	99
K7. I feel that my drug use and the way I've been living have hurt a lot of people	01	02	03	99
K8. It is more important to me than anything else that I stop using drugs	01	02	03	99
K9. I need help with other problems too, not just with my drug use	01	02	03	99
K10. I don't really believe that I have to be in treatment to stop using drugs; I can stop any time I want	01	02	03	99
K11. I came to this program because I really felt that I am ready to deal with myself in treatment	01	02	03	99
K12. I'll do whatever I have to do to get my life straightened out	01	02	03	99
K13. The only thing that will help me now is some kind of treatment	01	02	03	99
K14. If I can't get help here I will try some other treatment program	01	02	03	99
K15. I am really tired of using drugs and want to change	01	02	03	99
K16. I know I can't stop using drugs on my own	01	02	03	99
K17. I am willing to stop seeing some people I know for a while if it will help me in treatment	01	02	03	99

[CONTINUED]

**SECTION L.
INTERVIEWER OBSERVATIONS**



[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]

L1. HOW IS RESPONDENT'S GROOMING, NEATNESS OF APPEARANCE, AND PERSONAL CLEANLINESS?

- 01 VERY POOR
- 02 SOMEWHAT POOR
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

L2. HOW IS RESPONDENT'S SPEECH, THAT IS, HOW CLEAR AND UNDERSTANDABLE IS IT TO MOST PEOPLE?

- 01 VERY POOR
- 02 SOMEWHAT POOR
- 03 A LITTLE LESS THAN AVERAGE
- 04 AVERAGE OR GOOD

L3. DID THE RESPONDENT USE MADE-UP OR MEANINGLESS WORDS?

- 01 YES → [RECORD EXAMPLES BELOW.]
- 02 NO

EX: _____

L4. DID THE RESPONDENT ANSWER QUESTIONS IN A WAY THAT SHOWED A LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION?

- 01 YES → [RECORD EXAMPLES BELOW.]
- 02 NO

EX: _____

L5. DID THE RESPONDENT SHOW ANY EMOTION DURING THE INTERVIEW SUCH AS SMILING, SADNESS, IRRITABILITY?

01 YES → [RECORD EXAMPLES BELOW.] 02 NO

EX: _____

L6. DID IT SEEM THAT THE RESPONDENT WAS HALLUCINATING (BEHAVING AS IF HEARING VOICES OR SEEING VISIONS, LIPS MOVING WITHOUT MAKING ANY SOUND)?

01 YES 02 NO

L7. DOES RESPONDENT HAVE ANY OF THE FOLLOWING ABNORMALITIES? [CIRCLE ALL THAT APPLY.]

00 NO ABNORMALITIES

- 01 GROSSLY OBESE
- 02 VERY THIN, SKELETON-LIKE
- 03 SPEECH IMPEDIMENT (ENOUGH TO IMPAIR COMMUNICATION)
- 04 BLIND
- 05 DEAF
- 06 OTHER PHYSICAL HANDICAP

a. PART OF BODY: _____

b. HOW SEVERE: [CIRCLE ONE.]

- 01 VERY SEVERE
- 02 MODERATELY SEVERE
- 03 NOT SEVERE

- 07 OTHER APPARENT ILLNESS

a. TYPE OF ILLNESS: _____

- 08 DISFIGUREMENT

a. TYPE: _____

b. HOW SEVERE: [CIRCLE ONE.]

- 01 VERY SEVERE
- 02 MODERATELY SEVERE
- 03 NOT SEVERE

L8. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES 02 NO

L9. DID THE RESPONDENT UNDERSTAND ALL OF THE QUESTION(S) THAT WERE ASKED?

01 YES → GO TO L11

02 NO

L9a. HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

QUESTIONS

L9b. WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

Q. _____ Q. _____

Q. _____ THROUGH Q. _____

Q. _____ THROUGH Q. _____

L10. WHY DO YOU THINK THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS?
[CIRCLE ALL THAT APPLY.]

- 01 INTELLECTUALLY UNABLE

HOW SEVERE WOULD YOU SAY THE INTELLECTUAL DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

- 02 LANGUAGE BARRIER

HOW SEVERE WOULD YOU SAY THE LANGUAGE BARRIER WAS?

01 MILD

02 MODERATE

03 EXTREME

- 03 PHYSICALLY UNABLE

HOW SEVERE WOULD YOU SAY THE PHYSICAL DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

- 04 OTHER (SPECIFY) _____

HOW SEVERE WOULD YOU SAY THIS DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

L11. WAS THE INTERVIEW A BREAK-OFF?

01 YES

02 NO → GO TO L12

L11a. WHAT WAS THE REASON FOR THE BREAK-OFF? [CIRCLE ALL THAT APPLY.]

- 01 INTERVIEWER EMERGENCY
- 02 RESPONDENT EMERGENCY
- 03 RESPONDENT TIRED, BORED
- 04 RESPONDENT ANGRY ABOUT QUESTIONS
- 05 RESPONDENT UPSET ABOUT QUESTIONS
- 06 OTHER (SPECIFY) _____

L11b. WHAT WAS LAST QUESTION ANSWERED BY THE RESPONDENT?

Q. _____

L12. WHAT WAS THE RESPONDENT'S RESPONSE TO A POSSIBLE FUTURE INTERVIEW?

- 01 EAGER
- 02 RECEPTIVE
- 03 NO REACTION
- 04 RELUCTANT
- 05 REFUSED
- 06 NOT DISCUSSED

L13. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

01 YES

02 NO → GO TO L14

L13a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED THE FIRST TIME?

--	--

HOURS

--	--

MINUTES

L13b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?

Q. _____

L14. PSYCHOLOGICALLY, WAS THE RESPONDENT [CIRCLE ONE] . . . ?

01 ESSENTIALLY NORMAL

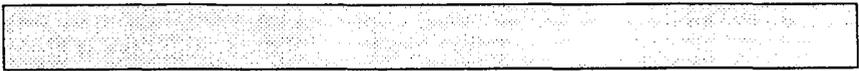
02 A LITTLE ABNORMAL

03 VERY ABNORMAL

L15. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:

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**SECTION M.
MINIMENTAL STATUS EXAM**



[THIS SECTION IS TO BE ADMINISTERED ONLY IF YOU HAVE REASON TO QUESTION THE RESPONDENT'S ALERTNESS OR MENTAL FUNCTIONING OR IF RESPONDENT FAILS THE TRAILS TEST(S) IN SECTION C.]

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

01 YES 02 NO

Let me ask you a few questions to check your concentration and memory.
[RECORD ANSWER AND THEN CODE.]

	RECORD ANSWERS	CORRECT	ERROR/ CAN'T DO/ REFUSE
M2. What is the year?	YEAR: _____	01	05
M3. What season of the year is it?	SEASON: _____	01	05
M4. What is the date?	DATE: _____	01	05
M5. What is the day of the week?	DAY: _____	01	05
M6. What is the month?	MONTH: _____	01	05
M7. Can you tell me where we are right now? For instance, what State are we in?	STATE: _____	01	05
M8. What (county/parish) are we in?	COUNTY/ PARISH: _____	01	05
M9. What (city/town) are we in?	CITY: _____	01	05
M10. A. What floor of the building are we on?	FLOOR: _____	01	05
	[DO NOT RECORD ADDRESS!!! CHECK AGAINST CONTROL FORM.]		
B. What is this address (IF INSTITUTIONALIZED) or name of this place?		01	05

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

“Apple” “Table” “Penny”

Could you repeat the 3 items for me? [SCORE FIRST TRIAL.]

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE	01	05
b. TABLE	01	05
c. PENNY	01	05

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

M12. Would you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

[COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. THIS QUESTION WILL NOT BE COUNTED FOR M21.]

	RESPONSE	CORRECT	ERROR	SAYS CAN'T DO	REFUSE
a. (93)	_____	01	05	07	-7
b. (86)	_____	01	05	07	-7
c. (79)	_____	01	05	07	-7
d. (72)	_____	01	05	07	-7
e. (65)	_____	01	05	07	-7

[STOP]

M13. Now, I am going to spell a word forwards and I want you to spell it backwards. The word is “WORLD,” W-O-R-L-D. Spell “world” backwards. [REPEAT SPELLING IF NECESSARY, BUT NOT AFTER RESPONDENT BEGINS SPELLING. THIS QUESTION WILL NOT BE COUNTED FOR M21.]

[PRINT LETTERS]:

D L R O W

[CIRCLE NUMBER OF ERRORS: OR REFUSED]

00 01 02 03 04 05 -7

M14. Now, what were the 3 objects I asked you to remember?

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE	01	05
b. TABLE	01	05
c. PENNY	01	05

	CORRECT	ERROR/ CAN'T DO/ REFUSE	HANDICAP	CAN'T READ (ENGLISH)
M15. [SHOW WRIST WATCH] What is this called? a. WATCH	01	05	06	—
[SHOW PENCIL] What is this called? b. PENCIL	01	05	06	—
M16. I'd like you to repeat a phrase after me. The phrase is . . . "No if's, and's or but's."	01	05	06	—
[ALLOW ONLY 1 TRIAL. CODE "01" REQUIRES AN ACCURATELY ARTICULATED REPETITION.]				
M17. Read the words on this page and then do what it says. [HAND "CLOSE YOUR EYES" CARD TO RESPONDENT. CODE "01" IF RESPONDENT CLOSES EYES.]	01	05	06	07

[THANK RESPONDENT AND TAKE BACK "CLOSE YOUR EYES" CARD.]

M18. **[READ FULL STATEMENT BEFORE HANDING PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]**

I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. **[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT AGAIN.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE	HANDICAP
a. TAKES PAPER IN RIGHT HAND	01	05	06
b. FOLDS PAPER IN HALF	01	05	06
c. PUTS PAPER DOWN ON LAP	01	05	06

M19. Write any complete sentence on that piece of paper for me. **[SPELLING AND GRAMMATICAL ERRORS ARE ALLOWED.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP
- 07 CAN'T WRITE (ENGLISH)

[TAKE BACK "CLOSE YOUR EYES" CARD.]

M20. Here's a drawing. Please copy the drawing on the same paper. [HAND RESPONDENT "PENTAGONS" CARD. CODE "01" IF RESPONDENT DRAWS 2 CONVEX 5-SIDED FIGURES, AND INTERSECTION MAKES A 4-SIDED FIGURE.]

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP

[TAKE BACK "PENTAGONS" CARD.]

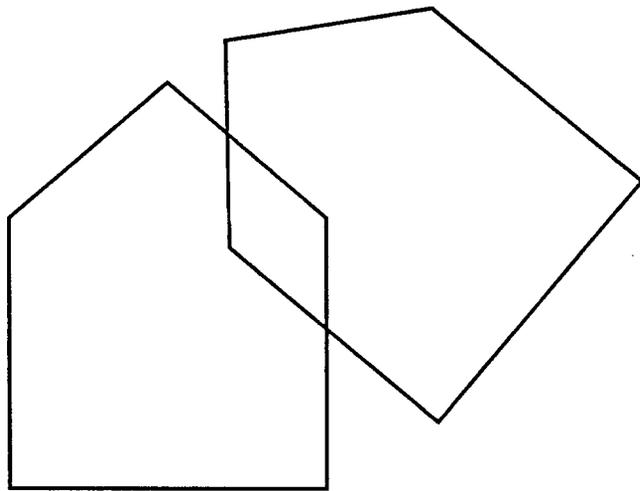
M21. ARE 12 OR MORE "05's" CODED IN M2-M11 AND M14-M20?

- 01 YES → THANK RESPONDENT FOR DOING INTERVIEW → COMPLETE TIME CHECKPOINT BELOW.
- 02 NO → RETURN TO LAST QUESTION ASKED BEFORE SKIPPING AND CONTINUE, BUT NOT MORE THAN 3 HOURS TOTAL.

TIME CHECKPOINT			
DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MONTH		DAY
TIME:	<input type="text"/>	<input type="text"/>	AM / PM (CIRCLE ONE)
	HOUR	MINUTE	

**CLOSE YOUR
EYES**

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PENTAGONS

ONSET/REGENCY

Within the month before admission

Within the past 12 months

More than 1 year ago

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Client ID: _____

Drug Abuse Treatment Outcome Study – Adolescent



**INTAKE 2 INTERVIEW
TALLY SHEETS**

February 1994

Intake 2 Interview

TALLY SHEET X

PART A

A2 Age:

A4 Residence code:

A10 Marital status:

A10e How long (marital status):

YEARS	
<input type="text"/>	<input type="text"/>

MONTHS	
<input type="text"/>	<input type="text"/>

WEEKS	
<input type="text"/>	<input type="text"/>

A13 Number of times legally married:

A16 Lived with someone else as married:

A27 Children given birth to/fathered:

A28 Children raised as your own:

PART B

- A8 _____ traveled around without arrangements
- A9 _____ had no regular place to live for a month or more
- A19 _____ walked out on (spouse(s)/partner(s))
- A20a _____ hit or threw things first on more than 1 occasion
- A40 _____ left children home alone
- A41 _____ someone else fed your child/kept child overnight because you didn't
- A42 _____ had someone say your child wasn't being given enough to eat, being kept clean, or being given medical care
- A43 _____ ran out of money for your family because you spent food money on yourself
- A44 _____ did not provide financial support for (a child/children)

PART C

- S16 _____ in the past 12 months, did not attend school
- S16a _____ in the past 6 months, did not attend school
- S17 _____ in the past 12 months, did not hold a job
- S17a _____ in the past 6 months, did not hold a job

Intake 2 Interview

TALLY SHEET E

PART A

- E2a ___ being short of breath
- E2b ___ your heart pounding
- E2c ___ feeling dizzy
- E2d ___ having tightness, pain, or discomfort in your chest or stomach
- E2e ___ tingling or numbness in your fingers or feet
- E2f ___ feeling like you were choking or have difficulty swallowing
- E2g ___ feeling faint
- E2h ___ sweating
- E2i ___ trembling or shaking
- E2j ___ having hot flashes or chills
- E2k ___ things seeming unreal
- E2l ___ being afraid you might die
- E2m ___ being afraid you might act in a crazy way
- E2n ___ nausea
- E2o ___ belly pain
- E2p ___ feeling like you were smothering
- E2q ___ dry mouth

Intake 2 Interview

TALLY SHEET E

(continued)

PART B

- E15 ___ (E33) headaches
- E16 ___ (E34) stomach aches
- E17 ___ (E35) other aches and pains
- E18 ___ (E36) worried about things that are coming up
- E19 ___ (E37) worried about how well you do your (schoolwork/job)
- E20 ___ (E38) worried about how good you are at sports or games or in gym
- E21 ___ (E39) worried about being on time
- E22 ___ (E40) worried that you have made a mistake or done something
the wrong way
- E23 ___ (E41) worried about whether your family has enough money
- E24 ___ (E42) worried that you have made a fool of yourself
- E25 ___ (E43) worried about how you look
- E26 ___ (E44) worried about whether people like you
- E27 ___ (E45) worried about your health or getting sick
- E28 ___ (E46) been easily embarrassed or very self-conscious
- E29 ___ (E47) been very tense, or found it hard to relax

Intake 2 Interview

TALLY SHEET E

(continued)

PART C

- E33b or ___ have had a lot of headaches when you weren't sick or didn't
E33c have a medical problem (or your period)
- E34b or ___ have had a lot of stomach aches when you weren't sick or didn't
E34c have a medical problem (or your period)
- E35b or ___ have had a lot of (other) aches and pains when you weren't sick, or hurt
E35c (or didn't have your period)
- E36b ___ got very worried about things that were coming up
- E37b ___ have been very worried about how well you did your (schoolwork/job)
when most people said you were doing okay
- E38b ___ have been very worried about sports or games you usually did okay in
- E39b ___ have been very worried about being late when you had plenty of time
- E40b ___ have often been worried that you had made a mistake or done something
the wrong way and you were worrying about something that wasn't important
- E41b ___ have been very worried about whether your family had enough money even
when there was no need to worry
- E42b ___ have often worried that you had made a fool of yourself around kids who
thought you were okay
- E43c ___ have often worried about how you looked even when others say you
looked okay
- E44b ___ have been very worried about whether other people liked you
- E45b ___ have been very worried about your health or getting sick even when
generally healthy
- E46a ___ felt self-conscious or embarrassed at least once a week
- E47a ___ have been the kind of person who was often very tense, or found it very
hard to relax even when there was no reason

Intake 2 Interview

TALLY SHEET F

PART A

- E11 Different worries on your mind
F1 Had 2 weeks of feeling sad, blue, or depressed

F3	<input type="checkbox"/>	lost your appetite
F4	<input type="checkbox"/>	lost weight
F5	<input type="checkbox"/>	increase in appetite
F6	<input type="checkbox"/>	your eating increased

F7	<input type="checkbox"/>	trouble falling asleep
F8	<input type="checkbox"/>	trouble staying asleep
F9	<input type="checkbox"/>	trouble waking up too early
F10	<input type="checkbox"/>	sleeping too much

F11	<input type="checkbox"/>	felt tired out all the time
F12	<input type="checkbox"/>	felt bad upon waking up but better later

F13	<input type="checkbox"/>	talked or moved more slowly than normal
F14	<input type="checkbox"/>	had to be moving all the time

F15	<input type="checkbox"/>	had less interest in sex
F16	<input type="checkbox"/>	lost interest in things like work or hobbies

F17	<input type="checkbox"/>	felt worthless
F17a	<input type="checkbox"/>	felt sinful
F17b	<input type="checkbox"/>	felt guilty

F19	<input type="checkbox"/>	felt inferior
F20	<input type="checkbox"/>	little self-confidence

F21	<input type="checkbox"/>	had a lot more trouble concentrating
F22	<input type="checkbox"/>	your thoughts came slowly or seemed mixed up
F23	<input type="checkbox"/>	unable to make up your mind

F24	<input type="checkbox"/>	thought a lot about death
F25	<input type="checkbox"/>	felt like you wanted to die
F26	<input type="checkbox"/>	thought about committing suicide
F27	<input type="checkbox"/>	attempted suicide

- F30d Depression more than 1 year ago AGE
F31d Felt low, gloomy, or uninterested in everything more than 1 year ago AGE
F32 Longest spell

YEARS	
<input type="checkbox"/>	<input type="checkbox"/>

MONTHS	
<input type="checkbox"/>	<input type="checkbox"/>

WEEKS	
<input type="checkbox"/>	<input type="checkbox"/>

F34 Number of spells

Intake 2 Interview

TALLY SHEET F

(continued)

PART B

- F42 _____ were very sad
F44 _____ were grouchy or irritable, often in a bad mood

PART C

- F46 _____ often did not feel very much like eating
F47 _____ lost a lot of weight
F48 _____ often wanted to eat more
F49 _____ gained a lot of weight
F50 _____ had more trouble sleeping than usual
F51 _____ slept a lot more than usual
F52 _____ definitely talked or moved around a lot less than usual
F53 _____ were very restless
F55 _____ had less interest in sex than usual
F56 _____ just weren't interested in anything . . . you felt bored
F57 _____ felt nothing was fun
F58 _____ have been so down that it was hard for you to do your (schoolwork/work)
F59 _____ had trouble looking after yourself or your things
F60 _____ felt more tired than usual
F61 _____ had much less energy than usual
F62 _____ felt very bad when you got up but felt better later in the day
F63 _____ felt less good about yourself than usual . . . you blamed yourself a lot for things that happened in the past
F64 _____ felt sinful
F65 _____ were more down on yourself than usual
F67 _____ often felt bad about the way you look
F68 _____ were about to cry or were in tears
F69 _____ had more trouble than usual paying attention to your (schoolwork/work) or keeping your mind on other things
F70 _____ weren't able to concentrate or to think as clearly or quickly as usual
F71 _____ felt that things never seem to work out all right
F72 _____ found it was harder than usual for you to make up your mind
F73 _____ thought a lot more than usual about death or dying
F74 _____ felt like you wanted to die
F75 _____ thought a lot about suicide or killing yourself
F76 _____ tried to kill yourself

PART D

- F54 _____ not sexually active
F80d Depression more than 1 year ago AGE
F81d Feeling low, gloomy, moody, or uninterested more than a year ago AGE
F82 Longest spell

YEARS	

MONTHS	

WEEKS	

F84 Number of spells

Intake 2 Interview

TALLY SHEET H

PART A

- H10b set fires or damaged others' property
- H12 hit a child hard
- H13 got into more than one physical fight
- H14 used a weapon in a fight
- H15 physically attacked someone
- H18 were sued or had things taken back
- H18a have been sued more than twice
- H19 stole something or robbed or threatened someone
- H20 made money illegally by selling drugs
- H20a made money illegally by other means
- H21 were paid for having sex
- H22 made money by finding customers for prostitutes
- H23 used an alias
- H24 lied pretty often

Intake 2 Interview

TALLY SHEET H

(continued)

PART B

<u>Column 1</u>		<u>Column 2</u>		
H36	___	H38	___	trouble with sitting still or fidgeting
H41	___	H43	___	not being able to stay in your seat
H46	___	H48	___	difficulty with keeping your mind on what you are doing
H51	___	H53	___	trouble waiting for your turn or cutting ahead in line
H57	___	H59	___	blurting out answers
H62	___	H64	___	needing to be reminded to follow through on things
H68	___	H70	___	trouble with paying attention
H73	___	H75	___	stopping and starting what you are doing
H78	___	H80	___	shifting from one thing to another
H83	___	H85	___	being too noisy when you are doing fun things
H88	___	H90	___	running or jumping or climbing on things
H94	___	H96	___	talking too much
H99	___	H101	___	interrupting or butting in on others
H104	___	H106	___	not listening to what others are saying
H109	___	H111	___	losing things
H114	___	H116	___	making careless mistakes
H117c	___	H119	___	doing dangerous things
H123	___	H125	___	losing track or drifting off
H129	___	H131	___	feeling drowsy or sluggish
H137	___	H139	___	not getting around to things

Intake 2 Interview

TALLY SHEET H

(continued)

PART C

- H145 ___ snatched someone's purse
- H146 ___ robbed someone
- H147 ___ threatened someone
- H153 ___ stolen from someone at home/shoplifted/stolen from someone who wasn't around
- H154a ___ ran away more than once
- H154b ___ ran away and stayed away for as long as 2 whole weeks
- H155b ___ got into trouble for lying [CHECK IF 02, 03, OR 04 IS CIRCLED.]
- H156b ___ started a fire and meant for it to cause damage or hurt someone
- H157a ___ skipped class or played hooky/took off from work without asking
[CHECK IF 02, 03, OR 04 IS CIRCLED.]
- H158 ___ broke into a house, building, or car
- H159 ___ broke something or messed up some place on purpose
- H160 ___ tortured animals
- H161 ___ done anything sexual with someone for money
- H161c ___ forced someone to do something sexual
- H162c ___ started at least four serious fights
- H162i ___ used a weapon in more than one fight
- H163b ___ }
and ___ } been physically cruel or tried to cause someone pain when not
H163c ___ } in a fight or when you lost your temper