

FOR INTERVIEWER USE:

Born:	1974	1975	1976	1977	1978	1979	1980	1981	1982
Age for 2009:	34/35	33/34	32/33	31/32	30/31	29/30	28/29	27/28	26/27
Age for 2008:	33/34	32/33	31/32	30/31	29/30	28/29	27/28	26/27	25/26

A1 **[CONFIRM DATE OF BIRTH WITH RESPONDENT – NOT RECORDED]**

A2
t08a0002 That means you were how old at the start of this year? As a reminder, if you provide DETAILS about any illegal activities occurring in prison, those may need to be reported to the prison authorities. AGE.....
[FILL IN AGES ACCORDINGLY FOR EACH YEAR ON THE LIFE CHART.]

A3
t08a0003 Can you remember the name or the school number of the elementary school you attended at the beginning of first grade? What was it? SCHOOL #
DK..... 998
t08a003b** SCHOOL NAME/ SCHOOL #:

****In future versions school name and school # will be split into two variables.**

A4INTRO

Most people find this next part of the interview interesting because we use this information to create a chart of the past several years of your life over time which we will refer back to during the interview.

Starting with the present and working back to 1996, I would like to discuss significant events that happened to you. By significant events, I mean anything that helps you mark the passage of time. For example, getting your first full time job, finishing college, moving, deaths or births in the family, vacations, changes in your intimate relationships, and local or national events.
[SHOW CARD A to provide examples]

Now I would like to move on to previous years, going backward in time. You may refer to the list on the card I just gave to help you remember what event may have happened to you.

A5 Now similarly, I would like to note who you lived with the majority of the time (more than 5 months) for every year.

For 2010 who did you live with the majority of the time? **[SHOW CARD B]**

t08a05a1	Live alone?	YES	1
		NO	2
t08a05a2	Parent(s)?	YES	1
		NO	2
t08a05a3	Other relative?	YES	1
		NO	2
t08a05a4	Roommate(s)?	YES	1
		NO	2
t08a05a5	Friend(s)?	YES	1
		NO	2
t08a05a6	Spouse?	YES	1
		NO	2
t08a05a7	Kids?	YES	1
		NO	2
t08a05a8	Incarcerated?	YES	1
		NO	2
t08a05a9	College dorm?	YES	1
		NO	2

***NOTE:** When Respondent could not recall age, 4-digit year was entered.

t08a5a10	Military?	YES.....	1
		NO.....	2
t08a5a11	Other?	YES.....	1
		NO.....	2
t08a5a12	Not applicable?	YES.....	1
		NO.....	2
	For 2009 who did you live with the majority of the time? [SHOW CARD B]		
t08a05b1	Live alone?	YES.....	1
		NO.....	2
t08a05b2	Parent(s)?	YES.....	1
		NO.....	2
t08a05b3	Other relative?	YES.....	1
		NO.....	2
t08a05b4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05b5	Friend(s)?	YES.....	1
		NO.....	2
t08a05b6	Spouse?	YES.....	1
		NO.....	2
t08a05b7	Kids?	YES.....	1
		NO.....	2
t08a05b8	Incarcerated?	YES.....	1
		NO.....	2
t08a05b9	College dorm?	YES.....	1
		NO.....	2
t08a5b10	Military?	YES.....	1
		NO.....	2
t08a5b11	Other?	YES.....	1
		NO.....	2
t08a5b12	Not applicable?	YES.....	1
		NO.....	2
	For 2008 who did you live with the majority of the time? [SHOW CARD B]		
t08a05c1	Live alone?	YES.....	1
		NO.....	2
t08a05c2	Parent(s)?	YES.....	1
		NO.....	2
t08a05c3	Other relative?	YES.....	1
		NO.....	2
t08a05c4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05c5	Friend(s)?	YES.....	1
		NO.....	2
t08a05c6	Spouse?	YES.....	1
		NO.....	2
t08a05c7	Kids?	YES.....	1
		NO.....	2
t08a05c8	Incarcerated?	YES.....	1
		NO.....	2
t08a05c9	College dorm?	YES.....	1
		NO.....	2
t08a5c10	Military?	YES.....	1
		NO.....	2
t08a5c11	Other?	YES.....	1
		NO.....	2

For 2007 who did you live with the majority of the

time? **[SHOW CARD B]**

t08a05d1	Live alone?	YES	1
		NO	2
t08a05d2	Parent(s)?	YES	1
		NO	2
t08a05d3	Other relative?	YES	1
		NO	2
t08a05d4	Roommate(s)?	YES	1
		NO	2
t08a05d5	Friend(s)?	YES	1
		NO	2
t08a05d6	Spouse?	YES	1
		NO	2
t08a05d7	Kids?	YES	1
		NO	2
t08a05d8	Incarcerated?	YES	1
		NO	2
t08a05d9	College dorm?	YES	1
		NO	2
t08a5d10	Military?	YES	1
		NO	2
t08a5d11	Other?	YES	1
		NO	2

For 2006 who did you live with the majority of the time? **[SHOW CARD B]**

t08a05e1	Live alone?	YES	1
		NO	2
t08a05e2	Parent(s)?	YES	1
		NO	2
t08a05e3	Other relative?	YES	1
		NO	2
t08a05e4	Roommate(s)?	YES	1
		NO	2
t08a05e5	Friend(s)?	YES	1
		NO	2
t08a05e6	Spouse?	YES	1
		NO	2
t08a05e7	Kids?	YES	1
		NO	2
t08a05e8	Incarcerated?	YES	1
		NO	2
t08a05e9	College dorm?	YES	1
		NO	2
t08a5e10	Military?	YES	1
		NO	2
t08a5e11	Other?	YES	1
		NO	2

For 2005 who did you live with the majority of the time? **[SHOW CARD B]**

t08a05f1	Live alone?	YES	1
		NO	2
t08a05f2	Parent(s)?	YES	1
		NO	2
t08a05f3	Other relative?	YES	1
		NO	2
t08a05f4	Roommate(s)?	YES	1
		NO	2

t08a05f5	Friend(s)?	YES.....	1
		NO.....	2
t08a05f6	Spouse?	YES.....	1
		NO.....	2
t08a05f7	Kids?	YES.....	1
		NO.....	2
t08a05f8	Incarcerated?	YES.....	1
		NO.....	2
t08a05f9	College dorm?	YES.....	1
		NO.....	2
t08a5f10	Military?	YES.....	1
		NO.....	2
t08a5f11	Other?	YES.....	1
		NO.....	2
For 2004 who did you live with the majority of the time? [SHOW CARD B]			
t08a05g1	Live alone?	YES.....	1
		NO.....	2
t08a05g2	Parent(s)?	YES.....	1
		NO.....	2
t08a05g3	Other relative?	YES.....	1
		NO.....	2
t08a05g4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05g5	Friend(s)?	YES.....	1
		NO.....	2
t08a05g6	Spouse?	YES.....	1
		NO.....	2
t08a05g7	Kids?	YES.....	1
		NO.....	2
t08a05g8	Incarcerated?	YES.....	1
		NO.....	2
t08a05g9	College dorm?	YES.....	1
		NO.....	2
t08a5g10	Military?	YES.....	1
		NO.....	2
t08a5g11	Other?	YES.....	1
		NO.....	2
For 2003 who did you live with the majority of the time? [SHOW CARD B]			
t08a05h1	Live alone?	YES.....	1
		NO.....	2
t08a05h2	Parent(s)?	YES.....	1
		NO.....	2
t08a05h3	Other relative?	YES.....	1
		NO.....	2
t08a05h4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05h5	Friend(s)?	YES.....	1
		NO.....	2
t08a05h6	Spouse?	YES.....	1
		NO.....	2
t08a05h7	Kids?	YES.....	1
		NO.....	2
t08a05h8	Incarcerated?	YES.....	1
		NO.....	2
t08a05h9	College dorm?	YES.....	1
		NO.....	2

t08a5h10	Military?	YES.....	1
		NO.....	2
t08a5h11	Other?	YES.....	1
		NO.....	2
	For 2002 who did you live with the majority of the time? [SHOW CARD B]		
t08a05i1	Live alone?	YES.....	1
		NO.....	2
t08a05i2	Parent(s)?	YES.....	1
		NO.....	2
t08a05i3	Other relative?	YES.....	1
		NO.....	2
t08a05i4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05i5	Friend(s)?	YES.....	1
		NO.....	2
t08a05i6	Spouse?	YES.....	1
		NO.....	2
t08a05i7	Kids?	YES.....	1
		NO.....	2
t08a05i8	Incarcerated?	YES.....	1
		NO.....	2
t08a05i9	College dorm?	YES.....	1
		NO.....	2
t08a5i10	Military?	YES.....	1
		NO.....	2
t08a5i11	Other?	YES.....	1
		NO.....	2
	For 2001 who did you live with the majority of the time? [SHOW CARD B]		
t08a05j1	Live alone?	YES.....	1
		NO.....	2
t08a05j2	Parent(s)?	YES.....	1
		NO.....	2
t08a05j3	Other relative?	YES.....	1
		NO.....	2
t08a05j4	Roommate(s)?	YES.....	1
		NO.....	2
t08a05j5	Friend(s)?	YES.....	1
		NO.....	2
t08a05j6	Spouse?	YES.....	1
		NO.....	2
t08a05j7	Kids?	YES.....	1
		NO.....	2
t08a05j8	Incarcerated?	YES.....	1
		NO.....	2
t08a05j9	College dorm?	YES.....	1
		NO.....	2
t08a5j10	Military?	YES.....	1
		NO.....	2
t08a5j11	Other?	YES.....	1
		NO.....	2
	For 2000 who did you live with the majority of the time? [SHOW CARD B]		
t08a05k1	Live alone?	YES.....	1
		NO.....	2
t08a05k2	Parent(s)?	YES.....	1
		NO.....	2

t08a05k3	Other relative?	YES..... 1 NO..... 2
t08a05k4	Roommate(s)?	YES..... 1 NO..... 2
t08a05k5	Friend(s)?	YES..... 1 NO..... 2
t08a05k6	Spouse?	YES..... 1 NO..... 2
t08a05k7	Kids?	YES..... 1 NO..... 2
t08a05k8	Incarcerated?	YES..... 1 NO..... 2
t08a05k9	College dorm?	YES..... 1 NO..... 2
t08a5k10	Military?	YES..... 1 NO..... 2
t08a5k11	Other?	YES..... 1 NO..... 2
A6 t08a0006	Have you ever been married or partnered?	YES..... 1 NO..... (A12)..... 2
A7 t08a0007	What is your current marital status?	MARRIED..... 1 WIDOWED..... 2 SEPARATED..... 3 DIVORCED..... 4 NEVER MARRIED..... (A11)..... 5
A8 t08a0008	Have you been married more than once?	YES..... (A9A)..... 1 NO..... (A10AB)..... 2
A9A t08a009a	How many times have you been married?	# TIMES..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A9AA t08a09aa	How old were you when you first got married?	AGE*..... <input type="text"/> <input type="text"/>
A9AB t08a09ab	How old were you the last time you married?	AGE*..... <input type="text"/> <input type="text"/>
A9BC t08a09bc	How old were you when you last separated from your spouse?	AGE*..... <input type="text"/> <input type="text"/>
A9D t08a009d	How old were you when you last divorced?	AGE*..... <input type="text"/> <input type="text"/>
A9E t08a009e	How old were you when you were last widowed?	AGE*..... <input type="text"/> <input type="text"/>
A10AB t08a10ab	How old were you when you got married?	AGE*..... <input type="text"/> <input type="text"/>
A10BC t08a10bc	How old were you when you last separated from your spouse?	AGE*..... <input type="text"/> <input type="text"/>
A10BD t08a10bd	How old were you when you were divorced?	AGE*..... <input type="text"/> <input type="text"/>

secretary or medical doctor, for example). Usually, they expect to work in that profession or trade for the foreseeable future.

A15A t08a015a	Have you chosen a career, profession or trade?	YES..... 1 NO.....(A16) 2
A15B t08a015b	What is your chosen career, profession or trade?	TEXT: _____
A15C t08a015c	At what age did you first start working in your chosen career, profession or trade?	AGE* <input type="text"/> <input type="text"/> RF.....97 DK.....98
A16 t08a0016	We would now like to ask you about your employment experiences since turning age 18. Have you ever worked at a job or business for 2 consecutive weeks or more, either full-time or part-time?	YES 1 NO 2
A17 t08a0017	Have you ever had a regular job with a regular paycheck and regular hours?	YES 1 NO 2

[IF A16 and A17 both NO skip to..."A25"]

A18INTRO	<p>You may find it helpful to refer to the calendar I handed you earlier as we make a list of all jobs you've held, beginning with your current or most recent job. Please include all jobs where you were working for a particular employer (including working in a family business) as well as jobs where you were self-employed. Jobs as an employee include all jobs where you have an ongoing relationship with one employer - let's say in a store, factory or office.</p> <p>For the purpose of this interview, a temporary help agency is considered as a single employer, regardless of the number of assignments you have received.</p> <p>Self-employed jobs are where you actually own your own business, or where you do the same type of task for many different people (designing web sites, for instance). In self-employed jobs, you are your own boss.</p>	
A18 t08a0018	Are you working now?	YES..... (A19A)..... 1 NO..... 2
A18A t08a018a	Did you work for pay in the past 12 months?	YES..... (A19A)..... 1 NO..... 2
A18B t08a018b	What is the reason you are not currently working?	LAYOFF, JOB ELIMINATED 1 COMPANY, OFFICE CLOSED..... 2 JOB ENDED (TEMP/SEASONAL) 3 DISCHARGED OR FIRED..... 4 GOVT. PROG ENDED 5 VL - CHILDBIRTH/ADOPTION 6 VL - LOOKED FOR ANOTHER JOB 7 VL - TOOK ANOTHER JOB 8 VL - HEALTH OR DISABILITY 9 VL - SPECIFY 10 VL – SPEND TIME WITH OR TAKE CARE OF FAMILY 11 VL - DIDN'T LIKE JOB..... 12 VL – ATTEND SCHOOL OR TRANINING.... 13 MOVED 14 INCARCERATION, OTHER LEGAL ISSUES 15 TRANSPORTATION ISSUES 16

	files, sells cars, operates printing press, lays brick...)	TEXT: _____
A20D t08a20d1/ t08a20d2	When did you first start working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999
A20E t08a020e	How many hours per week [do/did] you USUALLY work at this job?	# HOURS/WEEK <input type="text"/> <input type="text"/>
A21 t08a0021	Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?	YES (A21B) 1 NO 2
A21A t08a021a	Was the job you just described your first job since turning age 18?	YES (A25C) 1 NO 2
A21B t08a021b	Where did you work previously? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)	TEXT: _____
A21C t08a021c	What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)	TEXT: _____
A21D t08a021d	What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)	TEXT: _____
A21E t08a021e	What were your usual activities or duties at this job? (For example: typed, kept account books, filing, sold cars, operated printing press, laid brick...)	TEXT: _____
A21F t08a21f1/ t08a21f2	When did you first start working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999
A21G t08a21g1/ t08a21g2	When did you stop working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999
A21H t08a021h	How many hours per week did you USUALLY work at this job?	# HOURS/WEEK <input type="text"/> <input type="text"/>
A21I1 t08a21i1 t08a21i1b	How much were you paid?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	UNIT:	HOURLY 1 BI-WEEKLY 2 ANNUALLY 3
A21I2 t08a21i2	Did you receive health insurance benefits through this job?	YES 1 NO 2
A21I3 t08a21i3	Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?	YES 1 NO 2
A22 t08a0022	Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?	YES (A22B) 1 NO 2
A22A	Was the job you just described your first job since	YES (A25C) 1

t08a022a	turning age 18?	NO 2
A22B t08a022b	Where did you work previously? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)	TEXT: _____
A22C t08a022c	What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)	TEXT: _____
A22D t08a022d	What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)	TEXT: _____
A22E t08a022e	What were your usual activities or duties at this job? (For example: typed, kept account books, filing, sold cars, operated printing press, laid brick...)	TEXT: _____
A22F t08a22f1/ t08a22f2	When did you first start working there?	MONTH/YEAR <input type="text"/> / <input type="text"/> MISSING 99/9999
A22G t08a22g1/ t08a22g2	When did you stop working there?	MONTH/YEAR <input type="text"/> / <input type="text"/> MISSING 99/9999
A22H t08a022h	How many hours per week did you USUALLY work at this job?	# HOURS/WEEK..... <input type="text"/> RF.....97 DK.....98
A22I1 t08a22i1 t08a22i1b	How much were you paid? UNIT:	\$ <input type="text"/> . <input type="text"/> HOURLY 1 BI-WEEKLY 2 ANNUALLY 3
A22I2 t08a22i2	Did you receive health insurance benefits through this job?	YES 1 NO 2
A22I 3 t08a22i3	Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?	YES 1 NO 2
A23 t08a0023	Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?	YES (A23B) 1 NO 2
A23A t08a023a	Was the job you just described your first job since turning age 18?	YES (A25C) 1 NO 2
A23B t08a023b	Where did you work previously? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)	TEXT: _____
A23C t08a023c	What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)	TEXT: _____
A23D t08a023d	What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)	TEXT: _____

A23E t08a023e	What were your usual activities or duties at this job? (For example: typed, kept account books, filing, sold cars, operated printing press, laid brick...)	TEXT: _____
A23F t08a23f1/ t08a23f2	When did you first start working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999
A23G t08a23g1/ t08a23g2	When did you stop working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999
A23H t08a023h	How many hours per week did you USUALLY work at this job?	# HOURS/WEEK..... <input type="text"/> <input type="text"/>
A23I1 t08a23i1 t08a23i1b	How much were you paid? UNIT:	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> HOURLY 1 BI-WEEKLY 2 ANNUALLY 3
A23I2 t08a23i2	Did you receive health insurance benefits through this job?	YES 1 NO 2
A23I 3 t08a23i3	Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?	YES 1 NO 2
A24 t08a0024	Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?	YES (A24B) 1 NO 2
A24A t08a024a	Was the job you just described your first job since turning age 18?	YES (A25C) 1 NO 2
A24B t08a024b	Where did you work previously? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)	TEXT: _____
A24C t08a024c	What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)	TEXT: _____
A24D t08a024d	What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)	TEXT: _____
A24E t08a024e	What were your usual activities or duties at this job? (For example: typed, kept account books, filing, sold cars, operated printing press, laid brick...)	TEXT: _____
A24F t08a24f1/ t08a24f2	When did you first start working there?	MONTH/YEAR <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING 99/9999

<p>A27 t08a0027</p>	<p>During the most recent gap, what were you doing most of the time? [SHOW CARD F]</p>	<p>Raising/taking care of family..... 1 Attended school / training..... 2 Health, disability or medical problems..... 3 Leave of absence..... 4 Looking for work..... 5 Incarcerated, legal problems..... 6 Other..... 7 No other gap..... 8</p>
<p>t08a027a</p>	<p>Other, describe:</p>	<p>TEXT: _____</p>
<p>A28INTRO</p>	<p>As we were listing your job history, I noticed there were some gaps between your being employed.</p>	<p>_____ DATE TO _____ DATE</p>
<p>A28 t08a0028</p>	<p>During the next recent gap, what were you doing most of the time? [SHOW CARD F]</p>	<p>Raising/taking care of family..... 1 Attended school / training..... 2 Health, disability or medical problems..... 3 Leave of absence..... 4 Looking for work..... 5 Incarcerated, legal problems..... 6 Other..... 7 No other gap..... 8</p>
<p>t08a028a</p>	<p>Other, describe:</p>	<p>TEXT: _____</p>

Source of items:
 LIFECHART: modified ECA and similar to the 2000/2002 interview
 MARITAL: NEW
 EDUCATION: 2000/2002 INTERVIEW WITH MODIFIED A14A
 WORK: MODIFIED 18A-18D ECA & 2000/2002 INTERVIEW
 OTHER WORK QUESTIONS BASED ON CONVERSATIONS WITH Eric Slade with ideas from the Work force study

B1 Now, I'd like to ask you some questions about your health and topics related to your health. Before I begin this next set of questions, I would like to take your blood pressure and pulse.

t08b001a **[TAKE PULSE FOR 30 SECONDS AND RECORD MINUTE PULSE.]** MINUTE PULSE

t08b001b **SBP 131-159 or DBP 81-99 advise to discuss with health care provider.** SYSTOLIC
t08b001c **SBP 160-179 or DBP 100-109 advise to get checked out by a health provider** DIASTOLIC
SBP>179 or DBP>109 complete emergency protocol

YA B2 At the present time, would you say that your health is EXCELLENT 1
t08b0002 excellent, good, fair, or poor? GOOD 2
FAIR 3
POOR 4
DK 8

Now let's talk about your health in the past **three months**, that is, since (DATE 3 MONTHS AGO).

ECA B3 During the past three months, were there any times when you were kept from your work, school, or usual activities for at least one whole day because of an injury or because you weren't feeling well? YES 1
t08b0003 NO (B7) 2
DK (B7) 8

ECA B4 How many **different times** in the last three months were you kept from your work, school or usual activities for at least one day? I don't mean the number of days, but how many SEPARATE times this happened. # TIMES
t08b0004 DK 98

ECA B5 How many days **altogether** in the last three months were you kept from your usual activities because you weren't feeling well? # DAYS
t08b0005 DK 98

ECA B6 On **any** of these days, were you kept from your usual activities because of (READ CATEGORIES)?

t08b006a An accident or injury? YES 1
NO 2
DK 8

t08b006b An illness or physical condition? YES 1
NO 2
DK 8

t08b006c An emotional problem or trouble with your nerves? YES 1
NO 2
DK 8

t08b006d Any other reason? YES 1
NO 2
DK 8

t08b006e SPECIFY:

B7 And now, I would like to measure your height and weight, as these are important factors for this survey. HEIGHT FEET, INCHES
t08b0b7a **[IF DOING A TELEPHONE INTERVIEW OR A JAIL INTERVIEW WHERE YOU CANNOT PERFORM THE MEASURES ASK THE PARTICIPANT: How tall are you and approximately how much do you weight?]** WEIGHT POUNDS
t08b0b7b

B8A t08b008a	When you were growing up, that is before you were 13 years old, were you overweight?	YES.....1 NO .....2 DK.....8
B8B t08b008b	In your entire life, what is the most you've ever weighed?	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS DK.....998
B8C t08b008c	How old were you when you FIRST reached that weight? Now I am going to ask you about health problems that might have occurred at any time in your life.	AGE <input type="text"/> <input type="text"/> DK.....98
B9 t08b0009	Have you ever had high sugar or diabetes ?	YES 1 NO (B10) 2 DK..... (B10) 8
B9A t08b009a	Do you have high sugar or diabetes now?	YES 1 NO (B10) 2 DK..... 8
B9B t08b009b	At what age did the diabetes begin?	AGE ONSET <input type="text"/> <input type="text"/> GESTATIONAL ONLY (B10) 95 DK..... 98
B9C t08b009c	Have you visited a health professional such as a doctor or nurse practitioner to discuss your diabetes in the past 12 months?	YES 1 NO 2 DK..... 8
B9D t08b009d	Do you take insulin, pills or both for diabetes?	YES, INSULIN 1 YES, PILLS 2 YES, BOTH INSULIN AND PILLS 3 NO, NEITHER 4
ECA B10 t08b0010	Have you ever had heart trouble ?	YES 1 NO (B11) 2 DK..... (B11) 8
B10A t08b010a	Do you have heart trouble now? What kind of heart trouble have you had?	YES 1 NO 2 DK..... 8
B10B1 t08b10b1	Have you had Rheumatic heart disease?	YES 1 NO (B10B2) 2 DK..... (B10B2) 8
B10B1A t08b10b1a	Were you ever hospitalized for the condition?	YES 1 NO 2
ECA B10B2 t08b10b2	Have you had Angina pectoris?	YES 1 NO (B10B3) 2 DK..... (B10B3) 8
B10B2A t08b10b2a	Were you ever hospitalized for the condition?	YES 1 NO 2

ECA B10B3 t08b10b3	Have you had Congestive heart failure?	YES 1 NO (B11) 2 DK..... (B11) 8
B10B3A t08b10b3a	Were you ever hospitalized for the condition?	YES 1 NO 2
YA B11 t08b0011	Have you ever had a heart attack ?	YES (B11A) 1 NO (B12) 2 DK..... (B12) 8
B11A t08b11a1 / t08b11a2	When was the first one?	MONTH/YEAR..... <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
YA B12 t08b0012	Have you ever had high cholesterol?	YES 1 NO..... (B13) 2 DK..... (B13) 8
B12A t08b012a	Have you visited a health professional such as a doctor or nurse practitioner to discuss your high cholesterol in the past 12 months?	YES 1 NO 2 DK..... 8
ECA B13 t08b0013	Have you ever had high blood pressure or hypertension ?	YES 1 NO (B14) 2 DK..... (B14) 8
B13A t08b013a	Do you have high blood pressure now?	YES 1 NO 2 DK..... 8
B13B t08b013b	Are you currently taking pills for high blood pressure?	YES 1 NO (B14) 2 DK..... 8
B13C t08b013c	Have you visited a health professional such as a doctor or nurse practitioner to discuss your high blood pressure in the past 12 months?	YES..... 1 NO 2 DK..... 8
YA B14 t08b0014	Have you ever had a severe neck, back, or shoulder injury ?	YES..... (B15) 1 NO 2 DK..... (B15) 8
B14A t08b014a	Have you ever had a lot of trouble with back pain ?	YES..... 1 NO..... (B15) 2 DK..... (B15) 8
B14B t08b014b	When was the last time you had a lot of trouble with back pain? Would you say... [SHOW CARD H]	In last six months..... 1 Six to 12 months ago..... 2 More than 12 months ago 3 DK..... 8
ECA B15 t08b0015	Have you ever had arthritis or rheumatism ?	YES 1 NO (B16) 2 DK..... (B16) 8
B15A t08b015a	Do you have arthritis or rheumatism now?	YES 1 NO (B16) 2 DK..... 8

ECA B16 t08b0016	Have you ever had cancer ?	YES..... 1 NO.....(B17)..... 2 DK..... (B17)..... 8
B16A t08b016a	How old were you the first time you were diagnosed with cancer?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/>
B16B t08b016b	Have you visited a health professional, such as a doctor or nurse practitioner, to discuss your cancer in the past 12 months?	YES..... 1 NO..... 2 DK..... 8
	What type of cancer have you had?	
B16C1 t08b16c1	Have you had LUNG CANCER?	YES..... 1 NO.....(B16C2)..... 2
B16C1A t08b16c1a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C2 t08b16c2	Have you had BREAST CANCER?	YES..... 1 NO..... (B16C3)..... 2
B16C2A t08b16c2a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C3 t08b16c3	Have you had HODGKIN'S CANCER?	YES..... 1 NO..... (B16C4)..... 2
B16C3A t08b16c3a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C4 t08b16c4	Have you had THYROID CANCER?	YES..... 1 NO..... (B16C5)..... 2
B16C4A t08b16c4a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C5 t08b16c5	Have you had LEUKEMIA OR LYMPHOMA?	YES..... 1 NO..... (B16C6)..... 2
B16C5A t08b16c5a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C6 t08b16c6	Have you had MELANOMA?	YES..... 1 NO..... (B16C7)..... 2
B16C6A t08b16c6a	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2
B16C7 t08b16c7	Have you had SOME OTHER KIND OF CANCER?	YES..... 1 NO..... (B17)..... 2 DK..... (B17)..... 8
t08b16c7b	OTHER, DESCRIBE:	.....
B16C7A t08b016d	Did you ever have surgery, radiation, or take chemotherapy for this cancer?	YES..... 1 NO..... 2

YA B17 t08b0017	Has a doctor ever told you had asthma?	YES 1 NO (B18) 2 DK..... (B18) 8
B17A t08b017a	How old were you when the doctor told you have asthma?	AGE <input type="text"/> <input type="text"/> <input type="text"/> DK..... 98
B17B t08b017b	Do you have asthma attacks now?	YES 1 NO (B18) 2 DK..... (B18) 8
B17C t08b017c	Have you visited a health professional such as a doctor or nurse practitioner to discuss your asthma in the past 12 months?	YES 1 NO 2 DK..... 8
ECA B18 t08b0018	Have you ever had a stroke?	YES.....(B18A) 1 NO (B19) 2 DK..... (B19) 8
B18A t08b018a	How long ago did you last have a stroke? [SHOW CARD I]	In last six months..... 1 Six to 12 months ago..... 2 More than 12 months ago 3 DK..... 8
YA B19 t08b0019	Have you ever had seizures, convulsions, or other neurological disorders such as epilepsy or multiple sclerosis ?	YES 1 NO.....(B20) 2 DK..... 8
B19A t08b019a	When was the last time you had a spell? Would you say [SHOW CARD I] ?	In last six months..... 1 Six to 12 months ago..... 2 More than 12 months ago 3 RF 7 DK..... 8
ECA B20 t08b0020	Have you been put to sleep and made unconscious for surgery or another medical procedure ?	YES.....(B20A) 1 NO 2 DK.....(B20A)..... 8
B20A t08b020a	Have you been unconscious for any (other) reason, such as after a head injury (such as a fall, automobile accident, or war injury)? [IF DUE TO CONVULSIONS, AMNESIA, FAINTING, OR ANESTHESIA, CODE AS NO]	YES 1 NO.....(B21) 2
B20B t08b020b	When was the last time you had unconsciousness? Would you say [SHOW CARD I] ?	In last six months..... 1 Six to 12 months ago..... 2 More than 12 months ago 3 DK..... 8
B20C t08b20c1	How long did this unconsciousness last? [CODE ONE]	NUMBER ENTERED..... <input type="text"/> <input type="text"/> 99 DAYS OR MORE 99 DK..... 98
t08b20c2	UNIT:	SECONDS..... 1 MINUTES 2 HOURS..... 3 DAYS..... 4
YA B21	Have you ever had ulcers or other chronic stomach	YES 1

t08b0021	trouble such as Krohn's disease or colitis?	NO.....2 DK.....8
YA B22 t08b0022	Have you ever had severe headaches that lasted more than 4 hours?	YES.....1 NO.....2 DK.....8
YA B23 t08b0023	Have you ever had hepatitis ?	YES.....1 NO.....(B24).....2 DK.....8
B23A t08b23a1	Do you know which types(s)? Hepatitis A?	YES.....1 NO.....2
t08b23a2	Hepatitis B?	YES.....1 NO.....2
t08b23a3	Hepatitis C?	YES.....1 NO.....2
t08b23a4	Hepatitis D?	YES.....1 NO.....2
t08b23a5	Other?	YES.....1 NO.....2
t08b23a6	DK?	YES.....1 NO.....2
NEW B24 t08b0024	Did you ever test positive for HIV, the virus that can cause AIDS?	YES.....1 NO.....2 RF.....7 DK.....8
NEW B25 t08b0025	Have you ever tested positive for sexually transmitted diseases (STDs) like gonorrhea, syphilis, Chlamydia, or herpes?	YES.....1 NO.....2 RF.....7 DK.....8
B26INTRO	Did your mother, father, brother, sisters or any of the children have had any of the following conditions?	
B26A t08b026a	Do/Did they have heart disease?	YES.....1 NO.....2 DK.....8
B26B t08b026b	Do/Did they have high blood pressure (hypertension)?	YES.....1 NO.....2 DK.....8
B26C t08b026c	Do/Did they have stroke (cerebrovascular accident)?	YES.....1 NO.....2 DK.....8
B26D t08b026d	Do/Did they have high cholesterol level?	YES.....1 NO.....2 DK.....8
B26E t08b026e	Do/Did they have Diabetes or sugar diabetes?	YES.....1 NO.....2 DK.....8
B26F t08b026f	Do/Did they have Alzheimer's disease?	YES.....1 NO.....2 DK.....8

B26G t08b026g	Do/Did they have severe memory loss with aging?	YES.....1 NO.....2 DK.....8
B26H t08b026h	Do/Did they have cancer?	YES.....1 NO.....2 DK.....8
B26I t08b026i	Do/Did they have asthma?	YES.....1 NO.....2 DK.....8

Source of items:

Largely based on previous 2000/2002 items and ECA modified with consideration of age.

For the next couple of questions you will be able to choose your answers in private. The interviewer should provide you with headphones so you can hear the questions being read or you can proceed at your own pace. To answer some questions you will need to scroll the arrow on number choice answers up or down. Don't be embarrassed to ask your interviewer any questions if you are having difficulty with the computer.

Now I'd like to ask you about your experiences with tobacco.

C1A t08c001a	In your ENTIRE LIFE, have you ever... Smoked cigarettes, even just a puff?	YES 1 NO (C1B) 2
C2A t08c002a	About how old were you when you smoked your first FULL cigarette?	AGE <input type="text"/> NEVER SMOKED FULL CIGARETTE..... 96
C3AA t08c3aa1 t08c3aa2	When was the MOST RECENT time you smoked a cigarette? If you are unsure, please give it your best guess. [IF DK THEN ASK: Was it within the past year?]	UNIT: NUMBER <input type="text"/> HOUR(S) AGO 1 DAY(S) AGO 2 WEEK(S) AGO 3 MONTH(S) AGO 4 YEAR(S) AGO 5
C3BA t08c03ba	About how often did you USUALLY smoke a cigarette in the past year?	EVERY DAY.....(C5A) 1 5-6 DAYS A WEEK.....(C3CA) 2 3-4 DAYS A WEEK.....(C3CA) 3 1-2 DAYS A WEEK.....(C3CA) 4 2-3 DAYS A MONTH.....(C3CA) 5 ONCE A MONTH OR LESS.....(C3CA) 6
C3BAB t08c3bab	About how often did you USUALLY smoke a cigarette in the year right before you stopped?	EVERY DAY.....(C5A) 1 5-6 DAYS A WEEK.....(C3CAB) 2 3-4 DAYS A WEEK.....(C3CAB) 3 1-2 DAYS A WEEK.....(C3CAB) 4 2-3 DAYS A MONTH.....(C3CAB) 5 ONCE A MONTH OR LESS.....(C3CAB) 6
C3CA t08c03ca	On the days that you smoked in the past year about how many cigarettes did you USUALLY smoke?	NUMBER..... <input type="text"/>
C3CAB t08c3cab	On the days that you smoked in the year right before you stopped, about how many cigarettes did you USUALLY smoke?	NUMBER..... <input type="text"/>
C3DA t08c3da1 t08c3da2	For how long [have/did] you smoked this amount?	UNIT: NUMBER..... <input type="text"/> DAY(S) 1 WEEK(S) 2 MONTH(S) 3 YEAR(S) 4
C4A t08c004a	Did you ever smoke every day or nearly every day?	YES 1 NO (C1B) 2
C5A t08c005a	About how old were you when you FIRST started smoking cigarettes every day or nearly every day?	AGE <input type="text"/> DK 98
C6A	Thinking back over the entire period when you were	

t08c006a	smoking every day, about how many cigarettes did you USUALLY smoke in a single day?	NUMBER..... <input type="text"/> <input type="text"/>
		DK 98
C7A t08c07a1 t08c07a2	For how long [have/did] you smoked this many cigarettes every day or nearly every day?	UNIT: NUMBER..... <input type="text"/> <input type="text"/>
		DAY(S) 1
		WEEK(S) 2
		MONTH(S) 3
		YEAR(S) 4
C1B t08c001b	In your ENTIRE LIFE, have you ever... Smoked a cigar, even just a puff?	YES 1
		NO (C81A) 2
C2B t08c002b	About how old were you when you smoked your first FULL cigar?	AGE <input type="text"/> <input type="text"/>
		NEVER SMOKED FULL CIGAR 96
C3AB t08c3ab1 t08c3ab2	When was the MOST RECENT time you smoked a cigar? If you are unsure, please give it your best guess. [IF DK THEN ASK: Was it within the past year?]	UNIT: NUMBER..... <input type="text"/> <input type="text"/>
		HOUR(S) AGO 1
		DAY(S) AGO 2
		WEEK(S) AGO 3
		MONTH(S) AGO 4
		YEAR(S) AGO 5
C3BB t08c03bb	About how often did you USUALLY smoke a cigar in the year right before you stopped? [SHOW CARD D]	EVERY DAY.....(C5B) 1
		5-6 DAYS A WEEK 2
		3-4 DAYS A WEEK 3
		1-2 DAYS A WEEK 4
		2-3 DAYS A MONTH..... 5
		ONCE A MONTH OR LESS 6
C3CB t08C03cb	On the days that you smoked in the past year or in the year right before you stop, about how many cigars did you USUALLY smoke?	NUMBER..... <input type="text"/> <input type="text"/>
		DK 98
C3DB t08c3db1 t08c3db2	For how long [have/did] you smoked this amount?	UNIT: NUMBER..... <input type="text"/> <input type="text"/>
		DAY(S) 1
		WEEK(S) 2
		MONTH(S) 3
		YEAR(S) 4
C4B t08c004b	Did you ever smoke cigars every day or nearly every day?	YES 1
		NO (C81A) 2
C5B t08c005b	About how old were you when you FIRST started smoking every day or nearly every day?	AGE <input type="text"/> <input type="text"/>
		DK 98
C6B t08c006b	Thinking back over the entire period when you were smoking every day or nearly every day, about how many cigars did you USUALLY smoke in a single day?	NUMBER..... <input type="text"/> <input type="text"/>
		DK 98
C7B t08c07b1 t08c07b2	For how long have you smoked or did you smoke this many cigars every day or nearly every day?	UNIT: NUMBER..... <input type="text"/> <input type="text"/>
		DAY(S) 1
		WEEK(S) 2
		MONTH(S) 3
		YEAR(S) 4

[IF C1A='NO' and C1B='NO' then SKIP TO NEXT SECTION]

The next few questions are about experiences that many people have had with smoking cigarettes or cigars. As I read each experience, please tell me if it has EVER happened to you as a result of using either of these types of tobacco.

In your ENTIRE LIFE, have you EVER...

C81A t08c081a	More than once want to stop or cut down on your tobacco use?	YES 1 NO (C82A) 2
C81B t08c081b	Did this happen in the last 12 months?	YES 1 NO (C81D) 2
C81C t08c081c	Did this happen BEFORE 12 months ago?	YES 1 NO (C82A) 2
C81D t08c081d	How old were you the FIRST time you wanted to stop or cut down on your tobacco use?	AGE <input type="text"/> <input type="text"/> DK 98
C82A t08c082a	In your ENTIRE LIFE, did you EVER... Give up or cut down on activities that you were interested in or gave you pleasure because tobacco use was not permitted at the activity?	YES 1 NO (C83A) 2
C82B t08c082b	Did this happen in the last 12 months?	YES 1 NO (C83A) 2
C82C t08c082c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C83A t08c083a	In your ENTIRE LIFE, did you EVER... Give up or cut down on activities that you were important to you – like associating with friends or relatives or attending social activities because tobacco use was not permitted at the activity?	YES 1 NO (C84A) 2
C83B t08c083b	Did this happen in the last 12 months?	YES 1 NO (C84A) 2
C83C t08c083c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C84A t08c084a	In your ENTIRE LIFE, did you EVER... Continue to use tobacco even though you knew it was causing you a health problem or making a health problem worse?	YES 1 NO (C85A) 2
C84B t08c084b	Did this happen in the last 12 months?	YES 1 NO (C85A) 2
C84C t08c084c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C85A t08c085a	In your ENTIRE LIFE, did you EVER... Find yourself chain smoking?	YES 1 NO (C86A) 2
C85B t08c085b	Did this happen in the last 12 months?	YES 1 NO (C86A) 2

C85C t08c085c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C86A t08c086a	In your ENTIRE LIFE, did you EVER... More than once want to stop or cut down on your tobacco use but found you couldn't do it?	YES 1 NO (C87AA) 2
C86B t08c086b	Did this happen in the last 12 months?	YES 1 NO (C86D) 2
C86C t08c086c	Did this happen BEFORE 12 months ago?	YES 1 NO (C86D) 2
C86D t08c086d	How many times have you seriously tried to quit or cut down on your smoking? Many people experience problems on occasions when they stop or cut down on their tobacco use. After stopping or cutting down on your tobacco use, did you EVER...	# TIMES <input type="text"/> <input type="text"/> <input type="text"/>
C87AA t08c87aa	Feel depressed?	YES 1 NO (C87BA) 2
C87AB t08c87ab	Did this happen in the last 12 months?	YES 1 NO (C87BA) 2
C87AC t08c87ac	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87BA t08c87ba	After stopping or cutting down on your tobacco use, did you EVER... Have difficulty falling asleep or staying asleep?	YES 1 NO (C87CA) 2
C87BB t08c87bb	Did this happen in the last 12 months?	YES 1 NO (C87CA) 2
C87BC t08c87bc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87CA t08c87ca	After stopping or cutting down on your tobacco use, did you EVER... Have difficulty concentrating?	YES 1 NO (C87DA) 2
C87CB t08c87cb	Did this happen in the last 12 months?	YES 1 NO (C87DA) 2
C87CC t08c87cc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87DA t08c87da	After stopping or cutting down on your tobacco use, did you EVER... Eat more than usual or gain weight?	YES 1 NO (C87EA) 2

C87DB t08c87db	Did this happen in the last 12 months?	YES 1 NO (C87EA) 2
C87DC t08C87dc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87EA t08c87ea	After stopping or cutting down on your tobacco use, did you EVER... Become easily irritated, angry, or frustrated?	YES 1 NO (C87FA) 2
C87EB t08c87eb	Did this happen in the last 12 months?	YES 1 NO (C87FA) 2
C87EC t08c87ec	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87FA t08c87fa	After stopping or cutting down on your tobacco use, did you EVER... Feel anxious or nervous?	YES 1 NO (C87GA) 2
C87FB t08c87fb	Did this happen in the last 12 months?	YES 1 NO (C87GA) 2
C87FC t08c87fc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87GA t08c87ga	After stopping or cutting down on your tobacco use, did you EVER... Feel your heart beating more slowly than usual?	YES 1 NO (C87HA) 2
C87GB t08c87gb	Did this happen in the last 12 months?	YES 1 NO (C87HA) 2
C87GC t08c87gc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87HA t08c87ha	After stopping or cutting down on your tobacco use, did you EVER... Feel more restless than usual?	YES 1 NO (C87IB) 2
C87HB t08c87hb	Did this happen in the last 12 months?	YES 1 NO (C87IB) 2
C87HC t08c87hc	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C87IB t08c087i	You just mentioned that you had some experiences after stopping or cutting down on your tobacco use in the last 12 months. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life – like at work or school or with family or friends?	YES 1 NO 2

C87JB t08c087j	Did you use tobacco in the last 12 months to keep from having any of these experiences?	YES 1 NO 2
C87KC t08c087k	You just mentioned that you had some experiences after stopping or cutting down on your tobacco use BEFORE 12 months ago. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life – like at work or school or with family or friends?	YES 1 NO 2
C87LC t08c087L	Did you use tobacco to keep from having any of these experiences before 12 months ago?	YES 1 NO 2
C88A t08c088a	In your ENTIRE LIFE, did you EVER... Wake up in the middle of the night to use tobacco?	YES 1 NO (C89A) 2
C88B t08c088b	Did this happen in the last 12 months?	YES 1 NO (C89A) 2
C88C t08c088c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C89A t08c089a	In your ENTIRE LIFE, did you EVER... Often use tobacco just after getting up or shortly after getting up in the morning?	YES 1 NO (C810A) 2
C89B t08c089b	Did this happen in the last 12 months?	YES 1 NO (C810A) 2
C89C t08c089c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C810A t08c810a	In your ENTIRE LIFE, did you EVER... Find yourself using tobacco JUST AFTER being in a situation where tobacco use was not permitted – like after being on a plane, at a meeting, or shopping at the mall?	YES 1 NO (C811A) 2
C810B t08c810b	Did this happen in the last 12 months?	YES 1 NO (C811A) 2
C810C t08c810c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C811A t08c811a	In your ENTIRE LIFE, did you EVER... Find that you had to use much more tobacco than you once did to get the effect you wanted?	YES 1 NO (C812A) 2
C811B t08c811b	Did this happen in the last 12 months?	YES 1 NO (C812A) 2
C811C t08c811c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
C812A t08c812a	In your ENTIRE LIFE, did you EVER... Increase your use of tobacco by at least 50%?	YES 1 NO (C813A) 2
C812B t08c812b	Did this happen in the last 12 months?	YES 1 NO (C813A) 2
C812C	Did this happen BEFORE 12 months ago?	YES 1

t08c812c		NO	2
C813A t08c813a	In your ENTIRE LIFE, did you EVER... Have a period when you often used tobacco more than you intended to?	YES	1
		NO (C814A)	2
C813B t08c813b	Did this happen in the last 12 months?	YES	1
		NO (C814A)	2
C813C t08c813c	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
C814A t08c814a	In your ENTIRE LIFE, did you EVER... Continue to use tobacco even though it made you nervous, jittery, anxious or depressed?	YES	1
		NO (C91A)	2
C814B t08c814b	Did this happen in the last 12 months?	YES	1
		NO (C91A)	2
C814C t08c814c	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
C91A t08c091a	How soon after you wake up do you smoke your first cigarette or cigar?	WITHIN 5 MINTUES	1
		WITHIN 6 – 30 MINUTES	2
		WITHIN 31 – 60 MINUTES	3
		MORE THAN ONE HOUR	4
C92A t08c092a	Do you find it difficult to refrain from smoking in places where it is forbidden to smoke – for example, in church, at the library, movie theater, or in ‘No smoking’ sections of restaurants or office buildings?	YES	1
		NO	2
C93A t08c093a	Which cigarette or cigar would you hate the most to give up?	FIRST ONE IN THE MORNING.....	1
		ALL OTHERS.....	2
C94A t08c094a	Do you smoke more frequently during the first hours after waking than during the rest of the day?	YES	1
		NO	2
C95A t08c095a	When you are so ill you are in bed most of the day, do you smoke?	YES	1
		NO	2

C96A	Have you ever used any of the following, in an attempt to quit or cut down on your smoking?	
t08c96a1	Light or low-tar cigarettes?	YES 1 NO 2
t08c96a2	Nicotine patch?	YES 1 NO 2
t08c96a3	Nicotine gum?	YES 1 NO 2
t08c96a4	Non-nicotine medications (like zyban or bupropion)?	YES 1 NO 2
t08c96a5	Personal counseling or advice?	YES 1 NO 2
t08c96a6	Group therapy or a clinical program?	YES 1 NO 2
t08c96a7	Self-help materials?	YES 1 NO 2
t08c96a8	Anything else?	YES 1 NO 2
t08c96a9	None	YES 1 NO 2

[IF C1B='NO' THEN SKIP TO C10A. ELSE SKIP TO C91B.]

C91B	During the period when you were smoking the most, how soon after you woke up did you smoke your first cigarette or cigar?	WITHIN 5 MINTUES 1 WITHIN 6 – 30 MINUTES 2 WITHIN 31 – 60 MINUTES 3 MORE THAN ONE HOUR 4
C92B	During the period when you were smoking the most, did you find it difficult to refrain from smoking in places where it is forbidden to smoke – for example, in church, at the library, movie theater, or in 'No smoking' sections of restaurants or office buildings?	YES 1 NO 2
C93B	During the period when you were smoking the most, which cigarette or cigar would you hate the most to give up?	FIRST ONE IN THE MORNING..... 1 ALL OTHERS..... 2
C94B	During the period when you were smoking the most, did you smoke more frequently during the first hours after waking than during the rest of the day?	YES 1 NO 2
C95B	During the period when you were smoking the most, when you were so ill you were in bed most of the day, did you smoke?	YES 1 NO 2

C96B	Have you ever used any of the following, in an attempt to quit or cut down on your smoking?	
t08c96b1	Light or low-tar cigarettes?	YES 1 NO 2
t08c96b2	Nicotine patch?	YES 1 NO 2
t08c96b3	Nicotine gum?	YES 1 NO 2
t08c96b4	Non-nicotine medications (like zyban or bupropion)?	YES 1 NO 2
t08c96b5	Personal counseling or advice?	YES 1 NO 2
t08c96b6	Group therapy or a clinical program?	YES 1 NO 2
t08c96b7	Self-help materials?	YES 1 NO 2
t08c96b8	Anything else?	YES 1 NO 2

[t10c = 1 | t11c = 1 | t12c = 1 | t13c = 1 | t14c = 1 | t1c = 1 | t2c = 1 | t3c = 1 | t4c = 1 | t5c = 1 | t6c = 1 | t7c = 1 | t8c = 1 | t9c = 1 | ta1c = 1 | ta2c = 1 | ta3c = 1 | ta4c = 1 | ta5c = 1 | ta6c = 1 | ta7c = 1 THEN CONTINUE TO C10A. ELSE SKIP TO NEXT SECTION.]

You just mentioned some experiences with using tobacco that happened in the past, that is, before 12 months ago. Now, I'd like to know if some of the experiences you mentioned happened around the same time in the past.

C10A t08c010a	Before one year ago, was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?	YES.....(C10D) 1 NO 2
C10B t08c010b	Before one year ago, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?	YES.....(C10D) 1 NO 2
C10C t08c010c	Before one year ago, was there EVER a time when some of these experiences happened within the same one year period?	YES..... 1 NO (NEXT SECTION) 2
C10D t08c010d	About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?	AGE <input type="text"/> <input type="text"/> DK 98
C10E t08c010e	In your entire LIFE, how many separate periods like this did you have when some of these experiences were happening around the same time? By separate periods, I mean times that were separated by at least 1 year when you STOPPED using tobacco entirely OR you didn't have any of the experiences you mentioned with tobacco at all?	# TIMES <input type="text"/> <input type="text"/> DK.....(C10H) 98
C10F t08c010f	What was the longest period you had when SOME of these experiences were happening around the same time?	MONTHS* <input type="text"/> <input type="text"/>
C10G t08c010g	How old were you the MOST RECENT time SOME of these experiences BEGAN to happen at around the same time?	AGE <input type="text"/> <input type="text"/> DK 98
C10H t08c010h	How long did this period last when SOME of these experiences were happening around the same time?	MONTHS* <input type="text"/> <input type="text"/>

C10I About how old were you when you FINALLY STOPPED
t08c010i having any of these experiences with tobacco? By finally
stopped, I mean they never started happening again.

AGE
DK 98

Source of items:
All from Modified NESARC except the FTND.

D1 t08d0001	The next questions are about your use of alcoholic beverages, including beer, wines, and hard liquor like vodka, gin, or whiskey. How old were you the very first time you ever had a drink with alcohol in it, even just a sip or taste?	AGE <input type="text"/> <input type="text"/> NEVER.....(NEXT SECTION).....96 RF .....97 DK .....98
D2 t08d0002	For the next questions a drink means either a glass of wine, a can or bottle of beer, or a shot/jigger of liquor either alone or in a mixed drink. How old were you when you first started drinking as many as twelve (12) drinks a year? [IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens?] [IF NO/DK, PROBE: Was it before your twenties?]	AGE <input type="text"/> <input type="text"/> NEVER.....(NEXT SECTION).....96 RF .....97 DK .....98
D3 t08d0003	Think about the past 12 months. In the past 12 months, how often did you USUALLY have at least one drink?	NEARLY EVERY DAY .....1 3-4 DAYS PER WEEK .....2 1-2 DAYS PER WEEK .....3 1-3 DAYS PER MONTH .....4 LESS THAN ONCE A MONTH.....(D6).....5 DID NOT DRINK AT LEAST 12 DRINKS IN THE PAST 12 MONTHS.....(D6).....6
D4 t08d0004	On the days you drank in the past 12 months, about how many alcoholic drinks did you usually have per day?	# OF DRINKS PER DAY <input type="text"/> <input type="text"/> RF .....97 DK .....98
ECA D5 t08d0005	Was there ever a year in your life when you drank more than you did in the past 12 months?	YES.....(D6) .....1 NO.....(D81A) .....2 RF .....7 DK .....8
D6 t08d0006	Think about the years in your life when you drank alcohol the most. During those years, how often did you usually have at least one drink – nearly every day, three to four days a week, one to two days a week, one to three days a month, or less than once a month?	NEARLY EVERY DAY .....1 3-4 DAYS PER WEEK .....2 1-2 DAYS PER WEEK .....3 1-3 DAYS PER MONTH .....4 LESS THAN ONCE A MONTH....(D81A).....5
D7 t08d0007	And on the days you drank during those years, about how many alcoholic drinks did you usually have per day?	# OF DRINKS PER DAY <input type="text"/> <input type="text"/>
ECA	I'm going to read you a list of experiences that many people have reported in connection with their drinking. As I read each experience, please tell me if this has EVER happened to you. In your ENTIRE LIFE, did you EVER...	
ECA D81A t08d081a	Find that your usual number of drinks had much less effect on you than it once did?	YES .....1 NO.....(D82A) .....2
ECA D81B t08d081b	Did this happen in the last 12 months?	YES .....1 NO.....(D82A) .....2
ECA D81C t08d081c	Did this happen BEFORE 12 months ago?	YES .....1 NO.....(D82A) .....2

ECA D82A t08d082a	In your ENTIRE LIFE, did you EVER... Find that you had to drink much more than you once did to get the effect you wanted?	YES 1 NO (D83A) 2
ECA D82B t08d082b	Did this happen in the last 12 months?	YES 1 NO (D83A) 2
ECA D82C t08d082c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
ECA D83A t08d083a	In your ENTIRE LIFE, did you ever... Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?	YES 1 NO (DA1) 2
ECA D83B t08d083b	Did this happen in the last 12 months?	YES 1 NO (DA1) 2
ECA D83C t08d083c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
DA1 t08d00a1	How old were you the FIRST time you had to drink much more to get an effect or drank an equivalent of a fifth of liquor?	AGE <input type="text"/> <input type="text"/> DK 98
ECA D84A t08d084a	In your ENTIRE LIFE, did you EVER... More than once want to stop or cut down on your drinking?	YES 1 NO (D85A) 2
ECA D84B t08d084b	Did this happen in the last 12 months?	YES 1 NO (D85A) 2
ECA D84C t08d084c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
ECA D85A t08d085a	In your ENTIRE LIFE, did you EVER... More than once TRY to stop or cut down on your drinking but found you couldn't do it?	YES 1 NO (DA2) 2
ECA D85B t08d085b	Did this happen in the last 12 months?	YES 1 NO (DA2) 2
ECA D85C t08d085c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
DA2 t08d00a2	How old were you the FIRST time you wanted or tried to stop or cut down on your drinking?	AGE <input type="text"/> <input type="text"/> DK 98
ECA D86A t08d086a	In your ENTIRE LIFE, did you EVER... Have a period when you ended up drinking more than you meant to?	YES 1 NO (D87A) 2
ECA D86B t08d086b	Did this happen in the last 12 months?	YES 1 NO (D87A) 2
ECA D86C t08d086c	Did this happen BEFORE 12 months ago?	YES 1 NO 2
ECA D87A	Have a period when you kept on drinking for longer	YES 1

t08d087a	than you intended to?	NO (DA3).....	2
ECA D87B t08d087b	Did this happen in the last 12 months?	YES	1
		NO (DA3).....	2
ECA D87C t08d087c	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
DA3 t08d00a3	How old were you the first time you drank more or longer than you meant to?	AGE <input type="text"/> <input type="text"/> <input type="text"/>	
		DK.....	98
ECA	The next few questions are about the bad after effects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down.		
	Did you EVER...		
ECA D88AA t08d88aa	Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?	YES	1
		NO (D88BA)	2
ECA D88AB t08d88ab	Did this happen in the last 12 months?	YES	1
		NO (D88BA)	2
ECA D88AC t08d88ac	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
ECA D88BA t08d88ba	Did you EVER... Find yourself shaking or feeling anxious or nervous (when the effects of alcohol were wearing off)?	YES	1
		NO (D88CA)	2
ECA D88BB t08d88bb	Did this happen in the last 12 months?	YES	1
		NO (D88CA)	2
ECA D88BC t08d88bc	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
ECA D88CA t08d88ca	Did you EVER... Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?	YES	1
		NO (D88DA)	2
ECA D88CB t08d88cb	Did this happen in the last 12 months?	YES	1
		NO (D88DA)	2
ECA D88CC t08d88cc	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
ECA D88DA t08d88da	Did you EVER... Feel more restless than is usual for you (when the effects of alcohol were wearing off)?	YES	1
		NO (D88EA)	2
ECA D88DB t08d88db	Did this happen in the last 12 months?	YES	1
		NO (D88EA)	2
ECA D88DC t08d88dc	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
ECA D88EA t08d88ea	Did you EVER... Find yourself sweating, your heart beating faster, OR saw, felt or heard things that weren't really there	YES	1

	(when the effects of alcohol were wearing off)?	NO (D88FA).....	2
ECA D88EB t08d88eb	Did this happen in the last 12 months?	YES	1
		NO (D88FA).....	2
ECA D88CA t08d88ec	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
ECA D88FA t08d88fa	Did you EVER... Have very bad headaches (when the effects of alcohol were wearing off)?	YES	1
		NO (DA41).....	2
ECA D88FB t08d88fb	Did this happen in the last 12 months?	YES	1
		NO (DA41).....	2
ECA D88FC t08d88fc	Did this happen BEFORE 12 months ago?	YES	1
		NO	2
DA41 t08d0a41	How old were you the FIRST time you had had after-effects after drinking, cutting down or stopping?	AGE.....	<input type="text"/> <input type="text"/>
		DK .....	.98
ECA D88GB t08d88gb	You just mentioned that you experienced some bad physical after effects of drinking in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life – like at work or school or with family or friends?	YES.....	1
		NO.....	2
ECA D88HC t08d88hc	You just mentioned that you experienced some bad physical after effects of drinking BEFORE 12 months ago. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life – like at work or school or with family or friends?	YES.....	1
		NO.....	2
ECA D89A t08d089a	Did you EVER... Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?	YES.....	1
		NO.....(D810A).....	2
ECA D89B t08d089b	Did this happen in the last 12 months?	YES.....	1
		NO.....(D810A).....	2
ECA D89C t08d089c	Did this happen BEFORE 12 months ago?	YES.....	1
		NO.....	2
ECA D810A t08d810a	Did you EVER... Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM HAVING any of these bad aftereffects of drinking?	YES.....	1
		NO.....(DA42).....	2
ECA D810B t08d810b	Did this happen in the last 12 months?	YES.....	1
		NO.....(DA42).....	2
ECA D810C t08d810c	Did this happen BEFORE 12 months ago?	YES.....	1
		NO.....	2
DA42 t08d0a42	How old were you the FIRST time you took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking?	AGE.....	<input type="text"/> <input type="text"/>
		DK .....	.98

ECA t08d811a	D811A Did you EVER... Have a period when you spent a lot of time drinking?	YES.....1 NO.....(D812A).....2
ECA t08d811b	D811B Did this happen in the last 12 months?	YES.....1 NO.....(D812A).....2
ECA t08d811c	D811C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d812a	D812A Did you EVER... Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	YES.....1 NO.....2
ECA t08d812b	D812B Did this happen in the last 12 months?	YES.....1 NO.....(DA5).....2
ECA t08d812c	D812C Did this happen BEFORE 12 months ago?	YES.....1 NO.....(DA5).....2
DA5 t08d00a5	How old were you the FIRST time you EVER spent a lot of time drinking or getting over being sick from drinking?	AGE.....(D813A)..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d813a	D813A Did you EVER... Give up or cut down on activities that were important to you in order to drink – like work, school, or associating with friends or relatives?	YES.....1 NO.....(D814A).....2
ECA t08d813b	D813B Did this happen in the last 12 months?	YES.....1 NO.....(D814A).....2
ECA t08d813c	D813C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d814a	D814A Did you EVER... Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	YES.....1 NO.....(DA6).....2
ECA t08d814b	D814B Did this happen in the last 12 months?	YES.....1 NO.....(DA6).....2
ECA t08d814c	D814C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
DA6 t08d00a6	How old were you the FIRST time you had to give up or down on activities that were important to you in order to drink?	AGE..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d815a	D815A Did you EVER... Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	YES.....1 NO.....(D816A).....2
ECA t08d815b	D815B Did this happen in the last 12 months?	YES.....1 NO.....(D816A).....2
ECA t08d815c	D815C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2

ECA t08d816a	D816A Did you EVER... Continue to drink even though you knew it was causing you a health problem or making a health problem worse?	YES.....1 NO.....(D817A).....2
ECA t08d816b	D816B Did this happen in the last 12 months?	YES.....1 NO.....(D817A).....2
ECA t08d816c	D816C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d817a	D817A Did you EVER... Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	YES.....1 NO.....(DA7).....2
ECA t08d817b	D817B Did this happen in the last 12 months?	YES.....1 NO.....(DA7).....2
ECA t08d817c	D817C Did this happen BEFORE 12 months ago?	YES.....1 NO.....(D8).....2
DA7 t08d00a7	How old were you the FIRST time you drank even though it affected your mood or health?	AGE..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d818a	D818A Did you EVER... Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?	YES.....1 NO.....(D819A).....2
ECA t08d818b	D818B Did this happen in the last 12 months?	YES.....1 NO.....(DB1).....2
ECA t08d818c	D818C Did this happen BEFORE 12 months ago?	YES.....1 NO.....(D8).....2
DB1 t08d00b1	How old were you the FIRST time you were drunk or hung over when you were supposed to be doing something important?	AGE..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d819a	D819A In your ENTIRE LIFE, did you EVER... Have job or school troubles because of your drinking or being sick from drinking – like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	YES.....1 NO.....(D820A).....2
ECA t08d819b	D819B Did this happen in the last 12 months?	YES.....1 NO.....(D820A).....2
ECA t08d819c	D819C Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d820a	D820A In your ENTIRE LIFE, did you EVER... More than once drive a car or other vehicle WHILE you were drinking?	YES.....1 NO.....(D821A).....2

ECA t08d820b	D820B	Did this happen in the last 12 months?	YES.....1 NO.....(D821A).....2
ECA t08d820c	D820C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d821a	D821A	In your ENTIRE LIFE, did you EVER... More than once drive a car, motorcycle, truck, boat, or other vehicle after having too much to drink?	YES.....1 NO.....(D822A).....2
ECA t08d821b	D821B	Did this happen in the last 12 months?	YES.....1 NO.....(D822A).....2
ECA t08d821c	D821C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d822a	D822A	In your ENTIRE LIFE, did you EVER... Get into situations while drinking or after drinking that increased your chances of getting hurt – like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	YES.....1 NO.....(DB2).....2
ECA t08d822b	D822B	Did this happen in the last 12 months?	YES.....1 NO.....(DB2).....2
ECA t08d822c	D822C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d00b2	DB2	How old were you the FIRST time you were in a situation while drinking or after drinking where you could have been hurt?	AGE..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d823a	D823A	In your entire life, did you EVER... Continue to drink even though you knew it was causing you trouble with your family and friends?	YES.....1 NO.....(D824A).....2
ECA t08d823b	D823B	Did this happen in the last 12 months?	YES.....1 NO.....(D824A).....2
ECA t08d823c	D823C	Did this happen in the BEFORE 12 months ago?	YES.....1 NO.....2
ECA t08d824a	D824A	In your ENTIRE LIFE, did you EVER... Get into physical fights while drinking or right after drinking?	YES.....1 NO.....(DB3).....2
ECA t08d824b	D824B	Did this happen in the last 12 months?	YES.....1 NO.....(DB3).....2
ECA t08d824c	D824C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
DB3 t08d00b3		How old were you the FIRST time you drank even though it affected your relationships with other people?	AGE..... <input type="text"/> <input type="text"/> DK.....98
ECA t08d825a	D825A	In your ENTIRE LIFE, did you EVER... Get arrested, held at a police station, or have any other legal problems because of your drinking?	YES.....1 NO.....(DB4).....2

ECA t08d825b	D825B	Did this happen in the last 12 months?	YES.....1 NO.....(DB4).....2
ECA t08d825c	D825C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
DB4 t08d00b4		How old were you the FIRST time you got arrested or had legal problems as the result of your drinking?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....98
ECA t08d826a	D826A	In your ENTIRE LIFE, did you EVER... Find that you could drink much LESS than you once did to get the effect you wanted?	YES.....1 NO.....(D9A).....2
ECA t08d826b	D826B	Did this happen in the last 12 months?	YES.....1 NO.....(D9A).....2
ECA t08d826c	D826C	Did this happen BEFORE 12 months ago?	YES.....1 NO.....2
D9A t08d009a		You mentioned that BEFORE 12 months ago, you had some of the following experiences. Such as: Drank much more to get an effect; wanted to or try to stop or drink less; drank more than meant to; had bad after-effects; spent a lot of time drinking; gave up or cut back activities in order to drink; drank even though it affected your mood or health. Before one year ago, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?	YES.....(D9D).....1 NO.....2
D9B t08d009b		Before one year ago, was there EVER a period when SOME of these experiences were happening around the same time MOST DAYS For AT LEAST A MONTH?	YES.....(D9D).....1 NO.....2
D9C t08d009c		Before one year ago, was there EVER a period when SOME of these experiences happened within the same one year period?	YES.....1 NO.....(D10A).....2
D9D t08d009d		About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/>
D9E t08d009e		In your ENTIRE LIFE, how many SEPARATE PERIODS like this did you have when some of these experiences were happening around the same time? By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED drinking entirely or you didn't have any of the experiences you mentioned with alcohol at all.	NUMBER ENTERED..... <input type="text"/> <input type="text"/> <input type="text"/>
D9F t08d009f		What was the LONGEST period you had when SOME of these experiences were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>

D9G t08d009g	How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?	AGE.....(D9I)..... <input type="text"/> <input type="text"/> DK.....98
D9H t08d009h	How long did this period last when SOME of these experiences were happening around the same time?	MONTHS <input type="text"/> <input type="text"/>
D9I t08d009i	About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.	AGE <input type="text"/> <input type="text"/>
D10A t08d010a	Now you mentioned that before 12 months ago, you had at least one of these experiences. Such as:	
	Were drunk or hung over when suppose to be doing something important	
	Were in a situation where you could have been hurt after drinking	
	Drank Despite it affecting your relationship with others	
	Got arrested or had legal problems because of your drinking.	
	About how old were you the first time at least one of the following experiences began to happen.	AGE <input type="text"/> <input type="text"/>
D10B t08d010b	In your ENTIRE LIFE, how many separate periods like this did you have when any of these experiences were happening?	NUMBER <input type="text"/> <input type="text"/>
	By separate periods, I mean times that were separated by at least one year when you EITHER STOPPED drinking entirely OR you didn't have any of this SMALLER GROUP of experiences you mentioned with alcohol at all.	
D10C t08d010c	What was the LONGEST period you had like this?	MONTHS <input type="text"/> <input type="text"/>
D10D t08d010d	How old were you the MOST RECENT time this BEGAN to happen?	AGE <input type="text"/> <input type="text"/>
D10E t08d010e	How long did this period last?	MONTHS <input type="text"/> <input type="text"/>
D10F t08d010f	About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.	AGE <input type="text"/> <input type="text"/>

E1INTRO	Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used ON YOUR OWN – that is, either WITHOUT a doctor's prescription (<i>PAUSE</i>); in GREATER amounts. MORE OFTEN, or LONGER than prescribed (<i>PAUSEyup</i>); or for a reason other than a doctor said you should use them. People use these medicines and drugs ON THEIR OWN to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, or to get high or just to see how they would work.	
E1.1 t08e0011	Have you EVER used any sedatives, for example, sleeping pills, barbiturates, Seconal, Qualudes, or Chloral Hydrate?	YES 1 NO 2 RF 7 DK 8
E1.2 t08e0012	Have you EVER used any tranquilizers, for example, Valium, Librium, muscle relaxants or Xanax?	YES 1 NO 2 RF 7 DK 8
E1.3 t08e0013	Have you EVER used any painkillers, for example, Codeine, Oxycotin, Darvon, Percodan, Dilaudid, or Demerol?	YES 1 NO 2 RF 7 DK 8
E1.4 t08e0014	Have you EVER used any stimulants, for example, Ritalin, Preludin, Benzedrine, Methamphetamine, uppers, or speed?	YES 1 NO 2 RF 7 DK 8
E1.5 t08e0015	Have you EVER used any Marijuana, hash, THC, or grass?	YES 1 NO 2 RF 7 DK 8
E1.6 t08e0016	Have you EVER used any crack cocaine?	YES 1 NO 2 RF 7 DK 8
E1.7 t08e0017	Have you EVER used cocaine, in other forms?	YES 1 NO 2 RF 7 DK 8
E1.8 t08e0018	Have you EVER used any hallucinogens, for example, Ecstasy/ MDMA, LSD, K, mescaline, Psilocybin, PCP (angel dust) or peyote?	YES 1 NO 2 RF 7 DK 8
E1.9 t08e0019	Have you EVER used (sniffed, huffed, inhaled) any inhalants or solvents, for example, amyl nitrates, nitrous oxide, glue, toluene, paints, lighter fluid or gasoline?	YES 1 NO 2 RF 7 DK 8
E1.10 t08e0110	Have you EVER used heroin?	YES 1 NO 2 RF 7 DK 8
E1.11 t08e0111	Have you EVER used any OTHER medicines, or drugs, or substances, for example, steroids, Elavil, Thorazine, or Haldol? Please type in the name of this other medicine, drug, or substance which we will call Other Drug #1.	YES 1 NO (E2.1A) 2

t08e111b		SPECIFY IF ANY:	.....
E1.12 t08e0112	Have you EVER used ANY OTHER MEDICINES, DRUGS, or SUBSTANCES? Please type in the name and we will refer to this as Other Drug #2.		YES 1 NO (E2.1A) 2
t08e112b		SPECIFY IF ANY:	.....
E1.13 t08e0113	Have you EVER used ANY OTHER MEDICINES, DRUGS, or SUBSTANCES? Please type in the name and we will refer to this as Other Drug #3.		YES 1 NO (E2.1A) 2
t08e113b		SPECIFY IF ANY:	.....

[If ALL responses to E111 – E113 = 2, 7, or 8, proceed to Section E3]

E2.1a t08e021a	How old were you when you FIRST used SEDATIVES on your own?		AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.1b t08e021b	Did you use <i>sedatives</i> in the last 12 months only, before the last 12 months only, or during both time periods?		LAST 12 MONTHS ONLY 1 PRIOR TO LAST 12 MONTHS ONLY.....(E2.1D)..... 2 BOTH TIME PERIODS 3
E2.1c t08e021c	During the last 12 months, about how often did you use SEDATIVES? [SHOW FLASHCARD 23]		EVERY DAY..... 1 NEARLY EVERY DAY 2 3 - 4 TIMES PER WEEK 3 1 - 2 TIMES PER WEEK 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR 7 3 - 6 TIMES PER YEAR 8 2 TIMES PER YEAR 9 ONCE A YEAR 10 NEVER 11
E2.1d t08e21d1 t08e21d2	When was the most recent time you used SEDATIVES?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.1e t08e021e	Think about the time when you were using SEDATIVES the most. At that time about how often did you use (it/ them)?		EVERY DAY..... 1 NEARLY EVERY DAY 2 3 - 4 TIMES PER WEEK 3 1 - 2 TIMES PER WEEK 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR 7 3 - 6 TIMES PER YEAR 8 2 TIMES PER YEAR 9 ONCE A YEAR 10 NEVER 11
E2.1f t08e021f	About how old were you when you FIRST BEGAN using SEDATIVES that frequently?		AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.1g t08e21g1 t08e21g2	About how long did that period last when you were using SEDATIVES that frequently?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1

		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.2a t08e022a	How old were you when you FIRST used TRANQUILLIZERS on your own?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E2.2b t08e022b	Did you use tranquilizers in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY.....	1
		PRIOR TO LAST	
		12 MONTHS ONLY.....(E2.2D)	2
		BOTH TIME PERIODS	3
E2.2c t08e022c	During the last 12 months, about how often did you use TRANQUILLIZERS? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.2d t08e22d1 t08e22d2	When was the most recent time you used TRANQUILLIZERS?	NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
	UNIT:	DAY(S) AGO.....	1
		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.2e t08e022e	Think about the time when you were using TRANQUILLIZERS the most. At that time about how often did you use (it/ them)?	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.2f t08e022f	About how old were you when you FIRST BEGAN using TRANQUILLIZERS that frequently?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E2.2g t08e22g1 t08e22g2	About how long did that period last when you were using TRANQUILLIZERS that frequently?	NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
	UNIT:	WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.3a t08e023a	How old were you when you FIRST used PAINKILLERS on your own?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E2.3b t08e023b	Did you use painkillers in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY.....	1
		PRIOR TO LAST	
		12 MONTHS ONLY.....(E2.3D)	2
		BOTH TIME PERIODS	3

E2.3c t08e023c	During the last 12 months, about how often did you use PAINKILLERS? [SHOW FLASHCARD 23]	EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR 9 ONCE A YEAR..... 10 NEVER..... 11	
E2.3d t08e23d1 t08e23d2	When was the most recent time you used PAINKILLERS?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.3e t08e023e	Think about the time when you were using PAINKILLERS the most. At that time about how often did you use (it/ them)?		EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR 9 ONCE A YEAR..... 10 NEVER..... 11
E2.3f t08e023f	About how old were you when you FIRST BEGAN using PAINKILLERS that frequently?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.3g t08e23g1 t08e23g2	About how long did that period last when you were using painkillers that frequently?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.4a t08e024a	How old were you when you FIRST used STIMULANTS on your own?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.4b t08e024b	Did you use STIMULANTS in the last 12 months only, before the last 12 months only, or during both time periods?		LAST 12 MONTHS ONLY..... 1 PRIOR TO LAST 12 MONTHS ONLY.....(E2.4D)..... 2 BOTH TIME PERIODS 3
E2.4c t08e024c	During the last 12 months, about how often did you use STIMULANTS? [SHOW FLASHCARD 23]		EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR 9 ONCE A YEAR..... 10 NEVER..... 11

E2.4d t08e24d1 t08e24d2	When was the most recent time you used STIMULANTS?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.4e t08e024e	Think about the time when you were using STIMULANTS the most. At that time about how often did you use (it/ them)?		EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR..... 9 ONCE A YEAR..... 10 NEVER..... 11
E2.4f t08e024f	About how old were you when you FIRST BEGAN using STIMULANTS that frequently?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.4g t08e24g1 t08e24g2	About how long did that period last when you were using STIMULANTS that frequently?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.5a t08e025a	How old were you when you FIRST used MARIJUNA, hash, THC, or grass on your own?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.5b t08e025b	Did you use marijuana in the last 12 months only, before the last 12 months only, or during both time periods?		LAST 12 MONTHS ONLY..... 1 PRIOR TO LAST 12 MONTHS ONLY.....(E2.5D) 2 BOTH TIME PERIODS 3
E2.5c t08e025c	During the last 12 months, about how often did you use MARIJUNA, hash, THC, or grass? [SHOW FLASHCARD 23]		EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR..... 9 ONCE A YEAR..... 10 NEVER..... 11
E2.5d t08e25d1 t08e25d2	When was the most recent time you used MARIJUNA, hash, THC, or grass?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.5e t08e025e	Think about the time when you were using MARIJUNA, hash, THC, or grass the most. At that time about how often did you use (it/ them)?		EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4

		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR	7
		3 – 6 TIMES PER YEAR	8
		2 TIMES PER YEAR	9
		ONCE A YEAR	10
		NEVER	11
E2.5f t08e025f	About how old were you when you FIRST BEGAN using MARIJUANA, hash, THC, or grass that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.5g t08e25g1 t08e25g2	About how long did that period last when you were using MARIJUANA, hash, THC, or grass that frequently?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.6a t08e026a	How old were you when you FIRST used CRACK COCAINE on your own?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.6b t08e026b	Did you use CRACK COCAINE in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY.....	1
		PRIOR TO LAST	
		12 MONTHS ONLY..... (E2.6D)	2
		BOTH TIME PERIODS	3
E2.6c t08e026c	During the last 12 months, about how often did you use CRACK COCAINE? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR.....	7
		3 – 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.6d t08e26d1 t08e26d2	When was the most recent time you used CRACK COCAINE?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	DAY(S) AGO.....	1
		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.6e t08e026e	Think about the time when you were using CRACK COCAINE the most. At that time about how often did you use (it/ them)?	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR.....	7
		3 – 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.6f t08e026f	About how old were you when you FIRST BEGAN using CRACK COCAINE that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98

E2.6g t08e26g1 t08e26g2	About how long did that period last when you were using CRACK COCAINE that frequently?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.7a t08e027a	How old were you when you FIRST used COCAINE, IN OTHER FORMS on your own?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E27b t08e027b	Did you use COCAINE, IN OTHER FORMS in the last 12 months only, before the last 12 months only, or during both time periods?		LAST 12 MONTHS ONLY..... 1 PRIOR TO LAST 12 MONTHS ONLY..... (E2.7D) 2 BOTH TIME PERIODS 3
E2.7c t08e027c	During the last 12 months, about how often did you use COCAINE, IN OTHER FORMS? [SHOW FLASHCARD 23]		EVERY DAY..... 1 NEARLY EVERY DAY 2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR 9 ONCE A YEAR..... 10 NEVER..... 11
E2.7d t08e27d1 t08e27d2	When was the most recent time you used COCAINE, IN OTHER FORMS?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.7e t08e027e	Think about the time when you were using COCAINE, IN OTHER FORMS the most. At that time about how often did you use (it/ them)?		EVERY DAY..... 1 NEARLY EVERY DAY 2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR 9 ONCE A YEAR..... 10 NEVER..... 11
E2.7f t08e027f	About how old were you when you FIRST BEGAN using COCAINE, IN OTHER FORMS that frequently?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.7g t08e27g1 t08e27g2	About how long did that period last when you were using COCAINE, IN OTHER FORMS that frequently?	UNIT:	NUMBER..... <input type="text"/> <input type="text"/> WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.8a t08e028a	How old were you when you FIRST used HALLUCINOGENS on your own?		AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.8b t08e028b	Did you use HALLUCINOGENS in the last 12 months only, before the last 12 months only, or during both time periods?		LAST 12 MONTHS ONLY..... 1 PRIOR TO LAST 12 MONTHS ONLY..... (E2.8D) 2

		BOTH TIME PERIODS	3
E2.8c t08e028c	During the last 12 months, about how often did you use HALLUCINOGENS? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.8d t08e28d1 t08e28d2	When was the most recent time you used HALLUCINOGENS?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	DAY(S) AGO.....	1
		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.8e t08e028e	Think about the time when you were using HALLUCINOGENS the most. At that time about how often did you use (it/ them)?	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.8f t08e028f	About how old were you when you FIRST BEGAN using HALLUCINOGENS that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.8g t08e28g1 t08e28g2	About how long did that period last when you were using HALLUCINOGENS that frequently?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.9a t08e029a	How old were you when you FIRST used INHALANTS/ SOLVENTS on your own?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.9b t08e029b	Did you use INHALANTS/ SOLVENTS in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY.....	1
		PRIOR TO LAST	
		12 MONTHS ONLY..... (E2.9D)	2
		BOTH TIME PERIODS	3
E2.9c t08e029c	During the last 12 months, about how often did you use INHALANTS/ SOLVENTS? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10

E2.9d t08e29d1 t08e29d2	When was the most recent time you used INHALANTS/ SOLVENTS?	NEVER..... 11 NUMBER..... <input type="text"/> <input type="text"/> UNIT: DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.9e t08e029e	Think about the time when you were using INHALANTS/ SOLVENTS the most. At that time about how often did you use (it/ them)?	EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR..... 9 ONCE A YEAR..... 10 NEVER..... 11
E2.9f t08e029f	About how old were you when you FIRST BEGAN using INHALANTS/ SOLVENTS that frequently?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.9g t08e29g1 t08e29g2	About how long did that period last when you were using INHALANTS/ SOLVENTS that frequently?	NUMBER..... <input type="text"/> <input type="text"/> UNIT: WEEK(S) AGO..... 1 MONTH(S) AGO..... 2 YEAR(S) AGO..... 3
E2.10a t08e210a	How old were you when you FIRST used HEROIN on your own?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E2.10b t08e210b	Did you use HEROIN in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY..... 1 PRIOR TO LAST 12 MONTHS ONLY..... (E2.10D) 2 BOTH TIME PERIODS 3
E2.10c t08e210c	During the last 12 months, about how often did you use HEROIN? [SHOW FLASHCARD 23]	EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4 2 - 3 TIMES PER MONTH 5 ONCE A MONTH 6 7 - 11 TIMES PER YEAR..... 7 3 - 6 TIMES PER YEAR..... 8 2 TIMES PER YEAR..... 9 ONCE A YEAR..... 10 NEVER..... 11
E2.10d t08e210d1 t08e210d2	When was the most recent time you used HEROIN?	NUMBER..... <input type="text"/> <input type="text"/> UNIT: DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4
E2.10e t08e210e	Think about the time when you were using HEROIN the most. At that time about how often did you use (it/ them)?	EVERY DAY..... 1 NEARLY EVERY DAY .....2 3 - 4 TIMES PER WEEK..... 3 1 - 2 TIMES PER WEEK..... 4

		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR	7
		3 – 6 TIMES PER YEAR	8
		2 TIMES PER YEAR	9
		ONCE A YEAR	10
		NEVER	11
E2.10f t08e210f	About how old were you when you FIRST BEGAN using HEROIN that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.10g t08e210g1 t08e210g2	About how long did that period last when you were using HEROIN that frequently?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.11a t08e211a	How old were you when you FIRST used (OTHER DRUG #1) on your own?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.11b t08e211b	Did you use (OTHER DRUG #1) in the last 12 months only, before the last 12 months only, or during both time periods?	LAST 12 MONTHS ONLY.....	1
		PRIOR TO LAST	
		12 MONTHS ONLY.....(E2.11D).....	2
		BOTH TIME PERIODS	3
E2.11c t08e211c	During the last 12 months, about how often did you use (OTHER DRUG #1)? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR.....	7
		3 – 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.11d t08e211d1 t08e211d2	When was the most recent time you used OTHER DRUG #1?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	DAY(S) AGO.....	1
		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.11e t08e211e	Think about the time when you were using (OTHER DRUG #1) the most. At that time about how often did you use (it/ them)?	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 – 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 – 11 TIMES PER YEAR.....	7
		3 – 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.11f t08e211f	About how old were you when you FIRST BEGAN using OTHER DRUG #1 that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.11g	About how long did that period last when you were using		

t08e211g1	OTHER DRUG #1 that frequently?	NUMBER.....	<input type="text"/>
t08e211g2		UNIT: WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.12a	How old were you when you FIRST used (OTHER	AGE.....	<input type="text"/>
t08e212a	DRUG #2) on your own?	RF.....	97
		DK.....	98
E2.12b	Did you use (OTHER DRUG #2) in the last 12 months	LAST 12 MONTHS ONLY.....	1
t08e212b	only, before the last 12 months only, or during both time	PRIOR TO LAST	
	periods?	12 MONTHS ONLY.....(E2.12D)	2
		BOTH TIME PERIODS	3
E2.12c	During the last 12 months, about how often did you use	EVERY DAY.....	1
t08e212c	(OTHER DRUG #2)? [SHOW FLASHCARD 23]	NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.12d	When was the most recent time you used (OTHER	NUMBER.....	<input type="text"/>
t08e212d1	DRUG #2)?	UNIT: DAY(S) AGO.....	1
t08e211d2		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.12e	Think about the time when you were using (OTHER	EVERY DAY.....	1
t08e212e	DRUG #2) the most. At that time about how often did	NEARLY EVERY DAY	2
	you use (it/ them)?	3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.12f	About how old were you when you FIRST BEGAN using	AGE.....	<input type="text"/>
t08e212f	(OTHER DRUG #2) that frequently?	RF.....	97
		DK.....	98
E2.12g	About how long did that period last when you were	NUMBER.....	<input type="text"/>
t08e212g1	using (OTHER DRUG #2) that frequently?	UNIT: WEEK(S) AGO.....	1
t08e212g2		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E2.13a	How old were you when you FIRST used (OTHER	AGE.....	<input type="text"/>
t08e213a	DRUG #3) on your own?	RF.....	97
		DK.....	98
E2.13b	Did you use (OTHER DRUG #3) in the last 12 months	LAST 12 MONTHS ONLY.....	1
t08e213b	only, before the last 12 months only, or during both time	PRIOR TO LAST	
	periods?	12 MONTHS ONLY..... (E2.13D)	2

		BOTH TIME PERIODS	3
E2.13c t08e213c	During the last 12 months, about how often did you use (OTHER DRUG #3)? [SHOW FLASHCARD 23]	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.13d t08e213d1 t08e213d2	When was the most recent time you used (OTHER DRUG #3)?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	DAY(S) AGO.....	1
		WEEK(S) AGO.....	2
		MONTH(S) AGO.....	3
		YEAR(S) AGO.....	4
E2.13e t08e213e	Think about the time when you were using (OTHER DRUG #3) the most. At that time about how often did you use (it/ them)?	EVERY DAY.....	1
		NEARLY EVERY DAY	2
		3 - 4 TIMES PER WEEK.....	3
		1 - 2 TIMES PER WEEK.....	4
		2 - 3 TIMES PER MONTH	5
		ONCE A MONTH	6
		7 - 11 TIMES PER YEAR.....	7
		3 - 6 TIMES PER YEAR.....	8
		2 TIMES PER YEAR.....	9
		ONCE A YEAR.....	10
		NEVER.....	11
E2.13f t08e213f	About how old were you when you FIRST BEGAN using (OTHER DRUG #3) that frequently?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E2.13g t08e213g1 t08e213g2	About how long did that period last when you were using (OTHER DRUG #3) that frequently?	NUMBER.....	<input type="text"/> <input type="text"/>
	UNIT:	WEEK(S) AGO.....	1
		MONTH(S) AGO.....	2
		YEAR(S) AGO.....	3
E3INTRO	Now I'm going to ask you about some experiences that people have reported in connection with their use of the medicines or drugs that we just talked about. As I read each experience, please tell me if this has ever happened to you.		
E3.1a t08e031a	In your entire life did you EVER... (PAUSE) have arguments with your spouse, boyfriend/girlfriend, family, or friends, as a result of your medicine or drug use?	YES	1
		NO..... (E3.2A).....	2
E3.1b t08e031b	Did this happen in the last 12 months?	YES	1
		NO..... (E3.1D).....	2
E3.1c t08e31c1	During the last 12 months, which of the following medicines or drugs did this happen with? Sedatives?	YES	1
		NO.....	2
t08e31c2	Tranquilizers?	YES	1
		NO.....	2
t08e31c3	Painkillers?	YES	1
		NO.....	2
t08e31c4	Stimulants?	YES	1

		NO.....	2
t08e31c5	Marijuana?	YES	1
		NO.....	2
t08e31c6	Crack cocaine?	YES	1
		NO.....	2
t08e31c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e31c8	Hallucinogens?	YES	1
		NO.....	2
t08e31c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e31c10	Heroin?	YES	1
		NO.....	2
t08e31c11	Other drug #1?	YES	1
		NO.....	2
t08e31c11b		SPECIFY:	
t08e31c12	Other drug #2?	YES	1
		NO.....	2
t08e31c12b		SPECIFY:	
t08e31c13	Other drug #3?	YES	1
		NO.....	2
t08e31c13b		SPECIFY:	
E3.1d	Did this happen before 12 months ago, that is before	YES	1
t08e031d	(<i>Month one year ago</i>)? [SHOW FLASHCARD 22]	NO.....(E3.2A).....	2
E3.1e	Which of the following medicines or drugs did this		
	happen with before 12 month ago?		
t08e31e1	Sedatives?	YES	1
		NO.....	2
t08e31e2	Tranquilizers?	YES	1
		NO.....	2
t08e31e3	Painkillers?	YES	1
		NO.....	2
t08e31e4	Stimulants?	YES	1
		NO.....	2
t08e31e5	Marijuana?	YES	1
		NO.....	2
t08e31e6	Crack cocaine?	YES	1
		NO.....	2
t08e31e7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e31e8	Hallucinogens?	YES	1
		NO.....	2
t08e31e9	Inhalants or solvents?	YES	1
		NO.....	2
t08e31e10	Heroin?	YES	1
		NO.....	2
t08e31e11	Other drug #1?	YES	1
		NO.....	2
t08e31e11b		SPECIFY:	
t08e31e12	Other drug #2?	YES	1
		NO.....	2
t08e31e12b		SPECIFY:	
t08e31e13	Other drug #3?	YES	1
		NO.....	2
t08e31e13b		SPECIFY:	
E3.1f	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e031f		RF.....	97

		DK	98
E3.2a t08e032a	In your entire life, did you EVER... (PAUSE) get into physical fights while under the influence of a medicine or drug?	YES	1
		NO	2
		(E3.3A).....	2
E3.2b t08e032b	Did this happen in the last 12 months?	YES	1
		NO	2
E3.2c t08e32c1	During the last 12 months, which of the following medicines or drugs did this happen with? Sedatives?	YES	1
		NO	2
t08e32c2	Tranquilizers?	YES	1
		NO	2
t08e32c3	Painkillers?	YES	1
		NO	2
t08e32c4	Stimulants?	YES	1
		NO	2
t08e32c5	Marijuana?	YES	1
		NO	2
t08e32c6	Crack cocaine?	YES	1
		NO	2
t08e32c7	Cocaine, in other forms?	YES	1
		NO	2
t08e32c8	Hallucinogens?	YES	1
		NO	2
t08e32c9	Inhalants or solvents?	YES	1
		NO	2
t08e32c10	Heroin?	YES	1
		NO	2
t08e32c11	Other drug #1?	YES	1
		NO	2
t08e32c11b		SPECIFY:	
t08e32c12	Other drug #2?	YES	1
		NO	2
t08e32c12b		SPECIFY:	
t08e32c13	Other drug #3?	YES	1
		NO	2
t08e32c13b		SPECIFY:	
E3.2d t08e032d	Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]	YES	1
		NO	2
		(E3.3A).....	2
E3.2e t08e32e1	Which of the following medicines or drugs did this happen with before 12 month ago? Sedatives?	YES	1
		NO	2
	Tranquilizers?	YES	1
t08e32e2		NO	2
t08e32e3	Painkillers?	YES	1
		NO	2
t08e32e4	Stimulants?	YES	1
		NO	2
t08e32e5	Marijuana?	YES	1
		NO	2
t08e32e6	Crack cocaine?	YES	1
		NO	2
t08e32e7	Cocaine, in other forms?	YES	1
		NO	2
t08e32e8	Hallucinogens?	YES	1
		NO	2

t08e32e9	Inhalants or solvents?	YES	1
		NO	2
t08e32e10	Heroin?	YES	1
		NO	2
t08e32e11	Other drug #1?	YES	1
		NO	2
t08e32e11b		SPECIFY:	
t08e32e12	Other drug #2?	YES	1
		NO	2
t08e32e12b		SPECIFY:	
t08e32e13	Other drug #3?	YES	1
		NO	2
t08e32e13b		SPECIFY:	
E3.2f t08e032f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E3.3a t08e033a	In your entire life, did you EVER... (PAUSE) did you EVER continue to use a medicine or drug even though you knew it was causing you trouble with your family or friends?	YES	1
		NO	2 (E3.4A)
E3.3b t08e033b	Did this happen in the last 12 months?	YES	1
		NO	2 (E3.3D)
E3.3c	During the last 12 months, which of the following medicines or drugs did this happen with?		
t08e33c1	Sedatives?	YES	1
		NO	2
t08e33c2	Tranquilizers?	YES	1
		NO	2
t08e33c3	Painkillers?	YES	1
		NO	2
t08e33c4	Stimulants?	YES	1
		NO	2
t08e33c5	Marijuana?	YES	1
		NO	2
t08e33c6	Crack cocaine?	YES	1
		NO	2
t08e33c7	Cocaine, in other forms?	YES	1
		NO	2
t08e33c8	Hallucinogens?	YES	1
		NO	2
t08e33c9	Inhalants or solvents?	YES	1
		NO	2
t08e33c10	Heroin?	YES	1
		NO	2
t08e33c11	Other drug #1?	YES	1
		NO	2
t08e33c11b		SPECIFY:	
t08e33c12	Other drug #2?	YES	1
		NO	2
t08e33c12b		SPECIFY:	
t08e33c13	Other drug #3?	YES	1
		NO	2
t08e33c13b		SPECIFY:	
E3.3d t08e033d	Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]	YES	1
		NO	2 (E3.4A)

E3.3e	Which of the following medicines or drugs did this happen with before 12 month ago?	
t08e33e1	Sedatives?	YES 1 NO 2
t08e33e2	Tranquilizers?	YES 1 NO 2
t08e33e3	Painkillers?	YES 1 NO 2
t08e33e4	Stimulants?	YES 1 NO 2
t08e33e5	Marijuana?	YES 1 NO 2
t08e33e6	Crack cocaine?	YES 1 NO 2
t08e33e7	Cocaine, in other forms?	YES 1 NO 2
t08e33e8	Hallucinogens?	YES 1 NO 2
t08e33e9	Inhalants or solvents?	YES 1 NO 2
t08e33e10	Heroin?	YES 1 NO 2
t08e33e11	Other drug #1?	YES 1 NO 2
t08e33e11b		SPECIFY:
t08e33e12	Other drug #2?	YES 1 NO 2
t08e33e12b		SPECIFY:
t08e33e13	Other drug #3?	YES 1 NO 2
t08e33e13b		SPECIFY:
E3.3f	How old were you the first time you experienced this?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/>
t08e033f		RF..... 97 DK 98
E3.4a	In your entire life, did you EVER... (PAUSE) did you EVER have job or school troubles as a result of your medicine or drug use - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	YES 1 NO (E3.5A) 2
t08e034a		
E3.4b	Did this happen in the last 12 months?	YES 1 NO (E3.4D) 2
t08e034b		
E3.4c	During the last 12 months, which of the following medicines or drugs did this happen with?	
t08e34c1	Sedatives?	YES 1 NO 2
t08e34c2	Tranquilizers?	YES 1 NO 2
t08e34c3	Painkillers?	YES 1 NO 2
t08e34c4	Stimulants?	YES 1 NO 2
t08e34c5	Marijuana?	YES 1 NO 2
t08e34c6	Crack cocaine?	YES 1 NO 2
t08e34c7	Cocaine, in other forms?	YES 1 NO 2
t08e34c8	Hallucinogens?	YES 1

		NO	2
t08e34c9	Inhalants or solvents?	YES	1
		NO	2
t08e34c10	Heroin?	YES	1
		NO	2
t08e34c11	Other drug #1?	YES	1
		NO	2
t08e34c11b		SPECIFY:	
t08e34c12	Other drug #2?	YES	1
		NO	2
t08e34c12b		SPECIFY:	
t08e34c13	Other drug #3?	YES	1
		NO	2
t08e34c13b		SPECIFY:	
E3.4d	Did this happen before 12 months ago, that is before	YES	1
t08e034d	(Month one year ago)? [SHOW FLASHCARD 22]	NO	2
		(E3.5A).....	2
E3.4e	Which of the following medicines or drugs did this		
	happen with before 12 month ago?		
t08e34e1	Sedatives?	YES	1
		NO	2
t08e34e2	Tranquilizers?	YES	1
		NO	2
t08e34e3	Painkillers?	YES	1
		NO	2
t08e34e4	Stimulants?	YES	1
		NO	2
t08e34e5	Marijuana?	YES	1
		NO	2
t08e34e6	Crack cocaine?	YES	1
		NO	2
t08e34e7	Cocaine, in other forms?	YES	1
		NO	2
t08e34e8	Hallucinogens?	YES	1
		NO	2
t08e34e9	Inhalants or solvents?	YES	1
		NO	2
t08e34e10	Heroin?	YES	1
		NO	2
t08e34e11	Other drug #1?	YES	1
		NO	2
t08e34e11b		SPECIFY:	
t08e34e12	Other drug #2?	YES	1
		NO	2
t08e34e12b		SPECIFY:	
t08e34e13	Other drug #3?	YES	1
		NO	2
t08e34e13b		SPECIFY:	
E3.4f	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e034f		RF	97
		DK	98
E3.5a	In your entire life, did you EVER... (PAUSE) did you		
t08e035a	EVER have a period when your medicine or drug use or		
	your being sick from your medicine or drug use often	YES	1
	interfered with taking care of your home or family?	NO	2
		(E3.6A).....	2
E3.5b	Did this happen in the last 12 months?	YES	1
t08e035b		NO	2
		(E3.5D).....	2

E3.5c	During the last 12 months, which of the following medicines or drugs did this happen with?	
t08e35c1	Sedatives?	YES 1 NO 2
t08e35c2	Tranquilizers?	YES 1 NO 2
t08e35c3	Painkillers?	YES 1 NO 2
t08e35c4	Stimulants?	YES 1 NO 2
t08e35c5	Marijuana?	YES 1 NO 2
t08e35c6	Crack cocaine?	YES 1 NO 2
t08e35c7	Cocaine, in other forms?	YES 1 NO 2
t08e35c8	Hallucinogens?	YES 1 NO 2
t08e35c9	Inhalants or solvents?	YES 1 NO 2
t08e35c10	Heroin?	YES 1 NO 2
t08e35c11	Other drug #1?	YES 1 NO 2
t08e35c11b		SPECIFY:
t08e35c12	Other drug #2?	YES 1 NO 2
t08e35c12b		SPECIFY:
t08e35c13	Other drug #3?	YES 1 NO 2
t08e35c13b		SPECIFY:
E3.5d	Did this happen before 12 months ago, that is before	YES 1
t08e035d	(Month one year ago)? [SHOW FLASHCARD 22]	NO (E3.6A) 2
E3.5e	Which of the following medicines or drugs did this happen with before 12 month ago?	
t08e35e1	Sedatives?	YES 1 NO 2
t08e35e2	Tranquilizers?	YES 1 NO 2
t08e35e3	Painkillers?	YES 1 NO 2
t08e35e4	Stimulants?	YES 1 NO 2
t08e35e5	Marijuana?	YES 1 NO 2
t08e35e6	Crack cocaine?	YES 1 NO 2
t08e35e7	Cocaine, in other forms?	YES 1 NO 2
t08e35e8	Hallucinogens?	YES 1 NO 2
t08e35e9	Inhalants or solvents?	YES 1 NO 2
t08e35e10	Heroin?	YES 1 NO 2
t08e35e11	Other drug #1?	YES 1 NO 2

t08e35e11b		SPECIFY:	.....
t08e35e12	Other drug #2?	YES	1
		NO	2
t08e35e12b		SPECIFY:	.....
t08e35e13	Other drug #3?	YES	1
		NO	2
t08e35e13b		SPECIFY:	.....
E3.5f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
t08e035f		RF.....	97
		DK	98
E3.6a	In your entire life, did you EVER... (PAUSE) did you EVER accidentally injure yourself while under the influence of a medicine or drug, for example, have a bad fall or cut yourself badly, get hurt in a traffic accident, or anything like that?	YES	1
t08e036a		NO	2
		(E3.7A).....	2
E3.6b	Did this happen in the last 12 months?	YES	1
t08e036b		NO	2
		(E3.6D).....	2
E3.6c	During the last 12 months, which of the following medicines or drugs did this happen with?		
t08e36c1	Sedatives?	YES	1
		NO	2
t08e36c2	Tranquilizers?	YES	1
		NO	2
t08e36c3	Painkillers?	YES	1
		NO	2
t08e36c4	Stimulants?	YES	1
		NO	2
t08e36c5	Marijuana?	YES	1
		NO	2
t08e36c6	Crack cocaine?	YES	1
		NO	2
t08e36c7	Cocaine, in other forms?	YES	1
		NO	2
t08e36c8	Hallucinogens?	YES	1
		NO	2
t08e36c9	Inhalants or solvents?	YES	1
		NO	2
t08e36c10	Heroin?	YES	1
		NO	2
t08e36c11	Other drug #1?	YES	1
		NO	2
t08e36c11b		SPECIFY:	.....
t08e36c12	Other drug #2?	YES	1
		NO	2
t08e36c12b		SPECIFY:	.....
t08e36c13	Other drug #3?	YES	1
		NO	2
t08e36c13b		SPECIFY:	.....
E3.6d	Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]	YES	1
t08e036d		NO	2
		(E3.7A).....	2
E3.6e	Which of the following medicines or drugs did this happen with before 12 month ago?		
t08e36e1	Sedatives?	YES	1
		NO	2
t08e36e2	Tranquilizers?	YES	1

		NO.....	2
t08e36e3	Painkillers?	YES	1
		NO.....	2
t08e36e4	Stimulants?	YES	1
		NO.....	2
t08e36e5	Marijuana?	YES	1
		NO.....	2
t08e36e6	Crack cocaine?	YES	1
		NO.....	2
t08e36e7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e36e8	Hallucinogens?	YES	1
		NO.....	2
t08e36e9	Inhalants or solvents?	YES	1
		NO.....	2
t08e36e10	Heroin?	YES	1
		NO.....	2
t08e36e11	Other drug #1?	YES	1
		NO.....	2
t08e36e11b		SPECIFY:	
t08e36e12	Other drug #2?	YES	1
		NO.....	2
t08e36e12b		SPECIFY:	
t08e36e13	Other drug #3?	YES	1
		NO.....	2
t08e36e13b		SPECIFY:	
E3.6f t08e036f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E3.7a t08e037a	In your entire life, did you EVER... (PAUSE) did you EVER more than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?	YES	1
		NO.....(E3.8A).....	2
E3.7b t08e037b	Did this happen in the last 12 months?	YES	1
		NO.....(E3.7D).....	2
E3.7c	During the last 12 months, which of the following medicines or drugs did this happen with?		
t08e37c1	Sedatives?	YES	1
		NO.....	2
t08e37c2	Tranquilizers?	YES	1
		NO.....	2
t08e37c3	Painkillers?	YES	1
		NO.....	2
t08e37c4	Stimulants?	YES	1
		NO.....	2
t08e37c5	Marijuana?	YES	1
		NO.....	2
t08e37c6	Crack cocaine?	YES	1
		NO.....	2
t08e37c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e37c8	Hallucinogens?	YES	1
		NO.....	2
t08e37c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e37c10	Heroin?	YES	1
		NO.....	2

t08e37c11	Other drug #1?	YES	1
		NO	2
t08e37c11b		SPECIFY:	
t08e37c12	Other drug #2?	YES	1
		NO	2
t08e37c12b		SPECIFY:	
t08e37c13	Other drug #3?	YES	1
		NO	2
t08e37c13b		SPECIFY:	
E3.7d	Did this happen before 12 months ago, that is before	YES	1
t08e037d	(Month one year ago)? [SHOW FLASHCARD 22]	NO	2
		(E3.8A).....	
E3.7e	Which of the following medicines or drugs did this		
	happen with before 12 month ago?		
t08e37e1	Sedatives?	YES	1
		NO	2
t08e37e2	Tranquilizers?	YES	1
		NO	2
t08e37e3	Painkillers?	YES	1
		NO	2
t08e37e4	Stimulants?	YES	1
		NO	2
t08e37e5	Marijuana?	YES	1
		NO	2
t08e37e6	Crack cocaine?	YES	1
		NO	2
t08e37e7	Cocaine, in other forms?	YES	1
		NO	2
t08e37e8	Hallucinogens?	YES	1
		NO	2
t08e37e9	Inhalants or solvents?	YES	1
		NO	2
t08e37e10	Heroin?	YES	1
		NO	2
t08e37e11	Other drug #1?	YES	1
		NO	2
t08e37e11b		SPECIFY:	
t08e37e12	Other drug #2?	YES	1
		NO	2
t08e37e12b		SPECIFY:	
t08e37e13	Other drug #3?	YES	1
		NO	2
t08e37e13b		SPECIFY:	
E3.7f	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e037f		RF.....	97
		DK	98
E3.8a	In your entire life, did you EVER... (PAUSE) did you		
t08e038a	EVER find yourself under the influence of a medicine or		
	drug or feeling its aftereffects in situations that		
	increased your chances of getting hurt - like swimming,		
	using machinery, or walking in a dangerous area or	YES	1
	around heavy traffic?	NO	2
		(E3.9A).....	
E3.8b	Did this happen in the last 12 months?	YES	1
t08e038b		NO	2
		(E3.8D).....	
E3.8c	During the last 12 months, which of the following		
	medicines or drugs did this happen with?		

t08e38c1	Sedatives?	YES	1
		NO	2
t08e38c2	Tranquilizers?	YES	1
		NO	2
t08e38c3	Painkillers?	YES	1
		NO	2
t08e38c4	Stimulants?	YES	1
		NO	2
t08e38c5	Marijuana?	YES	1
		NO	2
t08e38c6	Crack cocaine?	YES	1
		NO	2
t08e38c7	Cocaine, in other forms?	YES	1
		NO	2
t08e38c8	Hallucinogens?	YES	1
		NO	2
t08e38c9	Inhalants or solvents?	YES	1
		NO	2
t08e38c10	Heroin?	YES	1
		NO	2
t08e38c11	Other drug #1?	YES	1
		NO	2
t08e38c11b		SPECIFY:	
t08e38c12	Other drug #2?	YES	1
		NO	2
t08e38c12b		SPECIFY:	
t08e38c13	Other drug #3?	YES	1
		NO	2
t08e38c13b		SPECIFY:	
E3.8d	Did this happen before 12 months ago, that is before	YES	1
t08e038d	(Month one year ago)? [SHOW FLASHCARD 22]	NO	2
		(E3.9A).....	2
E3.8e	Which of the following medicines or drugs did this		
	happen with before 12 month ago?		
t08e38e1	Sedatives?	YES	1
		NO	2
t08e38e2	Tranquilizers?	YES	1
		NO	2
t08e38e3	Painkillers?	YES	1
		NO	2
t08e38e4	Stimulants?	YES	1
		NO	2
t08e38e5	Marijuana?	YES	1
		NO	2
t08e38e6	Crack cocaine?	YES	1
		NO	2
t08e38e7	Cocaine, in other forms?	YES	1
		NO	2
t08e38e8	Hallucinogens?	YES	1
		NO	2
t08e38e9	Inhalants or solvents?	YES	1
		NO	2
t08e38e10	Heroin?	YES	1
		NO	2
t08e38e11	Other drug #1?	YES	1
		NO	2
t08e38e11b		SPECIFY:	
t08e38e12	Other drug #2?	YES	1
		NO	2

t08e38e12b		SPECIFY:	.....
t08e38e13	Other drug #3?	YES	..... 1
		NO	..... 2
t08e38e13b		SPECIFY:	.....
E3.8f	How old were you the first time you experienced this?	AGE <input type="text"/> <input type="text"/>
t08e038f		RF	..... 97
		DK	..... 98
E3.9a	In your entire life, did you EVER... (PAUSE) did you		
t08e039a	EVER get arrested, get held t a police station or have	YES	..... 1
	any other legal problems because of your medicine or	NO	..... (E3.9D)..... 2
	drug use?		
E3.9b	Did this happen in the last 12 months?	YES	..... 1
t08e039b		NO	..... 2
E3.9c	During the last 12 months, which of the following		
	medicines or drugs did this happen with?		
t08e39c1	Sedatives?	YES	..... 1
		NO	..... 2
t08e39c2	Tranquilizers?	YES	..... 1
		NO	..... 2
t08e39c3	Painkillers?	YES	..... 1
		NO	..... 2
t08e39c4	Stimulants?	YES	..... 1
		NO	..... 2
t08e39c5	Marijuana?	YES	..... 1
		NO	..... 2
t08e39c6	Crack cocaine?	YES	..... 1
		NO	..... 2
t08e39c7	Cocaine, in other forms?	YES	..... 1
		NO	..... 2
t08e39c8	Hallucinogens?	YES	..... 1
		NO	..... 2
t08e39c9	Inhalants or solvents?	YES	..... 1
		NO	..... 2
t08e39c10	Heroin?	YES	..... 1
		NO	..... 2
t08e39c11	Other drug #1?	YES	..... 1
		NO	..... 2
t08e39c11b		SPECIFY:	.....
t08e39c12	Other drug #2?	YES	..... 1
		NO	..... 2
t08e39c12b		SPECIFY:	.....
t08e39c13	Other drug #3?	YES	..... 1
		NO	..... 2
t08e39c13b		SPECIFY:	.....
E3.9d	Did this happen before 12 months ago, that is before	YES	..... 1
t08e039d	(Month one year ago)? [SHOW FLASHCARD 22]	NO	..... 2
E3.9e	Which of the following medicines or drugs did this		
	happen with before 12 month ago?		
t08e39e1	Sedatives?	YES	..... 1
		NO	..... 2
t08e39e2	Tranquilizers?	YES	..... 1
		NO	..... 2
t08e39e3	Painkillers?	YES	..... 1
		NO	..... 2
t08e39e4	Stimulants?	YES	..... 1

		NO.....	2
t08e39e5	Marijuana?	YES	1
		NO.....	2
t08e39e6	Crack cocaine?	YES	1
		NO.....	2
t08e39e7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e39e8	Hallucinogens?	YES	1
		NO.....	2
t08e39e9	Inhalants or solvents?	YES	1
		NO.....	2
t08e39e10	Heroin?	YES	1
		NO.....	2
t08e39e11	Other drug #1?	YES	1
		NO.....	2
t08e39e11b		SPECIFY:	
t08e39e12	Other drug #2?	YES	1
		NO.....	2
t08e39e12b		SPECIFY:	
t08e39e13	Other drug #3?	YES	1
		NO.....	2
t08e39e13b		SPECIFY:	
E3.9f t08e039f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E4.1a t08e041a	You just mentioned (an/some) experience(s) you had with SEDATIVES in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with sedatives?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E4.1b t08e041b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with SEDATIVES? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using sedatives entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with sedatives?	NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
		DK.....	98
E4.1c t08e041c	What is the longest period you had like this?	MONTHS.....	<input type="text"/> <input type="text"/> <input type="text"/>
E4.1d t08e041d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E4.1e t08e041e	How long did this period last?	MONTHS.....	<input type="text"/> <input type="text"/> <input type="text"/>
E4.1f t08e041f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with SEDATIVES? By finally stopped, I mean they never started happening again.	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E4.2a t08e042a	You just mentioned (an/some) experience(s) you had with TRANQUILLIZERS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with tranquilizers?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98

E4.2b t08e042b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with TRANQUILLIZERS? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using tranquilizers entirely (<i>PAUSE</i>) OR you didn't have any of the experiences you just mentioned with tranquilizers?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.2c t08e042c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.2d t08e042d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.2e t08e042e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.2f t08e042f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with tranquilizers? By finally stopped, I mean they never started happening again	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.3a t08e043a	You just mentioned (an/some) experience(s) you had with PAINKILLERS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with painkillers?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.3b t08e043b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with PAINKILLERS? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using painkillers entirely (<i>PAUSE</i>) OR you didn't have any of the experiences you just mentioned with painkillers?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.3c t08e043c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.3d t08e043d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.3e t08e043e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.3f t08e043f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with PAINKILLERS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.4a t08e044a	You just mentioned (an/some) experience(s) you had with STIMULANTS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with stimulants?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98

E4.4b t08e044b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with STIMULANTS? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using stimulants entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with stimulants?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.4c t08e044c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.4d t08e044d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.4e t08e044e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.4f t08e044f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with STIMULANTS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.5a t08e045a	You just mentioned (an/some) experience(s) you had with MARIJUANA in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with marijuana?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.5b t08e045b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with MARIJUANA? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using marijuana entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with marijuana?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.5c t08e045c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.5d t08e045d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.5e t08e045e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.5f t08e045f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with MARIJUANA? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.6a t08e046a	You just mentioned (an/some) experience(s) you had with CRACK COCAINE in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with crack cocaine?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.6b t08e046b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with CRACK COCAINE? By separate	

	periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using crack cocaine entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with crack cocaine?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.6c t08e046c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.6d t08e046d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.6e t08e046e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.6f t08e046f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with CRACK COCAINE? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.7a t08e047a	You just mentioned (an/some) experience(s) you had with COCAINE IN OTHER FORMS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with cocaine in other forms?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.7b t08e047b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with COCAINE, IN OTHER FORMS? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using cocaine in other forms, entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with cocaine, in other forms?	NUMBER..... <input type="text"/> <input type="text"/> DK 98
E4.7c t08e047c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.7d t08e047d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.7e t08e047e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.7f t08e047f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with COCAINE, IN OTHER FORMS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.8a t08e048a	You just mentioned (an/some) experience(s) you had with HALLUCINOGENS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with hallucinogens?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.8b t08e048b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with HALLUCINOGENS? By separate periods, I mean time that were separated by at least 1	

	year when you EITHER STOPPED using hallucinogens entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with hallucinogens?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DK 98
E4.8c t08e048c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E4.8d t08e048d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.8e t08e048e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E4.8f t08e048f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with HALLUCINOGENS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.9a t08e049a	You just mentioned (an/some) experience(s) you had with INHALANTS/ SOLVENTS in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with inhalants/solvents?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.9b t08e049b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with INHALANTS/SOLVENTS? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using inhalants/ solvents entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with inhalants/solvents?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DK 98
E4.9c t08e049c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E4.9d t08e049d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.9e t08e049e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E4.9f t08e049f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with INHALANTS/ SOLVENTS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.10a t08e0410a	You just mentioned (an/some) experience(s) you had with HEROIN in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with heroin?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E4.10b t08e0410b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with HEROIN? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using heroin entirely (PAUSE) OR you didn't have any of the experiences you just	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DK 98

	mentioned with heroin?	
E4.10c t08e410c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.10d t08e410d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.10e t08e410e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.10f t08e410f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with HEROIN? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.11a t08e411a	You just mentioned (an/some) experience(s) you had with (OTHER DRUG#1) in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with (OTHER DRUG#1)?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.11b t08e411b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with (<i>Name of other drug used</i>)? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using (OTHER DRUG#1) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG#1)?	NUMBER..... <input type="text"/> <input type="text"/> DK..... 98
E4.11c t08e411c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.11d t08e411d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.11e t08e411e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.11f t08e411f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with (OTHER DRUG#1)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.12a t08e412a	You just mentioned (an/some) experience(s) you had with (OTHER DRUG#2) in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with (OTHER DRUG#2)?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.12b t08e412b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with (OTHER DRUG#2)? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using (OTHER DRUG#2) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG#2)?	NUMBER..... <input type="text"/> <input type="text"/> DK..... 98

E4.12c t08e412c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.12d t08e412d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.12e t08e412e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.12f t08e412f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with (OTHER DRUG#2)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.13a t08e413a	You just mentioned (an/some) experience(s) you had with (OTHER DRUG#3) in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with (OTHER DRUG#3)?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.13b t08e413b	In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with (OTHER DRUG#3)? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using (OTHER DRUG#3) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG#3)?	NUMBER..... <input type="text"/> <input type="text"/> DK..... 98
E4.13c t08e413c	What is the longest period you had like this?	MONTHS..... <input type="text"/> <input type="text"/>
E4.13d t08e413d	About how old were you the MOST RECENT time this BEGAN to happen?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E4.13e t08e413e	How long did this period last?	MONTHS..... <input type="text"/> <input type="text"/>
E4.13f t08e413f	About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with (OTHER DRUG#3)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E5.1a t08e051a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) more than once want to stop or cut down on using any of these medicines or drugs?	YES 1 NO (E5.2A)..... 2
E5.1b t08e051b	Did this happen in the last 12 months?	YES (E5.1D)..... 1 NO 2 DK 8
E5.1c t08e51c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES 1 NO 2
t08e51c2	Tranquilizers?	YES 1 NO 2

t08e51c3	Painkillers?	YES	1
		NO	2
t08e51c4	Stimulants?	YES	1
		NO	2
t08e51c5	Marijuana?	YES	1
		NO	2
t08e51c6	Crack cocaine?	YES	1
		NO	2
t08e51c7	Cocaine, in other forms?	YES	1
		NO	2
t08e51c8	Hallucinogens?	YES	1
		NO	2
t08e51c9	Inhalants or solvents?	YES	1
		NO	2
t08e51c10	Heroin?	YES	1
		NO	2
t08e51c11	Other drug #1?	YES	1
		NO	2
t08e51c11b		SPECIFY:	
t08e51c12	Other drug #2?	YES	1
		NO	2
t08e51c12b		SPECIFY:	
t08e51c13	Other drug #3?	YES	1
		NO	2
t08e51c13b		SPECIFY:	
E5.1d	Did this happen before 12 months ago, that is before	YES	1
t08e051d	last (<i>Month one year ago</i>)?	NO	2
E5.1e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e51e1	Sedatives?	YES	1
		NO	2
t08e51e2	Tranquilizers?	YES	1
		NO	2
t08e51e3	Painkillers?	YES	1
		NO	2
t08e51e4	Stimulants?	YES	1
		NO	2
t08e51e5	Marijuana?	YES	1
		NO	2
t08e51e6	Crack cocaine?	YES	1
		NO	2
t08e51e7	Cocaine, in other forms?	YES	1
		NO	2
t08e51e8	Hallucinogens?	YES	1
		NO	2
t08e51e9	Inhalants or solvents?	YES	1
		NO	2
t08e51e10	Heroin?	YES	1
		NO	2
t08e51e11	Other drug #1?	YES	1
		NO	2
t08e51e11b		SPECIFY:	
t08e51e12	Other drug #2?	YES	1
		NO	2
t08e51e12b		SPECIFY:	
t08e51e13	Other drug #3?	YES	1
		NO	2
t08e51e13b		SPECIFY:	

E5.1f t08e051f	How old were you the first time you experienced this?	AGE..... <input type="text"/> <input type="text"/>	
		RF.....	97
		DK.....	98
E5.2a t08e052a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) more than once try to stop or cut down on using any of these medicines or drugs but found you couldn't do it?	YES	1
		NO.....(E5.3A).....	2
E5.2b t08e052b	Did this happen in the last 12 months?	YES	1
		NO.....(E5.2D).....	2
		DK	8
E5.2c t08e52c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e52c2	Tranquilizers?	YES	1
		NO.....	2
t08e52c3	Painkillers?	YES	1
		NO.....	2
t08e52c4	Stimulants?	YES	1
		NO.....	2
t08e52c5	Marijuana?	YES	1
		NO.....	2
t08e52c6	Crack cocaine?	YES	1
		NO.....	2
t08e52c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e52c8	Hallucinogens?	YES	1
		NO.....	2
t08e52c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e52c10	Heroin?	YES	1
		NO.....	2
t08e52c11	Other drug #1?	YES	1
		NO.....	2
t08e52c11b		SPECIFY:	
t08e52c12	Other drug #2?	YES	1
		NO.....	2
t08e52c12b		SPECIFY:	
t08e52c13	Other drug #3?	YES	1
		NO.....	2
t08e52c13b		SPECIFY:	
E5.2d t08e052d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO.....(E5.3A).....	2
E5.2e t08e52e1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e52e2	Tranquilizers?	YES	1
		NO.....	2
t08e52e3	Painkillers?	YES	1
		NO.....	2
t08e52e4	Stimulants?	YES	1
		NO.....	2
t08e52e5	Marijuana?	YES	1
		NO.....	2

t08e52e6	Crack cocaine?	YES	1
		NO	2
t08e52e7	Cocaine, in other forms?	YES	1
		NO	2
t08e52e8	Hallucinogens?	YES	1
		NO	2
t08e52e9	Inhalants or solvents?	YES	1
		NO	2
t08e52e10	Heroin?	YES	1
		NO	2
t08e52e11	Other drug #1?	YES	1
		NO	2
t08e52e11b		SPECIFY:	
t08e52e12	Other drug #2?	YES	1
		NO	2
t08e52e12b		SPECIFY:	
t08e52e13	Other drug #3?	YES	1
		NO	2
t08e52e13b		SPECIFY:	
E5.2f t08e052f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E5.3a t08e053a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) often use a medicine or drug in larger amounts or for a much longer period than you meant to?	YES	1
		NO.....(E5.4A).....	2
E5.3b t08e053b	Did this happen in the last 12 months?	YES	1
		NO.....(E5.3D).....	2
		DK	8
E5.3c	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e53c1	Sedatives?	YES	1
		NO	2
t08e53c2	Tranquilizers?	YES	1
		NO	2
t08e53c3	Painkillers?	YES	1
		NO	2
t08e53c4	Stimulants?	YES	1
		NO	2
t08e53c5	Marijuana?	YES	1
		NO	2
t08e53c6	Crack cocaine?	YES	1
		NO	2
t08e53c7	Cocaine, in other forms?	YES	1
		NO	2
t08e53c8	Hallucinogens?	YES	1
		NO	2
t08e53c9	Inhalants or solvents?	YES	1
		NO	2
t08e53c10	Heroin?	YES	1
		NO	2
t08e53c11	Other drug #1?	YES	1
		NO	2
t08e53c11b		SPECIFY:	
t08e53c12	Other drug #2?	YES	1
		NO	2
t08e53c12b		SPECIFY:	

t08e53c13	Other drug #3?	YES	1
		NO	2
t08e53c13b	SPECIFY:	.....
E5.3d t08e053d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO	2
E5.3e	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]		
t08e53e1	Sedatives?	YES	1
		NO	2
t08e53e2	Tranquilizers?	YES	1
		NO	2
t08e53e3	Painkillers?	YES	1
		NO	2
t08e53e4	Stimulants?	YES	1
		NO	2
t08e53e5	Marijuana?	YES	1
		NO	2
t08e53e6	Crack cocaine?	YES	1
		NO	2
t08e53e7	Cocaine, in other forms?	YES	1
		NO	2
t08e53e8	Hallucinogens?	YES	1
		NO	2
t08e53e9	Inhalants or solvents?	YES	1
		NO	2
t08e53e10	Heroin?	YES	1
		NO	2
t08e53e11	Other drug #1?	YES	1
		NO	2
t08e53e11b	SPECIFY:	.....
t08e53e12	Other drug #2?	YES	1
		NO	2
t08e53e12b	SPECIFY:	.....
t08e53e13	Other drug #3?	YES	1
		NO	2
t08e53e13b	SPECIFY:	.....
E5.3f t08e053f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E5.4a t08e054a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects?	YES	1
		NO	2
E5.4b t08e054b	Did this happen in the last 12 months?	YES	1
		NO	2
		DK	8
E5.4c	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e54c1	Sedatives?	YES	1
		NO	2
t08e54c2	Tranquilizers?	YES	1
		NO	2
t08e54c3	Painkillers?	YES	1
		NO	2
t08e54c4	Stimulants?	YES	1

		NO	2
t08e54c5	Marijuana?	YES	1
		NO	2
t08e54c6	Crack cocaine?	YES	1
		NO	2
t08e54c7	Cocaine, in other forms?	YES	1
		NO	2
t08e54c8	Hallucinogens?	YES	1
		NO	2
t08e54c9	Inhalants or solvents?	YES	1
		NO	2
t08e54c10	Heroin?	YES	1
		NO	2
t08e54c11	Other drug #1?	YES	1
		NO	2
t08e54c11b		SPECIFY:	
t08e54c12	Other drug #2?	YES	1
		NO	2
t08e54c12b		SPECIFY:	
t08e54c13	Other drug #3?	YES	1
		NO	2
t08e54c13b		SPECIFY:	
E5.4d	Did this happen before 12 months ago, that is before	YES	1
t08e054d	last (Month one year ago)?	NO	2
		(E5.5A).....	
E5.4e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e54e1	Sedatives?	YES	1
		NO	2
t08e54e2	Tranquilizers?	YES	1
		NO	2
t08e54e3	Painkillers?	YES	1
		NO	2
t08e54e4	Stimulants?	YES	1
		NO	2
t08e54e5	Marijuana?	YES	1
		NO	2
t08e54e6	Crack cocaine?	YES	1
		NO	2
t08e54e7	Cocaine, in other forms?	YES	1
		NO	2
t08e54e8	Hallucinogens?	YES	1
		NO	2
t08e54e9	Inhalants or solvents?	YES	1
		NO	2
t08e54e10	Heroin?	YES	1
		NO	2
t08e54e11	Other drug #1?	YES	1
		NO	2
t08e54e11b		SPECIFY:	
t08e54e12	Other drug #2?	YES	1
		NO	2
t08e54e12b		SPECIFY:	
t08e54e13	Other drug #3?	YES	1
		NO	2
t08e54e13b		SPECIFY:	

E5.4f t08e054f	How old were you the first time you experienced this?	AGE..... <input type="text"/> <input type="text"/>	
		RF.....	97
		DK.....	98
E5.5a t08e055a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have a period when you spent a lot of time making sure you always had enough of a medicine or drug available?	YES	1
		NO.....(E5.6AA).....	2
E5.5b t08e055b	Did this happen in the last 12 months?	YES	1
		NO.....	2
		DK	8
E5.5c t08e55c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e55c2	Tranquilizers?	YES	1
		NO.....	2
t08e55c3	Painkillers?	YES	1
		NO.....	2
t08e55c4	Stimulants?	YES	1
		NO.....	2
t08e55c5	Marijuana?	YES	1
		NO.....	2
t08e55c6	Crack cocaine?	YES	1
		NO.....	2
t08e55c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e55c8	Hallucinogens?	YES	1
		NO.....	2
t08e55c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e55c10	Heroin?	YES	1
		NO.....	2
t08e55c11	Other drug #1?	YES	1
		NO.....	2
t08e55c11b t08e55c12	Other drug #2?	SPECIFY:	
		YES	1
		NO.....	2
t08e55c12b t08e55c13	Other drug #3?	SPECIFY:	
		YES	1
		NO.....	2
t08e55c13b		SPECIFY:	
E5.5d t08e055d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO.....(E5.6AA).....	2
E5.5e t08e55e1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e55e2	Tranquilizers?	YES	1
		NO.....	2
t08e55e3	Painkillers?	YES	1
		NO.....	2
t08e55e4	Stimulants?	YES	1
		NO.....	2
t08e55e5	Marijuana?	YES	1
		NO.....	2

t08e55e6	Crack cocaine?	YES	1
		NO	2
t08e55e7	Cocaine, in other forms?	YES	1
		NO	2
t08e55e8	Hallucinogens?	YES	1
		NO	2
t08e55e9	Inhalants or solvents?	YES	1
		NO	2
t08e55e10	Heroin?	YES	1
		NO	2
t08e55e11	Other drug #1?	YES	1
		NO	2
t08e55e11b		SPECIFY:	
t08e55e12	Other drug #2?	YES	1
		NO	2
t08e55e12b		SPECIFY:	
t08e55e13	Other drug #3?	YES	1
		NO	2
t08e55e13b		SPECIFY:	
E5.5f	How old were you the first time you experienced this?	AGE	<input type="text"/>
t08e055f		RF	97
		DK	98
E5.6aa	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have any of the following bad aftereffects when the effects of a medicine or drug were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it? For example, did you EVER.... Feel weak or tired (when the effects of a medicine or drug were wearing off)?	YES	1
t08e56aa		NO	2
		(E5.6BA)	2
E5.6ab	Did this happen in the last 12 months?	YES	1
t08e56ab		NO	2
		(E5.6AD)	2
E5.6ac	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]	DK	8
t08e56ac1	Sedatives?	YES	1
		NO	2
t08e56ac2	Tranquilizers?	YES	1
		NO	2
t08e56ac3	Painkillers?	YES	1
		NO	2
t08e56ac4	Stimulants?	YES	1
		NO	2
t08e56ac5	Marijuana?	YES	1
		NO	2
t08e56ac6	Crack cocaine?	YES	1
		NO	2
t08e56ac7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ac8	Hallucinogens?	YES	1
		NO	2
t08e56ac9	Inhalants or solvents?	YES	1
		NO	2
t08e56ac10	Heroin?	YES	1
		NO	2
t08e56ac11	Other drug #1?	YES	1
		NO	2

t08e56ac11b		SPECIFY:	.....
t08e56ac12	Other drug #2?	YES	..... 1
		NO	..... 2
t08e56ac12b		SPECIFY:	.....
t08e56ac13	Other drug #3?	YES	..... 1
		NO	..... 2
t08e56ac13b		SPECIFY:	.....
E5.6ad	Did this happen before 12 months ago, that is before	YES	..... 1
t08e56ad	last (Month one year ago)?	NO	.....(E5.6BA)..... 2
E5.6ae	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56ae1	Sedatives?	YES	..... 1
		NO	..... 2
t08e56ae2	Tranquilizers?	YES	..... 1
		NO	..... 2
t08e56ae3	Painkillers?	YES	..... 1
		NO	..... 2
t08e56ae4	Stimulants?	YES	..... 1
		NO	..... 2
t08e56ae5	Marijuana?	YES	..... 1
		NO	..... 2
t08e56ae6	Crack cocaine?	YES	..... 1
		NO	..... 2
t08e56ae7	Cocaine, in other forms?	YES	..... 1
		NO	..... 2
t08e56ae8	Hallucinogens?	YES	..... 1
		NO	..... 2
t08e56ae9	Inhalants or solvents?	YES	..... 1
		NO	..... 2
t08e56ae10	Heroin?	YES	..... 1
		NO	..... 2
t08e56ae11	Other drug #1?	YES	..... 1
		NO	..... 2
t08e56ae11b		SPECIFY:	.....
t08e56ae12	Other drug #2?	YES	..... 1
		NO	..... 2
t08e56ae12b		SPECIFY:	.....
t08e56ae13	Other drug #3?	YES	..... 1
		NO	..... 2
t08e56ae13b		SPECIFY:	.....
E5.6af	How old were you the first time you experienced this?	AGE <input type="text"/> <input type="text"/>
t08e56af		RF	..... 97
		DK	..... 98
E5.6ba	Now I'm going to ask you about some OTHER		
t08e56ba	experiences you may have had with medicines and		
	drugs. In your ENTIRE LIFE, did you EVER... (PAUSE)	YES	..... 1
	feel depressed (when the effects of a medicine or drug	NO	.....(E5.6CA)..... 2
	were wearing off)?		
E5.6bb	Did this happen in the last 12 months?	YES	..... 1
t08e56bb		NO	.....(E5.6BD)..... 2
		DK	..... 8
E5.6bc	During the last 12 months, which medicines or drugs did		
	this happen with? [SHOW FLASH CARD 22]		
t08e56bc1	Sedatives?	YES	..... 1
		NO	..... 2
t08e56bc2	Tranquilizers?	YES	..... 1

		NO	2
t08e56bc3	Painkillers?	YES	1
		NO	2
t08e56bc4	Stimulants?	YES	1
		NO	2
t08e56bc5	Marijuana?	YES	1
		NO	2
t08e56bc6	Crack cocaine?	YES	1
		NO	2
t08e56bc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56bc8	Hallucinogens?	YES	1
		NO	2
t08e56bc9	Inhalants or solvents?	YES	1
		NO	2
t08e56bc10	Heroin?	YES	1
		NO	2
t08e56bc11	Other drug #1?	YES	1
		NO	2
t08e56bc11b		SPECIFY:	
t08e56bc12	Other drug #2?	YES	1
		NO	2
t08e56bc12b		SPECIFY:	
t08e56bc13	Other drug #3?	YES	1
		NO	2
t08e56bc13b		SPECIFY:	
E5.6bd	Did this happen before 12 months ago, that is before	YES	1
t08e56bd	last (Month one year ago)?	NO	2
		(E5.6CA)	
E5.6be	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56be1	Sedatives?	YES	1
		NO	2
t08e56be2	Tranquilizers?	YES	1
		NO	2
t08e56be3	Painkillers?	YES	1
		NO	2
t08e56be4	Stimulants?	YES	1
		NO	2
t08e56be5	Marijuana?	YES	1
		NO	2
t08e56be6	Crack cocaine?	YES	1
		NO	2
t08e56be7	Cocaine, in other forms?	YES	1
		NO	2
t08e56be8	Hallucinogens?	YES	1
		NO	2
t08e56be9	Inhalants or solvents?	YES	1
		NO	2
t08e56be10	Heroin?	YES	1
		NO	2
t08e56be11	Other drug #1?	YES	1
		NO	2
t08e56be11b		SPECIFY:	
t08e56be12	Other drug #2?	YES	1
		NO	2
t08e56be12b		SPECIFY:	
t08e56be13	Other drug #3?	YES	1
		NO	2

t08e56be13b		SPECIFY:	
E5.6bf t08e56bf	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E5.6ca t08e56ca	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have nausea, vomiting or stomachache (when the effects of a medicine or drug were wearing off)?	YES	1
		NO.....(E5.6DA).....	2
		DK.....	8
E5.6cb t08e56cb	Did this happen in the last 12 months?	YES	1
		NO.....(E5.6CD).....	2
		DK.....	8
E5.6cc t08e56cc t08e56cc1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e56cc2	Tranquilizers?	YES	1
		NO.....	2
t08e56cc3	Painkillers?	YES	1
		NO.....	2
t08e56cc4	Stimulants?	YES	1
		NO.....	2
t08e56cc5	Marijuana?	YES	1
		NO.....	2
t08e56cc6	Crack cocaine?	YES	1
		NO.....	2
t08e56cc7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e56cc8	Hallucinogens?	YES	1
		NO.....	2
t08e56cc9	Inhalants or solvents?	YES	1
		NO.....	2
t08e56cc10	Heroin?	YES	1
		NO.....	2
t08e56cc11	Other drug #1?	YES	1
		NO.....	2
t08e56cc11b t08e56cc12	Other drug #2?	SPECIFY:	
		YES	1
		NO.....	2
t08e56cc12b t08e56cc13	Other drug #3?	SPECIFY:	
		YES	1
		NO.....	2
t08e56cc13b		SPECIFY:	
E5.6cd t08e56cd	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO.....(E5.6DA).....	2
E5.6ce t08e56ce1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e56ce2	Tranquilizers?	YES	1
		NO.....	2
t08e56ce3	Painkillers?	YES	1
		NO.....	2
t08e56ce4	Stimulants?	YES	1
		NO.....	2
t08e56ce5	Marijuana?	YES	1

		NO	2
t08e56ce6	Crack cocaine?	YES	1
		NO	2
t08e56ce7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ce8	Hallucinogens?	YES	1
		NO	2
t08e56ce9	Inhalants or solvents?	YES	1
		NO	2
t08e56ce10	Heroin?	YES	1
		NO	2
t08e56ce11	Other drug #1?	YES	1
		NO	2
t08e56ce11b		SPECIFY:	
t08e56ce12	Other drug #2?	YES	1
		NO	2
t08e56ce12b		SPECIFY:	
t08e56ce13	Other drug #3?	YES	1
		NO	2
t08e56ce13b		SPECIFY:	
E5.6cf	How old were you the first time you experienced this?	AGE	<input type="text"/> <input type="text"/>
t08e56cf		RF	97
		DK	98
E5.6da	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have runny eyes or runny nose (when the effects of a medicine or drug were wearing off)?	YES	1
t08e56da		NO	2
			(E5.6EA)
E5.6db	Did this happen in the last 12 months?	YES	1
t08e56db		NO	2
			(E5.6DD)
E5.6dc	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]	DK	8
t08e56dc1	Sedatives?	YES	1
		NO	2
t08e56dc2	Tranquilizers?	YES	1
		NO	2
t08e56dc3	Painkillers?	YES	1
		NO	2
t08e56dc4	Stimulants?	YES	1
		NO	2
t08e56dc5	Marijuana?	YES	1
		NO	2
t08e56dc6	Crack cocaine?	YES	1
		NO	2
t08e56dc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56dc8	Hallucinogens?	YES	1
		NO	2
t08e56dc9	Inhalants or solvents?	YES	1
		NO	2
t08e56dc10	Heroin?	YES	1
		NO	2
t08e56dc11	Other drug #1?	YES	1
		NO	2
t08e56dc11b		SPECIFY:	
t08e56dc12	Other drug #2?	YES	1
		NO	2

t08e56dc12b		SPECIFY:	
t08e56dc13	Other drug #3?	YES	1
		NO	2
t08e56dc13b		SPECIFY:	
E5.6dd	Did this happen before 12 months ago, that is before	YES	1
t08e56dd	last (Month one year ago)?	NO	2
		(E5.6EA).....	
E5.6de	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56de1	Sedatives?	YES	1
		NO	2
t08e56de2	Tranquilizers?	YES	1
		NO	2
t08e56de3	Painkillers?	YES	1
		NO	2
t08e56de4	Stimulants?	YES	1
		NO	2
t08e56de5	Marijuana?	YES	1
		NO	2
t08e56de6	Crack cocaine?	YES	1
		NO	2
t08e56de7	Cocaine, in other forms?	YES	1
		NO	2
t08e56de8	Hallucinogens?	YES	1
		NO	2
t08e56de9	Inhalants or solvents?	YES	1
		NO	2
t08e56de10	Heroin?	YES	1
		NO	2
t08e56de11	Other drug #1?	YES	1
		NO	2
t08e56de11b		SPECIFY:	
t08e56de12	Other drug #2?	YES	1
		NO	2
t08e56de12b		SPECIFY:	
t08e56de13	Other drug #3?	YES	1
		NO	2
t08e56de13b		SPECIFY:	
E5.6df	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e56df		RF.....	97
		DK	98
E5.6ea	Now I'm going to ask you about some OTHER		
t08e56ea	experiences you may have had with medicines and		
	drugs. In your ENTIRE LIFE, did you EVER... (PAUSE)		
	eat more than usual or gain weight (when the effects of	YES	1
	a medicine or drug were wearing off)?	NO	2
		(E5.6FA).....	
E5.6eb	Did this happen in the last 12 months?	YES	1
t08e56eb		NO	2
		(E5.6ED).....	
		DK	8
E5.6ec	During the last 12 months, which medicines or drugs did		
	this happen with? [SHOW FLASH CARD 22]		
t08e56ec1	Sedatives?	YES	1
		NO	2
t08e56ec2	Tranquilizers?	YES	1
		NO	2
t08e56ec3	Painkillers?	YES	1
		NO	2

t08e56ec4	Stimulants?	YES	1
		NO	2
t08e56ec5	Marijuana?	YES	1
		NO	2
t08e56ec6	Crack cocaine?	YES	1
		NO	2
t08e56ec7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ec8	Hallucinogens?	YES	1
		NO	2
t08e56ec9	Inhalants or solvents?	YES	1
		NO	2
t08e56ec10	Heroin?	YES	1
		NO	2
t08e56ec11	Other drug #1?	YES	1
		NO	2
t08e56ec11b		SPECIFY:	
t08e56ec12	Other drug #2?	YES	1
		NO	2
t08e56ec12b		SPECIFY:	
t08e56ec13	Other drug #3?	YES	1
		NO	2
t08e56ec13b		SPECIFY:	
E5.6ed	Did this happen before 12 months ago, that is before	YES	1
t08e56ed	last (Month one year ago)?	NO .....(E5.6FA).....	2
E5.6ee	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56ee1	Sedatives?	YES	1
		NO	2
t08e56ee2	Tranquilizers?	YES	1
		NO	2
t08e56ee3	Painkillers?	YES	1
		NO	2
t08e56ee4	Stimulants?	YES	1
		NO	2
t08e56ee5	Marijuana?	YES	1
		NO	2
t08e56ee6	Crack cocaine?	YES	1
		NO	2
t08e56ee7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ee8	Hallucinogens?	YES	1
		NO	2
t08e56ee9	Inhalants or solvents?	YES	1
		NO	2
t08e56ee10	Heroin?	YES	1
		NO	2
t08e56ee11	Other drug #1?	YES	1
		NO	2
t08e56ee11b		SPECIFY:	
t08e56ee12	Other drug #2?	YES	1
		NO	2
t08e56ee12b		SPECIFY:	
t08e56ee13	Other drug #3?	YES	1
		NO	2
t08e56ee13b		SPECIFY:	
E5.6ef	How old were you the first time you experienced this?	AGE.....	<input type="text"/>

t08e56ef		RF.....	97
		DK	98
E5.6fa t08e56fa	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) find yourself feeling restless, shaking or feeling anxious (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2
		(E5.6GA).....	2
E5.6fb t08e56fb	Did this happen in the last 12 months?	YES	1
		NO	2
		(E5.6FD).....	2
		DK	8
E5.6fc t08e56fc1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56fc2	Tranquilizers?	YES	1
		NO	2
t08e56fc3	Painkillers?	YES	1
		NO	2
t08e56fc4	Stimulants?	YES	1
		NO	2
t08e56fc5	Marijuana?	YES	1
		NO	2
t08e56fc6	Crack cocaine?	YES	1
		NO	2
t08e56fc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56fc8	Hallucinogens?	YES	1
		NO	2
t08e56fc9	Inhalants or solvents?	YES	1
		NO	2
t08e56fc10	Heroin?	YES	1
		NO	2
t08e56fc11	Other drug #1?	YES	1
		NO	2
t08e56fc11b		SPECIFY:	
t08e56fc12	Other drug #2?	YES	1
		NO	2
t08e56fc12b		SPECIFY:	
t08e56fc13	Other drug #3?	YES	1
		NO	2
t08e56fc13b		SPECIFY:	
E5.6fd t08e56fd	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO	2
		(E5.6GA).....	2
E5.6fe t08e56fe1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56fe2	Tranquilizers?	YES	1
		NO	2
t08e56fe3	Painkillers?	YES	1
		NO	2
t08e56fe4	Stimulants?	YES	1
		NO	2
t08e56fe5	Marijuana?	YES	1
		NO	2
t08e56fe6	Crack cocaine?	YES	1
		NO	2

t08e56fe7	Cocaine, in other forms?	YES	1
		NO	2
t08e56fe8	Hallucinogens?	YES	1
		NO	2
t08e56fe9	Inhalants or solvents?	YES	1
		NO	2
t08e56fe10	Heroin?	YES	1
		NO	2
t08e56fe11	Other drug #1?	YES	1
		NO	2
t08e56fe11b		SPECIFY:	
t08e56fe12	Other drug #2?	YES	1
		NO	2
t08e56fe12b		SPECIFY:	
t08e56fe13	Other drug #3?	YES	1
		NO	2
t08e56fe13b		SPECIFY:	
E5.6ff	How old were you the first time you experienced this?	AGE	<input type="text"/>
t08e56ff		RF	97
		DK	98
E5.6ga	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have muscle aches or cramps or diarrhea (when the effects of a medicine or drug were wearing off)?	YES	1
t08e56ga		NO	2
		(E5.6HA)	
E5.6gb	Did this happen in the last 12 months?	YES	1
t08e56gb		NO	2
		(E5.6GD)	
E5.6gc	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e56gc1	Sedatives?	YES	1
		NO	2
t08e56gc2	Tranquilizers?	YES	1
		NO	2
t08e56gc3	Painkillers?	YES	1
		NO	2
t08e56gc4	Stimulants?	YES	1
		NO	2
t08e56gc5	Marijuana?	YES	1
		NO	2
t08e56gc6	Crack cocaine?	YES	1
		NO	2
t08e56gc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56gc8	Hallucinogens?	YES	1
		NO	2
t08e56gc9	Inhalants or solvents?	YES	1
		NO	2
t08e56gc10	Heroin?	YES	1
		NO	2
t08e56gc11	Other drug #1?	YES	1
		NO	2
t08e56gc11b		SPECIFY:	
t08e56gc12	Other drug #2?	YES	1
		NO	2
t08e56gc12b		SPECIFY:	
t08e56gc13	Other drug #3?	YES	1
		NO	2

t08e56gc13b		SPECIFY:	
E5.6gd t08e56gd	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO	2
E5.6ge t08e56ge1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56ge2	Tranquilizers?	YES	1
		NO	2
t08e56ge3	Painkillers?	YES	1
		NO	2
t08e56ge4	Stimulants?	YES	1
		NO	2
t08e56ge5	Marijuana?	YES	1
		NO	2
t08e56ge6	Crack cocaine?	YES	1
		NO	2
t08e56ge7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ge8	Hallucinogens?	YES	1
		NO	2
t08e56ge9	Inhalants or solvents?	YES	1
		NO	2
t08e56ge10	Heroin?	YES	1
		NO	2
t08e56ge11	Other drug #1?	YES	1
		NO	2
t08e56ge11b t08e56ge12	Other drug #2?	SPECIFY:	
		YES	1
		NO	2
t08e56ge12b t08e56ge13	Other drug #3?	SPECIFY:	
		YES	1
		NO	2
t08e56ge13b		SPECIFY:	
E5.6gf t08e56gf	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
		RF.....	97
		DK.....	98
E5.6ha t08e56ha	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have a fever (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2
E5.6hb t08e56hb	Did this happen in the last 12 months?	YES	1
		NO	2
		DK	8
E5.6hc t08e56hc1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56hc2	Tranquilizers?	YES	1
		NO	2
t08e56hc3	Painkillers?	YES	1
		NO	2
t08e56hc4	Stimulants?	YES	1
		NO	2
t08e56hc5	Marijuana?	YES	1

		NO	2
t08e56hc6	Crack cocaine?	YES	1
		NO	2
t08e56hc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56hc8	Hallucinogens?	YES	1
		NO	2
t08e56hc9	Inhalants or solvents?	YES	1
		NO	2
t08e56hc10	Heroin?	YES	1
		NO	2
t08e56hc11	Other drug #1?	YES	1
		NO	2
t08e56hc11b		SPECIFY:	
t08e56hc12	Other drug #2?	YES	1
		NO	2
t08e56hc12b		SPECIFY:	
t08e56hc13	Other drug #3?	YES	1
		NO	2
t08e56hc13b		SPECIFY:	
E5.6hd	Did this happen before 12 months ago, that is before	YES	1
t08e56hd	last (Month one year ago)?	NO	2
		(E5.6IA)	
E5.6he	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56he1	Sedatives?	YES	1
		NO	2
t08e56he2	Tranquilizers?	YES	1
		NO	2
t08e56he3	Painkillers?	YES	1
		NO	2
t08e56he4	Stimulants?	YES	1
		NO	2
t08e56he5	Marijuana?	YES	1
		NO	2
t08e56he6	Crack cocaine?	YES	1
		NO	2
t08e56he7	Cocaine, in other forms?	YES	1
		NO	2
t08e56he8	Hallucinogens?	YES	1
		NO	2
t08e56he9	Inhalants or solvents?	YES	1
		NO	2
t08e56he10	Heroin?	YES	1
		NO	2
t08e56he11	Other drug #1?	YES	1
		NO	2
t08e56he11b		SPECIFY:	
t08e56he12	Other drug #2?	YES	1
		NO	2
t08e56he12b		SPECIFY:	
t08e56he13	Other drug #3?	YES	1
		NO	2
t08e56he13b		SPECIFY:	
E5.6hf	How old were you the first time you experienced this?	AGE	<input type="text"/>
t08e56hf		RF	97
		DK	98
E5.6ia	Now I'm going to ask you about some OTHER		

t08e56ia	experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) move or talk much more slowly than usual (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2
			(E5.6IA)
E5.6ib	Did this happen in the last 12 months?	YES	1
t08e56ib		NO	2
		DK	8
E5.6ic	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e56ic1	Sedatives?	YES	1
		NO	2
t08e56ic2	Tranquilizers?	YES	1
		NO	2
t08e56ic3	Painkillers?	YES	1
		NO	2
t08e56ic4	Stimulants?	YES	1
		NO	2
t08e56ic5	Marijuana?	YES	1
		NO	2
t08e56ic6	Crack cocaine?	YES	1
		NO	2
t08e56ic7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ic8	Hallucinogens?	YES	1
		NO	2
t08e56ic9	Inhalants or solvents?	YES	1
		NO	2
t08e56ic10	Heroin?	YES	1
		NO	2
t08e56ic11	Other drug #1?	YES	1
		NO	2
t08e56ic11b		SPECIFY:	
t08e56ic12	Other drug #2?	YES	1
		NO	2
t08e56ic12b		SPECIFY:	
t08e56ic13	Other drug #3?	YES	1
		NO	2
t08e56ic13b		SPECIFY:	
E5.6id	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
t08e56id		NO	2
			(E5.6IA)
E5.6ie	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]		
t08e56ie1	Sedatives?	YES	1
		NO	2
t08e56ie2	Tranquilizers?	YES	1
		NO	2
t08e56ie3	Painkillers?	YES	1
		NO	2
t08e56ie4	Stimulants?	YES	1
		NO	2
t08e56ie5	Marijuana?	YES	1
		NO	2
t08e56ie6	Crack cocaine?	YES	1
		NO	2
t08e56ie7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ie8	Hallucinogens?	YES	1
		NO	2

t08e56ie9	Inhalants or solvents?	YES	1
		NO	2
t08e56ie10	Heroin?	YES	1
		NO	2
t08e56ie11	Other drug #1?	YES	1
		NO	2
t08e56ie11b		SPECIFY:	
t08e56ie12	Other drug #2?	YES	1
		NO	2
t08e56ie12b		SPECIFY:	
t08e56ie13	Other drug #3?	YES	1
		NO	2
t08e56ie13b		SPECIFY:	
E5.6if t08e56if	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E5.6ja t08e56ja	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) find yourself sweating, your pupils dilating, your hair standing up, or your heart beating fast (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2 (E5.6KA)
E5.6jb t08e56jb	Did this happen in the last 12 months?	YES	1
		NO	2 (E5.6JD)
		DK	8
E5.6jc t08e56jc1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56jc2	Tranquilizers?	YES	1
		NO	2
t08e56jc3	Painkillers?	YES	1
		NO	2
t08e56jc4	Stimulants?	YES	1
		NO	2
t08e56jc5	Marijuana?	YES	1
		NO	2
t08e56jc6	Crack cocaine?	YES	1
		NO	2
t08e56jc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56jc8	Hallucinogens?	YES	1
		NO	2
t08e56jc9	Inhalants or solvents?	YES	1
		NO	2
t08e56jc10	Heroin?	YES	1
		NO	2
t08e56jc11	Other drug #1?	YES	1
		NO	2
t08e56jc11b		SPECIFY:	
t08e56jc12	Other drug #2?	YES	1
		NO	2
t08e56jc12b		SPECIFY:	
t08e56jc13	Other drug #3?	YES	1
		NO	2
t08e56jc13b		SPECIFY:	
E5.6jd	Did this happen before 12 months ago, that is before	YES	1

t08e56jd	last (Month one year ago)?	NO.....(E5.6KA).....	2
E5.6je	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]		
t08e56je1	Sedatives?	YES	1
		NO.....	2
t08e56je2	Tranquilizers?	YES	1
		NO.....	2
t08e56je3	Painkillers?	YES	1
		NO.....	2
t08e56je4	Stimulants?	YES	1
		NO.....	2
t08e56je5	Marijuana?	YES	1
		NO.....	2
t08e56je6	Crack cocaine?	YES	1
		NO.....	2
t08e56je7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e56je8	Hallucinogens?	YES	1
		NO.....	2
t08e56je9	Inhalants or solvents?	YES	1
		NO.....	2
t08e56je10	Heroin?	YES	1
		NO.....	2
t08e56je11	Other drug #1?	YES	1
		NO.....	2
t08e56je11b		SPECIFY:	
t08e56je12	Other drug #2?	YES	1
		NO.....	2
t08e56je12b		SPECIFY:	
t08e56je13	Other drug #3?	YES	1
		NO.....	2
t08e56je13b		SPECIFY:	
E5.6jf	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e56jf		RF.....	97
		DK.....	98
E5.6ka	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have unpleasant dreams that often seemed real, see or hear things that weren't really there (when the effects of a medicine or drug were wearing off)?	YES	1
t08e56ka		NO.....(E5.6LA).....	2
E5.6kb	Did this happen in the last 12 months?	YES	1
t08e56kb		NO.....(E5.6KD).....	2
		DK.....	8
E5.6kc	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e56kc1	Sedatives?	YES	1
		NO.....	2
t08e56kc2	Tranquilizers?	YES	1
		NO.....	2
t08e56kc3	Painkillers?	YES	1
		NO.....	2
t08e56kc4	Stimulants?	YES	1
		NO.....	2
t08e56kc5	Marijuana?	YES	1
		NO.....	2
t08e56kc6	Crack cocaine?	YES	1
		NO.....	2

t08e56kc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56kc8	Hallucinogens?	YES	1
		NO	2
t08e56kc9	Inhalants or solvents?	YES	1
		NO	2
t08e56kc10	Heroin?	YES	1
		NO	2
t08e56kc11	Other drug #1?	YES	1
		NO	2
t08e56kc11b		SPECIFY:	
t08e56kc12	Other drug #2?	YES	1
		NO	2
t08e56kc12b		SPECIFY:	
t08e56kc13	Other drug #3?	YES	1
		NO	2
t08e56kc13b		SPECIFY:	
E5.6kd	Did this happen before 12 months ago, that is before	YES	1
t08e56kd	last (Month one year ago)?	NO .....(E5.6LA).....	2
E5.6ke	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56ke1	Sedatives?	YES	1
		NO	2
t08e56ke2	Tranquilizers?	YES	1
		NO	2
t08e56ke3	Painkillers?	YES	1
		NO	2
t08e56ke4	Stimulants?	YES	1
		NO	2
t08e56ke5	Marijuana?	YES	1
		NO	2
t08e56ke6	Crack cocaine?	YES	1
		NO	2
t08e56ke7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ke8	Hallucinogens?	YES	1
		NO	2
t08e56ke9	Inhalants or solvents?	YES	1
		NO	2
t08e56ke10	Heroin?	YES	1
		NO	2
t08e56ke11	Other drug #1?	YES	1
		NO	2
t08e56ke11b		SPECIFY:	
t08e56ke12	Other drug #2?	YES	1
		NO	2
t08e56ke12b		SPECIFY:	
t08e56ke13	Other drug #3?	YES	1
		NO	2
t08e56ke13b		SPECIFY:	
E5.6kf	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e56kf		RF.....	97
		DK	98
E5.6la	Now I'm going to ask you about some OTHER		
t08e56la	experiences you may have had with medicines and		
	drugs. In your ENTIRE LIFE, did you EVER... (PAUSE)		
	have trouble falling asleep or sleep more than usual	YES	1

	(when the effects of a medicine or drug were wearing off)?	NO.....(E5.6MA).....	2
E5.6lb	Did this happen in the last 12 months?	YES	1
t08e56lb		NO.....(E5.6LD).....	2
		DK	8
E5.6lc	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e56lc1	Sedatives?	YES	1
		NO.....	2
t08e56lc2	Tranquilizers?	YES	1
		NO.....	2
t08e56lc3	Painkillers?	YES	1
		NO.....	2
t08e56lc4	Stimulants?	YES	1
		NO.....	2
t08e56lc5	Marijuana?	YES	1
		NO.....	2
t08e56lc6	Crack cocaine?	YES	1
		NO.....	2
t08e56lc7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e56lc8	Hallucinogens?	YES	1
		NO.....	2
t08e56lc9	Inhalants or solvents?	YES	1
		NO.....	2
t08e56lc10	Heroin?	YES	1
		NO.....	2
t08e56lc11	Other drug #1?	YES	1
		NO.....	2
t08e56lc11b		SPECIFY:	
t08e56lc12	Other drug #2?	YES	1
		NO.....	2
t08e56lc12b		SPECIFY:	
t08e56lc13	Other drug #3?	YES	1
		NO.....	2
t08e56lc13b		SPECIFY:	
E5.6ld	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
t08e56ld		NO.....(E5.6MA).....	2
E5.6le	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]		
t08e56le1	Sedatives?	YES	1
		NO.....	2
t08e56le2	Tranquilizers?	YES	1
		NO.....	2
t08e56le3	Painkillers?	YES	1
		NO.....	2
t08e56le4	Stimulants?	YES	1
		NO.....	2
t08e56le5	Marijuana?	YES	1
		NO.....	2
t08e56le6	Crack cocaine?	YES	1
		NO.....	2
t08e56le7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e56le8	Hallucinogens?	YES	1
		NO.....	2
t08e56le9	Inhalants or solvents?	YES	1
		NO.....	2

t08e56le10	Heroin?	YES	1
		NO	2
t08e56le11	Other drug #1?	YES	1
		NO	2
t08e56le11b		SPECIFY:	
t08e56le12	Other drug #2?	YES	1
		NO	2
t08e56le12b		SPECIFY:	
t08e56le13	Other drug #3?	YES	1
		NO	2
t08e56le13b		SPECIFY:	
E5.6lf t08e56lf	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/> <input type="text"/>
		RF.....	97
		DK	98
E5.6ma t08e56ma	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have fits or seizures (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2 (E5.6NA)
E5.6mb t08e56mb	Did this happen in the last 12 months?	YES	1
		NO	2 (E5.6MD)
		DK	8
E5.6mc	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e56mc1	Sedatives?	YES	1
		NO	2
t08e56mc2	Tranquilizers?	YES	1
		NO	2
t08e56mc3	Painkillers?	YES	1
		NO	2
t08e56mc4	Stimulants?	YES	1
		NO	2
t08e56mc5	Marijuana?	YES	1
		NO	2
t08e56mc6	Crack cocaine?	YES	1
		NO	2
t08e56mc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56mc8	Hallucinogens?	YES	1
		NO	2
t08e56mc9	Inhalants or solvents?	YES	1
		NO	2
t08e56mc10	Heroin?	YES	1
		NO	2
t08e56mc11	Other drug #1?	YES	1
		NO	2
t08e56mc11b		SPECIFY:	
t08e56mc12	Other drug #2?	YES	1
		NO	2
t08e56mc12b		SPECIFY:	
t08e56mc13	Other drug #3?	YES	1
		NO	2
t08e56mc13b		SPECIFY:	
E5.6md t08e56md	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO	2 (E5.6NA)
E5.6me	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]		

t08e56me1	Sedatives?	YES	1
		NO	2
t08e56me2	Tranquilizers?	YES	1
		NO	2
t08e56me3	Painkillers?	YES	1
		NO	2
t08e56me4	Stimulants?	YES	1
		NO	2
t08e56me5	Marijuana?	YES	1
		NO	2
t08e56me6	Crack cocaine?	YES	1
		NO	2
t08e56me7	Cocaine, in other forms?	YES	1
		NO	2
t08e56me8	Hallucinogens?	YES	1
		NO	2
t08e56me9	Inhalants or solvents?	YES	1
		NO	2
t08e56me10	Heroin?	YES	1
		NO	2
t08e56me11	Other drug #1?	YES	1
		NO	2
t08e56me11b		SPECIFY:	
t08e56me12	Other drug #2?	YES	1
		NO	2
t08e56me12b		SPECIFY:	
t08e56me13	Other drug #3?	YES	1
		NO	2
t08e56me13b		SPECIFY:	
E5.6mf t08e56mf	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E5.6na t08e56na	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) have very bad headaches (when the effects of a medicine or drug were wearing off)?	YES	1
		NO	2 (E5.6OA)
E5.6nb t08e56nb	Did this happen in the last 12 months?	YES	1
		NO	2 (E5.6ND)
		DK	8
E5.6nc t08e56nc1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e56nc2	Tranquilizers?	YES	1
		NO	2
t08e56nc3	Painkillers?	YES	1
		NO	2
t08e56nc4	Stimulants?	YES	1
		NO	2
t08e56nc5	Marijuana?	YES	1
		NO	2
t08e56nc6	Crack cocaine?	YES	1
		NO	2
t08e56nc7	Cocaine, in other forms?	YES	1
		NO	2
t08e56nc8	Hallucinogens?	YES	1
		NO	2

t08e56nc9	Inhalants or solvents?	YES	1
		NO	2
t08e56nc10	Heroin?	YES	1
		NO	2
t08e56nc11	Other drug #1?	YES	1
		NO	2
t08e56nc11b		SPECIFY:	
t08e56nc12	Other drug #2?	YES	1
		NO	2
t08e56nc12b		SPECIFY:	
t08e56nc13	Other drug #3?	YES	1
		NO	2
t08e56nc13b		SPECIFY:	
E5.6nd	Did this happen before 12 months ago, that is before	YES	1
t08e56nd	last (Month one year ago)?	NO .....(E5.6OA).....	2
E5.6ne	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e56ne1	Sedatives?	YES	1
		NO	2
t08e56ne2	Tranquilizers?	YES	1
		NO	2
t08e56ne3	Painkillers?	YES	1
		NO	2
t08e56ne4	Stimulants?	YES	1
		NO	2
t08e56ne5	Marijuana?	YES	1
		NO	2
t08e56ne6	Crack cocaine?	YES	1
		NO	2
t08e56ne7	Cocaine, in other forms?	YES	1
		NO	2
t08e56ne8	Hallucinogens?	YES	1
		NO	2
t08e56ne9	Inhalants or solvents?	YES	1
		NO	2
t08e56ne10	Heroin?	YES	1
		NO	2
t08e56ne11	Other drug #1?	YES	1
		NO	2
t08e56ne11b		SPECIFY:	
t08e56ne12	Other drug #2?	YES	1
		NO	2
t08e56ne12b		SPECIFY:	
t08e56ne13	Other drug #3?	YES	1
		NO	2
t08e56ne13b		SPECIFY:	
E5.6nf	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e56nf		RF.....	97
		DK	98
	[Are at least 2 items marked "Yes" for E56(a-n)c for at least 1 medicine or drug? If YES go to E5.6oa; If NO skip to E4C.]		
E5.6oa	You just mentioned that you experienced some bad		
t08e56oa	physical after effects of in the last 12 months. Were		
	there any of these bad after effects uncomfortable or	YES	1
	upsetting to you or did they cause problems in your life	NO .....(E5.7A).....	2

	– like at work or school or with family or friends?	DK	8
E5.6pa t08e56pa	You just mentioned that you experienced some bad physical after effects BEFORE 12 months. Were there any of these bad after effects uncomfortable or upsetting to you or did they cause problems in your life – like at work or school or with family or friends?	YES	1
		NO	2
		DK	8
E5.7a t08e057a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) take more of the same or similar medicine or drug to get over or avoid any of these bad aftereffects?	YES	1
		NO	2
		(E5.8A)	2
E5.7b t08e057b	Did this happen in the last 12 months?	YES	1
		NO	2
		(E5.7D)	2
		DK	8
E5.7c t08e57c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e57c2	Tranquilizers?	YES	1
		NO	2
t08e57c3	Painkillers?	YES	1
		NO	2
t08e57c4	Stimulants?	YES	1
		NO	2
t08e57c5	Marijuana?	YES	1
		NO	2
t08e57c6	Crack cocaine?	YES	1
		NO	2
t08e57c7	Cocaine, in other forms?	YES	1
		NO	2
t08e57c8	Hallucinogens?	YES	1
		NO	2
t08e57c9	Inhalants or solvents?	YES	1
		NO	2
t08e57c10	Heroin?	YES	1
		NO	2
t08e57c11	Other drug #1?	YES	1
		NO	2
t08e57c11b t08e57c12	Other drug #2?	SPECIFY:	
		YES	1
		NO	2
t08e57c12b t08e57c13	Other drug #3?	SPECIFY:	
		YES	1
		NO	2
t08e57c13b		SPECIFY:	
E5.7d t08e57d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO	2
		(E5.8A)	2
E5.7e t08e57e1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO	2
t08e57e2	Tranquilizers?	YES	1
		NO	2
t08e57e3	Painkillers?	YES	1
		NO	2
t08e57e4	Stimulants?	YES	1

		NO.....	2
t08e57e5	Marijuana?	YES	1
		NO.....	2
t08e57e6	Crack cocaine?	YES	1
		NO.....	2
t08e57e7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e57e8	Hallucinogens?	YES	1
		NO.....	2
t08e57e9	Inhalants or solvents?	YES	1
		NO.....	2
t08e57e10	Heroin?	YES	1
		NO.....	2
t08e57e11	Other drug #1?	YES	1
		NO.....	2
t08e57e11b		SPECIFY:	
t08e57e12	Other drug #2?	YES	1
		NO.....	2
t08e57e12b		SPECIFY:	
t08e57e13	Other drug #3?	YES	1
		NO.....	2
t08e57e13b		SPECIFY:	
E5.7f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
t08e057f		RF.....	97
		DK	98
E5.8a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) find that your usual amount of a medicine or drug had much less effect on you than it once did?	YES	1
t08e058a		NO.....(E5.9A).....	2
E5.8b	Did this happen in the last 12 months?	YES	1
t08e058b		NO.....(E5.8D).....	2
		DK	8
E5.8c	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e58c1	Sedatives?	YES	1
		NO.....	2
t08e58c2	Tranquilizers?	YES	1
		NO.....	2
t08e58c3	Painkillers?	YES	1
		NO.....	2
t08e58c4	Stimulants?	YES	1
		NO.....	2
t08e58c5	Marijuana?	YES	1
		NO.....	2
t08e58c6	Crack cocaine?	YES	1
		NO.....	2
t08e58c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e58c8	Hallucinogens?	YES	1
		NO.....	2
t08e58c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e58c10	Heroin?	YES	1
		NO.....	2
t08e58c11	Other drug #1?	YES	1
		NO.....	2
t08e58c11b		SPECIFY:	

t08e58c12	Other drug #2?	YES	1
		NO	2
t08e58c12b		SPECIFY:	
t08e58c13	Other drug #3?	YES	1
		NO	2
t08e58c13b		SPECIFY:	
E5.8d	Did this happen before 12 months ago, that is before	YES	1
t08e058d	last (Month one year ago)?	NO .....(E5.9A).....	2
E5.8e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e58e1	Sedatives?	YES	1
		NO	2
t08e58e2	Tranquilizers?	YES	1
		NO	2
t08e58e3	Painkillers?	YES	1
		NO	2
t08e58e4	Stimulants?	YES	1
		NO	2
t08e58e5	Marijuana?	YES	1
		NO	2
t08e58e6	Crack cocaine?	YES	1
		NO	2
t08e58e7	Cocaine, in other forms?	YES	1
		NO	2
t08e58e8	Hallucinogens?	YES	1
		NO	2
t08e58e9	Inhalants or solvents?	YES	1
		NO	2
t08e58e10	Heroin?	YES	1
		NO	2
t08e58e11	Other drug #1?	YES	1
		NO	2
t08e58e11b		SPECIFY:	
t08e58e12	Other drug #2?	YES	1
		NO	2
t08e58e12b		SPECIFY:	
t08e58e13	Other drug #3?	YES	1
		NO	2
t08e58e13b		SPECIFY:	
E5.8f	How old were you the first time you experienced this?	AGE.....	<input type="text"/>
t08e058f		RF.....	97
		DK	98
E5.9a	Now I'm going to ask you about some OTHER		
t08e059a	experiences you may have had with medicines and		
	drugs. In your ENTIRE LIFE, did you EVER... (PAUSE)		
	find that you had to use much more of a medicine or	YES	1
	drug than you once did to get the effect you wanted?	NO (E5.10A).....	2
E5.9b	Did this happen in the last 12 months?	YES	1
t08e059b		NO .....(E5.9D).....	2
		DK	8
E5.9c	During the last 12 months, which medicines or drugs did		
	this happen with? [SHOW FLASH CARD 22]		
t08e59c1	Sedatives?	YES	1
		NO	2
t08e59c2	Tranquilizers?	YES	1
		NO	2

t08e59c3	Painkillers?	YES	1
		NO	2
t08e59c4	Stimulants?	YES	1
		NO	2
t08e59c5	Marijuana?	YES	1
		NO	2
t08e59c6	Crack cocaine?	YES	1
		NO	2
t08e59c7	Cocaine, in other forms?	YES	1
		NO	2
t08e59c8	Hallucinogens?	YES	1
		NO	2
t08e59c9	Inhalants or solvents?	YES	1
		NO	2
t08e59c10	Heroin?	YES	1
		NO	2
t08e59c11	Other drug #1?	YES	1
		NO	2
t08e59c11b		SPECIFY:	
t08e59c12	Other drug #2?	YES	1
		NO	2
t08e59c12b		SPECIFY:	
t08e59c13	Other drug #3?	YES	1
		NO	2
t08e59c13b		SPECIFY:	
E5.9d	Did this happen before 12 months ago, that is before	YES	1
t08e059d	last (Month one year ago)?	NO .....(E5.10A).....	2
E5.9e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e59e1	Sedatives?	YES	1
		NO	2
t08e59e2	Tranquilizers?	YES	1
		NO	2
t08e59e3	Painkillers?	YES	1
		NO	2
t08e59e4	Stimulants?	YES	1
		NO	2
t08e59e5	Marijuana?	YES	1
		NO	2
t08e59e6	Crack cocaine?	YES	1
		NO	2
t08e59e7	Cocaine, in other forms?	YES	1
		NO	2
t08e59e8	Hallucinogens?	YES	1
		NO	2
t08e59e9	Inhalants or solvents?	YES	1
		NO	2
t08e59e10	Heroin?	YES	1
		NO	2
t08e59e11	Other drug #1?	YES	1
		NO	2
t08e59e11b		SPECIFY:	
t08e59e12	Other drug #2?	YES	1
		NO	2
t08e59e12b		SPECIFY:	
t08e59e13	Other drug #3?	YES	1
		NO	2
t08e59e13b		SPECIFY:	

E5.9f t08e059f	How old were you the first time you experienced this?	AGE..... <input type="text"/> <input type="text"/>	
		RF.....	97
		DK.....	98
E5.10a t08e510a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) give up or cut down on activities that were important to you in order to use a medicine or drug – like work, school, or associating with friends or relatives?	YES	1
		NO.....(E5.11A).....	2
E5.10b t08e510b	Did this happen in the last 12 months?	YES	1
		NO.....(E5.10D).....	2
		DK	8
E5.10c t08e510c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e510c2	Tranquilizers?	YES	1
		NO.....	2
t08e510c3	Painkillers?	YES	1
		NO.....	2
t08e510c4	Stimulants?	YES	1
		NO.....	2
t08e510c5	Marijuana?	YES	1
		NO.....	2
t08e510c6	Crack cocaine?	YES	1
		NO.....	2
t08e510c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e510c8	Hallucinogens?	YES	1
		NO.....	2
t08e510c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e510c10	Heroin?	YES	1
		NO.....	2
t08e510c11	Other drug #1?	YES	1
		NO.....	2
t08e510c11b		SPECIFY:	
t08e510c12	Other drug #2?	YES	1
		NO.....	2
t08e510c12b		SPECIFY:	
t08e510c13	Other drug #3?	YES	1
		NO.....	2
t08e510c13b		SPECIFY:	
E5.10d t08e510d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO.....(E5.11A).....	2
E5.10e t08e510e1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e510e2	Tranquilizers?	YES	1
		NO.....	2
t08e510e3	Painkillers?	YES	1
		NO.....	2
t08e510e4	Stimulants?	YES	1
		NO.....	2
t08e510e5	Marijuana?	YES	1

		NO	2
t08e510e6	Crack cocaine?	YES	1
		NO	2
t08e510e7	Cocaine, in other forms?	YES	1
		NO	2
t08e510e8	Hallucinogens?	YES	1
		NO	2
t08e510e9	Inhalants or solvents?	YES	1
		NO	2
t08e510e10	Heroin?	YES	1
		NO	2
t08e510e11	Other drug #1?	YES	1
		NO	2
t08e510e11b		SPECIFY:	
t08e510e12	Other drug #2?	YES	1
		NO	2
t08e510e12b		SPECIFY:	
t08e510e13	Other drug #3?	YES	1
		NO	2
t08e510e13b		SPECIFY:	
E5.10f	How old were you the first time you experienced this?	AGE	<input type="text"/>
t08e510f		RF	97
		DK	98
E5.11a	Now I'm going to ask you about some OTHER		
t08e511a	experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?	YES	1
		NO	2
E5.11b	Did this happen in the last 12 months?	YES	1
t08e511b		NO	2
		DK	8
E5.11c	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]		
t08e511c1	Sedatives?	YES	1
		NO	2
t08e511c2	Tranquilizers?	YES	1
		NO	2
t08e511c3	Painkillers?	YES	1
		NO	2
t08e511c4	Stimulants?	YES	1
		NO	2
t08e511c5	Marijuana?	YES	1
		NO	2
t08e511c6	Crack cocaine?	YES	1
		NO	2
t08e511c7	Cocaine, in other forms?	YES	1
		NO	2
t08e511c8	Hallucinogens?	YES	1
		NO	2
t08e511c9	Inhalants or solvents?	YES	1
		NO	2
t08e511c10	Heroin?	YES	1
		NO	2
t08e511c11	Other drug #1?	YES	1
		NO	2
t08e511c11b		SPECIFY:	
t08e511c12	Other drug #2?	YES	1

		NO	2
t08e511c12b		SPECIFY:	.....
t08e511c13	Other drug #3?	YES	1
		NO	2
t08e511c13b		SPECIFY:	.....
E5.11d	Did this happen before 12 months ago, that is before	YES	1
t08e511d	last (Month one year ago)?	NO	2
			(E5.12A)
E5.11e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e511e1	Sedatives?	YES	1
		NO	2
t08e511e2	Tranquilizers?	YES	1
		NO	2
t08e511e3	Painkillers?	YES	1
		NO	2
t08e511e4	Stimulants?	YES	1
		NO	2
t08e511e5	Marijuana?	YES	1
		NO	2
t08e511e6	Crack cocaine?	YES	1
		NO	2
t08e511e7	Cocaine, in other forms?	YES	1
		NO	2
t08e511e8	Hallucinogens?	YES	1
		NO	2
t08e511e9	Inhalants or solvents?	YES	1
		NO	2
t08e511e10	Heroin?	YES	1
		NO	2
t08e511e11	Other drug #1?	YES	1
		NO	2
t08e511e11b		SPECIFY:	.....
t08e511e12	Other drug #2?	YES	1
		NO	2
t08e511e12b		SPECIFY:	.....
t08e511e13	Other drug #3?	YES	1
		NO	2
t08e511e13b		SPECIFY:	.....
E5.11f	How old were you the first time you experienced this?	AGE	<input type="text"/>
t08e511f		RF	97
		DK	98
E5.12a	Now I'm going to ask you about some OTHER		
t08e512a	experiences you may have had with medicines and		
	drugs. In your ENTIRE LIFE, did you EVER... (PAUSE)		
	continue to use a medicine or drug even though it was	YES	1
	making you feel depressed, uninterested in things, or	NO	2
	suspicious or distrustful of other people?		(E5.13A)
E5.12b	Did this happen in the last 12 months?	YES	1
t08e512b		NO	2
		DK	8
E5.12c	During the last 12 months, which medicines or drugs did		
	this happen with? [SHOW FLASH CARD 22]		
t08e512c1	Sedatives?	YES	1
		NO	2
t08e512c2	Tranquilizers?	YES	1
		NO	2

t08e512c3	Painkillers?	YES	1
		NO	2
t08e512c4	Stimulants?	YES	1
		NO	2
t08e512c5	Marijuana?	YES	1
		NO	2
t08e512c6	Crack cocaine?	YES	1
		NO	2
t08e512c7	Cocaine, in other forms?	YES	1
		NO	2
t08e512c8	Hallucinogens?	YES	1
		NO	2
t08e512c9	Inhalants or solvents?	YES	1
		NO	2
t08e512c10	Heroin?	YES	1
		NO	2
t08e512c11	Other drug #1?	YES	1
		NO	2
t08e512c11b		SPECIFY:	
t08e512c12	Other drug #2?	YES	1
		NO	2
t08e512c12b		SPECIFY:	
t08e512c13	Other drug #3?	YES	1
		NO	2
t08e512c13b		SPECIFY:	
E5.12d	Did this happen before 12 months ago, that is before	YES	1
t08e512d	last (Month one year ago)?	NO .....(E5.13A).....	2
E5.12e	Which medicines or drugs did this happen with before		
	12 months ago? [SHOW FLASH CARD 22]		
t08e512e1	Sedatives?	YES	1
		NO	2
t08e512e2	Tranquilizers?	YES	1
		NO	2
t08e512e3	Painkillers?	YES	1
		NO	2
t08e512e4	Stimulants?	YES	1
		NO	2
t08e512e5	Marijuana?	YES	1
		NO	2
t08e512e6	Crack cocaine?	YES	1
		NO	2
t08e512e7	Cocaine, in other forms?	YES	1
		NO	2
t08e512e8	Hallucinogens?	YES	1
		NO	2
t08e512e9	Inhalants or solvents?	YES	1
		NO	2
t08e512e10	Heroin?	YES	1
		NO	2
t08e512e11	Other drug #1?	YES	1
		NO	2
t08e512e11b		SPECIFY:	
t08e512e12	Other drug #2?	YES	1
		NO	2
t08e512e12b		SPECIFY:	
t08e512e13	Other drug #3?	YES	1
		NO	2
t08e512e13b		SPECIFY:	

E5.12f t08e512f	How old were you the first time you experienced this?	AGE..... <input type="text"/> <input type="text"/>	
		RF.....	97
		DK.....	98
E5.13a t08e513a	Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER... (PAUSE) continue to use a medicine or drug even though it was making you knew it was causing you a health problem or making a health problem worse?	YES	1
		NO.....(E6.1A).....	2
E5.13b t08e513b	Did this happen in the last 12 months?	YES	1
		NO.....(E5.13D).....	2
		DK	8
E5.13c t08e513c1	During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e513c2	Tranquilizers?	YES	1
		NO.....	2
t08e513c3	Painkillers?	YES	1
		NO.....	2
t08e513c4	Stimulants?	YES	1
		NO.....	2
t08e513c5	Marijuana?	YES	1
		NO.....	2
t08e513c6	Crack cocaine?	YES	1
		NO.....	2
t08e513c7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e513c8	Hallucinogens?	YES	1
		NO.....	2
t08e513c9	Inhalants or solvents?	YES	1
		NO.....	2
t08e513c10	Heroin?	YES	1
		NO.....	2
t08e513c11	Other drug #1?	YES	1
		NO.....	2
t08e513c11b		SPECIFY:	
t08e513c12	Other drug #2?	YES	1
		NO.....	2
t08e513c12b		SPECIFY:	
t08e513c13	Other drug #3?	YES	1
		NO.....	2
t08e513c13b		SPECIFY:	
E5.13d t08e513d	Did this happen before 12 months ago, that is before last (Month one year ago)?	YES	1
		NO.....(E6.1A).....	2
E5.13e t08e513e1	Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22] Sedatives?	YES	1
		NO.....	2
t08e513e2	Tranquilizers?	YES	1
		NO.....	2
t08e513e3	Painkillers?	YES	1
		NO.....	2
t08e513e4	Stimulants?	YES	1
		NO.....	2
t08e513e5	Marijuana?	YES	1

		NO.....	2
t08e513e6	Crack cocaine?	YES	1
		NO.....	2
t08e513e7	Cocaine, in other forms?	YES	1
		NO.....	2
t08e513e8	Hallucinogens?	YES	1
		NO.....	2
t08e513e9	Inhalants or solvents?	YES	1
		NO.....	2
t08e513e10	Heroin?	YES	1
		NO.....	2
t08e513e11	Other drug #1?	YES	1
		NO.....	2
t08e513e11b		SPECIFY:	
t08e513e12	Other drug #2?	YES	1
		NO.....	2
t08e513e12b		SPECIFY:	
t08e513e13	Other drug #3?	YES	1
		NO.....	2
t08e513e13b		SPECIFY:	
E5.13f t08e513f	How old were you the first time you experienced this?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E6.1a t08e061a	You just mentioned some other experiences you had with SEDATIVES in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with SEDATIVES were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES	1
		NO.....(E6.2A).....	2
E6.1b t08e061b	About how old were you the FIRST time SOME of these experiences with SEDATIVES BEGAN to happen around the same time?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E6.1c t08e061c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with SEDATIVES were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using sedatives entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with SEDATIVES?	NUMBER.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E6.1d t08e061d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with SEDATIVES were happening around the same time?	MONTHS.....	<input type="text"/> <input type="text"/>
E6.1e t08e061e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97
		DK.....	98
E6.1f t08e061f	How long did this period last when some of these experiences with SEDATIVES were happening around the same time?	MONTHS.....	<input type="text"/> <input type="text"/>
E6.1g t08e061g	About how old were you when you FINALLY STOPPED having ANY of these problems with SEDATIVES? By finally stopped, I mean they never started happening	AGE.....	<input type="text"/> <input type="text"/>
		RF.....	97

	again.	DK 98
E6.2a t08e062a	You just mentioned some other experiences you had with TRANQUILIZERS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with TRANQUILIZERS were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.3A)..... 2
E6.2b t08e062b	About how old were you the FIRST time SOME of these experiences with TRANQUILIZERS BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.2c t08e062c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with TRANQUILIZERS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using tranquilizers entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with TRANQUILIZERS?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.2d t08e062d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with TRANQUILIZERS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.2e t08e062e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.2f t08e062f	How long did this period last when some of these experiences with TRANQUILIZERS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.2g t08e062g	About how old were you when you FINALLY STOPPED having ANY of these problems with TRANQUILIZERS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.3a t08e063a	You just mentioned some other experiences you had with PAINKILLERS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with PAINKILLERS were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.4A)..... 2
E6.3b t08e063b	About how old were you the FIRST time SOME of these experiences with PAINKILLERS BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.3c t08e063c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with PAINKILLERS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using painkillers	NUMBER..... <input type="text"/> <input type="text"/>

	entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with PAINKILLERS?	RF..... 97 DK 98
E6.3d t08e063d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with PAINKILLERS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.3e t08e063e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.3f t08e063f	How long did this period last when some of these experiences with PAINKILLERS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.3g t08e063g	About how old were you when you FINALLY STOPPED having ANY of these problems with PAINKILLERS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.4a t08e064a	You just mentioned some other experiences you had with STIMULANTS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with STIMULANTS were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.5A)..... 2
E6.4b t08e064b	About how old were you the FIRST time SOME of these experiences with STIMULANTS BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.4c t08e064c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with STIMULANTS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using stimulants entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with STIMULANTS?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.4d t08e064d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with STIMULANTS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.4e t08e064e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.4f t08e064f	How long did this period last when some of these experiences with STIMULANTS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.4g t08e064g	About how old were you when you FINALLY STOPPED having ANY of these problems with STIMULANTS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.5a t08e065a	You just mentioned some other experiences you had with MARIJUANA in the past, that is, before 12 months	

	ago. Before 12 months ago, was there ever a period when SOME of these experiences with MARIJUANA were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.6A)..... 2
E6.5b t08e065b	About how old were you the FIRST time SOME of these experiences with MARIJUANA BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.5c t08e065c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with MARIJUANA were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using marijuana entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with MARIJUANA?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.5d t08e065d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with MARIJUANA were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.5e t08e065e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.5f t08e065f	How long did this period last when some of these experiences with MARIJUANA were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.5g t08e065g	About how old were you when you FINALLY STOPPED having ANY of these problems with MARIJUANA? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.6a t08e066a	You just mentioned some other experiences you had with CRACK COCAINE in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with CRACK COCAINE were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.7A)..... 2
E6.6b t08e066b	About how old were you the FIRST time SOME of these experiences with CRACK COCAINE BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.6c t08e066c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with CRACK COCAINE were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using crack cocaine entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with CRACK COCAINE?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.6d t08e066d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with CRACK COCAINE were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>

- E6.6e
t08e066e About how old were you the MOST RECENT time when some of these experiences began to happen around the same time? AGE.....
RF..... 97
DK..... 98
- E6.6f
t08e066f How long did this period last when some of these experiences with CRACK COCAINE were happening around the same time? MONTHS.....
- E6.6g
t08e066g About how old were you when you FINALLY STOPPED having ANY of these problems with CRACK COCAINE? By finally stopped, I mean they never started happening again. AGE.....
RF..... 97
DK..... 98
- E6.7a
t08e067a You just mentioned some other experiences you had with COCAINE, IN OTHER FORMS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with COCAINE, IN OTHER FORMS were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period? YES 1
NO (E6.8A)..... 2
- E6.7b
t08e067b About how old were you the FIRST time SOME of these experiences with COCAINE, IN OTHER FORMS BEGAN to happen around the same time? AGE.....
RF..... 97
DK..... 98
- E6.7c
t08e067c In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with COCAINE, IN OTHER FORMS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using cocaine, in other forms entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with COCAINE, IN OTHER FORMS? NUMBER.....
RF..... 97
DK..... 98
- E6.7d
t08e067d In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with COCAINE, IN OTHER FORMS were happening around the same time? MONTHS.....
- E6.7e
t08e067e About how old were you the MOST RECENT time when some of these experiences began to happen around the same time? AGE.....
RF..... 97
DK..... 98
- E6.7f
t08e067f How long did this period last when some of these experiences with COCAINE, IN OTHER FORMS were happening around the same time? MONTHS.....
- E6.7g
t08e067g About how old were you when you FINALLY STOPPED having ANY of these problems with COCAINE, IN OTHER FORMS? By finally stopped, I mean they never started happening again. AGE.....
RF..... 97
DK..... 98
- E6.8a
t08e068a You just mentioned some other experiences you had with HALLUCINOGENS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with HALLUCINOGENS were happening around the same

	time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO .....(E6.9A)..... 2
E6.8b t08e068b	About how old were you the FIRST time SOME of these experiences with HALLUCINOGENS BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.8c t08e068c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with HALLUCINOGENS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using hallucinogens entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with HALLUCINOGENS?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.8d t08e068d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with HALLUCINOGENS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E6.8e t08e068e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.8f t08e068f	How long did this period last when some of these experiences with HALLUCINOGENS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>
E6.8g t08e068g	About how old were you when you FINALLY STOPPED having ANY of these problems with HALLUCINOGENS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.9a t08e069a	You just mentioned some other experiences you had with INHALANTS/SOLVENTS in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with INHALANTS/SOLVENTS were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO .....(E6.10A)..... 2
E6.9b t08e069b	About how old were you the FIRST time SOME of these experiences with INHALANTS/SOLVENTS BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.9c t08e069c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with INHALANTS/SOLVENTS were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using inhalants/solvents entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with INHALANTS/SOLVENTS?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.9d t08e069d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with INHALANTS/SOLVENTS were happening around the	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/>

	same time?	
E6.9e t08e069e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.9f t08e069f	How long did this period last when some of these experiences with INHALANTS/SOLVENTS were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.9g t08e069g	About how old were you when you FINALLY STOPPED having ANY of these problems with INHALANTS/SOLVENTS? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.10a t08e610a	You just mentioned some other experiences you had with HEROIN in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with HEROIN were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO .....(E6.11A)..... 2
E6.10b t08e610b	About how old were you the FIRST time SOME of these experiences with HEROIN BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.10c t08e610c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with HEROIN were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using heroin entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with HEROIN?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.10d t08e610d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with HEROIN were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.10e t08e610e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.10f t08e610f	How long did this period last when some of these experiences with HEROIN were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.10g t08e610g	About how old were you when you FINALLY STOPPED having ANY of these problems with HEROIN? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.11a t08e611a	You just mentioned some other experiences you had with (OTHER DRUG #1) in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with (other drug #1) were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year	YES 1 NO .....(E6.12A)..... 2

	period?	
E6.11b t08e611b	About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #1) BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.11c t08e611c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with (OTHER DRUG #1) were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using (other drug #1) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG #1)?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.11d t08e611d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with (OTHER DRUG #1) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.11e t08e611e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.11f t08e611f	How long did this period last when some of these experiences with (OTHER DRUG #1) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.11g t08e611g	About how old were you when you FINALLY STOPPED having ANY of these problems with (OTHER DRUG #1)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.12a t08e612a	You just mentioned some other experiences you had with (OTHER DRUG #2) in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with (other drug #2) were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO (E6.13A)..... 2
E6.12b t08e612b	About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #2) BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.12c t08e612c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with (OTHER DRUG #2) were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using (other drug #2) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG #2)?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
E6.12d t08e612d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with (OTHER DRUG #2) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>

E6.12e t08e612e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.12f t08e612f	How long did this period last when some of these experiences with (OTHER DRUG #2) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.12g t08e612g	About how old were you when you FINALLY STOPPED having ANY of these problems with (OTHER DRUG #2)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.13a t08e613a	You just mentioned some other experiences you had with (OTHER DRUG #3) in the past, that is, before 12 months ago. Before 12 months ago, was there ever a period when SOME of these experiences with (other drug #3) were happening around the same time most days for at least a month (PAUSE), on and off for a few months or longer (PAUSE) or within the same 1-year period?	YES 1 NO .....(NEXT SECTION)..... 2
E6.13b t08e613b	About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #3) BEGAN to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.13c t08e613c	In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with (OTHER DRUG #3) were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using (other drug #3) entirely (PAUSE) OR you didn't have any of the experiences you just mentioned with (OTHER DRUG #3)?	NUMBER..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.13d t08e613d	In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with (OTHER DRUG #3) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.13e t08e613e	About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
E6.13f t08e613f	How long did this period last when some of these experiences with (OTHER DRUG #3) were happening around the same time?	MONTHS..... <input type="text"/> <input type="text"/>
E6.13g t08e613g	About how old were you when you FINALLY STOPPED having ANY of these problems with (OTHER DRUG #3)? By finally stopped, I mean they never started happening again.	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98

The next set of questions are being asked to learn about your feelings regarding ordinary situations that we encounter in our everyday lives, and how we react to or cope with these situations.

ECA	F1 t08f0001	Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or very uneasy in situations when most people would not be afraid or anxious – that is when you were not in danger or the center of attention or doing anything like that?	YES (MARK TALLY)..... 1 NO..... (NEXT MODULE)..... 2
	F1A t08f001a	How old were you the first time you had a spell or attack like that?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/>
	F1B t08f001b	Did you tell a doctor about your spell or attack?	YES .....(F1F)..... 1 NO..... 2
	F1C t08f001c	Did you tell any other professional about your spell or attack?	YES .....(F1F)..... 1 NO..... 2
	F1D t08f001d	Did you take medication more than once for your spell or attack?	YES .....(F1F)..... 1 NO..... 2
	F1E t08f001e	Did your spell or attack interfere with your life or activities a lot?	YES 1 NO..... 2
	F1F t08f001f	Was your spell or attack ever the result of a physical illness or injury?	YES .....(F1G)..... 1 NO.....(F1I)..... 2
	F1G t08f001g	Was your spell or attack always the result of a physical illness or injury?	YES .....(F2A)..... 1 NO.....(F1H)..... 2
	F1H t08f001h	When your spell or attack was not due to a physical illness or injury, was it always the result of using medication, drugs or alcohol?	YES .....(F2A)..... 1 NO.....(F2A)..... 2
	F1I t08f001i	Was your spell or attack ever the result of using medication, drugs or alcohol?	YES .....(F1J)..... 1 NO.....(F2A)..... 2
	F1J t08f001j	Was your spell or attack always the result of using medication, drugs or alcohol?	YES 1 NO..... 2
ECA	F2	During one of your worst spells of suddenly feeling frightened or anxious or uneasy, did you ever notice that you had any of the following problems?	

F2A t08f002a	During (this spell/ one of your worst spells)... Did your heart pound?	YES .....(MARK TALLY).....1 NO.....(F2B).....2
F2A2 t08f002a2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2B t08f002b	Were you short of breath – having trouble catching your breath?	YES .....(MARK TALLY).....1 NO.....(F2C).....2
F2B2 t08f002b2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2C t08f002c	During this spell were you dizzy or light-headed?	YES .....(MARK TALLY).....1 NO.....(F2D).....2
F2C2 t08f002c2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2D t08f002d	During this spell did you have tightness or pain in your chest?	YES .....(MARK TALLY).....1 NO.....(F2E).....2
F2D2 t08f002d2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2E t08f002e	During this spell did your fingers and feet tingle?	YES .....(MARK TALLY).....1 NO.....(F2F).....2
F2E2 t08f002e2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2F t08f002f	During this spell did you feel like you were choking?	YES .....(MARK TALLY).....1 NO.....(F2G).....2
F2F2 t08f002f2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2G t08f002g	During this spell did you feel faint?	YES .....(MARK TALLY).....1 NO.....(F2H).....2
F2G2 t08f002g2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2H t08f002h	During this spell did you sweat?	YES .....(MARK TALLY).....1 NO.....(F2I).....2
F2H2 t08f002h2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2

F2I t08f002i	During this spell did you tremble or shake?	YES .....(MARK TALLY).....1 NO.....(F2J).....2
F2I2 t08f02i2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
ZF2J t08f002j	During this spell did you have hot flashes or chills?	YES .....(MARK TALLY).....1 NO.....(F2K).....2
F2J2 t08f02j2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2K t08f002k	During this spell did you or things around you seem unreal?	YES .....(MARK TALLY).....1 NO.....(F2L).....2
F2K2 t08f02k2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2L t08f002l	During this spell were you afraid that you might die?	YES .....(MARK TALLY).....1 NO.....(F2M).....2
F2L2 t08f02l2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2M t08f002m	During this spell were you afraid that you might act in a crazy way?	YES .....(MARK TALLY).....1 NO.....(F2N).....2
F2M2 t08f02m2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2N t08f002n	During this spell did you have nausea?	YES .....(MARK TALLY).....1 NO.....(F2O).....2
F2N2 t08f02n2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2O t08f002o	During this spell did you have belly pain?	YES .....(MARK TALLY).....1 NO.....(F2P).....2
F2O2 t08f02o2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2
F2P t08f002p	During this spell did you feel like you were smothering?	YES .....(MARK TALLY).....1 NO.....(F2Q).....2
F2P2 t08f02p2	Were you ever bothered by this at any time other than when you were having one of these spells?	YES .....1 NO.....2

	G1 t08g0001	Have you ever considered yourself a nervous person?	YES 1 NO..... 2
ECA	G2 t08g0002	Now I want to ask you about periods of at least a month or more of feeling worried and anxious. Have you had a period of a month or more when most of the time you felt worried and anxious?	YES .....(G2A) 1 NO.....(NEXT MODULE) 2
	G2A t08g002a	What is the longest period you've had of feeling worried and anxious?	# MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [SKIP TO G3A IF MONTH ENTERED]
	G2B t08g002b	Was it for 6 months or more?	DK BUT 6 MONTHS OR MORE 1 DK BUT <6 MONTHS..... 2 STILL DK..... 8
	G3A t08g003a	During one of those periods, were you worrying about things that were unlikely to happen?	YES .....(G4) 1 NO.....(G3B) 2
	G3B t08g003b	Were you worrying a great deal over things that were not really serious?	YES 1 NO..... 2
	G4 t08g0004	During any of those periods, did you have different worries on your mind at the same time?	YES 1 NO..... 2 RF 7 DK..... 8
	G4A t08g004a	Were any of your worries about what other people might do or what might happen to them?	YES 1 NO.....(G5A). 2
	G4B t08g004b	What sort of things did you worry about? [RECORD AND CODE]	TEXT: _____
		I'd like to ask you about problems you might have had when you were worried and anxious – problems that could not be entirely explained by a physical illness or any medication, drugs or alcohol you had taken. When you were worried and anxious, were you also...	
	G5A t08g005a	Easily tired?	YES 1 NO..... 2
	G5B t08g005b	Easily startled?	YES 1 NO..... 2
	G5C t08g005c	Trembly or shaky?	YES 1 NO..... 2
	G5D t08g005d	Restless?	YES 1 NO..... 2
	G5E t08g005e	Bothered by tense, sore, or aching muscles?	YES 1 NO..... 2
	G5F t08g005f	Having a lot of trouble keeping your mind on what you were doing?	YES 1 NO..... 2
	G5G t08g005g	Keyed up or on edge?	YES 1 NO..... 2

G5H t08g005h	Particularly irritable?	YES 1 NO..... 2
G5I t08g005i	Sweating a lot?	YES 1 NO..... 2
G5J t08g005j	Aware of your heart pounding or racing?	YES 1 NO..... 2
G5K t08g005k	Having cold and clammy hands?	YES 1 NO..... 2
G5L t08g005l	Feeling dizzy or light-headed	YES 1 NO..... 2
G5M t08g005m	Having a dry mouth?	YES 1 NO..... 2
G5N t08g005n	Having a nausea or diarrhea?	YES 1 NO..... 2
G5O t08g005o	Having to urinate too frequently?	YES 1 NO..... 2
G5P t08g005p	Having hot flashes or chills?	YES 1 NO..... 2
G5Q t08g005q	Short of breath or feeling like you were smothering?	YES 1 NO..... 2
G5R t08g005r	Having trouble swallowing?	YES 1 NO..... 2
G5S t08g005s	Having trouble falling or staying asleep?	YES 1 NO..... 2
G6A t08g006a	How old were you the first time you were worried and anxious or afraid most of the time for at least a month and had some of the other problems just mentioned? <i>[if R says "WHOLE LIFE", code age as "02"]</i>	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
G6B t08g006b	How old were you the last time you were feeling anxious and having some of these other problems, for at least a month?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
G7 t08g0007	Do you think your (worry or anxiety/ nervousness or anxiety) has been excessive or unreasonable or a lot stronger than it should have been?	YES 1 NO..... 2 RF 7 DK..... 8
G8 t08g0008	Over your lifetime, how often have you found it difficult to control your (worry or anxiety/ nervous or anxiety)? Would you say, often, sometimes, rarely, or never? <i>[SHOW CARD H]</i>	OFTEN 1 SOMETIMES..... 2 RARELY..... 3 NEVER..... 4 RF..... 7 DK..... 8

G9 t08g0009	How often have you been so nervous or worried about you could not think about anything else, no matter how hard you tried? Would you say, often, sometimes, not very often, or never?	OFTEN 1 SOMETIMES..... 2 NOT VERY OFTEN..... 3 NEVER..... 4 RF..... 7 DK..... 8
G10 t08g0010	How much has your (worry or anxiety/ nervousness or anxiety) interfered with either your work, your social life or your personal relationships? Would you say, not at all, a little, some, a lot or extremely? [SHOW CARD H]	NOT AT ALL 1 A LITTLE..... 2 SOME..... 3 A LOT..... 4 EXTREMELY..... 5 RF..... 7 DK..... 8

H1 t08h0001	Some people have such an unreasonably strong fear of being in a crowd, traveling in buses, cars, or trains, or crossing a bridge that they always get very upset in such a situation or avoid it altogether. Did you go through a period when being in such a situation always frightened you badly?	YES 1 NO.....(H3) 2
H2A t08h02a1	Did you feel that way about being in a crowd or standing in line?	YES .....(MARK TALLY)..... 1 NO.....(H2B) 2
H2AA t08h02a2	Did you ever avoid being in a crowd or standing in line because of your strong unreasonable fear?	YES 1 NO..... 2
H2B t08h02b1	Did you feel that way about riding on trains on buses, or in a car?	YES .....(MARK TALLY)..... 1 NO.....(H2C) 2
H2BB t08h02b2	Did you ever avoid riding on trains on buses, or in a car because of your strong unreasonable fear?	YES 1 NO..... 2
H2C t08h02c1	Did you feel that way about crossing a bridge?	YES .....(MARK TALLY)..... 1 NO.....(H2D) 2
H2CC t08h02c2	Did you ever avoid crossing a bridge because of your strong unreasonable fear?	YES 1 NO..... 2
H2D t08h002d	How old were you the first time you had any of these fears?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
H2E t08h002e	How old were you the last time you had any of these fears?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
H3 t08h0003	Did you have an unreasonable strong fear of being alone away from home that you always got very upset in this situation or you avoided it altogether?	YES 1 NO.....(H4) 2
H3A t08h003a	Did you ever avoid being away from home because of your strong unreasonable fear?	YES 1 NO..... 2
[IF (h2a=NO & h2b=NO & h2c=NO & H3=NO) THEN ASK H4. ELSE SKIP TO H5.]		
H4 t08h04a1	What sort of situation did you have in mind when you said some situations made you unreasonably afraid?	NONE.....(H5) 1 ANY..... 2
t08h04a2	SPECIFY:	
H4A t08h004b	Did you ever avoid this situation because of your strong unreasonable fear?	YES 1 NO..... 2
H5 t08h0005	Did you have an unreasonable fear of being alone in your own home?	YES 1 NO.....(H5B) 2
H5A t08h005a	Did you ever avoid being alone in your own home because of your strong, unreasonable fear?	YES 1 NO..... 2
[IF (h3=YES or h4=YES or h5=YES) THEN ASK H5B. ELSE SKIP TO H7.]		
H5B t08h005b	How old were you the first time you had a fear of being away from home?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

H6 t08h0006	How old were you the last time you had any of these fears?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> DK..... 98
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[IF h2a=YES or h2b=YES or h2c=YES or h3=YES or h4=YES or h5=YES THEN ASK H7. ELSE SKIP TO H11A.]

H7 t08h0007	Did (that fear/ any of those fears) of having to avoid those situations interfere with your life or activities a lot?	YES 1 NO..... 2
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H8 t08h0008	Have you been unable to travel some place you wanted to go because of any of these fears?	YES 1 NO..... 2
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H9 t08h0009	Have you been unable to leave your home for an entire day because of any of these fears?	YES 1 NO..... 2
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[IF ZF1=YES (see panic section) and h1=YES THEN ASK H10. ELSE SKIP TO H11A.]

H10 t08h0010	You mentioned a spell when you suddenly felt anxious or uneasy and had (LIST UP TO 3 SYMPTOMS CODED 'YES' in PANIC2 tally). Did that spell occur only when you were (LIST FEARS CODED 'YES' FROM phobia 1 tally)?	YES, SPELLS ONLY WITH FEAR 1 NO, SPELLS AT OTHER TIMES..... 2
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Some people have such an unreasonable fear of doing things in front of others, like speaking in public, that they avoid those things or feel extremely uncomfortable or uneasy about doing them.

H11A t08h011a	Have you had an unreasonable fear of speaking in public?	YES(MARK TALLY)..... 1 NO..... 2
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H11B t08h011b	Have you had an unreasonable fear of using public toilets?	YES(MARK TALLY)..... 1 NO..... 2
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H11C t08h011c	Have you had an unreasonable fear of eating or drinking in public?	YES(MARK TALLY)..... 1 NO..... 2
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H11D t08h011d	Have you had an unreasonable fear of talking to people, because you might have nothing to say or you might sound foolish?	YES(MARK TALLY)..... 1 NO..... 2
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H11E t08h011e	Have you had an unreasonable fear of writing while someone watches?	YES(MARK TALLY)..... 1 NO..... 2
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[IF answered YES to any of H11 A-E THEN ASK H12. ELSE SKIP TO H16A.]

H12 t08h0012	Did any of these fears continue for some months or even years?	YES 1 NO..... 2
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[IF answered YES to any of H11 A-E THEN ASK H12A. ELSE SKIP TO H16A.]

H12A t08h012a	How old were you the first time you had any of these fears like (FEARS marked in phobia2)?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> DK..... 98
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H12B t08h012b	How old were you the last time you had any of these fears like (FEARS marked in phobia2)?	AGE..... <input type="text"/> <input type="text"/> <input type="text"/> DK..... 98
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H13 t08h0013	Did any of these fears or having to avoid these situations interfere with your life or activities a lot?	YES 1 NO..... 2
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H14 t08h0014	Has an unreasonable fear of doing any of these things ever kept you from going to a party, social event, or meeting?	YES 1 NO..... 2
H14A t08h014a	Did it sometimes?	YES 1 NO..... 2
H15 t08h0015	Has an unreasonable fear of doing any of these things ever kept you from going to a party, social event, or meeting?	YES .....1 NO.....2
H16A t08h016a	Have you had such an unreasonable fear of seeing blood that you tried to avoid it?	YES .....(MARK TALLY) .....1 NO.....2
H16B t08h016b	Have you had such an unreasonable fear of getting an injection that you tried to avoid it?	YES .....(MARK TALLY) .....1 NO.....2
H16C t08h016c	Have you had such an unreasonable fear of going to the dentist that you tried to avoid it?	YES .....(MARK TALLY) .....1 NO.....2

[IF answered YES to any of H16 A-C THEN ASK H17. ELSE SKIP TO H20.]

H17 t08h0017	Did any of these fears continue for months or even years?	YES .....1 NO.....2
H17A t08h017a	How old were you the first time you had any of these fears like (MENTION FEARS marked in phobia3)?	AGE..... <input type="text"/> <input type="text"/> DK.....98
H17B t08h017b	How old were you the last time you had any of these fears like (MENTION FEARS marked in phobia3)?	AGE..... <input type="text"/> <input type="text"/> DK.....98
H18 t08h0018	Did any of these fears or having to avoid these situations interfere with your life or activities a lot?	YES .....1 NO.....2

[IF answered YES to any of H11 A-E or H16 A-C THEN ASK H19. ELSE SKIP TO NEXT SECTION.]

H19 t08h0019	Has an unreasonable fear of any of these things kept you from going to a doctor or dentist, going to a hospital, having a needle stick, or being around sick people?	YES1 NO.....2
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[IF answered YES to any of H11 A-E or H16 A-C THEN ASK H20. ELSE SKIP TO NEXT SECTION.]

H20 t08h0020	You mentioned spells when you felt suddenly anxious or uneasy and had (LIST UP TO 3 SYMPTOMS marked in panic2 tally). Did those spells occur only when you were (LIST FEARS MARKED on phobia1, phobia2, and phobia3 tally), or did they occur at other times too?	YES, SPELLS ONLY WITH FEAR1 NO, SPELLS AT OTHER TIMES..... 2
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I1 t08i0001	In your lifetime, have you ever had two weeks or more when nearly every day you felt sad, blue, depressed?	YES 1 NO (12)..... 2
I1A t08i001a	How old were you the first time you had two weeks or more of feeling sad or depressed?	AGE..... <input type="text"/> DK..... 98
I1B t08i001b	How old were you the last time you had two weeks or more of feeling sad or depressed?	AGE..... <input type="text"/> DK..... 98
I2 t08i0002	Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	YES 1 NO (13)..... 2
I2A t08i002a	Did a period like that ever last 2 years without being interrupted by your feeling okay for 2 months?	YES 1 NO (15)..... 2
I2B t08i002b	How old were you when your first two years of feelings sad, most of the time, began?	AGE..... <input type="text"/> DK..... 98
I2C t08i002c	How old were you when your last period of two years of feeling sad, most of the time, ended?	AGE..... <input type="text"/> DK..... 98

[IF I1 AND I2A BOTH CODED "NO", SKIP TO I6. OTHERS CONTINUE.]

I3 t08i0003	During a period when you (felt depressed/ OWN EQUIVALENT), did your work ever suffer (at home or on the job)?	YES 1 NO (14)..... 2
I3A t08i003a	How old were you the first time your work suffered because you were feeling this way?	AGE..... <input type="text"/> DK..... 98
I3B t08i003b	How old were you the last time your work suffered because you were feeling this way?	AGE..... <input type="text"/> DK..... 98
I4 t08i0004	During a period when you (felt depressed/ OWN EQUIVALENT), did you become cross or irritable?	YES 1 NO (15)..... 2
I4A t08i004a	How old were you the first time you became cross or irritable because of feeling (depressed/OWN EQUIVALENT)?	AGE..... <input type="text"/> DK..... 98
I4B t08i004b	How old were you the last time you became cross or irritable because of feeling (depressed/OWN EQUIVALENT)?	AGE..... <input type="text"/> DK..... 98
I5 t08i0005	Has there ever been a period of two weeks or longer when you lost your appetite ? CAN BE POSITIVE EVEN IF FOOD INTAKE IS NORMAL	YES..... 1 NO (16)..... 2
I5A t08i005a	How old were you the first time there was a period of two weeks or longer when you lost your appetite ?	AGE..... <input type="text"/> DK..... 98
I5B t08i005b	How old were you the last time there was a period of two weeks or longer when you lost your appetite ?	AGE..... <input type="text"/> DK..... 98
I6 t08i0006	Have you ever lost weight without trying to – as much as two pounds a week for several weeks [or	YES 1

	as much as 10 pounds/ 4.5 kilograms) altogether?	NO (17)..... 2
I6A t08i006a	How old were you the first time you lost weight without trying to – as much as two pounds/week for several weeks [or as much as ten pounds altogether]?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I6B t08i006b	How old were you the last time you lost weight without trying to – as much as two pounds/week for several weeks [or as much as ten pounds altogether]?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I7 t08i0007	Has there ever been at least two weeks when you had an increase in appetite ?	YES 1 NO (18)..... 2
I7A t08i007a	How old were you the first time you had an increase in appetite for at least two weeks?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I7B t08i007b	How old were you the last time you had an increase in appetite for at least two weeks?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I8 t08i0008	Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks [or 10 pounds/4.5 kilograms altogether]?	YES 1 NO (19)..... 2
I8A t08i008a	How old were you the first time your eating increased so much that you gained as much as two pounds a week for several weeks [or ten pounds altogether]?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I8B t08i008b	How old were you the last time your eating increased so much that you gained as much as two pounds a week for several weeks [or ten pounds altogether]?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
	[CODE PRB 1 REBOUND AFTER MALNUTRITION]	
I9 t08i0009	Have you ever had two weeks or more when nearly every night you had trouble falling asleep, staying asleep, or waking up too early?	YES 1 NO (I10)..... 2
I9A t08i009a	How old were you the first time you had two weeks or more, when nearly every night you had trouble falling asleep, staying asleep, or waking up too early?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I9B t08i009b	How old were you the last time you had two weeks or more, when nearly every night you had trouble falling asleep, staying asleep, or waking up too early?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I10 t08i0010	Have you ever had two weeks or more weekly nearly every morning, you would wake up at least 2 hours before you wanted to ?	YES 1 NO (I11)..... 2
I10A t08i010a	How old were you the first time you had two or more weeks, when nearly every morning, you would wake	AGE..... <input type="text"/> <input type="text"/>

	up at least 2 hours before you wanted to?	DK..... 98
I10B t08i010b	How old were you the last time you had two or more weeks, when nearly every morning, you would wake up at least 2 hours before you wanted to?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I11 t08i0011	Have you ever had two weeks or longer when nearly every day you were sleeping too much?	YES 1 NO (I12)..... 2
I11A t08i011a	How old were you the first time you ever had two weeks or longer, when nearly every day, you were sleeping too much?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I11B t08i011b	How old were you the last time you ever had two weeks or longer, when nearly every day, you were sleeping too much?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I12 t08i0012	Have you ever had a period last two weeks or more when you lacked energy or felt tired out all the time even when you had not been working very hard?	YES 1 NO (I13)..... 2
I12A t08i012a	How old were you the first time there was a period, lasting two weeks or longer, when you lacked energy or felt tired out all the time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I12B t08i012b	How old were you the last time there was a period, lasting two weeks or longer, when you lacked energy or felt tired out all the time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I13 t08i0013	Do you ever have two weeks or more when you felt very bad when you got up but better later in the day?	YES 1 NO (I14)..... 2
I13A t08i013a	How old were you the first time you had two weeks or more, when you felt very bad you got up, but felt better later in the day?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I13B t08i013b	How old were you the last time you had two weeks or more, when you felt very bad you got up, but felt better later in the day?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I14 t08i0014	Has there been two or more weeks when nearly every day you talked or moved more slowly than is normal for you?	YES 1 NO (I15)..... 2
I14A t08i014a	How old were you the first time there had been two or more weeks, when nearly every day, you talked or moved more slowly than is normal for you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I14B t08i014b	How old were you the last time there had been two or more weeks, when nearly every day, you talked or moved more slowly than is normal for you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I15 t08i0015	Has there been two 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?	YES 1 NO (I16)..... 2
I15A	How old were you the first time there had been two	

- t08i015a** 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? AGE.....
DK..... 98
- I15B How old were you the last time there had been two
t08i015b 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? AGE.....
DK..... 98
- I16 Have you ever had a period of two weeks of **feeling**
t08i0016 **fidgety or restless** more than half of the time? YES 1
NO (I17)..... 2
- I16A How old were the first time you had a period of two
t08i016a weeks of feeling fidgety or restless more than half of the time? AGE.....
DK..... 98
- I16B How old were the last time you had a period of two
t08i016b weeks of **feeling fidgety or restless** more than half of the time? AGE.....
DK..... 98
- I17 Has there ever been a period of several weeks
t08i0017 when your **interest in sex** was a lot **less** than usual? YES 1
NO (I18)..... 2
- I17A How old were the first time there was ever a period
t08i017a of several weeks when your **interest in sex** was a lot **less** than usual? AGE.....
DK..... 98
- I17B How old were the last time there was ever a period
t08i017b of several weeks when your **interest in sex** was a lot **less** than usual? AGE.....
DK..... 98
- I18 Has there ever been two weeks or longer when you
t08i0018 **lost all interest in things** like work or hobbies or things you usually liked to do for fun? YES 1
NO (I19)..... 2
- I18A How old were the first time there was ever a period
t08i018a of two weeks or longer, when you **lost all interest in things**, like work, hobbies, or things you usually liked to do? AGE.....
DK..... 98
- I18B How old were the last time there was ever a period
t08i018b of two weeks or longer, when you **lost all interest in things**, like work, hobbies, or things you usually liked to do? AGE.....
DK..... 98
- I19 Has there ever been a week or more when you
t08i0019 wanted to **stay away from people**, not mix with them? YES 1
NO (I20)..... 2
- I19A How old were the first time there had been a week
t08i019a or more when you wanted to **stay away from people**, not mix with them? AGE.....
DK..... 98
- I19B How old were the last time there had been a week or
t08i019b more when you wanted to **stay away from people**, not mix with them? AGE.....
DK..... 98
- I20 Has there ever been two weeks or more when

t08i0020	nearly every day you felt worthless , sinful, or guilty?	YES 1 NO (I21)..... 2
I20A t08i020a	How old were the first time there had been two weeks or more, when nearly every day, you felt worthless , sinful, or guilty?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I20B t08i020b	How old were the last time there had been two weeks or more, when nearly every day, you felt worthless , sinful, or guilty?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I21 t08i0021	Has there ever been a week or longer when you felt that you were not as good as other people or inferior?	YES 1 NO (I22)..... 2
I21A t08i021a	How old were you the first time there was a week or longer when you felt that you were not as good as other people , or inferior?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I21B t08i021b	How old were you the last time there was a week or longer when you felt that you were not as good as other people , or inferior?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I22 t08i0022	Has there ever been a week or longer when you had so little self-confidence that you wouldn't try to have your say about anything?	YES 1 NO (I23)..... 2
I22A t08i022a	How old were you the first time there was a week or longer when you had so little self-confidence that you wouldn't try to have your say about anything?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I22B t08i022b	How old were you the last time there was a week or longer when you had so little self-confidence that you wouldn't try to have your say about anything?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I23 t08i0023	Have you ever had two weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented?	YES 1 NO (I24)..... 2
I23A t08i023a	How old were you the first time you had two weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented??	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I23B t08i023b	How old were you the last time you had two weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented??	AGE..... <input type="text"/> <input type="text"/> DK..... 98
I24 t08i0024	Have you ever had two weeks or longer when nearly every day you had a lot more trouble concentrating than is normal for you?	YES 1 NO (I25)..... 2
I24A t08i024a	How old were you the first time there had been two weeks or more, when nearly every day, you had a lot more trouble concentrating than is normal for you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

- I24B
t08i024b How old were you the last time there had been two weeks or more, when nearly every day, you had a lot **more trouble concentrating** than is normal for you? AGE.....
DK..... 98
- I25
t08i0025 Have you ever had two weeks or more when nearly every day your **thoughts came much slower** than usual or seemed mixed up? YES 1
NO (I26)..... 2
- I25A
t08i025a How old were you the first time you had two weeks or more, when nearly every day, your **thoughts came much slower** than usual or seemed mixed up? AGE.....
DK..... 98
- I25B
t08i025b How old were you the last time you had two weeks or more, when nearly every day, your **thoughts came much slower** than usual or seemed mixed up? AGE.....
DK..... 98
- I26
t08i0026 Have you ever had two weeks or more when nearly every day you were **unable to make up your mind** about things you ordinarily have no trouble deciding about? YES 1
NO (I27)..... 2
- I26A
t08i026a How old were you the first time you ever had two weeks or more, when nearly every day, you were **unable to make up your mind** about things you ordinarily have no trouble deciding about? AGE.....
DK..... 98
- I26B
t08i026b How old were you the last time you ever had two weeks or more, when nearly every day, you were **unable to make up your mind** about things you ordinarily have no trouble deciding about? AGE.....
DK..... 98
- I27
t08i0027 Have you ever had a period of two weeks or more when you **thought a lot about death** - (your own, someone else's, or death in general)? YES 1
NO (I28)..... 2
- I27A
t08i027a How old were you the first time there had ever been a period of two weeks or more when you **thought a lot about death** - (your own, someone else's, or death, in general)? AGE.....
DK..... 98
- I27B
t08i027b How old were you the last time there had ever been a period of two weeks or more when you **thought a lot about death** - (your own, someone else's, or death, in general)? AGE.....
DK..... 98
- I28
t08i0028 Has there ever been a period of two weeks or more when you **felt like you wanted to die**? YES 1
NO (I29)..... 2
- I28A
t08i028a How old were you the first time there had ever been a period of two weeks or more, when you **felt like you wanted to die**? AGE.....
DK..... 98
- I28B
t08i028b How old were you the last time there had ever been a period of two weeks or more, when you **felt like you wanted to die**? AGE.....
DK..... 98

I29 t08i0029	Have you ever felt so low you thought of committing suicide ?	YES 1 NO (I29D) 2
I29A t08i029a	How often have you thought about committing suicide ?	RARELY 1 SOMETIMES 2 OFTEN 3 ALMOST ALWAYS 4
I29B t08i029b	How old were you the first time you thought of committing suicide ?	AGE <input type="text"/> <input type="text"/> DK 98
I29C t08i029c	How old were you the last time you thought of committing suicide ?	AGE <input type="text"/> <input type="text"/> DK 98
I29D t08i029d	Have you tried to make a suicide attempt but did not follow through because you or someone else stopped you?	YES 1 NO 2
I30 t08i0030	Have you ever attempted suicide ?	YES 1 NO (I31) 2
I30A t08i030a	How old were you the first time you attempted suicide ?	AGE <input type="text"/> <input type="text"/> DK 98
I30B t08i030b	How old were you the last time you attempted suicide ?	AGE <input type="text"/> <input type="text"/> DK 98
I30C t08i030c	How many times have you attempted suicide?	TIMES <input type="text"/> <input type="text"/> DK 98

[HAVE 3 OR MORE "YES's" BEEN MARKED IN I5-I18 ON TALLY SHEET? If "YES", SKIP TO I4C; IF "NO", CONTINUE]

[IS 1 OR 18 CODED YES? IF "YES", CONTINUE; IF "NO", SKIP TO I32]

I31 t08i0031	You said you've had a period of feeling (depressed or blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL PROBLEMS MARKED ON TALLY SHEET). 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?	YES (I31B) 1 NO 2
I31A t08i031a	So there's never been a period when you felt (sad/blue/depressed/OWN EQUIVALENT) at the same time you were having some of these other problems?	HAS BEEN A PERIOD 1 NEVER BEEN A PERIOD (I40) 2
I31B t08i031b	How old were you the first time you had a period of two weeks or more than you had some of these problems and also felt (depressed/ OWN EQUIVALENT)?	AGE <input type="text"/> <input type="text"/> DK 98
I31C t08i031c	How old were you the last time you had a period of two weeks or more you had some of these problems and also felt (depressed/ OWN EQUIVALENT)?	AGE (I33) <input type="text"/> <input type="text"/> DK (I33) 98

I32 t08i0032	You said you have had a period when [LIST ALL PROBLEMS MARKED ON TALLY SHEET] Was there ever a time when several of these problems occurred together - that is, within the same month?	YES 1 NO (I40) 2 RF (I40) 7 DK (I40) 8
I32A t08i032a	When you were having some of these problems at about the same time were you feeling low, gloomy, blue, or uninterested in everything?	YES 1 NO (I40) 2 RF (I40) 7 DK (I40) 8
I32B t08i032b	How old were you the first time you had a period of two weeks or more you had some of these problems and also felt (depressed/ OWN EQUIVALENT)?	AGE <input type="text"/> <input type="text"/> DK 98
I32C t08i032c	How old were you the last time you had a period of two weeks or more you had some of these problems and also felt (depressed/ OWN EQUIVALENT)?	AGE <input type="text"/> <input type="text"/> DK 98
I32D t08i32d1 t08i32d2	What's the longest spell you've ever had when you felt (depressed/OWN EQUIVALENT) and had several of these other problems at the same time? [IF WHOLE LIFE OR MORE THAN 19 YEARS, ENTER 96.]	NUMBER ENTERED <input type="text"/> <input type="text"/> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 WHOLE LIFE OR MORE THAN 19 YEARS 96
	UNIT:	

[IF RESPONSE FROM THE ANXIETY SECTION IS MARKED "YES" FOR "DIFFERENT WORRIES ON YOUR MIND AT THE SAME TIME" ON THE TALLY SHEET, GO TO I33A. IF NOT, GO TO I34]

I33A t08i033a	You said earlier that you had a long period when you were worrying about several different things. Were you depressed that whole period you were worrying?	YES 1 NO (I34) 2
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[IF L33 = 2 YEARS OR MORE (104+ WEEKS), ASK 33B. OTHERS SKIP TO L34]

I33B t08i033b	How old were you the first time you had two years or more when you felt (depressed/ OWN EQUIVALENT) and had several of these other problems at the same time?	AGE <input type="text"/> <input type="text"/> DK 98
I33C t08i033c	How old were you the last time you had two years or more when you felt (depressed/ OWN EQUIVALENT) and had several of these other problems at the same time?	AGE <input type="text"/> <input type="text"/> DK 98
I34 t08i0034	Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like [LIST 2-3 ITEMS MARKED ON THE TALLY SHEET] . In your lifetime, how many spells like that have you had that lasted two weeks or more? [IF 96 OR MORE, CODE 96] .	# OF SPELLS <input type="text"/> <input type="text"/> 96 OR MORE SPELLS 96
I35 t08i0035	Did you tell a doctor about (that spell/ any of those spells)?	YES (I35CC) 1 NO 2

I35A t08i035a	Did you other professional about (that spell/ any of those spells)?	YES (I35CC) 1 NO 2
I35B t08i035b	Do you take medication more than once because of (that spell/ any of those spells)?	YES (I35CC) 1 NO 2
I35C t08i035c	Did (that spell/ any of those spells) interfere with your life or activities a lot?	YES 1 NO (I35D)..... 2
I35CC t08i035d	Was your spell of feeling sad or blue and having some of these other problems ever the result of a physical illness or injury?	YES 1 NO (I35I)..... 2
I35G t08i035g	Was your spell always the result of a physical illness or injury?	YES (I35D)..... 1 NO 2
I35H t08i035h	When your spell was not due to physical illness or injury, was it the result of using medication, drugs or alcohol?	YES (I35D)..... 1 NO (I35D)..... 2
I35I t08i035i	When your spell of feeling sad or blue and having some of these other problems ever the result of using medication, drugs or alcohol?	YES 1 NO (I35D)..... 2
I35J t08i035j	Was your spell always the result of using medication, drugs, or alcohol?	YES 1 NO 2
I35D t08i035k	Was any spell so bad that it kept you from working or seeing friends or relatives?	YES 1 NO 2
I36 t08i0036	Were you ever in a hospital (overnight) because of a spell of feeling depressed?	YES 1 NO 2
I37 t08i0037	Did (this spell/any of these spells) occur just after someone close to you died? [IF R VOLUNTEERS SPELL BEGAN LESS THAN 2 MONTHS AFTER DEATH, CODE YES]	YES 1 NO (I38)..... 2

[DID R HAVE A SPELL IN LAST YEAR (I31C/ I32C CODE = 1-4)? IF "YES" SKIP TO I37B; IF "NO", SKIP TO I38.]

I37A t08i037a	Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems like [LIST 3 SYMPTOMS CODED YES IN I5-I30] at times when it wasn't just after a death?	YES, OTHER TIMES.....(I38)..... 1 NO, ONLY AFTER DEATH 2
I37B t08i037b	What about the spell or spells you had in the last year? Was that due to someone close to you dying?	YES, ALL DUE TO DEATH..... 1 NO, NOT ALL DUE TO DEATH 2
I38 t08i0038	Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least two weeks and had the largest number of these other problems at the same time. How old were you at the time? [ENTER AGE ON TALLY SHEET] IF CAN'T CHOOSE: Then pick one had spell	AGE..... <input type="text"/> <input type="text"/> DK..... 98
	I'd like to know which of these other problem you had during (this/that) spell of (depression/OWN EQUIVALENT).	
I39II5	During that spell when you were [AGE MARKED]	YES..... 1

t08i039a	ON I38] , did you lose your appetite?	NO..... 2
I39II6 t08i039b	Did you lose weight without trying to?	YES..... 1 NO..... 2
I39II7 t08i039c	Did you have an increase in appetite?	YES..... 1 NO..... 2
I39II8 t08i039d	Did your eating increase so much that you gained as much as two pounds a week for several weeks?	YES..... 1 NO..... 2
I39II9 t08i039e	During that spell when you were [AGE MARKED ON I38] , did you have trouble falling asleep, staying asleep , or waking up too early?	YES..... 1 NO..... 2
I39II10 t08i039f	Did you wake up at least 2 hours before you wanted to?	YES..... 1 NO..... 2
I39II11 t08i039g	During that spell when you were (AGE MARKED ON TALLY SHEET), were you sleeping too much?	YES..... 1 NO..... 2
I39II12 t08i039h	Did you feel tired out all the time even when you had not been working very hard?	YES..... 1 NO..... 2
I39II13 t08i039i	Did you feel very bad when you got up but better later in the day?	YES..... 1 NO..... 2
I39II14 t08i039j	Did you talk or move more slowly than is normal for you?	YES..... 1 NO..... 2
I39II15 t08i039k	Did you have to be moving all the time – that is, you couldn't sit still and paced up and down?	YES..... 1 NO..... 2
I39II17 t08i039l	During that spell, when you were (AGE MARKED ON TALLY SHEET), was your interest in sex a lot less than usual?	YES..... 1 NO..... 2
I39II18 t08i039m	Did you lose all interest in things like work or hobbies or things you usually liked to do for fun?	YES..... 1 NO..... 2
I39II20 t08i039n	Did you feel worthless , sinful, or guilty?	YES..... 1 NO..... 2
I39II23 t08i039o	Did you lose the ability to enjoy having good things happen to you, like winning something or being praised or complimented?	YES..... 1 NO..... 2
I39II24 t08i039p	Did you have a lot more trouble concentrating than is normal for you?	YES..... 1 NO..... 2
I39II25 t08i039q	Did your thoughts come much slower than usual or seemed mixed up?	YES..... 1 NO..... 2
I39II26 t08i039r	Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	YES..... 1 NO..... 2

I39II27 t08i039s	Did you think a lot about death – (your own, someone else’s, or death in general?	YES..... 1 NO..... 2
I39II28 t08i039t	Did you feel like you wanted to die ?	YES..... 1 NO..... 2
I39II29 t08i039u	Did you feel so low you thought about committing suicide ?	YES..... 1 NO..... 2
I39II30 t08i039v	Did you attempt suicide ?	YES..... 1 NO..... 2

[IF I29D AND I30 ARE “NO”, CODE 99 AND GO TO NEXT MODULE IF either I29D or I30=YES, CONTINUE]

I40
t08i0040
Earlier you mentioned you had intentions of committing suicide. Now I have a few questions about the times you attempted or were interrupted when you were trying to commit suicide. Could you please describe to me exactly what happened when you tried to commit suicide (the very first time IF MORE THAN ONCE)?

[IF OVERDOSE, ASK ABOUT THE NAMES AND AMOUNT OF DRUGS OR SUBSTANCE TAKEN. PROBE FOR TYPES OF EVENTS: CONJUGAL, OTHER INTERPERSONAL, OCCUPATIONAL, LIVING SITUATION, HEALTH, SEXUAL ABUSE, PHYSICAL ABUSE, OTHER]

TEXT: _____

I40A t08i040a	Did you intend to die?	YES..... 1 NO..... 2
I40B t08i040b	Did you think you would die?	YES..... 1 NO..... 2
I40BB t08i40bb	Were you alone at the time?	YES..... 1 NO..... 2
I40C t08i040c	During this suicide attempt, did you tell anyone what you had done immediately after the suicide attempt, or time the attempt so that you could be discovered by someone?	YES..... 1 NO..... 2
I40D t08i040d	Did you receive any medical treatment for your suicide attempt?	YES..... 1 NO.....(I40E)..... 2
I40D2 t08i40d2	Describe the treatment you received (Specify)	TEXT: _____
I40E t08i040e	Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns.	YES..... 1 NO.....(I41)..... 2
I40E2 t08i40e2	Can you describe them to me and for how long it was a serious condition?	TEXT: _____

[IF REPONSE TO I30 IS MORE THAN ONE, REPEAT I40 – I40D4]

I41 t08i0041	Can you describe to me exactly what happened the second time you tried to commit suicide?	TEXT:_____
I41A t08i041a	Did you intend to die?	YES..... 1 NO..... 2
ZI40B t08i41a2	Did you think you would die?	YES..... 1 NO..... 2
I41B t08i041b	Were you alone at the time?	YES..... 1 NO..... 2
I41C t08i041c	During the suicide attempt, did you tell anyone what you had done immediately after the suicide attempt, or time the attempt so that you could be discovered by someone?	YES..... 1 NO..... 2
I41D t08i041d	Did you receive any medical treatment for this suicide attempt?	YES..... 1 NO..... (I41E)..... 2
I41D2 t08i41d2	Describe the treatment you received (Specify)	TEXT:_____
I41E t08i041e	Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns.	YES..... 1 NO..... (I42)..... 2
I41E2 t08i41e2	Can you describe them to me and for how long it was a serious condition?	TEXT:_____
I42 t08i0042	Can you describe to me exactly what happened the third time you tried to commit suicide?	TEXT:_____
I42A t08i042a	Did you intend to die?	YES..... 1 NO..... 2
I42A2 t08i42a2	Did you think you would die?	YES..... 1 NO..... 2
I42B t08i042b	Were you alone at the time?	YES..... 1 NO..... 2
I42C t08i042c	During this suicide attempt, did you tell anyone what you had done immediately after the suicide attempt, or time the attempt so that you could be discovered by someone else?	YES..... 1 NO..... 2
I42D t08i042d	Did you receive any medical treatment for this suicide attempt?	YES..... 1 NO..... (I42E)..... 2
I42D2 t08i42d2	Describe the treatment you received (Specify)	TEXT:_____
I42E t08i042e	Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns.	YES..... 1 NO..... (I43)..... 2

I42E2 t08i42e2	Can you describe them to me and for how long it was a serious condition?	TEXT:_____
I43 t08i0043	Can you describe to me exactly what happened the fourth time you tried to commit suicide?	TEXT:_____
I43A t08i043a	Did you intend to die?	YES..... 1 NO..... 2
I43A2 t08i43a2	Did you think you would die?	YES..... 1 NO..... 2
I43B t08i043b	Were you alone at the time?	YES..... 1 NO..... 2
I43C t08i043c	During this suicide attempt, did you tell anyone what you had done immediately after the suicide attempt, or time the attempt so that you could be discovered by someone?	YES..... 1 NO..... 2
I43D t08i043d	Did you receive any medical treatment for this suicide attempt?	YES..... 1 NO..... (I43E)..... 2
I42D2 t08i43d2	Describe the treatment you received (Specify)	TEXT:_____
I43E t08i043e	Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns?	YES..... 1 NO..... (I44)..... 2
I43E2 t08i43e2	Can you describe them to me and for how long it was a serious condition?	TEXT:_____
I44 t08i0044	Can you describe to me exactly what happened the fifth time you tried to commit suicide?	TEXT:_____
I44A t08i044a	Did you intend to die?	YES..... 1 NO..... 2
I44A2 t08i44a2	Did you think you would die?	YES..... 1 NO..... 2
I44B t08i044b	Were you alone at the time?	YES..... 1 NO..... 2
I44C t08i044c	During the fifth suicide attempt, did you tell anyone what you had done immediately after the suicide attempt, or time the attempt so that you could be discovered by someone?	YES..... 1 NO..... 2
I44D t08i044d	Did you receive any medical treatment for the fifth suicide attempt?	YES..... 1 NO..... (I44E)..... 2

I44D2 t08i44d2	Describe the treatment you received (Specify)	TEXT:_____
I44E t08i044e	Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns?	YES..... 1 NO..... (I44)..... 2
I44E2 t08i44e2	Can you describe them to me and for how long it was a serious condition?	TEXT:_____
I45 t08i0045	What method did you use to attempt suicide (the most recent time)?	TEXT:_____
I46 t08i0046	IF OVERDOSE, NOTE DRUG AND AMOUNT INGESTED.	
	IF CUT, NOTE HOW SERIOUS AND OF SUTURES WERE WARRANTED	TEXT:_____
I47 t08i0047	Did you intend to die?	YES..... 1 NO..... 2 RF..... 7 DK..... 8
I48 t08i0048	Did you receive medical attention for any other suicide attempt?	YES..... 1 NO..... (NEXT MODULE)..... 2
I48A t08i048a	Please describe the methods you used for (any/the) attempt that required medical attention, and the medical treatment you received.	TEXT:_____

As a reminder, if you provide details about any illegal activities occurring in the prison facility, those may need to be reported to the prison authority. **[READ IF INTERVIEWING AN INCARCERATED INDIVIDUAL]**

Next, I am going to read a list of stressful experiences you may have had.

J1M Have you ever been in military combat? YES 1
 t08j001m NO..... (JC1)..... 2
 RF..... (JC1)..... 7

J1MA How old were you the first time you were in military AGE.....
 t08j01ma combat? DK..... 98

J1MB How long were you engaged in active military NUMBER
 t08j1mb1 combat? UNIT: WEEK(S) AGO..... 1
 t08j1mb2 MONTH(S) AGO..... 2
 YEAR(S) AGO..... 3

J2M When you were in military combat, were you ever YES 1
 t08j002m shot or stabbed? NO..... (J3M)..... 2
 RF..... (J3M)..... 7

J2MA How old were you the first time (you were shot or AGE.....
 t08j02ma stabbed in military combat)? DK..... 98

J3M When you were in military combat, did you ever YES 1
 t08j003m witness someone being seriously injured or killed? NO..... (J4M)..... 2
 RF..... (J4M)..... 7

J3MA How old were you the first time (you witnessed AGE.....
 t08j03ma someone being seriously injured or killed while in DK..... 98
 military combat)?

J4M When you were in the military, did you ever YES 1
 t08j004m unexpectedly discover a dead body? NO..... (J5M)..... 2
 RF..... (J5M)..... 7

J4MA How old were you the first time (you unexpectedly AGE.....
 t08j04ma discovered a dead body while in the military)? DK..... 98

J5M When you were in the military were you ever held YES 1
 t08j005m captive, tortured, or kidnapped? NO..... (JC1)..... 2
 RF..... (JC1)..... 7

J5MA How old were you the first time (you were held AGE.....
 t08j05ma captive, tortured, or kidnapped while in military DK..... 98
 combat)?

JC1 LOOK AT THE FACE SHEET TO DETERMINE IF PERSON HAD COMPLETED A QUALIFYING INTERVIEW

**[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J1X
 FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J1]**

J1X (Other than when you were in the military) Since 2000 YES 1
 t08j001x have you been held captive, tortured, or kidnapped? NO..... (J2X)..... 2
 RF..... (J2X)..... 7

J1AX How many times has that happened to you since NUMBER
 t08j01ax 2000? [IF J1AX=1, GO TO J1BAX. IF J1AX>1, GO ONE TIME..... 1
 TO J1BBX]

		MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J1BAX t08j1bax	How old were you?	AGE.....(J2X)..... <input type="text"/> <input type="text"/> DK.....(J2X)..... 98
J1BBX t08j1bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J1CX t08j01cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J1DX t08j01dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J2X)..... 1 YES, MOST RECENT.....(J2X)..... 2 YES, OTHER..... 3 NO.....(J2X)..... 4 DK.....(J2X).....8
J1EX t08j01ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J1 t08j0001	(Other than when you were in the military) Have you ever been held captive, tortured, or kidnapped?	YES 1 NO.....(J2)..... 2 RF.....(J2).....7
J1A t08j001a	How many times has that happened to you since 2000? [IF J1A=1, GO TO J1BA. IF J1A>1, GO TO J1BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J1Ba t08j01ba	How old were you?	AGE.....(J2)..... <input type="text"/> <input type="text"/> DK.....(J2)..... 98
J1Bb t08j01bb	How old were you the first time this happened?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J1C t08j001c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J1D t08j001d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J2)..... 1 YES, MOST RECENT.....(J2)..... 2 YES, OTHER..... 3 NO.....(J2)..... 4 DK.....(J2)..... 8
J1E t08j001e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J2X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J2]		
J2X t08j002x	(Other than when you were in the military) Since 2000 have you ever been shot or stabbed?	YES 1 NO.....(J3X)..... 2 RF.....(J3X)..... 7

J2AX t08j02ax	How many times has that happened to you since 2000? [IF J2AX=1, GO TO J2BAX. IF J2AX>1, GO TO J2BBX]	NUMBER <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J2BAX t08j2bax	How old were you?	AGE.....(J3X)..... <input type="text"/> DK.....(J3X)..... 98
J2BBX t08j2bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> DK..... 98
J2CX t08j02cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J2DX t08j02dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J3X)..... 1 YES, MOST RECENT.....(J3X)..... 2 YES, OTHER..... 3 NO.....(J3X)..... 4 DK.....(J3X)..... 8
J2EX t08j02ex	How old were you that time?	AGE..... <input type="text"/> DK..... 98
J2 t08j0002	(Other than when you were in the military) Have you ever been shot or stabbed?	YES 1 NO..... (J3)..... 2 RF..... (J3)..... 7
J2A t08j002a	How many times has that happened to you since 2000? [IF J2A=1, GO TO J2BA. IF J2A>1, GO TO J2BB]	NUMBER <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J2Ba t08j02ba	How old were you?	AGE.....(J3)..... <input type="text"/> DK.....(J3)..... 98
J2Bb t08j02bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> DK..... 98
J2C t08j002c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J2D t08j002d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J3)..... 1 YES, MOST RECENT.....(J3)..... 2 YES, OTHER..... 3 NO.....(J3)..... 4 DK.....(J3)..... 8
J2E t08j002e	How old were you that time?	AGE..... <input type="text"/> DK..... 98

**[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J3X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J3]**

J3X t08j003x	(Other than when you were in the military) Since 2000 have you ever witnessed someone being seriously injured or killed?	YES 1 NO..... (J4X)..... 2 RF..... (J4X)..... 7
J3AX t08j03ax	How many times has that happened to you since 2000? <i>[IF J3AX=1, GO TO J3BAX. IF J3AX>1, GO TO J3BBX]</i>	NUMBER <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J3BAX t08j3bax	How old were you?	AGE..... (J4X)..... <input type="text"/> DK..... (J4X)..... 98
J3BBX t08j3bbx	How old were you the first time this happened since being interviewed in 2000?	AGE..... <input type="text"/> DK..... 98
J3CX t08j03cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J3DX t08j03dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000..... (J4X) 1 YES, MOST RECENT..... (J4X)..... 2 YES, OTHER..... 3 NO..... (J4X)..... 4 DK..... (J4X)..... 8
J3EX t08j03ex	How old were you that time?	AGE..... <input type="text"/> DK..... 98
J3 t08j0003	(Other than when you were in the military) Have you ever witnessed someone being seriously injured or killed?	YES 1 NO..... (J4)..... 2 RF..... (J4)..... 7
J3A t08j003a	How many times has that happened to you since 2000? <i>[IF J3A=1, GO TO J3BA. IF J3A>1, GO TO J3BB]</i>	NUMBER <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J3BA t08j03ba	How old were you?	AGE..... (J4)..... <input type="text"/> DK..... (J4)..... 98
J3BB t08j03bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> DK..... 98
J3C t08j003c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J3D t08j003d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000..... (J4)..... 1 YES, MOST RECENT..... (J4) 2 YES, OTHER..... 3 NO..... (J4)..... 4 DK..... (J4)..... 8
J3E t08j003e	How old were you that time?	AGE..... <input type="text"/> DK..... 98

**[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J4X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J4]**

J4X t08j004x	(Other than when you were in the military) Since 2000 have you ever unexpectedly discovered a dead body?	YES 1 NO..... (J5X)..... 2 RF..... (J5X)..... 7
J4AX t08j04ax	How many times has that happened to you since 2000? [IF J4AX=1, GO TO J4BAX. IF J4AX>1, GO TO J4BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J4BAX t08j4bax	How old were you?	AGE.....(J5X)..... <input type="text"/> <input type="text"/> DK.....(J5X)..... 98
J4BBX t08j4bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J4CX t08j04cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J4DX t08j04dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J5X) 1 YES, MOST RECENT.....(J5X)..... 2 YES, OTHER..... 3 NO.....(J5X)..... 4 DK.....(J5X)..... 8
J4EX t08j04ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J4 t08j0004	(Other than when you were in the military) Have you ever unexpectedly discovered a dead body?	YES 1 NO..... (J5)..... 2 RF.....(J5)..... 7
J4A t08j004a	How many times has that happened to you since 2000? [IF J4A=1, GO TO J4BA. IF J4A>1, GO TO J4BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J4Ba t08j04ba	How old were you?	AGE.....(J5)..... <input type="text"/> <input type="text"/> DK.....(J5)..... 98
J4Bb t08j04bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J4C t08j004c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J4D t08j004d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J5X) 1 YES, MOST RECENT.....(J5X)..... 2 YES, OTHER..... 3 NO.....(J5X)..... 4 DK.....(J5X)..... 8

J4E t08j004e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J5X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J5]		
J5X t08j005x	(Other than when you were in the military) Since 2000 have you ever been mugged, held up, or threatened with a weapon?	YES 1 NO..... (J6X)..... 2 RF..... (J6X)..... 7
J5AX t08j05ax	How many times has that happened to you since 2000? [IF J5AX=1, GO TO J5BAX. IF J5AX>1, GO TO J5BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J5BAX t08j5bax	How old were you?	AGE.....(J6X)..... <input type="text"/> <input type="text"/> RF.....(J6X)..... 97
J5BBX t08j5bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J5CX t08j05cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J5DX t08j05dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J6X) 1 YES, MOST RECENT.....(J6X)..... 2 YES, OTHER..... 3 NO.....(J6X)..... 4 DK.....(J6X)..... 8
J5EX t08j05ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J5 t08j0005	Have you ever been mugged, held up, or threatened with a weapon? [INSTRUCT IF NECESSARY: WHEN ANSWERING THIS QUESTION, PLEASE DO NOT INCLUDE FISTS OR ANY PART OF THE BODY AS A WEAPON.]	YES 1 NO.....(J6)..... 2 RF.....(J6)..... 7
J5A t08j005a	How many times has that happened to you since 2000? [IF J5A=1, GO TO J5BA. IF J5A>1, GO TO J5BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J5BA t08j05ba	How old were you?	AGE.....(J6)..... <input type="text"/> <input type="text"/> RF.....(J6)..... 97
J5BB t08j05bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J5C t08j005c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

J5D t08j005d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J6) 1 YES, MOST RECENT.....(J6) 2 YES, OTHER..... 3 NO.....(J6)..... 4 DK.....(J6)..... 8
J5E t08j005e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J6X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J6]		
J6X t08j006x	Since 2000 and (Other than when you were held up or mugged) have you ever been badly beaten up?	YES 1 NO..... (J7X)..... 2 RF..... (J7X)..... 7
J6AX t08j06ax	How many times has that happened to you since 2000? [IF J6AX=1, GO TO J6BAX. IF J6AX>1, GO TO J6BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J6BAX t08j6bax	How old were you?	AGE..... (J7X)..... <input type="text"/> <input type="text"/> DK..... (J7X)..... 98
J6BBX t08j6bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J6CX t08j06cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J6DX t08j06dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J7X) 1 YES, MOST RECENT.....(J7X)..... 2 YES, OTHER..... 3 NO.....(J7X)..... 4 DK.....(J7X)..... 8
J6EX t08j06ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J6 t08j0006	(Other than when you were held up or mugged) Have you ever been badly beaten up? INSTRUCT IF NECESSARY: WHEN ANSWERING THIS QUESTION, PLEASE DO NOT INCLUDE FISTS OR ANY PART OF THE BODY AS A WEAPON.	YES 1 NO..... (J7)..... 2 RF..... (J7)..... 7
J6A t08j006a	How many times has that happened to you since 2000? [IF J6A=1, GO TO J6BA. IF J6A>1, GO TO J6BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J6BA t08j06ba	How old were you?	AGE..... (J7)..... <input type="text"/> <input type="text"/> DK..... (J7)..... 98
J6BB t08j06bb	How old were you the first time this happened	AGE..... <input type="text"/> <input type="text"/>

	(IF APPLICABLE since being interviewed in 2000)?	DK..... 98
J6C t08j006c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J6D t08j006d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J7)..... 1 YES, MOST RECENT.....(J7)..... 2 YES, OTHER..... 3 NO.....(J7)..... 4 DK.....(J7).....8
J6E t08j006e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J7X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J7]		
J7X t08j007x	Since 2000 have you ever been in a fire, flood, earthquake, or other natural disaster?	YES 1 NO..... (J8X)..... 2 RF..... (J8X)..... 7
J7AX t08j07ax	How many times has that happened to you since 2000? [IF J7AX=1, GO TO J7BAX. IF J7AX>1, GO TO J7BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J7BAX t08j7bax	How old were you?	AGE.....(J8X)..... <input type="text"/> <input type="text"/> RF.....(J8X)..... 97
J7BBX t08j7bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J7CX t08j07cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J7DX t08j07dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J8X)..... 1 YES, MOST RECENT.....(J8X)..... 2 YES, OTHER..... 3 NO.....(J8X)..... 4 DK.....(J8X).....8
J7EX t08j07ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J7 t08j0007	Have you ever been in a fire, flood, earthquake, or other natural disaster?	YES 1 NO..... (J8)..... 2 RF..... (J8).....7
J7A t08j007a	How many times has that happened to you since 2000? [IF J7A=1, GO TO J7BA. IF J7A>1, GO TO J7BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98

J7BA t08j07ba	How old were you?	AGE.....(J8)..... <input type="text"/> <input type="text"/> RF.....(J8)..... 97
J7BB t08j07bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J7C t08j007c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J7D t08j007d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J8)..... 1 YES, MOST RECENT.....(J8)..... 2 YES, OTHER..... 3 NO.....(J8)..... 4 DK.....(J8)..... 8
J7E t08j007e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

**[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J8X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J8]**

J8X t08j008x	Since 2000 have you ever been in a life-threatening car or motor vehicle accident?	YES 1 NO.....(J9X)..... 2 RF.....(J9X)..... 7
J8AX t08j08ax	How many times has that happened to you since 2000? [IF J8AX=1, GO TO J8BAX. IF J8AX>1, GO TO J8BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J8BAX t08j08bax	How old were you?	AGE.....(J9X)..... <input type="text"/> <input type="text"/> RF.....(J9X)..... 98
J8BBX t08j08bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J8CX t08j08cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J8DX t08j08dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J9X)..... 1 YES, MOST RECENT.....(J9X)..... 2 YES, OTHER..... 3 NO.....(J9X)..... 4 DK.....(J9X)..... 8
J8EX t08j08ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J8 t08j0008	Have you ever been in a life-threatening car or motor vehicle accident?	YES 1 NO.....(J9)..... 2 RF.....(J9)..... 7
J8A t08j008a	How many times has that happened to you since 2000? [IF J8A=1, GO TO J8BA. IF J8A>1, GO TO J8BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME

		BUT NOT SPECIFIED.....	97
		DK.....	98
J8BA t08j08ba	How old were you?	AGE.....(J9).....	<input type="text"/>
		RF.....(J9).....	98
J8BB t08j08bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE.....	<input type="text"/>
		DK.....	98
J8C t08j008c	How old were you the most recent time this happened to you?	AGE.....	<input type="text"/>
		DK.....	98
J8D t08j008d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J9).....	1
		YES, MOST RECENT.....(J9).....	2
		YES, OTHER.....	3
		NO.....(J9).....	4
		DK.....(J9).....	8
J8E t08j008e	How old were you that time?	AGE.....	<input type="text"/>
		DK.....	98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J9X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J9]			
J9X t08j009x	Since 2000 have you ever had any other kind of life- threatening accident or injury?	YES	1
		NO.....(J10X).....	2
		RF.....(J10X).....	7
J9AX t08j09ax	How many times has that happened to you since 2000? [IF J9AX=1, GO TO J9BAX. IF J9AX>1, GO TO J9BBX]	NUMBER	<input type="text"/>
		ONE TIME.....	1
		MORE THAN ONE TIME BUT NOT SPECIFIED.....	97
		DK.....	98
J9BAX t08j9bax	How old were you?	AGE.....(J10X).....	<input type="text"/>
		DK.....(J10X).....	98
J9BBX t08j9bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE.....	<input type="text"/>
		RF.....	98
J9CX t08j09cx	How old were you the most recent time this happened to you?	AGE.....	<input type="text"/>
		DK.....	98
J9DX t08j09dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J10X).....	1
		YES, MOST RECENT.....(J10X).....	2
		YES, OTHER.....	3
		NO.....(J10X).....	4
		DK.....(J10X).....	8
J9EX t08j09ex	How old were you that time?	AGE.....	<input type="text"/>
		DK.....	98
J9 t08j0009	Have you ever had any other kind of life-threatening accident or injury?	YES	1
		NO.....(J10).....	2
		RF.....(J10).....	7

J9A t08j009a	How many times has that happened to you since 2000? <i>[IF J9A=1, GO TO J9BA. IF J9A>1, GO TO J9BB]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J9Ba t08j09ba	How old were you?	AGE.....(J10)..... <input type="text"/> <input type="text"/> DK.....(J10)..... 98
J9Bb t08j09bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> RF..... 98
J9C t08j009c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J9D t08j009d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J10)..... 1 YES, MOST RECENT.....(J10)..... 2 YES, OTHER..... 3 NO.....(J10)..... 4 DK.....(J10)..... 8
J9E t08j009e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

***[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J10X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J10]***

J10X t08j1010x	Since 2000 have you ever been diagnosed with a life-threatening illness?	YES 1 NO..... (J11X)..... 2 RF..... (J11X)..... 7
J10AX t08j1010ax	How many times has that happened to you since 2000? <i>[IF J10AX=1, GO TO J10BAX. IF J10AX>1, GO TO J10BBX]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J10BAX t08j1010bax	How old were you?	AGE.....(J11X)..... <input type="text"/> <input type="text"/> RF.....(J11X)..... 98
J10BBX t08j1010bbx	How old were you the first time this happened since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J10CX t08j1010cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J10DX t08j1010dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J11X)..... 1 YES, MOST RECENT.....(J11X)..... 2 YES, OTHER..... 3 NO.....(J11X)..... 4 DK.....(J11X)..... 8
J10EX t08j1010ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

J10 t08j0010	Have you ever been diagnosed with a life-threatening illness?	YES 1 NO..... (J11)..... 2 RF..... (J11)..... 7
J10A t08j010a	How many times has that happened to you since 2000? <i>[IF J10A=1, GO TO J10BA. IF J10A>1, GO TO J10BB]</i>	NUMBER <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J10Ba t08j10ba	How old were you?	AGE..... (J11)..... <input type="text"/> RF..... (J11)..... 98
J10Bb t08j10bb	How old were you the first time this happened?	AGE..... <input type="text"/> DK..... 98
J10C t08j010c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J10D t08j010d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000..... (J11)..... 1 YES, MOST RECENT..... (J11)..... 2 YES, OTHER..... 3 NO..... (J11)..... 4 DK..... (J11)..... 8
J10E t08j010e	How old were you that time?	AGE..... <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J11X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J11]		
J11X t08j011x	Since 2000 have you ever had a child of yours diagnosed with a life- threatening illness?	YES 1 NO..... (J12X)..... 2 RF..... (J12X)..... 7
J11AX t08j11ax	How many times has that happened to you since 2000? <i>[IF J11AX=1, GO TO J11BAX. IF J11AX>1, GO TO J11BBX]</i>	NUMBER <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J11BAX t08j11bax	How old were you?	AGE..... (J12X)..... <input type="text"/> RF..... (J12X)..... 97
J11BBX t08j11bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> DK..... 98
J11CX t08j11cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> DK..... 98
J11DX t08j11dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000..... (J12X)..... 1 YES, MOST RECENT..... (J12X)..... 2 YES, OTHER..... 3 NO..... (J12X)..... 4 DK..... (J12X)..... 8

J11EX t08j11ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J11 t08j0011	Have you ever had a child of yours diagnosed with a life- threatening illness?	YES 1 NO..... (J12X)..... 2 RF..... (J12X)..... 7
J11A t08j011a	How many times has that happened to you since 2000? [IF J11A=1, GO TO J11BA. IF J11A>1, GO TO J11BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J11BA t08j11ba	How old were you?	AGE.....(J12)..... <input type="text"/> <input type="text"/> RF.....(J12)..... 97
J11BB t08j11bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J11C t08j011c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J11D t08j011d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J12)..... 1 YES, MOST RECENT.....(J12)..... 2 YES, OTHER..... 3 NO.....(J12)..... 4 DK.....(J12)..... 8
J11E t08j011e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J12X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J12]		
J12X t08j012x	Since 2000 have you ever learned that a close friend or close relative was raped or sexually assaulted?	YES 1 NO..... (J13X)..... 2 RF..... (J13X)..... 7
J12AX t08j12ax	How many times has that happened to you since 2000? [IF J12AX=1, GO TO J12BAX. IF J12AX>1, GO TO J12BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J12BAX t08j12bax	How old were you?	AGE.....(J13X)..... <input type="text"/> <input type="text"/> RF.....(J13X)..... 97
J12BBX t08j12bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
J12CX t08j12cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98

J12DX t08j12dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J13X) 1 YES, MOST RECENT.....(J13X)..... 2 YES, OTHER..... 3 NO.....(J13X)..... 4 DK.....(J13X).....8
J12EX t08j12ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J12 t08j0012	Have you ever learned that a close friend or close relative was raped or sexually assaulted?	YES 1 NO..... (J13)..... 2 RF..... (J13)..... 7
J12A t08j012a	How many times has that happened to you since 2000? [IF J12A=1, GO TO J12BA. IF J12A>1, GO TO J12BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J12BA t08j12ba	How old were you?	AGE.....(J13)..... <input type="text"/> <input type="text"/> RF.....(J13)..... 97
J12BB t08j12bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
J12C t08j012c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK..... 98
J12D t08j012d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J13)..... 1 YES, MOST RECENT.....(J13)..... 2 YES, OTHER..... 3 NO.....(J13)..... 4 DK.....(J13)..... 8
J12E t08j012e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J13X t08j013x	Since 2000 have you ever been raped?	YES 1 NO..... (J14X)..... 2 RF..... (J14X)..... 7
J13AX t08j13ax	How many times has that happened to you since 2000? [IF J13AX=1, GO TO J13BAX. IF J13AX>1, GO TO J13BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J13BAX t08j13bax	How old were you?	AGE.....(J14X)..... <input type="text"/> <input type="text"/> RF.....(J14X)..... 97
J13BBX t08j13bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

J13CX t08j13cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J13DX t08j13dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J14X) 1 YES, MOST RECENT.....(J14X)..... 2 YES, OTHER..... 3 NO.....(J14X)..... 4 DK.....(J14X)..... 8
J13EX t08j13ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J13 t08j0013	Have you ever been raped?	YES 1 NO.....(J14)..... 2 RF.....(J14)..... 7
J13A t08j013a	How many times has that happened to you since 2000? <i>[IF J13A=1, GO TO J13BA. IF J13A>1, GO TO J13BB]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J13Ba t08j13ba	How old were you?	AGE.....(J14)..... <input type="text"/> <input type="text"/> RF.....(J14) 97
J13Bb t08j13bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J13C t08j013c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J13D t08j013d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J14)..... 1 YES, MOST RECENT.....(J14) 2 YES, OTHER..... 3 NO.....(J14)..... 4 DK.....(J14)..... 8
J13E t08j013e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J14X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J14]		
J14X t08j014x	Since 2000 have you ever experienced any other kind of sexual assault?	YES 1 NO..... (J15X)..... 2 RF..... (J15X)..... 7
J14AX t08j14ax	How many times has that happened to you since 2000? <i>[IF J14AX=1, GO TO J14BAX. IF J14AX>1, GO TO J14BBX]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J14BAX t08j14bax	How old were you?	AGE.....(J15X)..... <input type="text"/> <input type="text"/> RF.....(J15X)..... 97

J14BBX t08j14bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J14CX t08j14cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J14DX t08j14dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J15X) 1 YES, MOST RECENT.....(J15X) 2 YES, OTHER..... 3 NO.....(J15X)..... 4 DK.....(J15X)..... 8
J14EX t08j14ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J14 t08j0014	Have you ever experienced any other kind of sexual assault?	YES 1 NO.....(J15)..... 2 RF.....(J15)..... 7
J14A t08j014a	How many times has that happened to you since 2000? [IF J14A=1, GO TO J14BA. IF J14A>1, GO TO J14BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME..... 1 MORE THAN ONE TIME BUT NOT SPECIFIED..... 97 DK..... 98
J14BA t08j14ba	How old were you?	AGE.....(J15)..... <input type="text"/> <input type="text"/> RF.....(J15)..... 97
J14BB t08j14bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J14C t08j014c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK..... 98
J14D t08j014d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J15)..... 1 YES, MOST RECENT.....(J15)..... 2 YES, OTHER..... 3 NO.....(J15)..... 4 DK.....(J15)..... 8
J14E t08j014e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK..... 98

**[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J15X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J15]**

J15X t08j015x	The next question is about the SUDDEN, UNEXPECTED death of a close friend or relative. Everyone experiences the death of a loved one some time in their life, but not everyone experiences a SUDDEN, UNEXPECTED death, such as a loved one being killed, committing suicide, dying in an accident, or dying of a heart attack at an early age. Since 2000 have you ever experienced this type of	YES 1
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	SUDDEN, UNEXPECTED death of a close friend or relative??	NO..... (J16X)..... 2 RF..... (J16X)..... 7
J15AX t08j15ax	How many times has that happened to you since 2000? [IF J15AX=1, GO TO J15BAX. IF J15AX>1, GO TO J15BBX]	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J15BAX t08j15bax	How old were you?	AGE.....(J16X)..... <input type="text"/> <input type="text"/> RF.....(J16X)..... 97
J15BBX t08j14bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK 98
J15CX t08j15cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK 98
J15DX t08j15dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J16X)..... 1 YES, MOST RECENT.....(J16X)..... 2 YES, OTHER..... 3 NO.....(J16X)..... 4 DK.....(J16X)..... 8
J15EX t08j15ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK 98
J15BBX t08j15bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK 98
J15 t08j0015	The next question is about the SUDDEN, UNEXPECTED death of a close friend or relative. Everyone experiences the death of a loved one some time in their life, but not everyone experiences a SUDDEN, UNEXPECTED death, such as a loved one being killed, committing suicide, dying in an accident, or dying of a heart attack at an early age. Have you ever experienced this type of SUDDEN, UNEXPECTED death of a close friend or relative?	YES 1 NO.....(J16)..... 2 RF.....(J16)..... 7
J15A t08j015a	How many times has that happened to you since 2000? [IF J15A=1, GO TO J15BA. IF J15A>1, GO TO J15BB]	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J15Ba t08j15ba	How old were you?	AGE.....(J16X)..... <input type="text"/> <input type="text"/> RF.....(J16X)..... 97
J15Bb t08j15bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK 98

J15C How old were you the most recent time this happened to you? AGE.....
t08j015c DK 98

J15D Is there one time that stands out in your mind as the worst? YES, FIRST SINCE 2000.....(J16X)..... 1
t08j015d YES, MOST RECENT.....(J16X)..... 2
 YES, OTHER..... 3
 NO.....(J16X)..... 4
 DK.....(J16X)..... 8

J15E How old were you that time? AGE.....
t08j015e DK 98

**FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J16X
 FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J16j**

J16X NOT counting when a close friend or relative died. YES 1
t08j016x Since 2000 have you ever learned that a close friend NO..... (J17X)..... 2
 or close relative was seriously physically attacked? RF..... (J17X)..... 7

J16AX How many times has that happened to you since 2000? [IF J16AX=1, GO TO J16BAX. IF J16AX>1, GO TO J16BBX] NUMBER
t08j16ax ONE TIME..... 1
 MORE THAN ONE TIME
 BUT NOT SPECIFIED..... 97
 DK..... 98

J16BAX How old were you? AGE..... (J17X).....
t08j16bax DK (J17X)..... 98

J16BBX How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)? AGE.....
t08j16bbx DK 98

J16CX How old were you the most recent time this happened to you? AGE.....
t08j16cx DK 98

J16DX Is there one time that stands out in your mind as the worst? YES, FIRST SINCE 2000.....(J17X)..... 1
t08j16dx YES, MOST RECENT.....(J17X)..... 2
 YES, OTHER..... 3
 NO.....(J17X)..... 4
 DK.....(J17X)..... 8

J16EX How old were you that time? AGE.....
t08j16ex DK 98

J16 NOT counting when a close friend or relative died, YES 1
t08j0016 have you ever learned that a close friend or close NO.....(J17)..... 2
 relative was seriously physically attacked? RF.....(J17)..... 7

J16A How many times has that happened to you since 2000? [IF J16A=1, GO TO J16BA. IF J16A>1, GO TO J16BB] NUMBER
t08j016a ONE TIME..... 1
 MORE THAN ONE TIME
 BUT NOT SPECIFIED..... 97
 DK..... 98

J16Ba t08j16ba	How old were you?	AGE.....(J17X)..... <input type="text"/> <input type="text"/> RF.....(J17X)..... 97
J16Bb t08j16bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK 98
J16C t08j016c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK 98
J16D t08j016d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J17X)..... 1 YES, MOST RECENT.....(J17X)..... 2 YES, OTHER..... 3 NO.....(J17X)..... 4 DK.....(J17X)..... 8
J16E t08j016e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> RF..... 97 DK 98
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J17X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J17]		
J17X t08j017x	Since 2000 NOT counting when a close friend or relative died, have you ever learned that a close friend or close relative was seriously injured in a life- threatening car or motor vehicle accident?	YES 1 NO..... (J18X)..... 2 RF..... (J18X)..... 7
J17AX t08j17ax	How many times has that happened to you since 2000? [IF J17AX=1, GO TO J17BAX. IF J17AX>1, GO TO J17BBX]	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J17BAX t08j17bax	How old were you?	AGE.....(J18X)..... <input type="text"/> <input type="text"/> RF.....(J18X)..... 97
J17BBX t08j17bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> DK 98
J17CX t08j17cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK 98
J17DX t08j17dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J18X)..... 1 YES, MOST RECENT.....(J18X)..... 2 YES, OTHER..... 3 NO.....(J18X)..... 4 DK.....(J18X)..... 8
J17EX t08j17ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK 98
J17 t08j0017	NOT counting when a close friend or relative died, have you ever learned that a close friend or close relative was seriously injured in a life-threatening car	YES 1 NO..... (J18)..... 2

	or motor vehicle accident?	RF.....(J18).....7
J17A t08j017a	How many times has that happened to you since 2000? <i>[IF J17A=1, GO TO J17BA. IF J17A>1, GO TO J17BB]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J17Ba t08j17ba	How old were you?	AGE.....(J18)..... <input type="text"/> <input type="text"/> RF.....(J18).....97
J17BB t08j17bb	How old were you the first time this happened?	AGE..... <input type="text"/> <input type="text"/> DK .....98
J17C t08j017c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK .....98
J17D t08j017d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(J18) 1 YES, MOST RECENT.....(J18) 2 YES, OTHER.....3 NO.....(J18).....4 DK.....(J18).....8
J17E t08j017e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK .....98
<i>[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J18X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J18]</i>		
J18X t08j018x	Since 2000 NOT counting when a close friend or relative died, have you ever learned that a close friend or close relative was seriously injured in any other kind of life-threatening accident?	YES 1 NO..... (JCINTRO).....2 RF.....(JCINTRO).....7
J18AX t08j18ax	How many times has that happened to you since 2000? <i>[IF J18AX=1, GO TO J18BAX. IF J18AX>1, GO TO J18BBX]</i>	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J18BAX t08j18bax	How old were you?	AGE.....(JCINTRO)..... <input type="text"/> <input type="text"/> DK .....(JCINTRO).....98
J18BBX t08j18bbx	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> RF.....98
J18CX t08j18cx	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK .....98
J18DX t08j18dx	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(JCINTRO) 1 YES, MOST RECENT.....(JCINTRO) 2 YES, OTHER.....3 NO.....(JCINTRO).....4

		DK.....(JCINTRO).....8
J18EX t08j18ex	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK 98
J18 t08j0018	NOT counting when a close friend or relative died, have you ever learned that a close friend or close relative was seriously injured in a life-threatening car or motor vehicle accident?	YES 1 NO.....(JCINTRO).....2 RF.....(JCINTRO).....7
J18A t08j018a	How many times has that happened to you since 2000? [IF J18A=1, GO TO J18BA. IF J18A>1, GO TO J18BB]	NUMBER <input type="text"/> <input type="text"/> ONE TIME.....1 MORE THAN ONE TIME BUT NOT SPECIFIED.....97 DK.....98
J18Ba t08j18ba	How old were you?	AGE.....(JCINTRO)..... <input type="text"/> <input type="text"/> DK .....(JCINTRO)..... 98
J18Bb t08j18bb	How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?	AGE..... <input type="text"/> <input type="text"/> RF..... 98
J18C t08j018c	How old were you the most recent time this happened to you?	AGE..... <input type="text"/> <input type="text"/> DK 98
J18D t08j018d	Is there one time that stands out in your mind as the worst?	YES, FIRST SINCE 2000.....(JCINTRO)..... 1 YES, MOST RECENT.....(JCINTRO)..... 2 YES, OTHER..... 3 NO.....(JCINTRO)..... 4 DK.....(JCINTRO).....8
J18E t08j018e	How old were you that time?	AGE..... <input type="text"/> <input type="text"/> DK 98

WORST EVENT

**[IF ONLY ONE EVENT WAS REPORTED, USE THAT EVENT]
[IF MORE THAN ONE EVENT WAS REPORTED, GO TO JCINTRO]**

JCINTRO	Now I'd like you to think about all of the events we just reviewed.	HELD CAPTIVE, TORTURED OR KIDNAPPED.....1 BEEN SHOT OR STABBED.....2 WITNESSED SOMEONE BEIGN SERIUOSLY INJURED ORKILLED.....3 UNEXPECTEDLY DISCOVERED A DEAD BODY.....4 BEEN MUGGED, HELD UP OR THREATENED WITH A WEAPON.....5 BEEN BADLY BEATEN UP.....6 BEEN RAPED.....7 BEEN IN A LIFE THREATENING CAR OR MOTOR VEHICLE ACCIDENT.....8 HAD ANY OTHER KIND OF LIFE-THREATENING ACCIDENT OR INJURY.....9 BEEN DIAGNOSED WITH A LIFE-THREATENING ILLNESS.....10
JC1X t08j0c1x	Which of these events or experiences was most stressful to you? REVIEW EVENTS AND SELECT ONLY ONE.	

HAD A CHILD DIAGNOSED WITH LIFE THREATENING ILLNESS.....11
 LEARNED THAT A CLOSE FRIEND OR RELATIVE WAS RAPED OR SEXUALLY ASSAULTED.....12
 BEEN IN A FIRE, FLOOD, EARTHQUAKE OR OTHER NATURAL DISASTE.....13
 EXPERIENCED ANY OTHER KIND OF SEXUAL ASSAULT.....14
 EXPERIENCED SUDDEN, UNEXPECTED DEATH OF A CLOSE FRIEND OR RELATIVE.....15
 LEARNED THAT A CLOSE FRIEND OR RELATIVE WAS SERIOUSLY PHYSICALLY ATTACKED.....16
 LEARNED THAT A CLOSE FRIEND OR RELATIVE WAS SERIOUSLY INJURED IN A LIFE-THREATENING CAR OR MOTOR VEHICLE ACCIDENT.....17
 LEARNED THAT A CLOSE FRIEND OR RELATIVE WAS SERIOUSLY INJURED IN ANY OTHER KIND OF LIFE-THREATENING ACCIDENT.....18

[IF R INDICATES ALL EQUAL, USE AGE FIRST EXPERIENCED THE MOST SERIOUS EVENT.]

JC1XA How old were you that time? AGE.....
 t08jc1xa DK 98

**[IF INTERVIEWED PREVIOUSLY THE EVENT MUST HAVE HAPPENED SINCE THE LAST INTERVIEW]
 IF NOT INTERVIEWED PREVIOUSLY, EVENT AND AGE CAN BE ANYTIME DURING R'S LIFE]**

JC1 At the time (that/that worst) event happened, did you think you or someone very close to you might die, be seriously injured or permanently disabled? YES 1
 t08j00c1 NO..... 2
 DK..... 8

JC2 At the age of (EVENT AGE), you experienced (EVENT). Did it make you feel very afraid? YES(JD1)..... 1
 t08j00c2 NO..... 2
 DK..... 8

JC3 Did you feel helpless? YES(JD1)..... 1
 t08j00c3 NO..... 2
 DK..... 8

JC4 Were you horrified? YES 1
 t08j00c4 NO..... 2
 DK..... 8

SYMPTOMS SERIES #1

JD1 The next questions are about the time after this experience. Did you keep thinking about it over and over when you didn't want to? [REMIND R OF EVENT IF NECESSARY] YES 1
 t08j00d1 NO..... 2
 DK..... 8

JD2 t08j00d2	Did you keep having bad dreams or nightmares about it? [REMINDR OF EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8
JD3 t08j00d3	Did you ever suddenly feel as though it was happening again? [REMINDR OF EVENT IF NECESSARY] [IF R SAYS "IT WAS HAPPENING AGAIN OR DO YOU MEAN IMAGINING IT OR WHEN IT REALLY WAS HAPPENING?" CLARIFY "DID YOU EVER SUDDENLY FEEL AS THOUGH IT WAS HAPPENING TO YOU AGAIN WHEN IT WAS NOT HAPPENING?"]	YES 1 NO..... 2 DK..... 8
JD4 t08j00d4	Did being in a situation similar to it or that reminded you of it make you very upset or anxious? [REMINDR OF EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8 NEVER A SIMILAR SITUATION..... 9
JD5 t08j00d5	Did you notice that your heart would pound, you would sweat or become physically ill when you were in a situation similar to it or that reminded you of it? [REMINDR OF EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8 NEVER A SIMILAR SITUATION..... 9

[COUNT SYMPTOM SERIES #1 QUESTIONS FOR ANY YES RESPONSES. IF ZERO 'YES', GO TO JD7. IF ONE OR MORE 'YES', GO TO JD6]

JD6 t08j00d6	You told me that you had the following reaction(s)- INSERT KEY PHRASES HIGHLIGHTED IN SERIES #1. Have you had (this/any of these) for one month or longer since this experience? [REMINDR OF LIFE EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8
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SYMPTOM SERIES #2

JD7 t08j00d7	After this experience did you try to avoid thinking, feeling or talking about it? [REMINDR OF EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8
JD8 t08j00d8	Did you avoid being reminded of this experience by staying away from certain places, people, or activities? [REMINDR OF EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8
JD9 t08j00d9	Did you have amnesia – that is, forget all or part of it? [REMINDR OF LIFE EVENT IF NECESSARY]	YES 1 NO..... (JD11) 2 DK..... (JD11)..... 8
JD10 t08j0d10	Was this because you were injured or unconscious? [REMINDR OF LIFE EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8
JD11 t08j0d11	Did you lose interest in activities that were once important or enjoyable? [REMINDR OF LIFE EVENT IF NECESSARY]	YES 1 NO..... 2 DK..... 8

JD12
t08j0d12 Did you begin to feel more isolated or distant from other people? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD13
t08j0d13 Did you find it hard to love or have affection for other people? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD14
t08j0d14 Did you begin to feel that there was no point in planning for the future? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

[COUNT SYMPTOM SERIES #2 QUESTIONS FOR ANY YES RESPONSES. IF ZERO 'YES', GO TO JD6. IF ONE OR MORE 'YES' GO TO JD15]

JD15
t08j0d15 You told me that you had the following reaction(s)- INSERT KEY PHRASES HIGHLIGHTED IN SERIES #2. Have you had (this/any of these) for one month or longer since this experience? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD16
t08j0d16 After this experience were you having more trouble than usual falling asleep or staying asleep? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD17
t08j0d17 Did you become more irritable or short-tempered? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD18
t08j0d18 Did you have more trouble keeping your mind on what you were doing? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD19
t08j0d19 Did you become much more concerned about danger or much more careful about things? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

JD20
t08j0d20 Did you become jumpy or get easily startled by ordinary noises or movements? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

[COUNT SYMPTOM SERIES #3 QUESTIONS FOR ANY YES RESPONSES. IF ZERO 'YES', GO TO JE1. IF ONE OR MORE 'YES' GO TO JD21]

JD21
t08j0d21 You told me that you had the following reaction(s)- INSERT KEY PHRASES HIGHLIGHTED IN SERIES #3. Have you had (this/any of these) for one month or longer since this experience? **[REMINDE OF LIFE EVENT IF NECESSARY]** YES 1
NO..... 2
DK..... 8

**[IF NO SYMPTOMS REPORTED IN JD1-JD21, GO TO NEXT MODULE.
IF ONE OR MORE SYMPTOMS REPORTED IN JD1-JD21 TO GO JE1]**

JE1 t08j0e1a t08j0e1b	You told me that you had the following reactions (READ UP TO 5 SX KEYPHRASES JD1-JD21). How soon after this experience did (this/any of these) symptoms begin?	NUMBER ENTERED..... <input type="text"/> <input type="text"/> <input type="text"/> UNIT: DAY(S) AGO..... 1 WEEK(S) AGO..... 2 MONTH(S) AGO..... 3 YEAR(S) AGO..... 4 DK..... 98
JE2 t08je2a1 t08je2a2	For how long did you continue to have (this reaction/ any of these reactions) <u>at least a few times</u> a week because of this experience?	NUMBER ENTERED..... <input type="text"/> <input type="text"/> <input type="text"/> UNIT: DAY(S) .....(JE3)..... 1 WEEK(S) .....(JE3)..... 2 MONTH(S) .....(JE3)..... 3 YEAR(S) .....(JE3)..... 4 DK.....(JE3)..... 98 STILL GOING ON..... 99
JE2A t08je2a3	Was it at least a month?	YES .....(JE3)..... 1 NO.....(JE3)..... 2 DK..... (JE3)..... 8
JE3 t08j00e3	How old were you the last time you had (this reaction /any of these reactions) as a result of this experience?	AGE..... <input type="text"/> <input type="text"/> DK 98
JE3A t08j0e3a	Have you experienced any of these reactions in the past year?	YES 1 NO..... 2 DK..... 8
JE4 t08j00e4	Did you ever tell a medical doctor about any of your reactions to this experience?	YES 1 NO..... 2 DK..... 8
JE5 t08j00e5	Did you tell any other professional such as a minister, priest, rabbi, social worker, psychologist or psychiatrist?	YES 1 NO..... 2 DK..... 8
JE6 t08j00e6	Did you take medication more than once because of your reactions?	YES 1 NO..... 2 DK..... 8
JE7 t08j00e7	How much did your reactions interfere with your life and activities-a lot, some, a little, or not at all?	A LOT 1 SOME..... 2 A LITTLE 3 NOT AT ALL..... 4 DK..... 8

Source of all items Breslau N et al., 1998 Detroit Area Survey unless otherwise noted. (modified from 2000)

This module was prepared with saving time in mind, so that instead of asking about events gathered previously, it mainly focuses on those that happened since the previous ptsd interview (unless we happen to interview someone that did not do the face-to-face adult interview (2000/02) then they have an abbreviated ever sequence adapted from the previous questions). Focus was on new onset of events and worst for >20 interval.

Therefore it obtains ever cumulative ptsd (based on worst event) but does not capture the few people that might have delayed onset--- ptsd now @age 28 from an 'old event' reported on the age 20 interview. These people as well as those

with no ptsd from a more recent worst event report in the age 28 interview but who might still suffer ptsd from an 'old event' reported on the age 20 interview are not captured in this interview-thus cannot estimate true 'current ptsd' .

Age 20/21 age 28/30

No ptsd-----no ptsd

-----new ptsd from an event that happened in last 7 years

----- 'new' ptsd delayed from an event reported at age 20/21 (not captured)

PTSD -----no ptsd (not capturing if symptoms from past event still active)

-----new ptsd from one of the events that happened in last 7 years

NOTE: Due to the complexity of numbering scheme in SENSUS, the question numbers adopted in this questionnaire have been modified for simplicity. However, the logic of the original numbering scheme was maintained.

L1INTRO Now I'd like to ask you about experiences you might have had. As I read each experience, please tell me if it has happened since your 18th birthday.

[READ IF INTERVIEWING AN INCARCERATED INDIVIDUAL] I want to remind you again if you disclose DETAILS of events that are happening in this facility we may need to report them to the appropriate authorities.

L1a1 t08I01a1	Since turning 18, did you have a time that lasted at least 1 month when you lived with friends, acquaintances or relatives because you didn't have your own place to live?	YES 1 NO 2
L1a2 t08I01a2	Since turning 18, did you have a time when you were absent from work or school a lot, other than the times you were sick or taking care of someone who was sick?	YES 1 NO 2
L1a3 t08I01a3	Since turning 18, did you more than once quit a job without knowing where you would find another one?	YES 1 NO 2
L1a4 t08I01a4	Since turning 18, did you more than once quit a school program without knowing what you would do next?	YES 1 NO 2
L1a5 t08I01a5	Since turning 18, did you travel around from place to place for a month or more without making any plans ahead of time, not knowing how long you would be gone, or where you were going to work?	YES 1 NO 2
L1a6 t08I01a6	Since turning 18, did you have a time that lasted at least 1 month when you had no regular place to live – like living on the street or in a car?	YES 1 NO 2
L1a7 t08I01a7	Since turning 18, did you have a time when you bullied or pushed people around or tried to make them afraid of you?	YES 1 NO 2
L1a8 t08I01a8	Since turning 18, did you have a time when you lied a lot, not counting any times you lied to keep from being hurt?	YES 1 NO 2
L1a9 t08I01a9	Since turning 18, did you use a false or made-up name or alias?	YES 1 NO 2
L1a10 t08I1a10	Since turning 18, did you scam or con someone for money, to avoid responsibility or just for fun?	YES 1 NO 2
L1a11 t08I1a11	Since turning 18, did you do things that could have easily hurt you or someone else – like speeding or driving after having too much to drink?	YES 1 NO 2
L1a12 t08I1a12	Since turning 18, did you get more than 2 traffic tickets for speeding, reckless or careless driving or causing an accident?	YES 1 NO 2
L1a13 t08I1a13	Since turning 18, did you have your driver's license suspended or revoked?	YES 1 NO 2
L1a14	Since turning 18, did you fail to pay off your debts –	

t08I1a14	like moving to avoid paying rent, not making payments on a loan or mortgage, failing to make alimony or child support payments or filing for bankruptcy?	YES 1 NO 2
L1a15 t08I1a15	Since turning 18, did you destroy, break, or vandalize someone else's property – their car, home, or other personal belongings?	YES 1 NO 2
L1a16 t08I1a16	Since turning 18, did you start a fire on purpose to destroy someone else's property or just to see it burn?	YES 1 NO 2
L1a17 t08I1a17	Since turning 18, did you steal anything from someone or someplace when no one was around?	YES 1 NO 2
L1a18 t08I1a18	Since turning 18, did you forge someone else's signature without their permission – like on a legal document or on a check?	YES 1 NO 2
L1a19 t08I1a19	Since turning 18, did you shoplift?	YES 1 NO 2
L1a20 t08I1a20	Since turning 18, did you rob or mug someone or snatch a purse?	YES 1 NO 2
L1a21 t08I1a21	Since turning 18, did you make money illegally – like selling stolen property or selling drugs?	YES 1 NO 2
L1a22 t08I1a22	Since turning 18, did you force someone to have sex with you against their will?	YES 1 NO 2
L1a23 t08I1a23	Since turning 18, did you get into a lot of fights that you started?	YES 1 NO 2
L1a24 t08I1a24	Since turning 18, did you get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?	YES 1 NO 2
L1a25 t08I1a25	Since turning 18, did you use a weapon like a stick, knife, or gun in a fight?	YES 1 NO 2
L1a26 t08I1a26	Since turning 18, did you hit someone so hard that you injured them or they had to see a doctor?	YES 1 NO 2
L1a27 t08I1a27	Since turning 18, did you harass, threaten or blackmail someone?	YES 1 NO 2
L1a28 t08I1a28	Since turning 18, did you physically hurt another person in any other way on purpose?	YES 1 NO 2
L1a29 t08I1a29	Since turning 18, did you hurt or be cruel to an animal or pet on purpose?	YES 1 NO 2
L1a30 t08I1a30	Since turning 18, did you do anything else that you could have been arrested for, regardless of whether or not you were caught?	YES 1 NO 2
L2a	Did any of these experiences happen WHILE you	

t08I002a	were drinking heavily, or AFTER you had been drinking heavily?	YES 1 NO .....(L3A)..... 2
L2b t08I002b	Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?	YES 1 NO 2
L3a t08I003a	Did ALL of these experiences WHILE you were using or AFTER you had used any medicines or drugs?	YES 1 NO .....(L5A)..... 2
L3b t08I003b	Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs?	YES 1 NO 2
L4a t08I004a	Did ANY of these experiences happen during a period when you felt extremely excited elated or hyper, or extremely irritable or easily annoyed?	YES 1 NO.....(L5A)..... 2
L4b t08I004b	Did ANY of these experiences ONLY happen during the periods when you felt extremely excited, elated or hyper, or extremely irritable or easily annoyed?	YES 1 NO..... 2
L5aINTR0	You mentioned that you (destroyed property/stole something or did something you could have been arrested for/ mistreated or harmed another person or an animal).	
L5a t08I005a	Since any of these things happened, have you regretted doing any of these things or wished any of these things had never happened?	YES 1 NO..... 2
L5b t08I005b	Did you feel you had a right to do (this/these things) or feel that the other people deserved what they got?	YES 1 NO..... 2
L6a t08I006a	Before you were 18, were you ever in jail or a juvenile detention center?	YES 1 NO.....(L7A)..... 2
L6b t08I06b1 t08I06b2	About how long altogether were you in jail or a juvenile? UNIT:	NUMBER ENTERED..... <input type="text"/> <input type="text"/> DAY(S) 1 WEEK(S)..... 2 MONTH(S)..... 3 YEAR(S) 4
L7a t08I007a	SINCE you were 18, were you ever in jail, prison, or a correctional facility?	YES 1 NO.....(NEXT SECTION)..... 2 RF .....(NEXT SECTION)..... 7
L7b t08I07b1 t08I07b2	About how long altogether were you in jail, prison, or a correctional facility since you were 18? UNIT:	NUMBER ENTERED..... <input type="text"/> <input type="text"/> DAY(S) 1 WEEK(S)..... 2 MONTH(S)..... 3 YEAR(S) 4

Now, I would like to ask you a few questions about your living situation, just to have some background information.

M1 t08m0001	Do you own or rent (this/the) (house/apartment/place) where you live?	YES.....(M3)..... 1 NO.....(M2)..... 2 SHARE, RENT/OWN.....(M3)..... 3
M2 t08m0002	Does the person who owns or rents your (house/apartment/place) live with you?	YES.....(M4)..... 1 NO..... 2 LIVES ALONE.....(M7)..... 3 DK.....(M3)..... 8
M3 t08m0003	(Other than yourself), who would you say is your main partner in supporting or managing (this/your) household?	OTHER PERSON.....(M4)..... 1 NO OTHER SUPPORT....(M7)..... 2 LIVES ALONE.....(M7)..... 3 RF.....(M5)..... 7 DK.....(M5)..... 8
M4 t08m0004	How is this person related to you?	HUSBAND/WIFE 01 SON/DAUGHTER 02 STEPCHILD 03 GRANDCHILD 04 BROTHER/SISTER 05 FATHER/MOTHER 06 OTHER RELATIVE 07 ROOMER/BOARDER 08 ROOMMATE 09 UNMARRIED PARTNER 10 OTHER NON-RELATIVE..... 11
t08m004a	SPECIFY:	.....
M5 t08m0005	How many adults age 18 or older live in this household besides yourself?	# OF ADDITIONAL ADULTS <input type="text"/> <input type="text"/>
M6A t08m006a	How many of them are employed?	# OF ADULTS <input type="text"/> <input type="text"/>
M6B t08m006b	How many are retired?	# OF ADULTS <input type="text"/> <input type="text"/>
M6C t08m006c	How many are disabled?	# OF ADULTS <input type="text"/> <input type="text"/>
M7 t08m0007	Do you have any children?	YES..... 1 NO.....(NEXT SECTION)..... 2 RF.....(NEXT SECTION)..... 7 DK.....(NEXT SECTION)..... 8

Please tell me the sex and age of your children and whether they live with you or whom they do live with. **[IF CHILD IS LESS THAN 1 YEAR OLD CODE AS AGE 00]**

ChildSex1 t08m007a	What is the sex of your oldest child?	MALE 1 FEMALE..... 2
ChildAge1 t08m007b	How old is your oldest child?	AGE..... <input type="text"/> <input type="text"/>
M81 t08m007c	With whom does your oldest child live?	YOU 1 OTHER PARENT..... 2 OTHER RELATIVE 3 FOSTER HOME OR UNRELATED CARETAKER..... 4

		IN OWN OR FRIEND'S LODGING.....	5
		SCHOOL OR COLLEGE	6
		CORRECTIONAL FACILITY OR REFORM SCHOOL.....	7
		HOSPITAL OR INSTITUTION	8
		RUNAWAY.....	9
		OTHER.....	10
		CHILD MARRIED.....	11
		DK.....	98
M71 t08m0008	Do you have any other children?	YES.....	1
		NO.....(NEXT MODULE)	2
		RF.....(NEXT MODULE).....	7
		DK.....(NEXT MODULE).....	8
ChildSex2 t08m008a	What is the sex of your next oldest child?	MALE	1
		FEMALE.....	2
ChildAge2 t08m008b	How old is your next oldest child?	AGE.....	<input type="text"/> <input type="text"/>
M82 t08m008c	With whom does your next oldest child live?	YOU	1
		OTHER PARENT.....	2
		OTHER RELATIVE	3
		FOSTER HOME OR UNRELATED CARETAKER	4
		IN OWN OR FRIEND'S LODGING.....	5
		SCHOOL OR COLLEGE	6
		CORRECTIONAL FACILITY OR REFORM SCHOOL.....	7
		HOSPITAL OR INSTITUTION	8
		RUNAWAY.....	9
		OTHER.....	10
		CHILD MARRIED.....	11
		DK.....	98
M72 t08m0009	Do you have any other children?	YES.....	1
		NO.....(NEXT MODULE)	2
		RF.....(NEXT MODULE).....	7
		DK.....(NEXT MODULE).....	8
ChildSex3 t08m009a	What is the sex of your next oldest child?	MALE	1
		FEMALE.....	2
ChildAge3 t08m009b	How old is your next oldest child?	AGE.....	<input type="text"/> <input type="text"/>
M83 t08m009c	With whom does your next oldest child live?	YOU	1
		OTHER PARENT.....	2
		OTHER RELATIVE	3
		FOSTER HOME OR UNRELATED CARETAKER	4
		IN OWN OR FRIEND'S LODGING.....	5
		SCHOOL OR COLLEGE	6
		CORRECTIONAL FACILITY OR REFORM SCHOOL.....	7

		HOSPITAL OR INSTITUTION	8
		RUNAWAY	9
		OTHER.....	10
		CHILD MARRIED.....	11
		DK	98
M73 t08m0010	Do you have any other children?	YES	1
		NO..... (NEXT MODULE)	2
		RF	7
		DK.....(NEXT MODULE)	8
ChildSex4 t08m010a	What is the sex of your next oldest child?	MALE	1
		FEMALE.....	2
ChildAge4 t08m010b	How old is your next oldest child?	AGE.....	<input type="text"/> <input type="text"/>
M84 t08m010c	With whom does your next oldest child live?	YOU	1
		OTHER PARENT	2
		OTHER RELATIVE	3
		FOSTER HOME OR UNRELATED CARETAKER	4
		IN OWN OR FRIEND'S LODGING.....	5
		SCHOOL OR COLLEGE	6
		CORRECTIONAL FACILITY OR REFORM SCHOOL.....	7
		HOSPITAL OR INSTITUTION	8
		RUNAWAY	9
		OTHER.....	10
		CHILD MARRIED.....	11
		DK	98
M74 t08m0011	Do you have any other children?	YES	1
		NO.....	2
		RF	7
		DK	8
ChildSex5 t08m011a	What is the sex of your next oldest child?	MALE	1
		FEMALE.....	2
ChildAge5 t08m011b	How old is your next oldest child?	AGE.....	<input type="text"/> <input type="text"/>
M85 t08m011c	With whom does your next oldest child live?	YOU	1
		OTHER PARENT	2
		OTHER RELATIVE	3
		FOSTER HOME OR UNRELATED CARETAKER	4
		IN OWN OR FRIEND'S LODGING.....	5
		SCHOOL OR COLLEGE	6
		CORRECTIONAL FACILITY OR REFORM SCHOOL.....	7
		HOSPITAL OR INSTITUTION	8
		RUNAWAY	9
		OTHER.....	10
		CHILD MARRIED.....	11
		DK	98

Source of items:

Modified from YA 2000/02

N1 t08n0001	During the last 12 months, what was YOUR TOTAL COMBINED household income received from jobs and businesses? Report income before income before taxes and other deductions or net income after business expenses for self-employed members. Include any tips, bonuses, overtime pay or commissions. Can you tell me which category on this card best represents YOUR TOTAL income in the last 12 months? [SHOW CARD O]	LESS THAN \$1,000 1 \$1,000 - \$5,999 2 \$6,000 - \$9,999 3 \$10,000 - \$14,999 4 \$15,000 - \$17,499 5 \$17,500 - \$19,999 6 \$20,000 - \$24,999 7 \$25,000 - \$34,999 8 \$35,000 - \$49,999 9 \$50,000 - \$69,999 10 \$70,000 - \$99,999 11 \$100,000 - \$149,999 12 \$150,000 AND OVER 13 NO INCOME 14
N2 t08n0002	During the last 12 months, what was YOUR TOTAL PERSONAL income received from jobs, business and OTHER SOURCES? Can you tell me which category on this card best represents YOUR income last year? [SHOW CARD O]	LESS THAN \$1,000 1 \$1,000 - \$5,999 2 \$6,000 - \$9,999 3 \$10,000 - \$14,999 4 \$15,000 - \$17,499 5 \$17,500 - \$19,999 6 \$20,000 - \$24,999 7 \$25,000 - \$34,999 8 \$35,000 - \$49,999 9 \$50,000 - \$69,999 10 \$70,000 - \$99,999 11 \$100,000 - \$149,999 12 \$150,000 AND OVER 13 NO INCOME 14
	Please tell me IF YOU PERSONALLY RECEIVED any income during the last 12 months from any of the following sources:	
N4 t08n0004	Did YOU receive Social Security?	YES 1 NO 2
N5 t08n0005	Did YOU receive Supplemental Security Income (SSI)?	YES 1 NO 2 RF 7
N6 t08n0006	Did YOU receive Traditional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP) or Emergency Assistance Program (EA)?	YES 1 NO 2 RF 7
N7 t08n0007	Did YOU receive WIC Benefits (Women, Infants and Children Nutritional Program)?	YES 1 NO 2 RF 7
N8 t08n0008	Did YOU receive food stamps during the last 12 months?	YES 1 NO (N10) 2
N9 t08n0009	How much did you receive in food stamps during the last 12 months? SPECIFY:	.....
N10 t08n0010	Are you currently covered by Medicare?	YES 1 NO 2

N11 t08n0011	Are you currently covered by Medicaid?	YES 1 NO 2
N12 t08n0012	Are you currently covered by CHAMPUS, CHAMPVA, the VA, or other military health care?	YES 1 NO 2
N13 t08n0013	Are you currently covered by health insurance obtained privately or through a current or former employer or union?	YES 1 NO 2
N14 t08n0014	In the last 12 months, was there any time when you did not have enough money for housing?	YES 1 NO 2
N15 t08n0015	In the last 12 months, was there any time when you did not have enough money for food?	YES 1 NO 2
N16 t08n0016	In the last 12 months, was there any time when you did not have enough money for medicine or medical care?	YES 1 NO 2

OINTRO	Now I'd like to ask some questions about your health and health practices	
O1 t08o0001	(Not counting childbirth), how many separate times did you stay in a hospital overnight or longer in the past 12 months?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DK..... 98
O2 t08o0002	(Again not counting childbirth), How many days altogether did you spend in the hospital in the last 12 months	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> DK..... 98
O3 t08o0003	In the past 12 months, how many times did you receive medical care or treatment in a hospital emergency room?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DK..... 98
O4 t08o0004	In the past 12 months, how many injuries have you had that caused you to seek medical help or to cut down your usual activities for more than half a day?	NUMBER OF INJURIES..... <input type="text"/> <input type="text"/> DK..... 98
O5 t08o0005	When was the last time you saw a health care professional for a routine physical or checkup? [SHOW CARD P]	PAST 12 MONTHS 1 WITHIN 1-4 YEARS 2 MORE THAN 5 YEARS AGO 3 NEVER 4
O6 t08o0006	In the last 12 months have you needed any medical care for a physical illness or condition?	YES 1 NO (O7)..... 2
O6A t08o0006a	Did you get treatment?	YES 1 NO 2
O7 t08o0007	Have you ever gone anywhere or seen anyone for a reason that was related in any way to your use of medicines or drugs – physician, counselor, Narcotics, Anonymous, or any other community agency or professional?	YES 1 NO (O10A)..... 2
	I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your drinking or drug use or problem with emotions or nerves?	
O81A t08o081a	In your entire life, did you EVER go to a narcotics or cocaine anonymous, alcoholics anonymous or any 12-Step meeting?	YES 1 NO (O82A) 2
O81B t08o081b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o081b2	Drug use?	YES 1 NO 2
t08o081b3	Emotional and behavioral use?	YES 1 NO 2
O81C t08o081c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O82A t08o082a	In your entire life, did you EVER go to a/an family service or another social service agency?	YES 1 NO (O83A) 2
O82B	Did you go for...	

t08o82b1	Alcohol use?	YES 1 NO 2
t08o82b2	Drug use?	YES 1 NO 2
t08o82b3	Emotional and behavioral use?	YES 1 NO 2
O82C t08o082c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O83A t08o083a	In your entire life, did you EVER go to a/an drug or alcohol detoxification ward or clinic?	YES 1 NO (O84A) 2
O83B t08o083b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o083b2	Drug use?	YES 1 NO 2
t08o083b3	Emotional and behavioral use?	YES 1 NO 2
O83C t08o083c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O84A t08o084a	In your entire life, did you EVER go to a/an inpatient ward of a psychiatric or general hospital or community mental health program?	YES 1 NO (O85A) 2
O84B t08o084b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o084b2	Drug use?	YES 1 NO 2
t08o084b3	Emotional and behavioral use?	YES 1 NO 2
O84C t08o084c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O85A t08o085a	In your entire life, did you EVER go to a/an outpatient clinic, including outreach programs and day or partial patient programs?	YES 1 NO (O86A) 2
O85B t08o085b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o085b2	Drug use?	YES 1 NO 2
t08o085b3	Emotional and behavioral use?	YES 1 NO 2
O85C t08o085c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O86A t08o086a	In your entire life, did you EVER go to a/an drug or alcohol rehabilitation program?	YES 1 NO (O87A) 2

O86B t08o86b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o86b2	Drug use?	YES 1 NO 2
t08o86b3	Emotional and behavioral use?	YES 1 NO 2
O86C t08o086c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O87A t08o087a	In your entire life, did you EVER go to a/an methadone maintenance program?	YES 1 NO (O88A) 2
O87B t08o87b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o87b2	Drug use?	YES 1 NO 2
t08o87b3	Emotional and behavioral use?	YES 1 NO 2
O87C t08o087c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O88A t08o088a	In your entire life, did you EVER go to a/an emergency room for any reason related to your drinking, drug use, or emotions or nerves?	YES 1 NO (O89A) 2
O88B t08o88b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o88b2	Drug use?	YES 1 NO 2
t08o88b3	Emotional or behavioral issues?	YES 1 NO 2
O88C t08o088c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O89A t08o089a	In your entire life, did you EVER go to a/an halfway house or including therapeutic communities?	YES 1 NO (O810A) 2
O89B t08o89b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o89b2	Drug use?	YES 1 NO 2
t08o89b3	Emotional and behavioral use?	YES 1 NO 2
O89C t08o089c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O810A	In your entire life, did you EVER go to or call a crisis	YES 1

t08o810a	center or Hotline?	NO (O811A) 2
O810B	Did you go for...	
t08o810b1	Alcohol use?	YES 1 NO 2
t08o810b2	Drug use?	YES 1 NO 2
t08o810b3	Emotional or behavioral issues?	YES 1 NO 2
O810C	Did you go there during the last 12 months ONLY,	LAST 12 MONTHS ONLY 1
t08o810c	before the last 12 months ONLY or during both time periods?	BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O811A	In your entire life, did you EVER go to an Employee	YES 1
t08o811a	Assistance Program (EAP)?	NO (O812A) 2
O811B	Did you go for...	
t08o811b1	Alcohol use?	YES 1 NO 2
t08o811b2	Drug use?	YES 1 NO 2
t08o811b3	Emotional or behavioral issues?	YES 1 NO 2
O811C	Did you go there during the last 12 months ONLY,	LAST 12 MONTHS ONLY 1
t08o811c	before the last 12 months ONLY or during both time periods?	BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O812A	In your entire life, did you EVER go to a clergyman,	YES 1
t08o812a	priest, or rabbi for any reason related to your drinking, drug use, or emotions or nerves?	NO (O813A) 2
O812B	Did you go for...	
t08o812b1	Alcohol use?	YES 1 NO 2
t08o812b2	Drug use?	YES 1 NO 2
t08o812b3	Emotional or behavioral issues?	YES 1 NO 2
O812C	Did you go there during the last 12 months ONLY,	LAST 12 MONTHS ONLY 1
t08o812c	before the last 12 months ONLY or during both time periods?	BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O813A	In your entire life, did you EVER go to a/an family	YES 1
t08o813a	doctor, private physician, psychiatrist, psychologist, social worker or any other professional for any reason related to your drinking or drug use or problems with emotions and nerves?	NO (O814A) 2
O813B	Did you go for...	
t08o813b1	Alcohol use?	YES 1 NO 2
t08o813b2	Drug use?	YES 1 NO 2
t08o813b3	Emotional or behavioral issues?	YES 1 NO 2
O813C	Did you go there during the last 12 months ONLY,	LAST 12 MONTHS ONLY 1

t08o813c	before the last 12 months ONLY or during both time periods?	BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O814A t08o814a	In your entire life, did you EVER go to a/an acupuncturist or chiropractor for reasons related to your drinking, drug use, or problems with emotions or nerves?	YES 1 NO (O815A) 2
O814B t08o814b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o814b2	Drug use?	YES 1 NO 2
t08o814b3	Emotional or behavioral issues?	YES 1 NO 2
O814C t08o814c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O815A t08o815a	In your entire life, did you EVER go to a/an healer, shaman, or spiritualist for reasons related to your drinking, drug use or problems with your emotions or nerves?	YES 1 NO (O816A) 2
O815B t08o815b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o815b2	Drug use?	YES 1 NO 2
t08o815b3	Emotional or behavioral issues?	YES 1 NO 2
O815C t08o815c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O816A t08o816a	In your entire life, did you EVER go to a/an probation or corrections officer or court counselor for reasons related to your drinking, drug use or problems with your emotions or nerves?	YES 1 NO (O817A) 2
O816B t08o816b1	Did you go for... Alcohol use?	YES 1 NO 2
t08o816b2	Drug use?	YES 1 NO 2
t08o816b3	Emotional or behavioral issues?	YES 1 NO 2
O816C t08o816c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O817A t08o817a	In your entire life, did you EVER go to a/an any other agency or professional for reasons related to your drinking, drug use or problems with your emotions or nerves?	YES 1 NO (O9A1) 2
O817B	Did you go for...	

t08o817b1	Alcohol use?	YES 1 NO 2
t08o817b2	Drug use?	YES 1 NO 2
t08o817b3	Emotional or behavioral issues?	YES 1 NO 2
O817C t08o817c	Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	LAST 12 MONTHS ONLY 1 BEFORE THE LAST 12 MONTHS ONLY 2 BOTH TIME PERIODS 3
O9A1 t08o09a1	How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your drinking?	AGE..... <input type="text"/> <input type="text"/> DK.....98
O9A2 t08o09a2	How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your drinking? [IF HAPPENED ONLY ONCE, CODE AS "0"]	AGE..... <input type="text"/> <input type="text"/> DK.....98 HAPPENED ONLY ONCE 0
O9B1 t08o09b1	How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?	AGE..... <input type="text"/> <input type="text"/> DK.....98
O9B2 t08o09b2	How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use? [IF HAPPENED ONLY ONCE, CODE AS "0"]	AGE..... <input type="text"/> <input type="text"/> DK.....98
O10A t08o010a	Was there ever a time when you thought you should use a doctor, counselor, or other health professional or seek any other help for your drug use, but you didn't go?	YES 1 NO (NEXT MODULE) 2
O10B t08o010b	Did this happen during the last 12 month?	YES 1 NO (O10B) 2
ON13B t08o010c	Did this happen before 12 months ago, that is , before last (Month one year ago)?	YES 1 NO 2
O10D t08o10d1	What were the reasons for not getting help? [SHOW FLASHCARD 24] No health insurance?	YES 1 NO 2
t08o10d2	Didn't think anyone could help?	YES 1 NO 2
t08o10d3	Didn't know where to go?	YES 1 NO 2
t08o10d4	Too expensive?	YES 1 NO 2
t08o10d5	Transportation?	YES 1 NO 2
t08o10d6	Didn't have time?	YES 1 NO 2
t08o10d7	Thought you should handle it alone?	YES 1 NO 2
t08o10d8	Was afraid of the treatment?	YES 1 NO 2

t08o10d9	Too many personal questions?	YES	1
		NO	2
t08o10d10	Inconvenient hours?	YES	1
		NO	2
t08o10d11	Family member objected?	YES	1
		NO	2
t08o10d12	Afraid of losing job?	YES	1
		NO	2
t08o10d13	Childcare problems?	YES	1
		NO	2
t08o10d14	Long waiting list?	YES	1
		NO	2
t08o10d15	Didn't think problem was serious enough?	YES	1
		NO	2
t08o10d16	Didn't want to go?	YES	1
		NO	2
t08o10d17	Previous efforts were unsuccessful?	YES	1
		NO	2
t08o10d18	Other?	YES	1
		NO	2
t08o10d18a	OTHER REASON, SPECIFY:	.....

We are nearing the end of the interview. I have a few questions about your family and then some about people that you have close relationships with.

P1 t08p0001	Is your biological mother alive?	YES 1 NO (P1B) 2 RF (P2) 7 DK (P2) 8
P1A t08p001a	How old is she?	AGE (P2) <input type="text"/> RF (P2) 97 DK (P2) 98
P1B t08p001b	How old was she when she died?	AGE <input type="text"/> RF 97 DK 98
P2 t08p0002	Is your biological father alive?	YES 1 NO (P2B) 2 RF (P3) 7 DK (P3) 8
P2A t08p002a	How old is he?	AGE (P3) <input type="text"/> RF (P3) 97 DK (P3) 98
P2B t08p002b	How old was he when he died?	AGE <input type="text"/> RF 97 DK 98
P3 t08p0003	How many full brothers, having the same mother and father, do you have?	NUMBER ENTERED <input type="text"/> RF 97 DK 98
P4 t08p0004	How many full sisters, having the same mother and father, do you have?	NUMBER ENTERED <input type="text"/> RF 97 DK 98

Now I would like to ask whether any of your biological family, living or dead, has ever been DEPRESSED for a period of AT LEAST 2WEEKS. By depressed I mean that they felt down, sad, blue or didn't care about things and also ate or slept too little or too much, moved more slowly than usual, were tired or agitated, had trouble concentrating, making decisions or doing things, or felt worthless or thought about suicide.

P5A t08p005a	Was your father ever depressed for AT LEAST 2 WEEKS at ANY time in his life?	YES 1 NO (P5B) 2 RF (P5B) 7 DK (P5B) 8
P5AA t08p05aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF 7 DK 8
P5B t08p005b	Was your mother ever depressed for AT LEAST 2 WEEKS at ANY time in his life?	YES 1 NO (P5C) 2 RF (P5C) 7 DK (P5C) 8

P5BA t08p05ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF 7 DK 8
P5C t08p005c	Has your brother ever been depressed for AT LEAST 2 WEEKS at ANY time in his life?	YES 1 NO (P5D) 2 RF (P5D) 7 DK (P5D) 8
P5CA t08p05ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF 3 DK 4
P5D t08p005d	Has your sister ever been depressed for AT LEAST 2 WEEKS at ANY time in his life?	YES 1 NO (P6A) 2 RF (P6A) 3 DK (P6A) 4
P5DA t08p05da	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF 3 DK 4
P6A t08p006a	Has your biological father ever committed suicide?	YES 1 NO 2 RF 7 DK 8
P6B t08p006b	Has your biological mother ever committed suicide?	YES 1 NO 2 RF 7 DK 8
P6C t08p006c	Has your biological brother ever committed suicide?	YES 1 NO 2 RF 7 DK 8
P6D t08p006d	Has your biological sister ever committed suicide?	YES 1 NO 2 RF 7 DK 8

Now I would like to ask whether any of your biological family, living or dead, have ever had problems with mania that lasted for a period of AT LEAST 1 WEEK.

By mania I mean that the person had problems that interfered with work or relationships with others because they felt too high or happy, were talking more than usual, or because they seemed not to need sleep.

Were any of the following family members manic for AT LEAST 1 WEEK at ANY time in his or her life?

P7A t08p007a	Has your biological father ever been manic for AT LEAST 1 WEEK at ANY time in his life?	YES 1 NO (P7B) 2 RF (P7B) 7 DK (P7B) 8
P7AA t08p07aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2

P7B t08p007b	Has your biological mother ever been manic for AT LEAST 1 WEEK at ANY time in her life?	YES 1 NO (P7C)..... 2 RF (P7C)..... 7 DK (P7C)..... 8
P7BA t08p007ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P7C t08p007c	Has your biological brother ever been manic for AT LEAST 1 WEEK at ANY time in his life?	YES 1 NO (P7D)..... 2 RF (P7D)..... 7 DK (P7D)..... 8
P7CA t08p007ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P7D t08p007d	Has your biological sister ever been manic for AT LEAST 1 WEEK at ANY time in her life?	YES 1 NO (P8A)..... 2 RF (P8A)..... 7 DK (P8A)..... 8
P7DA t08p007da	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
<p>Now I would like to ask whether any of your biological family, living or dead, have ever had problems with delusions or hallucinations not resulting from drug use. By delusions I mean the person had beliefs so strange that others thought that they were mentally disturbed and by hallucinations I mean seeing or hearing things that other people could not. Did any of the following family members have delusions or hallucinations at ANY time in his or her life?</p>		
P8A t08p008a	Has your biological father ever had delusions or hallucinations at ANY time in his life?	YES 1 NO (P8B)..... 2 RF (P8B)..... 7 DK (P8B)..... 8
P8AA t08p008aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P8B t08p008b	Has your biological mother ever had delusions or hallucinations at ANY time in her life?	YES 1 NO (P8C)..... 2 RF (P8C)..... 7 DK (P8C)..... 8
P8BA t08p008ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P8C t08p008c	Did your biological brother have delusions or hallucinations at ANY time in his life?	YES 1 NO (P8D)..... 2 RF (P8D)..... 7 DK (P8D)..... 8
P8CA t08p008ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P8D t08p008d	Has your biological sister ever had delusions or hallucinations at ANY time in her life?	YES 1 NO (P9A)..... 2 RF (P9A)..... 7 DK (P9A)..... 8

P8DA t08p08da	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
	Now I would like to ask whether any of your biological family, living or dead, have ever been alcoholic or have problems associated with drinking alcoholic beverages. By alcoholic or problem drinking, I mean a person who has physical or emotional problems because of drinking, drinks more than they intend, cannot set limits on how many drinks they will consume, have problems with friends or family because of drinking, have problems at work or school because of drinking, have police or other legal problems because of drinking –like drunk driving, or is a person who seems to spend a lot of time drinking or being hung over. Did any of the following family members have problems resulting from their drinking of alcohol at ANY time in his or her life?	
P9A t08p09a	Did your father ever have problems resulting from their drinking of alcohol at ANY time in his life?	YES 1 NO (P9B) 2 RF (P9B) 7 DK (P9B) 8
P9AA t08p09aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P9B t08p09b	Did your mother ever have problems resulting from their drinking of alcohol at ANY time in her life?	YES 1 NO (P9C) 2 RF (P9C) 7 DK (P9C) 8
P9BA t08p09ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF 7 DK 8
P9C t08p09c	Did your brother ever have problems resulting from their drinking of alcohol at ANY time in his life?	YES 1 NO (P9D) 2 RF (P9D) 7 DK (P9D) 8
P9CA t08p09ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P9D t08p09d	Did your sister ever have problems resulting from their drinking of alcohol at ANY time in her life?	YES 1 NO (P10A) 2 RF (P10A) 7 DK (P10A) 8
P9DA t08p09da	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
	Now I would like to ask whether any of your biological family, living or dead, has/had ever used cigarettes, cigars, pipes, or chewing tobacco almost every day for a month or more.	
P10A t08p010a	Was your father ever a daily user of tobacco products in his life?	YES 1 NO (P10B) 2 RF (P10B) 7 DK (P10B) 8
P10AA t08p10aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2

P10B t08p010b	Was your mother ever a daily user of tobacco products in her life?	YES 1 NO (P10C)..... 2 RF..... (P10C)..... 7 DK..... (P10C)..... 8
P10BA t08p10ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P10C t08p010c	Was your brother ever a daily user of tobacco products in his life?	YES 1 NO (P10D)..... 2 RF..... (P10D)..... 7 DK..... (P10D)..... 8
P10CA t08p10ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P10D t08p010d	Was your sister ever a daily user of tobacco products in her life?	YES 1 NO (P11)..... 2 RF..... (P11)..... 7 DK (P11)..... 8
P10DA t08p10da	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2 RF..... 7 DK 8
P11	Now I would like to ask whether any of your biological family, living or dead, ever have/had problems with drugs. By having problems with drugs I mean a person who has physical or emotional problems because of drug use, problems with family and/or friends at work or school because of their drug use, or a person who seems to spend a lot of time using drugs or getting over the bad after-effects of using drugs.	
P11A t08p011a	Did your father ever have problems resulting from their use of drugs at ANY time in his life?	YES 1 NO (P11B)..... 2 RF..... (P11B)..... 7 DK (P11B)..... 8
P11AA t08p11aa	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P11B t08p011b	Did your mother ever have problems resulting from her use of drugs at ANY time in her life?	YES 1 NO (P11C) 2 RF..... (P11C) 7 DK (P11C) 8
P11BA t08p11ba	Did she ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P11C t08p011c	Did your brother ever have problems resulting from his use of drugs at ANY time in his life?	YES 1 NO (P11D) 2 RF..... (P11D) 7 DK (P11D) 8
P11CA t08p11ca	Did he ever get treatment for it by a doctor or hospital?	YES 1 NO 2
P11D t08p011d	Did your sister ever have problems resulting from her use of drugs at ANY time in her life?	YES 1 NO (P12)..... 2 RF..... (P12)..... 7 DK (P12)..... 8

P11DA	Did she ever get treatment for it by a doctor or hospital?	YES	1
t08p11da		NO	2

[IF MORE THAN ONE PROBLEM, GO TO P12. IF NOT MORE THAN ONE PROBLEM GO TO P14]

P12	Sometimes people have more than one of the problems we just talked about.		
t08p0012			
	Does/did any of your brother(s), who have the same mother and father as you, have more than one of the problems we just talked about?	YES	(P12A)..... 1
	If yes, can you tell me which ones he had? (mark all that apply)	NO	(P13)..... 2
		RF.....	(P13)..... 7
		DK	P13) 8

P12A	Can you tell me which ones he had?		
t08p12a1	Depression?	YES	1
		NO	2

t08p12a2	Mania?	YES	1
		NO	2

t08p12a3	Delusions or hallucinations not resulting from drug use?	YES	1
		NO	2

t08p12a4	Alcoholic or drinking problems?	YES	1
		NO	2

t08p12a5	Problems with drugs?	YES	1
		NO	2

t08p12a6	Smoking?	YES	1
		NO	2

P13	Sometimes people have more than one of the problems we just talked about.		
t08p0013			
	Does/ did any of your sister(s), who have the same mother and father as you, have more than one of the problems we just talked about?	YES	(P13A)..... 1
		NO	(P14)..... 2
		RF.....	(P14)..... 7
		DK	(P14)..... 8

P13A	Can you tell me which ones she had?		
t08p13a1	Depression?	YES	1
		NO	2

t08p13a2	Mania?	YES	1
		NO	2

t08p13a3	Delusions or hallucinations not resulting from drug use?	YES	1
		NO	2

t08p13a4	Alcoholic or drinking problems?	YES	1
		NO	2

t08p13a5	Problems with drugs?	YES	1
		NO	2

t08p13a6	Smoking?	YES	1
		NO	2
P14	Did/ does anyone else in your family, or someone you live with, smoke tobacco?		
t08p014a	Grandparents?	YES	1
		NO	2
t08p014b	Half-siblings?	YES	1
		NO	2
t08p014c	Step-parent(s)?	YES	1
		NO	2
t08p014d	Foster or adoptive parents?	YES	1
		NO	2
t08p014e	Other relative?	YES	1
		NO	2
t08p014f	Spouse?	YES	1
		NO	2
t08p014g	Other people with whom you live?	YES	1
		NO	2
t08p014h	None?	YES	1
		NO	2
P15	Did/ does anyone else in your family, or someone you live with, have problems with drug use?		
t08p015a	Grandparents?	YES	1
		NO	2
t08p015b	Half-siblings?	YES	1
		NO	2
t08p015c	Step-parent(s)?	YES	1
		NO	2
t08p015d	Foster or adoptive parents?	YES	1
		NO	2
t08p015e	Other relative?	YES	1
		NO	2
t08p015f	Spouse?	YES	1
		NO	2
t08p015g	Other people with whom you live?	YES	1
		NO	2
t08p015h	None?	YES	1
		NO	2
P16	Did/ does anyone else in your family, or someone you live with, have problems with alcohol use?		
t08p016a	Grandparents?	YES	1

		NO	2
t08p016b	Half-siblings?	YES	1
		NO	2
t08p016c	Step-parent(s)?	YES	1
		NO	2
t08p016d	Foster or adoptive parents?	YES	1
		NO	2
t08p016e	Other relative?	YES	1
		NO	2
t08p016f	Spouse?	YES	1
		NO	2
t08p016g	Other people with whom you live?	YES	1
		NO	2
t08p016h	None?	YES	1
		NO	2

All questions new, modified from items provided by P. Zandi.

Now I'd like to ask you some questions about people you may not live with, but that you keep in touch with most of the time and have a personal relationship with. This includes family and relatives, friends and neighbors. We are particularly interested in the past 6 months. Do not include people you do not know well.

<p>ECA946 Q1 t08q0001</p>	<p>The first questions refer to family members and relatives. How many family members and relatives, who do not live with you, do you usually keep in touch with by telephone, by email, or by visiting? (Include those you have kept in touch with during the past six months)</p>	<p>NUMBER <input type="text"/> <input type="text"/></p>
<p>Q2 t08q0002</p>	<p>How often do you talk on the phone, chat by email, or get together with relatives who do not live with you – most every day, a few times a week, a few times a month, about once a month, or less than once a month? [SHOW CARD Q]</p>	<p>EVERY DAY 1 FEW TIMES A WEEK 2 FEW TIMES A MONTH 3 ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 NEVER 6</p>
<p>Q3 t08q0003</p>	<p>This question has to do with your friends. These can include neighbors, people you work with, and anyone else you consider a friend. How many friends like these do you keep in touch with by telephone, email, or visits?</p>	<p>NUMBER <input type="text"/> <input type="text"/> DK 98</p>
<p>Q4 t08q0004</p>	<p>How often do you talk on the phone, chat by email, or get together with friends – most every day, a few times a week, a few times a month, about once a month, or less than once a month? [SHOW CARD Q]</p>	<p>EVERY DAY 1 FEW TIMES A WEEK 2 FEW TIMES A MONTH 3 ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 NEVER 6</p>
<p>Q5 t08q0005</p>	<p>If you had a very personal and serious problem, are there any people whom you could discuss it?</p>	<p>YES 1 NO (Q6) 2 DK (Q6) 8</p>
<p>Q5A t08q005a</p>	<p>With how many people could you discuss a very personal and serious problem?</p>	<p>NUMBER <input type="text"/> <input type="text"/> DK 98</p>
<p>Q5B t08q005b</p>	<p>Could you discuss a very personal and serious problem with a family member or relative?</p>	<p>YES 1 NO 2 DK 8</p>
<p>Q5C t08q005c</p>	<p>How about with a friend?</p>	<p>YES 1 NO 2 DK 8</p>
<p>Q6 t08q0006</p>	<p>If you needed money in a hurry would any of your relatives be willing to lend you some?</p>	<p>YES 1 NO 2 DK 8</p>
<p>Q7 t08q0007</p>	<p>If you needed money in a hurry, would any of your friends be willing to lend you some?</p>	<p>YES 1 NO 2 DK 8</p>
<p>P11 t08q0008</p>	<p>Is the respondent currently married or living with a partner [REVIEW LIFE CHART]</p>	<p>YES 1 NO (Q10A) 2</p>

For the next few questions, please tell me which of these answers apply. You will be using the answer categories on both of these cards. These questions refer to your (husband/ wife). For the first question, your choice are: a lot, some, a little, or not at all. **[REFER TO CARD J]**

Q8A t08q008a	How much does your (husband/ wife/ partner) really care about you? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4
Q8B t08q008b	How much can you rely on your (husband/wife/partner) for help if you have a serious problem? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4
Q8C t08q008c	How much can you relax and be yourself around your (husband/ wife/ partner)? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4

For the next question, the answer choices are: often, sometimes, rarely, or never. **[SHOW CARD H]**

Q9A t08q009a	How often does your (husband/wife/partner) make too many demands on you? [REFER TO CARD H]	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4
Q9B t08q009b	How often does (he/she) let you down when you are counting on (him/her)? [REFER TO CARD H]	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4
Q9C t08q009c	How often does (he/she) get on your nerves? [REFER TO CARD H]	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4

The next few questions refer to (other relatives). Please tell me which of these answers apply. **[REFER TO CARD J]**. The choices are: a lot, some, a little, or not at all.

Q10A t08q010a	(Not including your husband/wife/partner), how much do your relatives really care about you? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4
Q10B t08q010b	How much can you rely on your relatives for help if you have a serious problem? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4
Q10C t08q010c	How much can you relax and be yourself around them? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL 4

For the next few questions, use the answer choices from Card H: often, sometimes, rarely, or never. **[REFER TO CARD H]**

Q11A t08q011a	(Not including your husband/wife/partner), how much do your relatives make to many demands on you? [REFER TO CARD H]	OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4
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Q11B t08q011b	How much do they let you down when you are counting on them? [REFER TO CARD H]	OFTEN 1 SOMETIMES..... 2 RARELY 3 NEVER 4
Q11C t08q011c	How often do they get on your nerves? [REFER TO CARD J]	OFTEN 1 SOMETIMES..... 2 RARELY 3 NEVER 4

Now, let's use the answer categories on this card again. **[REFER TO CARD J]**

Q12A t08q012a	How much do your friends really care about you? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL..... 4
Q12B t08q012b	How much can you rely on them for help if you have a serious problem? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL..... 4
Q12C t08q012c	How much can you relax and be yourself around them? [REFER TO CARD J]	A LOT 1 SOME 2 A LITTLE 3 NOT AT ALL..... 4

Now let's go back to the answer categories on this card for the next questions **[REFER TO CARD H]**

Q13A t08q013a	How often do your friends make too many demands on you? [REFER TO CARD H]	OFTEN 1 SOMETIMES..... 2 RARELY 3 NEVER 4
Q13B t08q013b	How often do they let you down when you are counting on (him/her)? [REFER TO CARD H]	OFTEN 1 SOMETIMES..... 2 RARELY 3 NEVER 4
Q13C t08q013c	How often do they get on your nerves? [REFER TO CARD H]	OFTEN 1 SOMETIMES..... 2 RARELY 3 NEVER 4
Q14 t08q0014	How much have emotional problems you may have experienced made it harder to have good friends? Would you say (READ CATEGORIES)?	A LOT HARDER..... 1 SOMEWHAT HARDER..... 2 A LITTLE HARDER 3 NOT AT ALL HARDER 4 HAVEN'T HAD EMOTIONAL PROBLEMS 5
Q15 t08q0015	How much have emotional problems you may have experienced made it harder to enjoy life? Would you say (READ CATEGORIES)?	A LOT HARDER..... 1 SOMEWHAT HARDER..... 2 A LITTLE HARDER 3 NOT AT ALL HARDER 4