FOR INTERVIEWER USE:

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 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.  **[FILL IN AGES ACCORDINGLY FOR EACH YEAR ON THE LIFE CHART.]

A3 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 NAME/SCHOOL #: DK..............................998

**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]

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
For 2009 who did you live with the majority of the time? [SHOW CARD B]

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>t08a5a10</td>
<td>Military?</td>
<td>YES: 1; NO: 2</td>
</tr>
<tr>
<td>t08a5a11</td>
<td>Other?</td>
<td>YES: 1; NO: 2</td>
</tr>
<tr>
<td>t08a5a12</td>
<td>Not applicable?</td>
<td>YES: 1; NO: 2</td>
</tr>
</tbody>
</table>

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
### SECTION A: LIFE CHART

**PRC T9 Last Edited on 7/13/2012**

<table>
<thead>
<tr>
<th>Question</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>t08a05d1</strong> Live alone?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d2</strong> Parent(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d3</strong> Other relative?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d4</strong> Roommate(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d5</strong> Friend(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d6</strong> Spouse?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d7</strong> Kids?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d8</strong> Incarcerated?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d9</strong> College dorm?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d10</strong> Military?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05d11</strong> Other?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>2006</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>t08a05e1</strong> Live alone?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e2</strong> Parent(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e3</strong> Other relative?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e4</strong> Roommate(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e5</strong> Friend(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e6</strong> Spouse?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e7</strong> Kids?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
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<td>YES</td>
<td>NO</td>
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</tr>
<tr>
<td><strong>t08a05e9</strong> College dorm?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e10</strong> Military?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05e11</strong> Other?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
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</tbody>
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For 2005 who did you live with the majority of the time? **[SHOW CARD B]**

<table>
<thead>
<tr>
<th>Question</th>
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<th>2004</th>
<th>2003</th>
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</thead>
<tbody>
<tr>
<td><strong>t08a05f1</strong> Live alone?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05f2</strong> Parent(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05f3</strong> Other relative?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>t08a05f4</strong> Roommate(s)?</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
## SECTION A: LIFE CHART

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kids?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated?</td>
<td></td>
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<tr>
<td>College dorm?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td></td>
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</tbody>
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For 2004 who did you live with the majority of the time? *[SHOW CARD B]*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>Live alone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s)?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>College dorm?</td>
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<tr>
<td>Military?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td></td>
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</tbody>
</table>

For 2003 who did you live with the majority of the time? *[SHOW CARD B]*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live alone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s)?</td>
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<tr>
<td>Kids?</td>
<td></td>
<td></td>
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<tr>
<td>Incarcerated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College dorm?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
For 2002 who did you live with the majority of the time? [SHOW CARD B]

- Military? (YES: 1, NO: 2)
- Other? (YES: 1, NO: 2)

For 2001 who did you live with the majority of the time? [SHOW CARD B]

- Military? (YES: 1, NO: 2)
- Other? (YES: 1, NO: 2)

For 2000 who did you live with the majority of the time? [SHOW CARD B]

- Military? (YES: 1, NO: 2)
- Other? (YES: 1, NO: 2)

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>t08a05k3</td>
<td>Other relative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k4</td>
<td>Roommate(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k5</td>
<td>Friend(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k6</td>
<td>Spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k7</td>
<td>Kids?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k8</td>
<td>Incarcerated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a05k9</td>
<td>College dorm?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a5k10</td>
<td>Military?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08a5k11</td>
<td>Other?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A6** Have you ever been married or partnered?  
YES .............................................. 1  
NO .............................................(A12) .............. 2

**A7** What is your current marital status?  
MARRIED .......................................... 1  
WIDOWED .......................................... 2  
SEPARATED ....................................... 3  
DIVORCED ......................................... 4  
NEVER MARRIED .................................(A11) .............. 5

**A8** Have you been married more than once?  
YES .............................................(A9A) .............. 1  
NO .............................................(A10AB) .............. 2

**A9A** How many times have you been married?  
# TIMES...........................................  

**A9AA** How old were you when you first got married?  
AGE* .............................................  

**A9AB** How old were you the last time you married?  
AGE* .............................................  

**A9BC** How old were you when you last separated from your spouse?  
AGE* .............................................  

**A9D** How old were you when you last divorced?  
AGE* .............................................  

**A9E** How old were you when you were last widowed?  
AGE* .............................................  

**A10AB** How old were you when you got married?  
AGE* .............................................  

**A10BC** How old were you when you last separated from your spouse?  
AGE* .............................................  

**A10BD** How old were you when you were divorced?  
AGE* .............................................  

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
A10BE  t08a10be  How old were you when you were last widowed?  AGE*……………………………. ..............

A11A  t08a011a  How old were you when this relationship began?  AGE*……………………………. ..............

A11AB  t08a11ab  How old were you when this relationship ended?  AGE*……………………………. ..............

A12  t08a0012  Now I have a few questions about your education. Did you get a high school diploma, or pass a high school equivalency test, or GED?  NO ................................................................. 1

A12A  t08a012a  What is the highest grade in school that you completed?  GRADE...................................................

A12XH  t08a12aa  What was the name of the last school you attended?  NAME: ________________________________

A12AB  t08a12ab  Do you have a college degree?  YES……………………(A13)........................... 1

A12BC  t08a12bc  In what year?  YEAR ............................................

A12CC  t08a12cc  From what school or institution?  NAME:________________________________

A12AAB  t08a12ac  What is the highest grade in school or year of college that you completed?  NONE ..........................  ................................ 00

A13  t08a0013  What is the highest degree that you have?  NONE (INCLUDES PART COLLEGE)........... 1

A13A  t08a013a  In what year did you get your highest degree or complete your last year of college?  YEAR..............................................

A13BB  t08a13bb  What is the name of the school, college, or university you last attended?  NAME:________________________________

A14  t08a0014  In the past year, have you attended classes for educational credit?  YES................................................................. 1

A14A  t08a014a  What was the reason for taking these classes?  PROFESSIONAL REQUIREMENT, CONTINUING EDUCATION ..............1

Many men and women choose a career in a particular profession or trade (cook, teacher, electrician, 

*NOTE: When Respondent could not recall age, 4-digit year was entered.
secretary or medical doctor, for example). Usually, they expect to work in that profession or trade for the foreseeable future.

A15A
Have you chosen a career, profession or trade?
YES ................................................................. 1
NO ...........................................(A16) .......................... 2

A15B
What is your chosen career, profession or trade?
TEXT: ________________________________

A15C
At what age did you first start working in your chosen career, profession or trade?
AGE* ................................................................ [ ]
RF .................................................................. 97
DK .................................................................. 98

A16
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
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
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.

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.

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.

A18
Are you working now?
YES .......... (A19A) ............................... 1
NO ............................................................. 2

A18A
Did you work for pay in the past 12 months?
YES .......... (A19A) ............................... 1
NO ............................................................. 2

A18B
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 TRAINING ......... 13
MOVED .................................................. 14
INCARCERATION, OTHER LEGAL ISSUES ........ 15
TRANSPORTATION ISSUES ....................... 16

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

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

**t08a018c**

Other reason, SPECIFY:

TEXT:_________________________________

**A19A**

Where [are/were] you working? (PROBE: what is the name of your employer/business)?

TEXT:_________________________________

**A19B**

What kind of business or industry [is/was] this?

(READ IF NECESSARY: What do they make or do where you [work(ed)]?)

TEXT:_________________________________

**A19C**

What kind of work [do/did] you do? That is, what [is/was] your occupation? (For example: plumber, typist, farmer...)

TEXT:_________________________________

**A19D**

What [are/were] your usual activities or duties at this job? (For example: types, keeps account books, files, sells cars, operates printing press, lays brick...)

TEXT:_________________________________

**A19E1**

What is/was the rate of pay?

UNIT: $...HOUR ..................................................................1

UNIT: BI-WEEKLY ....................................................2

UNIT: ANNUALLY .....................................................3

**A19E2**

Do/did you have health insurance available through this job?

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

NO ..................................................................... 2

**A19E3**

Do/did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?

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

NO ..................................................................... 2

**A19F**

When did you first start working there?

MONTH/YEAR ............................................. 99/9999

MISSING ............................................. 99/9999

**A19G**

When did you stop working there?

MONTH/YEAR ............................................. 99/9999

STILL THERE ............................................. 99/9999

MISSING ............................................. 99/9999

**A19H**

How many hours per week [do/did] you USUALLY work at this job?

# HOURS/WEEK.............................................

**A19I**

(Do/Did) you generally work ONLY THIS ONE job/employer or do/did you work MORE THAN ONE job/employer?

ONLY THIS JOB ...............(A21).............. 1

MORE THAN ONE JOB ............... 2

**A20A**

Where else do you work? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)

TEXT:_________________________________

**A20B**

What kind of work [do/did] you do? That is, what [is/was] your occupation? (For example: plumber, typist, farmer...)

TEXT:_________________________________

**A20C**

What [are/were] your usual activities or duties at this job? (For example: types, keeps account books,
files, sells cars, operates printing press, lays brick...)

A20D  When did you first start working there?
MONTH/YEAR ................ /  /       /  /       /  /       99/9999
MISSING ............................................. 99/9999

A20E  How many hours per week [do/did] you USUALLY work at this job?
# HOURS/WEEK...................................... |

A21  Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?
YES ................................................. (A21B) .......................... 1
NO ........................................................................... 2

A21A  Was the job you just described your first job since turning age 18?
YES ................................................. (A25C) .......................... 1
NO ........................................................................... 2

A21B  Where did you work previously? (PROBE: what is the name of your employer/business)? (READ IF NECESSARY: What do they make or do there?)

A21C  What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)

A21D  What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)

A21E  What were your usual activities or duties at this job? (For example: typed, kept account books, filing, sold cars, operated printing press, laid brick...)

A21F  When did you first start working there?
MONTH/YEAR ................ /  /       /  /       /  /       99/9999
MISSING ............................................. 99/9999

A21G  When did you stop working there?
MONTH/YEAR ................ /  /       /  /       /  /       99/9999
MISSING ............................................. 99/9999

A21H  How many hours per week did you USUALLY work at this job?
# HOURS/WEEK...................................... |

A211  How much were you paid?
$  /  /       /  /       /  /       |
UNIT: ] | | | | | | | | | | | | |
HOURLY ............................................. 1
BI-WEEKLY ........................................... 2
ANNUALLY .......................................... 3

A212  Did you receive health insurance benefits through this job?
YES ...................................................... 1
NO ...................................................................... 2

A213  Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?
YES ...................................................... 1
NO ...................................................................... 2

A22  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

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

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

- **t08a022a** turning age 18?
  - NO ................................................. 2

- **A22B** 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** What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)
  - TEXT: ____________________________

- **A22D** What kind of work did you do? That is, what was your occupation? (For example: plumber, typist, farmer...)
  - TEXT: ____________________________

- **A22E** 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** When did you first start working there?
  - MONTH/YEAR ................ /MISSING ............................................. 99/9999

- **A22G** When did you stop working there?
  - MONTH/YEAR ................ /MISSING ............................................. 99/9999

- **A22H** How many hours per week did you USUALLY work at this job?
  - # HOURS/WEEK ...........................................\[\[\]
  - RF..........................................................97
  - DK..........................................................98

- **A22I1** How much were you paid?
  - $ ..............................................................\[\[\]
  - UNIT: HOURLY ........................................... 1
  - BI-WEEKLY ............................................... 2
  - ANNUALLY ............................................... 3

- **A22I2** Did you receive health insurance benefits through this job?
  - YES ...................................................... 1
  - NO ....................................................... 2

- **A22I3** Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?
  - YES ...................................................... 1
  - NO ....................................................... 2

- **A23** Prior to the job just described, did you ever work somewhere else for 2 or more consecutive weeks?
  - YES ...................................................... (A23B) ........................................... 1
  - NO ....................................................... 2

- **A23A** Was the job you just described your first job since turning age 18?
  - YES ...................................................... (A25C) ........................................... 1
  - NO ....................................................... 2

- **A23B** 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** What kind of business or industry was this? (READ IF NECESSARY: What did they make or where did you work?)
  - TEXT: ____________________________

- **A23D** 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 ................ / ]] || || | | | |  
MISSING ............................................. 99/9999

A23G  
**t08a23g1/ t08a23g2**  When did you stop working there?  

MONTH/YEAR ................ / ]] || || | | | |  
MISSING ............................................. 99/9999

A23H  
**t08a023h**  How many hours per week did you USUALLY work at this job?  

# HOURS/WEEK......................................... || |

A23I1  
**t08a23i1**  How much were you paid?  

$ | | | | | | | | | | |

UNIT:  

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 ................ / ]] || || | | | |  
MISSING ............................................. 99/9999

*NOTE: When Respondent could not recall age, 4-digit year was entered.*
A24G When did you stop working there?
MONTH/YEAR ................ [ ] /[ ][ ][ ][ ][ ]
MISSING ............................................. 99/9999

A24H How many hours per week did you USUALLY work at this job?
# HOURS/WEEK....................................

A24I1 How much were you paid?
$ [ ][ ][ ][ ][ ][ ][ ][ ][ ]
UNIT: HOURSLY ....................................... 1
BI-WEEKLY ........................................... 2
ANNUALLY ............................................. 3

A24I2 Did you receive health insurance benefits through this job?
YES ................................................. 1
NO .................................................... 2

A24I3 Did you receive retirement benefits such as a pension or employer contributions towards a retirement plan through this job?
YES .............. (NEXT SECTION) .................... 1
NO .............. (NEXT SECTION) .................... 2

A25 Did you EVER work for pay?
YES ................................................. 1
NO .................................................... 2

A25A What do you do most of the time? [SHOW CARD D]
Raise and/or take care of family ..................... 1
Attending school or training ............................ 2
Health, disability or medical problems .......... 3
Leave of absence, pregnancy etc. ................. 4
Looking for work ..................................... 5
In jail, prison; legal problems ....................... 6

A25B If you wanted to get a job, what are the biggest barriers you face in becoming employed? [SHOW CARD E]
Transportation Problems ......................... 1
Education ........................................... 2
Lack of skill training ................................ 3
Child care .......................................... 4
Health, other special needs ....................... 5
Other ................................................... 6

A25C [WERE THERE ANY GAPS IN THE YEARS EMPLOYED?]
YES ................................................. 1
NO ................. (NEXT SECTION) .................... 2

A26INTRO As we were listing your job history, I noticed there were some gaps between your being employed. [MOST recent gap (closest to 2008)]

A26 During that time, what were you doing most of the time? [SHOW CARD F]
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

A27INTRO As we were listing your job history, I noticed there were some gaps between your being employed.

*NOTE: When Respondent could not recall age, 4-digit year was entered.
A27 During the most recent gap, what were you doing most of the time? [SHOW CARD F]

- 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

**t08a027a** Other, describe: TEXT:______________________________

A28 As we were listing your job history, I noticed there were some gaps between your being employed.

A28 During the next recent gap, what were you doing most of the time? [SHOW CARD F]

- 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

**t08a028a** Other, describe: TEXT:______________________________

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

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

**t08b001b**  
**SBP 131-159 or DBP 81-99 advise to discuss with health care provider.**

**t08b001c**  
**SBP 160-179 or DBP 100-109 advise to get checked out by a health provider**

**SBP>179 or DBP>109 complete emergency protocol**

**YA**  
**B2**  
**t08b0002**  
At the present time, would you say that your health is excellent, good, fair, or poor?

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**ECA**  
**B3**  
**t08b0003**  
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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
<td></td>
</tr>
</tbody>
</table>

**ECA**  
**B4**  
**t08b0004**  
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.

<table>
<thead>
<tr>
<th>TIMES</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DAYS</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
</tr>
</tbody>
</table>

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

**t08b006a**  
An accident or injury?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
<td></td>
</tr>
</tbody>
</table>

**t08b006b**  
An illness or physical condition?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
<td></td>
</tr>
</tbody>
</table>

**t08b006c**  
An emotional problem or trouble with your nerves?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
<td></td>
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</tbody>
</table>

**t08b006d**  
Any other reason?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B7)</td>
<td></td>
</tr>
</tbody>
</table>

**t08b006e**  
SPECIFY:  

**B7**  
**t08b0b7a**  
And now, I would like to measure your height and weight, as these are important factors for this survey.  
*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?*

**t08b0b7b**  
**HEIGHT**  

<table>
<thead>
<tr>
<th>FEET, INCHES</th>
</tr>
</thead>
</table>

**WEIGHT**  

<table>
<thead>
<tr>
<th>POUNDS</th>
</tr>
</thead>
</table>
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 ................................................... |||| POUNDS
DK ........................................................................... 998

B8C t08b008c How old were you when you FIRST reached that weight?
AGE ........................................................................... ||||
DK ........................................................................... 98

Now I am going to ask you about health problems that might have occurred at any time in your life.

B9 t08b0009 Have you ever had high sugar or diabetes? YES ........................................................................ 1
NO ................................................................. (B10) .............. 2
DK ........................................................................... 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 ........................................................................... ||||
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 ........................................................................... 8

B10A t08b010a Do you have heart trouble now?
YES ........................................................................ 1
NO ........................................................................... 2
DK ........................................................................... 8

What kind of heart trouble have you had?

B10B1 t08b10b1 Have you had Rheumatic heart disease?
YES ........................................................................ 1
NO ................................................................. (B10B2) .............. 2
DK ........................................................................... 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 ........................................................................... 8

B10B2A t08b10b2a Were you ever hospitalized for the condition?
YES ........................................................................ 1
NO ........................................................................... 2
<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>B10B3</td>
<td>Have you had Congestive heart failure?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b10b3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B10B3A</td>
<td>Were you ever hospitalized for the condition?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b10b3a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YA</td>
<td>Have you ever had a heart attack?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>B11</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>t08b0011</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B11A</td>
<td>When was the first one?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08b11a1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>t08b11a2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YA</td>
<td>Have you ever had high cholesterol?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>B12</td>
<td></td>
<td></td>
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<tr>
<td>t08b0012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B12A</td>
<td>Have you visited a health professional such as a doctor or nurse practitioner to discuss your high cholesterol in the past 12 months?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b012a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>Have you ever had high blood pressure or hypertension?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>B13</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>t08b0013</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B13A</td>
<td>Do you have high blood pressure now?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b013a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B13B</td>
<td>Are you currently taking pills for high blood pressure?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b013b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B13C</td>
<td>Have you visited a health professional such as a doctor or nurse practitioner to discuss your high blood pressure in the past 12 months?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b013c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YA</td>
<td>Have you ever had a severe neck, back, or shoulder injury?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>B14</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>t08b0014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14A</td>
<td>Have you ever had a lot of trouble with back pain?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b014a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14B</td>
<td>When was the last time you had a lot of trouble with back pain? Would you say… [SHOW CARD H]\</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>t08b014b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>Have you ever had arthritis or rheumatism?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>B15</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>t08b0015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B15A</td>
<td>Do you have arthritis or rheumatism now?</td>
<td>yes</td>
<td>no</td>
<td>dk</td>
</tr>
<tr>
<td>t08b015a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Response Options</td>
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<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16</td>
<td>Have you <strong>ever</strong> had cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK ................................................................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16A</td>
<td>How old were you the first time you were diagnosed with cancer?</td>
<td>AGE ................................................................ [ ] [ ]</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>B16B</td>
<td>Have you visited a health professional, such as a doctor or nurse practitioner, to discuss your cancer in the past 12 months?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>DK ................................................................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C1</td>
<td>Have you had LUNG CANCER?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C1A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C2</td>
<td>Have you had BREAST CANCER?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C2A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C3</td>
<td>Have you had HODGKIN’S CANCER?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C3A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C4</td>
<td>Have you had THYROID CANCER?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C4A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C5</td>
<td>Have you had LEUKEMIA OR LYMPHOMA?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C5A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C6</td>
<td>Have you had MELANOMA?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C6A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C7</td>
<td>Have you had SOME OTHER KIND OF CANCER?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK ................................................................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B16C7A</td>
<td>Did you ever have surgery, radiation, or take chemotherapy for this cancer?</td>
<td>YES ............................................................... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................................................. 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Has a doctor ever told you had asthma?

- Yes ......................................................... 1
- No ...................................................... (B18) 2
- DK ....................................................... 8

How old were you when the doctor told you have asthma?

- Age ....................................................... [ ]
- DK ......................................................... 98

Do you have asthma attacks now?

- Yes ......................................................... 1
- No ...................................................... (B18) 2
- DK ....................................................... 8

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 ...................................................... (B18) 2
- DK ....................................................... 8

Have you ever had a stroke?

- Yes ......................................................... (B18A) 1
- No ...................................................... (B19) 2
- DK ....................................................... 8

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
- RF ......................................................... 7
- DK ....................................................... 8

Have you ever had seizures, convulsions, or other neurological disorders such as epilepsy or multiple sclerosis?

- Yes ......................................................... 1
- No ...................................................... (B20) 2
- DK ....................................................... 8

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

Have you been put to sleep and made unconscious for surgery or another medical procedure?

- Yes ......................................................... (B20A) 1
- No ...................................................... (B21) 2
- DK ....................................................... 8

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
- DK ....................................................... 8

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

How long did this unconsciousness last? [CODE ONE]

- Number entered .................................... [ ]
- 99 days or more ...................................... 99
- DK ....................................................... 98

Have you ever had ulcers or other chronic stomach

- Yes ......................................................... 1
**SECTION B: WELLNESS AND HEALTH**

- **t08b0021** trouble such as Krohn’s disease or colitis?  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b0022** Have you ever had severe headaches that lasted more than 4 hours?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b0023** Have you ever had hepatitis?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b23a1** Do you know which types(s)?  
  - Hepatitis A?  
    - YES ............................................. 1  
    - NO ................................................. 2  
  - Hepatitis B?  
    - YES ............................................. 1  
    - NO ................................................. 2  
  - Hepatitis C?  
    - YES ............................................. 1  
    - NO ................................................. 2  
  - Hepatitis D?  
    - YES ............................................. 1  
    - NO ................................................. 2  
  - Other?  
    - YES ............................................. 1  
    - NO ................................................. 2  
  - DK?  
    - YES ............................................. 1  
    - NO ................................................. 2

- **t08b0024** Did you ever test positive for HIV, the virus that can cause AIDS?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - RF ................................................. 7  
  - DK ................................................. 8

- **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 any of the following conditions?

- **t08b026a** Do/Did they have heart disease?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b026b** Do/Did they have high blood pressure (hypertension)?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b026c** Do/Did they have stroke (cerebrovascular accident)?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b026d** Do/Did they have high cholesterol level?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b026e** Do/Did they have Diabetes or sugar diabetes?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8

- **t08b026f** Do/Did they have Alzheimer’s disease?  
  - YES ............................................. 1  
  - NO ................................................. 2  
  - DK ................................................. 8
B26G  Do/Did they have severe memory loss with aging?  
*YES* ................................................................. 1  
*NO* ................................................................... 2  
*DK* ................................................................. 8  

B26H  Do/Did they have cancer?  
*YES* ................................................................. 1  
*NO* ................................................................... 2  
*DK* ................................................................. 8  

B26I  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  In your ENTIRE LIFE, have you ever…

YES ................................................................ 1
NO .................................................................. 2

C2A  About how old were you when you smoked your first FULL cigarette?

AGE ........................................................ ||||
NEVER SMOKED FULL CIGARETTE........... 96

C3AA  When was the MOST RECENT time you smoked a cigarette? If you are unsure, please give it your best guess.

UNIT: [IF DK THEN ASK: Was it within the past year?]

NUMBER ................................................ ||||
HOUR(S) AGO ............................................. 1
DAY(S) AGO .................................................. 2
WEEK(S) AGO ............................................... 3
MONTH(S) AGO ............................................. 4
YEAR(S) AGO ............................................... 5

C3BA  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  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  On the days that you smoked in the past year about how many cigarettes did you USUALLY smoke?

NUMBER................................................ ||||

C3CAB  On the days that you smoked in the year right before you stopped, about how many cigarettes did you USUALLY smoke?

NUMBER................................................ ||||

C3DA  For how long [have/did] you smoked this amount?

UNIT: 

NUMBER................................................ ||||
DAY(S)...................................................... 1
WEEK(S).................................................... 2
MONTH(S).................................................. 3
YEAR(S)..................................................... 4

C4A  Did you ever smoke every day or nearly every day?

YES ................................................................ 1
NO .................................................................. 2

C5A  About how old were you when you FIRST started smoking cigarettes every day or nearly every day?

AGE ........................................................ ||||
DK ............................................................ 98

C6A  Thinking back over the entire period when you were

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.
smoking every day, about how many cigarettes did you USUALLY smoke in a single day?

For how long [have/did] you smoked this many cigarettes every day or nearly every day?

UNIT:

In your ENTIRE LIFE, have you ever…

Smoked a cigar, even just a puff?

About how old were you when you smoked your first FULL cigar?

When was the MOST RECENT time you smoked a cigar?
If you are unsure, please give it your best guess. \[IF DK THEN ASK: Was it within the past year?\]

About how often did you USUALLY smoke a cigar in the year right before you stopped? \[SHOW CARD D\]

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?

For how long [have/did] you smoked this amount?

Did you ever smoke cigars every day or nearly every day?

About how old were you when you FIRST started smoking every day or nearly every day?

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?

For how long have you smoked or did you smoke this many cigars every day or nearly every day?

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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 More than once want to stop or cut down on your tobacco use? YES ......................................................... 1
NO ......................... (C82A) ............................ 2

C81B Did this happen in the last 12 months? YES ................................................................. 1
NO ......................... (C81D) ............................ 2

C81C Did this happen BEFORE 12 months ago? YES ................................................................. 1
NO ......................... (C82A) ............................ 2

C81D How old were you the FIRST time you wanted to stop or cut down on your tobacco use? AGE ........................................................ 1
DK .............................................................. 98

C82A In your ENTIRE LIFE, did you EVER...

C82B 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

C82C Did this happen in the last 12 months? YES ................................................................. 1
NO ......................... (C83A) ............................ 2

C82D Did this happen BEFORE 12 months ago? YES ................................................................. 1
NO .............................................................. 2

C83A In your ENTIRE LIFE, did you EVER...

C83B 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

C83C Did this happen in the last 12 months? YES ................................................................. 1
NO ......................... (C84A) ............................ 2

C83D Did this happen BEFORE 12 months ago? YES ................................................................. 1
NO .............................................................. 2

C84A In your ENTIRE LIFE, did you EVER...

C84B 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

C84C Did this happen in the last 12 months? YES ................................................................. 1
NO ......................... (C85A) ............................ 2

C84D Did this happen BEFORE 12 months ago? YES ................................................................. 1
NO .............................................................. 2

C85A In your ENTIRE LIFE, did you EVER...

C85B Find yourself chain smoking? YES ................................................................. 1
NO ......................... (C86A) ............................ 2

C85C Did this happen in the last 12 months? YES ................................................................. 1
NO ......................... (C86A) ............................ 2

C85D Did this happen BEFORE 12 months ago? YES ................................................................. 1
NO .............................................................. 2

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Other Details</th>
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<tbody>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>How many times have you seriously tried to quit or cut down on your smoking?</td>
<td># TIMES</td>
<td></td>
</tr>
<tr>
<td>Feel depressed?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have difficulty falling asleep or staying asleep?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have difficulty concentrating?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat more than usual or gain weight?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Yes Answer</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>C87DB</td>
<td>Did this happen in the last 12 months?</td>
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<tr>
<td>C87DC</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87EA</td>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Become easily irritated, angry, or frustrated?</td>
<td>1</td>
<td>(C87FA)</td>
</tr>
<tr>
<td>C87EB</td>
<td>Did this happen in the last 12 months?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87EC</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87FA</td>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td>1</td>
<td>(C87GA)</td>
</tr>
<tr>
<td></td>
<td>Feel anxious or nervous?</td>
<td>1</td>
<td>(C87GA)</td>
</tr>
<tr>
<td>C87FB</td>
<td>Did this happen in the last 12 months?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87FC</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87GA</td>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td>1</td>
<td>(C87HA)</td>
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<tr>
<td></td>
<td>Feel your heart beating more slowly than usual?</td>
<td>1</td>
<td>(C87HA)</td>
</tr>
<tr>
<td>C87GB</td>
<td>Did this happen in the last 12 months?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87GC</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87HA</td>
<td>After stopping or cutting down on your tobacco use, did you EVER...</td>
<td>1</td>
<td>(C87IB)</td>
</tr>
<tr>
<td></td>
<td>Feel more restless than usual?</td>
<td>1</td>
<td>(C87IB)</td>
</tr>
<tr>
<td>C87HB</td>
<td>Did this happen in the last 12 months?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87HC</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C87IB</td>
<td>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?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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C87JB  Did you use tobacco in the last 12 months to keep from having any of these experiences?

YES .............................................................. 1
NO ................................................................. 2

C87KC  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  Did you use tobacco to keep from having any of these experiences before 12 months ago?

YES .............................................................. 1
NO ................................................................. 2

C88A  In your ENTIRE LIFE, did you never ...
Wake up in the middle of the night to use tobacco?

YES .............................................................. 1
NO ................................................................. 2

C88B  Did this happen in the last 12 months?

YES .............................................................. 1
NO ................................................................. 2

C88C  Did this happen BEFORE 12 months ago?

YES .............................................................. 1
NO ................................................................. 2

C89A  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 ................................................................. 2

C89B  Did this happen in the last 12 months?

YES .............................................................. 1
NO ................................................................. 2

C89C  Did this happen BEFORE 12 months ago?

YES .............................................................. 1
NO ................................................................. 2

C810A  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 ................................................................. 2

C810B  Did this happen in the last 12 months?

YES .............................................................. 1
NO ................................................................. 2

C810C  Did this happen BEFORE 12 months ago?

YES .............................................................. 1
NO ................................................................. 2

C811A  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 ................................................................. 2

C811B  Did this happen in the last 12 months?

YES .............................................................. 1
NO ................................................................. 2

C811C  Did this happen BEFORE 12 months ago?

YES .............................................................. 1
NO ................................................................. 2

C812A  In your ENTIRE LIFE, did you ever ...
Increase your use of tobacco by at least 50%?

YES .............................................................. 1
NO ................................................................. 2

C812B  Did this happen in the last 12 months?

YES .............................................................. 1
NO ................................................................. 2

C812C  Did this happen BEFORE 12 months ago?

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

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.
t08c812c
NO ...................................................... 2

C813A  In your ENTIRE LIFE, did you EVER...
08c813a  Have a period when you often used tobacco more than you
intended to?
YES ................................................................ 1
NO ...................... (C814A) .......................... 2

C813B  Did this happen in the last 12 months?
YES ................................................................ 1
NO ...................... (C814A) .......................... 2

C813C  Did this happen BEFORE 12 months ago?
YES ................................................................ 1
NO ............................................................ 2

C814A  In your ENTIRE LIFE, did you EVER... 
08c814a  Continue to use tobacco even though it made you nervous,
jittery, anxious or depressed?
YES ................................................................ 1
NO ...................... (C91A) .......................... 2

C814B  Did this happen in the last 12 months?
YES ................................................................ 1
NO ...................... (C91A) .......................... 2

C814C  Did this happen BEFORE 12 months ago?
YES ................................................................ 1
NO ............................................................ 2

C91A  How soon after you wake up do you smoke your first
08c091a  cigarette or cigar?
WITHIN 5 MINTUES ...................................... 1
WITHIN 6 – 30 MINUTES .............................. 2
WITHIN 31 – 60 MINUTES ............................ 3
MORE THAN ONE HOUR ............................. 4

C92A  Do you find it difficult to refrain from smoking in places
08c092a  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  Which cigarette or cigar would you hate the most to give
08c093a  up?
FIRST ONE IN THE MORNING..................... 1
ALL OTHERS............................................. 2

C94A  Do you smoke more frequently during the first hours after
08c094a  waking than during the rest of the day?
YES ................................................................ 1
NO ............................................................ 2

C95A  When you are so ill you are in bed most of the day, do you
08c095a  smoke?
YES ................................................................ 1
NO ............................................................ 2

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.
### SECTION C: TOBACCO USE

Have you ever used any of the following, in an attempt to quit or cut down on your smoking?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light or low-tar cigarettes?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nicotine patch?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nicotine gum?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Non-nicotine medications (like zyban or buproprion)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Personal counseling or advice?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Group therapy or a clinical program?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Self-help materials?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Anything else?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.*

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the period when you were smoking the most, how soon after you woke up did you smoke your first cigarette or cigar?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Within 5 minutes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Within 6 – 30 minutes</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Within 31 – 60 minutes</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>More than one hour</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the period when you were smoking the most, which cigarette or cigar would you hate the most to give up?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>First one in the morning</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>All others</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SECTION C: TOBACCO USE

Have you ever used any of the following, in an attempt to quit or cut down on your smoking?

Light or low-tar cigarettes?
Nicotine patch?
Nicotine gum?
Non-nicotine medications (like zyban or buproprion)?
Personal counseling or advice?
Group therapy or a clinical program?
Self-help materials?
Anything else?

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.

Before one year ago, was there EVER a period when SOME of these experiences were happening around the same time for at least a month?

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?

Before one year ago, was there EVER a time when some of these experiences happened within the same one year period?

About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?

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?

What was the longest period you had when SOME of these experiences were happening around the same time?

How old were you the MOST RECENT time SOME of these experiences BEGAN to happen at around the same time?

How long did this period last when SOME of these experiences were happening around the same time?

*NOTE: Data originally entered as number of either months or years. Year values were converted to number of months.*
About how old were you when you FINALLY STOPPED 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.
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?

D1 t08d0001

AGE ........................... [ ]
NEVER…………(NEXT SECTION).............. 96
RF ................................................................. 97
DK ................................................................. 98

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?

D2 t08d0002

AGE ........................... [ ]
NEVER…………(NEXT SECTION).............. 96
RF ................................................................. 97
DK ................................................................. 98

Think about the past 12 months. In the past 12 months, how often did you USUALLY have at least one drink?

D3 t08d0003

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

On the days you drank in the past 12 months, about how many alcoholic drinks did you usually have per day?

D4 t08d0004

# OF DRINKS PER DAY ........................ [ ]
RF ................................................................. 97
DK ................................................................. 98

Was there ever a year in your life when you drank more than you did in the past 12 months?

D5 t08d0005

YES.....................(D6)........................... 1
NO..........................(D81A)............................ 2
RF ................................................................. 7
DK ................................................................. 8

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?

D6 t08d0006

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

And on the days you drank during those years, about how many alcoholic drinks did you usually have per day?

D7 t08d0007

# OF DRINKS PER DAY ........................ [ ]

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your ENTIRE LIFE, did you EVER...</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>Find that you had to drink much more than you once did to get the effect</td>
<td>NO ................... (D83A) 2</td>
</tr>
<tr>
<td>you wanted?</td>
<td></td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ................... (D83A) 2</td>
<td></td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ............................... 2</td>
<td></td>
</tr>
<tr>
<td>In your ENTIRE LIFE, did you ever...</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>Drink as much as a fifth of liquor in one day, that would be about</td>
<td>NO ................... (DA1) 2</td>
</tr>
<tr>
<td>20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in</td>
<td></td>
</tr>
<tr>
<td>a single day?</td>
<td></td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO .......................... (DA1) 2</td>
<td></td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ............................... 2</td>
<td></td>
</tr>
<tr>
<td>How old were you the FIRST time you had to drink much more to get an</td>
<td>AGE ........................... 1</td>
</tr>
<tr>
<td>effect or drank an equivalent of a fifth of liquor?</td>
<td>DK ............................... 2</td>
</tr>
<tr>
<td>In your ENTIRE LIFE, did you EVER...</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>More than once want to stop or cut down on your drinking?</td>
<td>NO ................... (D85A) 2</td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO .......................... (D85A) 2</td>
<td></td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ............................... 2</td>
<td></td>
</tr>
<tr>
<td>In your ENTIRE LIFE, did you EVER...</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>More than once TRY to stop or cut down on your drinking but found you</td>
<td>NO ................... (DA2) 2</td>
</tr>
<tr>
<td>couldn’t do it?</td>
<td></td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO .......................... (DA2) 2</td>
<td></td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ............................... 2</td>
<td></td>
</tr>
<tr>
<td>How old were you the FIRST time you wanted or tried to stop or cut</td>
<td>AGE ........................... 1</td>
</tr>
<tr>
<td>down on your drinking?</td>
<td>DK ............................... 2</td>
</tr>
<tr>
<td>In your ENTIRE LIFE, did you EVER...</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>Have a period when you ended up drinking more than you meant to?</td>
<td>NO ................... (D87A) 2</td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO .......................... (D87A) 2</td>
<td></td>
</tr>
<tr>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES .................. 1</td>
</tr>
<tr>
<td>NO ............................... 2</td>
<td></td>
</tr>
</tbody>
</table>
Did you EVER...

**ECA**

Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?

YES ......................................................... 1
NO ...................................... (D88BA) ......................... 2

**ECA**

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**

Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?

YES ......................................................... 1
NO ...................................... (D88DA) ......................... 2

**ECA**

Feel more restless than is usual for you (when the effects of alcohol were wearing off)?

YES ......................................................... 1
NO ...................................... (D88EA) ......................... 2

**ECA**

Find yourself sweating, your heart beating faster, OR saw, felt or heard things that weren’t really there

YES ......................................................... 1
<table>
<thead>
<tr>
<th>Question</th>
<th>Response 1</th>
<th>Response 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(when the effects of alcohol were wearing off)?</td>
<td>NO .....................................</td>
<td>2</td>
</tr>
<tr>
<td><strong>ECA D88EB</strong> t08d88eb Did this happen in the last 12 months?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D88CA</strong> t08d88ec Did this happen BEFORE 12 months ago?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D88FA</strong> t08d88fa Did you EVER… Have very bad headaches (when the effects of alcohol were wearing off)?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D88FB</strong> t08d88fb Did this happen in the last 12 months?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D88FC</strong> t08d88fc Did this happen BEFORE 12 months ago?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>DA41</strong> t08d0a41 How old were you the FIRST time you had had after-effects after drinking, cutting down or stopping?</td>
<td>AGE..................................</td>
<td>98</td>
</tr>
<tr>
<td><strong>ECA D88GB</strong> 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?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D88HC</strong> 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?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D89A</strong> 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?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D89B</strong> t08d089b Did this happen in the last 12 months?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D89C</strong> t08d089c Did this happen BEFORE 12 months ago?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D810A</strong> 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?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D810B</strong> t08d810b Did this happen in the last 12 months?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>ECA D810C</strong> t08d810c Did this happen BEFORE 12 months ago?</td>
<td>YES ..................................</td>
<td>1</td>
</tr>
<tr>
<td><strong>DA42</strong> 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?</td>
<td>AGE..................................</td>
<td>98</td>
</tr>
<tr>
<td><strong>DA42</strong> 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?</td>
<td>AGE..................................</td>
<td>98</td>
</tr>
</tbody>
</table>
ECA D811A Did you EVER... Have a period when you spent a lot of time drinking? 
YES................................................................. 1
NO............................................................... 2

ECA D811B Did this happen in the last 12 months? 
YES................................................................. 1
NO............................................................... 2

ECA D811C Did this happen BEFORE 12 months ago? 
YES................................................................. 1
NO............................................................... 2

ECA 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 D812B Did this happen in the last 12 months? 
YES................................................................. 1
NO............................................................... 2

ECA D812C Did this happen BEFORE 12 months ago? 
YES................................................................. 1
NO............................................................... 2

DA5 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............................................................... 2

ECA D813B Did this happen in the last 12 months? 
YES................................................................. 1
NO............................................................... 2

ECA D813C Did this happen BEFORE 12 months ago? 
YES................................................................. 1
NO............................................................... 2

ECA 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............................................................... 2

ECA D814B Did this happen in the last 12 months? 
YES................................................................. 1
NO............................................................... 2

ECA D814C Did this happen BEFORE 12 months ago? 
YES................................................................. 1
NO............................................................... 2

DA6 How old were you the FIRST time you EVER spent a lot of time drinking or getting over being sick from drinking? 
AGE................................................................. 1
DK............................................................... 2

ECA 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............................................................... 2

ECA D815B Did this happen in the last 12 months? 
YES................................................................. 1
NO............................................................... 2

ECA D815C Did this happen BEFORE 12 months ago? 
YES................................................................. 1
NO............................................................... 2
<table>
<thead>
<tr>
<th>ECA</th>
<th>D816A</th>
<th>Did you EVER…</th>
<th>Continue to drink even though you knew it was causing you a health problem or making a health problem worse?</th>
<th>YES.................................1&lt;br&gt;NO...............................(D817A)............................2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECA</td>
<td>D816B</td>
<td>Did this happen in the last 12 months?</td>
<td>YES.................................1&lt;br&gt;NO...............................(D817A)............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D816C</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES.................................1&lt;br&gt;NO...............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D817A</td>
<td>Did you EVER…</td>
<td>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?</td>
<td>YES.................................1&lt;br&gt;NO...............................(DA7)..............................2</td>
</tr>
<tr>
<td>ECA</td>
<td>D817B</td>
<td>Did this happen in the last 12 months?</td>
<td>YES.................................1&lt;br&gt;NO...............................(DA7)..............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D817C</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES.................................1&lt;br&gt;NO...............................2</td>
<td></td>
</tr>
<tr>
<td>DA7</td>
<td>t08d00a7</td>
<td>How old were you the FIRST time you drank even though it affected your mood or health?</td>
<td>AGE................................._______&lt;br&gt;DK...............................98</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D818A</td>
<td>Did you EVER…</td>
<td>Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?</td>
<td>YES.................................1&lt;br&gt;NO...............................(D819A)............................2</td>
</tr>
<tr>
<td>ECA</td>
<td>D818B</td>
<td>Did this happen in the last 12 months?</td>
<td>YES.................................1&lt;br&gt;NO...............................(DB1)..............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D818C</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES.................................1&lt;br&gt;NO...............................2</td>
<td></td>
</tr>
<tr>
<td>DB1</td>
<td>t08d00b1</td>
<td>How old were you the FIRST time you were drunk or hung over when you were supposed to be doing something important?</td>
<td>AGE................................._______&lt;br&gt;DK...............................98</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D819A</td>
<td>In your ENTIRE LIFE, did you EVER…</td>
<td>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?</td>
<td>YES.................................1&lt;br&gt;NO...............................(D820A)............................2</td>
</tr>
<tr>
<td>ECA</td>
<td>D819B</td>
<td>Did this happen in the last 12 months?</td>
<td>YES.................................1&lt;br&gt;NO...............................(D820A)............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D819C</td>
<td>Did this happen BEFORE 12 months ago?</td>
<td>YES.................................1&lt;br&gt;NO...............................2</td>
<td></td>
</tr>
<tr>
<td>ECA</td>
<td>D820A</td>
<td>In your ENTIRE LIFE, did you EVER…</td>
<td>More than once drive a car or other vehicle WHILE you were drinking?</td>
<td>YES.................................1&lt;br&gt;NO...............................(D821A)............................2</td>
</tr>
</tbody>
</table>
SECTION D: ALCOHOL

Did this happen in the last 12 months?

YES................................................................. 1
NO................................................................. 2

Did this happen BEFORE 12 months ago?

YES................................................................. 1
NO................................................................. 2

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................................................................. 2

Did this happen in the last 12 months?

YES................................................................. 1
NO................................................................. 2

Did this happen BEFORE 12 months ago?

YES................................................................. 1
NO................................................................. 2

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................................................................. 2

Did this happen in the last 12 months?

YES................................................................. 1
NO................................................................. 2

Did this happen BEFORE 12 months ago?

YES................................................................. 1
NO................................................................. 2

How old were you the FIRST time you were in a situation while drinking or after drinking where you could have been hurt?

AGE…………………… 1
DK…………………… 98

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................................................................. 2

Did this happen in the last 12 months?

YES................................................................. 1
NO................................................................. 2

Did this happen BEFORE 12 months ago?

YES................................................................. 1
NO................................................................. 2

In your ENTIRE LIFE, did you EVER...

Get into physical fights while drinking or right after drinking?

YES................................................................. 1
NO................................................................. 2

Did this happen in the last 12 months?

YES................................................................. 1
NO................................................................. 2

Did this happen BEFORE 12 months ago?

YES................................................................. 1
NO................................................................. 2

How old were you the FIRST time you drank even though it affected your relationships with other people?

AGE…………………… 1
DK…………………… 98

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................................................................. 2
Did this happen in the last 12 months?  YES ................................................................. 1  
NO ................................................................. 2  

Did this happen BEFORE 12 months ago?  YES ................................................................. 1  
NO ................................................................. 2  

How old were you the FIRST time you got arrested or had legal problems as the result of your drinking?  AGE ................................................................. 98  
DK ................................................................. 2  

In your ENTIRE LIFE, did you EVER…  YES ................................................................. 1  
NO ................................................................. 2  

Did this happen in the last 12 months?  YES ................................................................. 1  
NO ................................................................. 2  

Did this happen BEFORE 12 months ago?  YES ................................................................. 1  
NO ................................................................. 2  

How old were you the FIRST time you got arrested or had legal problems as the result of your drinking?  AGE ................................................................. 98  
DK ................................................................. 2  

In your ENTIRE LIFE, did you EVER…  YES ................................................................. 1  
NO ................................................................. 2  

Did this happen in the last 12 months?  YES ................................................................. 1  
NO ................................................................. 2  

Did this happen BEFORE 12 months ago?  YES ................................................................. 1  
NO ................................................................. 2  

You mentioned that BEFORE12 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 ................................................................. 1  
NO ................................................................. 2  

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 ................................................................. 1  
NO ................................................................. 2  

Before one year ago, was there EVER a period when SOME of these experiences happened within the same one year period?  YES ................................................................. 1  
NO ................................................................. 2  

About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?  AGE ................................................................. 98  

In your ENTIRE LIFE, how many SEPARATE PERIODS like this did you have when some of these experiences were happening around the same time?  NUMBER ENTERED ................................................................. 98  

What was the LONGEST period you had when SOME of these experiences were happening around the same time?  MONTHS ................................................................. 98
D9G  
**t08d009g**  
How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?  
AGE……………………………(D9I)  
DK…………………………………….98

D9H  
**t08d009h**  
How long did this period last when SOME of these experiences were happening around the same time?  
MONTHS………………………….98

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………………………………….

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………………………………….

D10B  
**t08d010b**  
In your ENTIRE LIFE, how many separate periods like this did you have when any of these experiences were happening?  
NUMBER………………………….98

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………………………….98

D10D  
**t08d010d**  
How old were you the MOST RECENT time this BEGAN to happen?  
AGE………………………………….

D10E  
**t08d010e**  
How long did this period last?  
MONTHS………………………….98

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………………………………….
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 (PAUSE); in GREATER amounts. MORE OFTEN, or LONGER than prescribed (PAUSE/YUP); 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 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 Have you EVER used any tranquilizers, for example, Valium, Librium, muscle relaxants or Xanax?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.3 Have you EVER used any painkillers, for example, Codeine, Oxycontin, Darvon, Percodan, Dilaudid, or Demerol?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.4 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 Have you EVER used any Marijuana, hash, THC, or grass?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.6 Have you EVER used any crack cocaine?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.7 Have you EVER used cocaine, in other forms?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.8 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 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 Have you EVER used heroin?

YES ............................................. 1
NO ............................................. 2
RF ............................................. 7
DK ............................................. 8

E1.11 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 ............................................. 2

(E2.1A)
SECTION E: DRUG USE

36 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. 
Y...E.111b

NO ..........(E2.1A) .......... 2

SPECIFY IF ANY: ...........................................

36 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. 
Y...E.111b

NO ..........(E2.1A) .......... 2

SPECIFY IF ANY: ...........................................

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

E2.1a How old were you when you FIRST used SEDATIVES on your own? 
E.201a

RF ................................ 97

DK ................................ 98

E2.1b Did you use sedatives in the last 12 months only, before the last 12 months only, or during both time periods? 
E.201b

LAST 12 MONTHS ONLY....................... 1

PRIOR TO LAST 12 MONTHS ONLY. (E2.1D) ............ 2

BOTH TIME PERIODS .......................... 3

E2.1c During the last 12 months, about how often did you use SEDATIVES? [SHOW FLASHCARD 23]
E.201c

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 When was the most recent time you used SEDATIVES?
E.201d

NUMBER.................................................

UNIT: DAY(S) AGO............................................ 1

WEEK(S) AGO............................................ 2

MONTH(S) AGO............................................ 3

YEAR(S) AGO............................................ 4

E2.1e Think about the time when you were using SEDATIVES the most. At that time about how often did you use (it/ them)?
E.201e

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 About how old were you when you FIRST BEGAN using SEDATIVES that frequently?
E.201f

AGE............................................... 97

RF............................................... 98

E2.1g About how long did that period last when you were using SEDATIVES that frequently?
E.201g

UNIT: WEEK(S) AGO............................................ 1
E2.2a  How old were you when you FIRST used TRANQUILLIZERS on your own?

E2.2b  Did you use tranquilizers in the last 12 months only, before the last 12 months only, or during both time periods?

E2.2c  During the last 12 months, about how often did you use TRANQUILLIZERS? [SHOW FLASHCARD 23]

E2.2d  When was the most recent time you used TRANQUILLIZERS?

E2.2e  Think about the time when you were using TRANQUILLIZERS the most. At that time about how often did you use (it/ them)?

E2.2f  About how old were you when you FIRST BEGAN using TRANQUILLIZERS that frequently?

E2.2g  About how long did that period last when you were using TRANQUILLIZERS that frequently?

E2.3a  How old were you when you FIRST used PAINKILLERS on your own?

E2.3b  Did you use painkillers in the last 12 months only, before the last 12 months only, or during both time periods?
E2.3c 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 When was the most recent time you used PAINKILLERS?

NUMBER……………………………. .......
UNIT: Day(S) Ago.................................... 1
Week(S) Ago.................................... 2
Month(S) Ago.................................... 3
Year(S) Ago.................................... 4

E2.3e 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 About how old were you when you FIRST BEGAN using PAINKILLERS that frequently?

AGE……………………………. ...............
RF ................................  ................................ 97
DK ......................................... 98

E2.3g About how long did that period last when you were using painkillers that frequently?

NUMBER……………………………. .......
UNIT: Week(S) Ago.................................... 1
Month(S) Ago.................................... 2
Year(S) Ago.................................... 3

E2.4a How old were you when you FIRST used STIMULANTS on your own?

AGE……………………………. ...............
RF ................................  ................................ 97
DK ......................................... 98

E2.4b 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 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 When was the most recent time you used STIMULANTS?

NUMBER……………………………. UNIT:
DAY(S) AGO…………………………. 1
WEEK(S) AGO……………………… 2
MONTH(S) AGO……………………. 3
YEAR(S) AGO………………………. 4

E2.4e 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 About how old were you when you FIRST BEGAN using STIMULANTS that frequently?

AGE……………………………. RF ............................... 97
DK ................................................ 98

E2.4g About how long did that period last when you were using STIMULANTS that frequently?

NUMBER……………………………. UNIT:
WEEK(S) AGO…………………………... 1
MONTH(S) AGO………………………… 2
YEAR(S) AGO…………………………... 3

E2.5a How old were you when you FIRST used MARIJUNA, hash, THC, or grass on your own?

AGE……………………………. RF ............................... 97
DK ................................................ 98

E2.5b 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 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 When was the most recent time you used MARIJUNA, hash, THC, or grass?

NUMBER……………………………. UNIT:
DAY(S) AGO…………………………. 1
WEEK(S) AGO……………………… 2
MONTH(S) AGO……………………. 3
YEAR(S) AGO………………………. 4

E2.5e 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
### SECTION E: DRUG USE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>About how old were you when you FIRST BEGAN using MARIJUNA, hash, THC, or grass that frequently?</td>
<td>AGE: 1, RF: 2, DK: 3</td>
<td>t08e025f</td>
</tr>
<tr>
<td>About how long did that period last when you were using MARIJUNA, hash, THC, or grass that frequently?</td>
<td>NUMBER: 1, WEEK(S) AGO: 2, MONTH(S) AGO: 3, YEAR(S) AGO: 4</td>
<td>t08e25g1, t08e25g2</td>
</tr>
<tr>
<td>How old were you when you FIRST used CRACK COCAINE on your own?</td>
<td>AGE: 1, RF: 2, DK: 3</td>
<td>t08e026a</td>
</tr>
<tr>
<td>Did you use CRACK COCAINE in the last 12 months only, before the last 12 months only, or during both time periods?</td>
<td>LAST 12 MONTHS ONLY: 1, PRIOR TO LAST 12 MONTHS ONLY: 2, BOTH TIME PERIODS: 3</td>
<td>t08e026b</td>
</tr>
<tr>
<td>During the last 12 months, about how often did you use CRACK COCAINE?</td>
<td>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</td>
<td>t08e026c</td>
</tr>
<tr>
<td>When was the most recent time you used CRACK COCAINE?</td>
<td>NUMBER: 1, DAY(S) AGO: 2, WEEK(S) AGO: 3, MONTH(S) AGO: 4</td>
<td>t08e26d1, t08e26d2</td>
</tr>
<tr>
<td>Think about the time when you were using CRACK COCAINE the most. At that time about how often did you use (it/ them)?</td>
<td>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</td>
<td>t08e026e</td>
</tr>
<tr>
<td>About how old were you when you FIRST BEGAN using CRACK COCAINE that frequently?</td>
<td>AGE: 1, RF: 2, DK: 3</td>
<td>t08e026f</td>
</tr>
</tbody>
</table>
E2.6a
About how long did that period last when you were using
CRACK COCAINE that frequently?

UNIT:
NUMBER……………………………. .......
UNIT: WEEK(S) AGO……………………………. ...... 1
MONTH(S) AGO……………………………. ...... 2
YEAR(S) AGO……………………………. ...... 3

E2.7a
How old were you when you FIRST used COCAINE, IN
OTHER FORMS on your own?

AGE……………………………. ...............
RF ................................  ................................ 97
DK ...............................  ................................ 98

E2.7b
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
During the last 12 months, about how often did you use
COCAINE, IN OTHER FORMS? [SHOW FLASHCARD
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
When was the most recent time you used COCAINE, IN
OTHER FORMS?

NUMBER……………………………. .......
UNIT: WEEK(S) AGO……………………………. ...... 1
MONTH(S) AGO……………………………. ...... 2
YEAR(S) AGO……………………………. ...... 3

E2.7e
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
About how old were you when you FIRST BEGAN using
COCAINE, IN OTHER FORMS that frequently?

AGE……………………………. ...............
RF ................................  ................................ 97
DK ...............................  ................................ 98

E2.7g
About how long did that period last when you were using
COCAINE, IN OTHER FORMS that frequently?

UNIT:
NUMBER……………………………. .......
UNIT: WEEK(S) AGO……………………………. ...... 1
MONTH(S) AGO……………………………. ...... 2
YEAR(S) AGO……………………………. ...... 3

E2.8a
How old were you when you FIRST used
HALLUCINOGENS on your own?

AGE……………………………. ...............
RF ................................  ................................ 97
DK ...............................  ................................ 98

E2.8b
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
E2.8c
During the last 12 months, about how often did you use HALLUCINOGENS? [SHOW FLASHCARD 23]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code E2.8c/t08e028c</th>
</tr>
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<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>NEARLY EVERY DAY</td>
<td>2</td>
</tr>
<tr>
<td>3 - 4 TIMES PER WEEK</td>
<td>3</td>
</tr>
<tr>
<td>1 - 2 TIMES PER WEEK</td>
<td>4</td>
</tr>
<tr>
<td>2 – 3 TIMES PER MONTH</td>
<td>5</td>
</tr>
<tr>
<td>ONCE A MONTH</td>
<td>6</td>
</tr>
<tr>
<td>7 – 11 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>3 – 6 TIMES PER YEAR</td>
<td>8</td>
</tr>
<tr>
<td>2 TIMES PER YEAR</td>
<td>9</td>
</tr>
<tr>
<td>ONCE A YEAR</td>
<td>10</td>
</tr>
<tr>
<td>NEVER</td>
<td>11</td>
</tr>
</tbody>
</table>

E2.8d
When was the most recent time you used HALLUCINOGENS?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e28d1/t08e28d2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER</td>
<td></td>
</tr>
<tr>
<td>UNIT:</td>
<td>DAY(S) AGO</td>
</tr>
<tr>
<td></td>
<td>WEEK(S) AGO</td>
</tr>
<tr>
<td></td>
<td>MONTH(S) AGO</td>
</tr>
<tr>
<td></td>
<td>YEAR(S) AGO</td>
</tr>
</tbody>
</table>

E2.8e
Think about the time when you were using HALLUCINOGENS the most. At that time about how often did you use (it/ them)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e028e</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>NEARLY EVERY DAY</td>
<td>2</td>
</tr>
<tr>
<td>3 - 4 TIMES PER WEEK</td>
<td>3</td>
</tr>
<tr>
<td>1 - 2 TIMES PER WEEK</td>
<td>4</td>
</tr>
<tr>
<td>2 – 3 TIMES PER MONTH</td>
<td>5</td>
</tr>
<tr>
<td>ONCE A MONTH</td>
<td>6</td>
</tr>
<tr>
<td>7 – 11 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>3 – 6 TIMES PER YEAR</td>
<td>8</td>
</tr>
<tr>
<td>2 TIMES PER YEAR</td>
<td>9</td>
</tr>
<tr>
<td>ONCE A YEAR</td>
<td>10</td>
</tr>
<tr>
<td>NEVER</td>
<td>11</td>
</tr>
</tbody>
</table>

E2.8f
About how old were you when you FIRST BEGAN using HALLUCINOGENS that frequently?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e028f</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
</tr>
<tr>
<td>RF</td>
<td>97</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
</tbody>
</table>

E2.8g
About how long did that period last when you were using HALLUCINOGENS that frequently?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e28g1/t08e28g2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER</td>
<td></td>
</tr>
<tr>
<td>UNIT:</td>
<td>WEEK(S) AGO</td>
</tr>
<tr>
<td></td>
<td>MONTH(S) AGO</td>
</tr>
<tr>
<td></td>
<td>YEAR(S) AGO</td>
</tr>
</tbody>
</table>

E2.9a
How old were you when you FIRST used INHALANTS/SOLVENTS on your own?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e029a</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
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<tr>
<td>RF</td>
<td>97</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
</tbody>
</table>

E2.9b
Did you use INHALANTS/SOLVENTS in the last 12 months only, before the last 12 months only, or during both time periods?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e029b</th>
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</thead>
<tbody>
<tr>
<td>LAST 12 MONTHS ONLY</td>
<td>1</td>
</tr>
<tr>
<td>PRIOR TO LAST 12 MONTHS ONLY</td>
<td>2</td>
</tr>
<tr>
<td>BOTH TIME PERIODS</td>
<td>3</td>
</tr>
</tbody>
</table>

E2.9c
During the last 12 months, about how often did you use INHALANTS/SOLVENTS? [SHOW FLASHCARD 23]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code t08e029c</th>
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</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>NEARLY EVERY DAY</td>
<td>2</td>
</tr>
<tr>
<td>3 - 4 TIMES PER WEEK</td>
<td>3</td>
</tr>
<tr>
<td>1 - 2 TIMES PER WEEK</td>
<td>4</td>
</tr>
<tr>
<td>2 – 3 TIMES PER MONTH</td>
<td>5</td>
</tr>
<tr>
<td>ONCE A MONTH</td>
<td>6</td>
</tr>
<tr>
<td>7 – 11 TIMES PER YEAR</td>
<td>7</td>
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<tr>
<td>3 – 6 TIMES PER YEAR</td>
<td>8</td>
</tr>
<tr>
<td>2 TIMES PER YEAR</td>
<td>9</td>
</tr>
<tr>
<td>ONCE A YEAR</td>
<td>10</td>
</tr>
</tbody>
</table>
SECTION E: DRUG USE

E2.9d  When was the most recent time you used INHALANTS/SOLVENTS?

UNIT: DAY(S) AGO

NUMBER

E2.9e  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
NEARLY EVERY DAY
3 - 4 TIMES PER WEEK
1 - 2 TIMES PER WEEK
2 – 3 TIMES PER MONTH
ONCE A MONTH
7 – 11 TIMES PER YEAR
3 – 6 TIMES PER YEAR
2 TIMES PER YEAR
ONCE A YEAR
NEVER

E2.9f  About how old were you when you FIRST BEGAN using INHALANTS/SOLVENTS that frequently?

RF
DK

E2.9g  About how long did that period last when you were using INHALANTS/SOLVENTS that frequently?

UNIT: WEEK(S) AGO

NUMBER

E2.10a  How old were you when you FIRST used HEROIN on your own?

RF
DK

E2.10b  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
PRIOR TO LAST 12 MONTHS ONLY (E2.10D)
BOTH TIME PERIODS

E2.10c  During the last 12 months, about how often did you use HEROIN? [SHOW FLASHCARD 23]

EVERY DAY
NEARLY EVERY DAY
3 - 4 TIMES PER WEEK
1 - 2 TIMES PER WEEK
2 – 3 TIMES PER MONTH
ONCE A MONTH
7 – 11 TIMES PER YEAR
3 – 6 TIMES PER YEAR
2 TIMES PER YEAR
ONCE A YEAR
NEVER

E2.10d  When was the most recent time you used HEROIN?

UNIT: DAY(S) AGO

NUMBER

E2.10e  Think about the time when you were using HEROIN the most. At that time about how often did you use (it/them)?

EVERY DAY
NEARLY EVERY DAY
3 - 4 TIMES PER WEEK
1 - 2 TIMES PER WEEK
| E2.10f | About how old were you when you FIRST BEGAN using HEROIN that frequently? | \[SHOW FLASHCARD 23\] |
| - | AGE……………………………. | NUMBER……………………………. |
| t08e210f | RF……………………………. | UNIT: |
| - | DK……………………………. | WEEK(S) AGO……………………………. |
| - | | MONTH(S) AGO……………………………. |
| - | | YEAR(S) AGO……………………………. |

| E2.10g | About how long did that period last when you were using HEROIN that frequently? |
| - | \[SHOW FLASHCARD 23\] |
| t08e210g1 | NUMBER……………………………. |
| t08e210g2 | UNIT: |
| - | WEEK(S) AGO……………………………. |
| - | MONTH(S) AGO……………………………. |
| - | YEAR(S) AGO……………………………. |

| E2.11a | How old were you when you FIRST used (OTHER DRUG #1) on your own? |
| - | AGE……………………………. |
| t08e211a | RF……………………………. |
| - | DK……………………………. |

| E2.11b | 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……………………………. |
| t08e211b | PRIOR TO LAST 12 MONTHS ONLY……………….. |
| - | BOTH TIME PERIODS……………………………. |

| E2.11c | During the last 12 months, about how often did you use (OTHER DRUG #1)? |
| - | EVERY DAY……………………………. |
| t08e211c | NEARLY EVERY DAY……………………………. |
| - | 3 - 4 TIMES PER WEEK……………………………. |
| - | 1 - 2 TIMES PER WEEK……………………………. |
| - | 2 – 3 TIMES PER MONTH……………………………. |
| - | ONCE A MONTH……………………………. |
| - | 7 – 11 TIMES PER YEAR……………………………. |
| - | 3 – 6 TIMES PER YEAR……………………………. |
| - | 2 TIMES PER YEAR……………………………. |
| - | ONCE A YEAR……………………………. |
| - | NEVER……………………………. |

| E2.11d | When was the most recent time you used OTHER DRUG #1? |
| - | NUMBER……………………………. |
| t08e211d1 | UNIT: |
| t08e211d2 | DAY(S) AGO……………………………. |
| - | WEEK(S) AGO……………………………. |
| - | MONTH(S) AGO……………………………. |
| - | YEAR(S) AGO……………………………. |

| E2.11e | 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……………………………. |
| t08e211e | NEARLY EVERY DAY……………………………. |
| - | 3 - 4 TIMES PER WEEK……………………………. |
| - | 1 - 2 TIMES PER WEEK……………………………. |
| - | 2 – 3 TIMES PER MONTH……………………………. |
| - | ONCE A MONTH……………………………. |
| - | 7 – 11 TIMES PER YEAR……………………………. |
| - | 3 – 6 TIMES PER YEAR……………………………. |
| - | 2 TIMES PER YEAR……………………………. |
| - | ONCE A YEAR……………………………. |
| - | NEVER……………………………. |

| E2.11f | About how old were you when you FIRST BEGAN using OTHER DRUG #1 that frequently? |
| - | AGE……………………………. |
| t08e211f | RF……………………………. |
| - | DK……………………………. |

| E2.11g | About how long did that period last when you were using OTHER DRUG #1 that frequently? |
| - | NUMBER……………………………. |
| t08e211g | UNIT: |
| - | WEEK(S) AGO……………………………. |
| - | MONTH(S) AGO……………………………. |
| - | YEAR(S) AGO……………………………. |
t08e211g1  OTHER DRUG #1 that frequently?

UNIT: NUMBER..............................................
     WEEK(S) AGO.................................... 1
     MONTH(S) AGO................................... 2
     YEAR(S) AGO.................................... 3

t08e211g2  Other DRUG #1 that frequently?

UNIT: NUMBER..............................................
     WEEK(S) AGO.................................... 1
     MONTH(S) AGO................................... 2
     YEAR(S) AGO.................................... 3

E2.12a  How old were you when you FIRST used (OTHER DRUG #2) on your own?

UNIT: AGE....................................................
     RF.................................................. 97
     DK................................................. 98

E2.12b  Did you use (OTHER DRUG #2) in the last 12 months only, before the last 12 months only, or during both time periods?

UNIT: LAST 12 MONTHS ONLY............................. 1
       PRIOR TO LAST 12 MONTHS ONLY............. 2
       BOTH TIME PERIODS.............................. 3

E2.12c  During the last 12 months, about how often did you use (OTHER DRUG #2)? [SHOW FLASHCARD 23]

UNIT: 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

E2.12d  When was the most recent time you used (OTHER DRUG #2)?

UNIT: NUMBER..............................................
     DAY(S) AGO....................................... 1
     WEEK(S) AGO....................................... 2
     MONTH(S) AGO..................................... 3
     YEAR(S) AGO..................................... 4

E2.12e  Think about the time when you were using (OTHER DRUG #2) the most. At that time about how often did you use (it/ them)?

UNIT: 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

E2.12f  About how old were you when you FIRST BEGAN using (OTHER DRUG #2) that frequently?

UNIT: AGE....................................................
     RF.................................................. 97
     DK................................................. 98

E2.12g  About how long did that period last when you were using (OTHER DRUG #2) that frequently?

UNIT: NUMBER..............................................
     WEEK(S) AGO....................................... 1
     MONTH(S) AGO..................................... 2
     YEAR(S) AGO..................................... 3

E2.13a  How old were you when you FIRST used (OTHER DRUG #3) on your own?

UNIT: AGE....................................................
     RF.................................................. 97
     DK................................................. 98

E2.13b  Did you use (OTHER DRUG #3) in the last 12 months only, before the last 12 months only, or during both time periods?

UNIT: LAST 12 MONTHS ONLY............................. 1
       PRIOR TO LAST 12 MONTHS ONLY............. 2
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

When was the most recent time you used (OTHER DRUG #3)?

- NUMBER……………………………. .................. 1
- UNIT: DAY(S) AGO................................. 1
- WEEK(S) AGO........................................ 2
- MONTH(S) AGO..................................... 3
- YEAR(S) AGO........................................ 4

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

About how old were you when you FIRST BEGAN using (OTHER DRUG #3) that frequently?

- AGE……………………………. .............. 1
- RF ...................................................... 97
- DK .................................................... 98

About how long did that period last when you were using (OTHER DRUG #3) that frequently?

- NUMBER……………………………. .............. 1
- UNIT: WEEK(S) AGO................................. 1
- MONTH(S) AGO..................................... 2
- YEAR(S) AGO........................................ 3

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.

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

Did this happen in the last 12 months?

- YES ..................................................... 1
- NO ................................................. (E3.1D) 2

During the last 12 months, which of the following medicines or drugs did this happen with?

- Sedatives?
  - YES ..................................................... 1
  - NO ..................................................... 2

- Tranquilizers?
  - YES ..................................................... 1
  - NO ..................................................... 2

- Painkillers?
  - YES ..................................................... 1
  - NO ..................................................... 2

- Stimulants?
  - YES ..................................................... 1
### SECTION E: DRUG USE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hallucinogens?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Heroin?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other drug #1?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**SPECIFY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other drug #2?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other drug #3?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**SPECIFY:**

### E3.1d

Did this happen before 12 months ago, that is before (Month one year ago)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**SHOW FLASHCARD 22**

### E3.1e

Which of the following medicines or drugs did this happen with before 12 month ago?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Tranquilizers?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Painkillers?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Stimulants?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Marijuana?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hallucinogens?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Heroin?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other drug #1?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**SPECIFY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other drug #2?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other drug #3?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**SPECIFY:**

### E3.1f

How old were you the first time you experienced this?

AGE: [ ] [ ] [ ]

RF: [ ] [ ] [ ] 97
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

Did this happen in the last 12 months?

YES ....................................................... 1
NO ....................................................... 2

During the last 12 months, which of the following medicines or drugs did this happen with?

Sedatives?
YES .......................................................... 1
NO .......................................................... 2

Tranquilizers?
YES .......................................................... 1
NO .......................................................... 2

Painkillers?
YES .......................................................... 1
NO .......................................................... 2

Stimulants?
YES .......................................................... 1
NO .......................................................... 2

Marijuana?
YES .......................................................... 1
NO .......................................................... 2

Crack cocaine?
YES .......................................................... 1
NO .......................................................... 2

Cocaine, in other forms?
YES .......................................................... 1
NO .......................................................... 2

Hallucinogens?
YES .......................................................... 1
NO .......................................................... 2

Inhalants or solvents?
YES .......................................................... 1
NO .......................................................... 2

Heroin?
YES .......................................................... 1
NO .......................................................... 2

Other drug #1?
YES .......................................................... 1
NO .......................................................... 2

Other drug #2?
YES .......................................................... 1
NO .......................................................... 2

Other drug #3?
YES .......................................................... 1
NO .......................................................... 2

Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]

YES .......................................................... 1
NO ....................................................... 2

Which of the following medicines or drugs did this happen with before 12 month ago?

Sedatives?
YES .......................................................... 1
NO .......................................................... 2

Tranquilizers?
YES .......................................................... 1
NO .......................................................... 2

Painkillers?
YES .......................................................... 1
NO .......................................................... 2

Stimulants?
YES .......................................................... 1
NO .......................................................... 2

Marijuana?
YES .......................................................... 1
NO .......................................................... 2

Crack cocaine?
YES .......................................................... 1
NO .......................................................... 2

Cocaine, in other forms?
YES .......................................................... 1
NO .......................................................... 2

Hallucinogens?
YES .......................................................... 1
NO .......................................................... 2
**SECTION E: DRUG USE**

- **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** How old were you the first time you experienced this?  
**T08E032F** AGE……………………………. ............... RF ............................... 97  
DK ............................... 98

**E3.3A** 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?  
**T08E033A** YES……………………. ............................. 1  
NO………………..…. ............................... 2

**E3.3B** Did this happen in the last 12 months?  
**T08E033B** YES……………………. ............................. 1  
NO………………..…. ............................... 2

**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** Did this happen before 12 months ago, that is before (Month one year ago)? **SHOW FLASHCARD 22**  
**T08E033D** YES……………………. ............................. 1  
NO………………..…. ............................... 2
### E3.3e
Which of the following medicines or drugs did this happen with before 12 month ago?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>t08e33e1  Sedatives?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e2  Tranquilizers?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e3  Painkillers?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e4  Stimulants?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e5  Marijuana?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e6  Crack cocaine?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e7  Cocaine, in other forms?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e8  Hallucinogens?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e9  Inhalants or solvents?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e10  Heroin?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e11  Other drug #1?</td>
<td>YES 1</td>
<td>NO 2</td>
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<tr>
<td>t08e33e11b  SPECIFY:</td>
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<tr>
<td>t08e33e12  Other drug #2?</td>
<td>YES 1</td>
<td>NO 2</td>
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<td>t08e33e12b  SPECIFY:</td>
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<tr>
<td>t08e33e13  Other drug #3?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e33e13b  SPECIFY:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E3.3f
How old were you the first time you experienced this?

AGE: __________  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

### E3.4b
Did this happen in the last 12 months?  

YES 1  NO (E3.4D) 2

### E3.4c
During the last 12 months, which of the following medicines or drugs did this happen with?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>t08e34c1  Sedatives?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c2  Tranquilizers?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c3  Painkillers?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c4  Stimulants?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c5  Marijuana?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c6  Crack cocaine?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c7  Cocaine, in other forms?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>t08e34c8  Hallucinogens?</td>
<td>YES 1</td>
<td>NO 2</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td><strong>E3.4d</strong> Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E3.4e</strong> Which of the following medicines or drugs did this happen with before 12 month ago?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e1 Sedatives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e2 Tranquilizers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e3 Painkillers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e4 Stimulants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e5 Marijuana?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e6 Crack cocaine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e7 Cocaine, in other forms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e8 Hallucinogens?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e9 Inhalants or solvents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e10 Heroin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e34e11 Other drug #1?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E3.4f</strong> How old were you the first time you experienced this?</td>
<td></td>
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</tr>
<tr>
<td>t08e034f</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E3.5a</strong> In your entire life, did you EVER... (PAUSE) did you EVER have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your home or family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08e035a</td>
<td></td>
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<tr>
<td><strong>E3.5b</strong> Did this happen in the last 12 months?</td>
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<tr>
<td>t08e035b</td>
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<td></td>
</tr>
</tbody>
</table>
### E3.5c

**During the last 12 months, which of the following medicines or drugs did this happen with?**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Tranquilizers?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Painkillers?</td>
<td>yes</td>
<td>no</td>
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<tr>
<td>Stimulants?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Marijuana?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Hallucinogens?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Heroin?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Other drug #1?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

**SPECIFY:**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other drug #2?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Other drug #3?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

### E3.5d

**Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

### E3.5e

**Which of the following medicines or drugs did this happen with before 12 month ago?**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Tranquilizers?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Painkillers?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Stimulants?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Marijuana?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Hallucinogens?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Heroin?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Other drug #1?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

**SPECIFY:**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other drug #2?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Other drug #3?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>
E3.5f How old were you the first time you experienced this?

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?

E3.6b Did this happen in the last 12 months?

E3.6c During the last 12 months, which of the following medicines or drugs did this happen with?

E3.6d Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]

E3.6e Which of the following medicines or drugs did this happen with before 12 month ago?
SECTION E: DRUG USE

E3.6f  How old were you the first time you experienced this?

E3.7a  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?

E3.7b  Did this happen in the last 12 months?

E3.7c  During the last 12 months, which of the following medicines or drugs did this happen with?

---

t08e36e3  Painkillers?

t08e36e4  Stimulants?

t08e36e5  Marijuana?

t08e36e6  Crack cocaine?

m08e36e7  Cocaine, in other forms?

m08e36e8  Hallucinogens?

m08e36e9  Inhalants or solvents?

m08e36e10  Heroin?

m08e36e11  Other drug #1?

m08e36e11b SPECIFY: 

m08e36e12  Other drug #2?

m08e36e12b SPECIFY: 

m08e36e13  Other drug #3?

m08e36e13b SPECIFY: 

---

E3.6f  How old were you the first time you experienced this?

AGE: 

RF: 97

DK: 98

---

E3.7b  Did this happen in the last 12 months?

YES: 1

NO: 2

---

E3.7c Sedatives?  YES: 1

NO: 2

---

E3.7c Tranquilizers?  YES: 1

NO: 2

---

E3.7c Painkillers?  YES: 1

NO: 2

---

E3.7c Stimulants?  YES: 1

NO: 2

---

E3.7c Marijuana?  YES: 1

NO: 2

---

E3.7c Crack cocaine?  YES: 1

NO: 2

---

E3.7c Cocaine, in other forms?  YES: 1

NO: 2

---

E3.7c Hallucinogens?  YES: 1

NO: 2

---

E3.7c Inhalants or solvents?  YES: 1

NO: 2

---

E3.7c Heroin?  YES: 1

NO: 2
Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22] 

Which of the following medicines or drugs did this happen with before 12 month ago?

- Sedatives? YES ........................................ NO ........................................
- Tranquilizers? YES ........................................ NO ........................................
- Painkillers? YES ........................................ NO ........................................
- Stimulants? YES ........................................ NO ........................................
- Marijuana? YES ........................................ NO ........................................
- Crack cocaine? YES ........................................ NO ........................................
- Cocaine, in other forms? YES ........................................ NO ........................................
- Hallucinogens? YES ........................................ NO ........................................
- Inhalants or solvents? YES ........................................ NO ........................................
- Heroin? YES ........................................ NO ........................................
- Other drug #1? YES ........................................ NO ........................................
- Other drug #2? YES ........................................ NO ........................................
- Other drug #3? YES ........................................ NO ........................................

How old were you the first time you experienced this? AGE ........................................ RF ........................................ DK ........................................

In your entire life, did you EVER... (PAUSE) did you 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 around heavy traffic? YES ........................................ NO ........................................

Did this happen in the last 12 months? YES ........................................ NO ........................................

During the last 12 months, which of the following medicines or drugs did this happen with?
SECTION E: DRUG USE

E3.8c1 Sedatives? YES ............................................. 1
NO ......................................................... 2
E3.8c2 Tranquilizers? YES ............................................. 1
NO ......................................................... 2
E3.8c3 Painkillers? YES ............................................. 1
NO ......................................................... 2
E3.8c4 Stimulants? YES ............................................. 1
NO ......................................................... 2
E3.8c5 Marijuana? YES ............................................. 1
NO ......................................................... 2
E3.8c6 Crack cocaine? YES ............................................. 1
NO ......................................................... 2
E3.8c7 Cocaine, in other forms? YES ............................................. 1
NO ......................................................... 2
E3.8c8 Hallucinogens? YES ............................................. 1
NO ......................................................... 2
E3.8c9 Inhalants or solvents? YES ............................................. 1
NO ......................................................... 2
E3.8c10 Heroin? YES ............................................. 1
NO ......................................................... 2
E3.8c11 Other drug #1? YES ............................................. 1
NO ......................................................... 2
E3.8c11b SPECIFY: .................................................
E3.8c12 Other drug #2? YES ............................................. 1
NO ......................................................... 2
E3.8c12b SPECIFY: .................................................
E3.8c13 Other drug #3? YES ............................................. 1
NO ......................................................... 2
E3.8c13b SPECIFY: .................................................

E3.8d Did this happen before 12 months ago, that is before (Month one year ago)? [SHOW FLASHCARD 22]
YES ............................................. 1
NO ............................................. (E3.9A) 2

E3.8e Which of the following medicines or drugs did this happen with before 12 month ago?
E3.8e1 Sedatives? YES ............................................. 1
NO ......................................................... 2
E3.8e2 Tranquilizers? YES ............................................. 1
NO ......................................................... 2
E3.8e3 Painkillers? YES ............................................. 1
NO ......................................................... 2
E3.8e4 Stimulants? YES ............................................. 1
NO ......................................................... 2
E3.8e5 Marijuana? YES ............................................. 1
NO ......................................................... 2
E3.8e6 Crack cocaine? YES ............................................. 1
NO ......................................................... 2
E3.8e7 Cocaine, in other forms? YES ............................................. 1
NO ......................................................... 2
E3.8e8 Hallucinogens? YES ............................................. 1
NO ......................................................... 2
E3.8e9 Inhalants or solvents? YES ............................................. 1
NO ......................................................... 2
E3.8e10 Heroin? YES ............................................. 1
NO ......................................................... 2
E3.8e11 Other drug #1? YES ............................................. 1
NO ......................................................... 2
E3.8e11b SPECIFY: .................................................
E3.8e12 Other drug #2? YES ............................................. 1
NO ......................................................... 2
### SECTION E: DRUG USE

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

How old were you the first time you experienced this?
AGE................................................................. [ ] [ ]
RF ................................................................. 97
DK ................................................................. 98

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................................................................. [ ] [ ]
RF ................................................................. 97
DK ................................................................. 98

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................................................................. [ ] [ ]
DK ................................................................. 98

What is the longest period you had like this?
MONTHS................................................................. [ ] [ ]

About how old were you the MOST RECENT time this BEGAN to happen?
AGE................................................................. [ ] [ ]
RF ................................................................. 97
DK ................................................................. 98

How long did this period last?
MONTHS................................................................. [ ] [ ]

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................................................................. [ ] [ ]
RF ................................................................. 97
DK ................................................................. 98

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................................................................. [ ] [ ]
RF ................................................................. 97
DK ................................................................. 98
E4.2b  
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 (PAUSE) OR you didn’t have any of the experiences you just mentioned with tranquilizers?

NUMBER..................................................................................................................
DK .....................................................................................................................98

E4.3a  
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..................................................................................................................
RF ....................................................................................................................97
DK ..................................................................................................................98

E4.4a  
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..................................................................................................................
RF ....................................................................................................................97
DK ..................................................................................................................98
E4.4b  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: __________________________

DK: ______________________________ 98

E4.4c  What is the longest period you had like this?

MONTHS: __________________________

E4.4d  About how old were you the MOST RECENT time this BEGAN to happen?

AGE: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.4e  How long did this period last?

MONTHS: __________________________

E4.4f  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: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.5a  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: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.5b  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: __________________________

DK: ______________________________ 98

E4.5c  What is the longest period you had like this?

MONTHS: __________________________

E4.5d  About how old were you the MOST RECENT time this BEGAN to happen?

AGE: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.5e  How long did this period last?

MONTHS: __________________________

E4.5f  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: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.6a  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: ______________________________

RF: ______________________________ 97

DK: ______________________________ 98

E4.6b  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?

E4.6c  What is the longest period you had like this?

NUMBER........................................  
DK ............................................. 98

E4.6d About how old were you the MOST RECENT time this BEGAN to happen?

AGE............................................  
RF ........................................... 97  
DK ........................................... 98

E4.6e How long did this period last?

MONTHS.........................................  

E4.6f 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............................................  
RF ........................................... 97  
DK ........................................... 98

E4.7a 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............................................  
RF ........................................... 97  
DK ........................................... 98

E4.7b 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........................................  
DK ............................................. 98

E4.7c What is the longest period you had like this?

MONTHS.........................................  

E4.7d About how old were you the MOST RECENT time this BEGAN to happen?

AGE............................................  
RF ........................................... 97  
DK ........................................... 98

E4.7e How long did this period last?

MONTHS.........................................  

E4.7f 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............................................  
RF ........................................... 97  
DK ........................................... 98

E4.8a 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............................................  
RF ........................................... 97  
DK ........................................... 98

E4.8b 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?

E4.8c
What is the longest period you had like this?

MONTHS.

E4.8d
About how old were you the MOST RECENT time this BEGAN to happen?

AGE.

E4.8e
How long did this period last?

MONTHS.

E4.8f
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.

E4.9a
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.

E4.9b
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.

E4.9c
What is the longest period you had like this?

MONTHS.

E4.9d
About how old were you the MOST RECENT time this BEGAN to happen?

AGE.

E4.9e
How long did this period last?

MONTHS.

E4.9f
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.

E4.10a
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.

E4.10b
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
E4.10c What is the longest period you had like this?  
MONTHS

E4.10d About how old were you the MOST RECENT time this BEGAN to happen?  
AGE
RF 97
DK 98

E4.10e How long did this period last?  
MONTHS

E4.10f 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
RF 97
DK 98

E4.11a 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/these) experience(s) began to happen with (OTHER DRUG#1)?  
AGE
RF 97
DK 98

E4.11b In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with (Name of other drug used)? 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
DK 98

E4.11c What is the longest period you had like this?  
MONTHS

E4.11d About how old were you the MOST RECENT time this BEGAN to happen?  
AGE
RF 97
DK 98

E4.11e How long did this period last?  
MONTHS

E4.11f 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
RF 97
DK 98

E4.12a 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/these) experience(s) began to happen with (OTHER DRUG#2)?  
AGE
RF 97
DK 98

E4.12b 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
DK 98
E4.12c  What is the longest period you had like this?  MONTHS.
E4.12d  About how old were you the MOST RECENT time this BEGAN to happen?  AGE.
E4.12e  How long did this period last?  MONTHS.
E4.12f  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.
E4.13a  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) experience(s) began to happen with (OTHER DRUG#3)?  AGE.
E4.13b  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.
E4.13c  What is the longest period you had like this?  MONTHS.
E4.13d  About how old were you the MOST RECENT time this BEGAN to happen?  AGE.
E4.13e  How long did this period last?  MONTHS.
E4.13f  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.
E5.1a  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
E5.1b  Did this happen in the last 12 months?  YES 1
E5.1c  During the last 12 months, which medicines or drugs did this happen with?  [SHOW FLASH CARD 22]  YES 1
E5.1c1  Sedatives?  YES 1
E5.1c2  Tranquilizers?  YES 1
SECTION E: DRUG USE

- Painkillers? YES 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E5.1f How old were you the first time you experienced this?

AGE........................................
RF.................................................97
DK.................................................98

E5.2a 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 .............. ........................................2
DK .....................................................8

E5.2b Did this happen in the last 12 months?

YES .................................................1
NO .............. ........................................2
DK .....................................................8

E5.2c During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

-Sedatives? YES .................................................1
NO ......................................................2

-Tranquilizers? YES .................................................1
NO ......................................................2

-Painkillers? YES .................................................1
NO ......................................................2

-Stimulants? YES .................................................1
NO ......................................................2

-Marijuana? YES .................................................1
NO ......................................................2

-Crack cocaine? YES .................................................1
NO ......................................................2

-Cocaine, in other forms? YES .................................................1
NO ......................................................2

-Hallucinogens? YES .................................................1
NO ......................................................2

-Inhalants or solvents? YES .................................................1
NO ......................................................2

-Heroin? YES .................................................1
NO ......................................................2

-Other drug #1? YES .................................................1
NO ......................................................2

-Other drug #2? SPECIFY: .................................................

-Other drug #3? SPECIFY: .................................................

E5.2d Did this happen before 12 months ago, that is before last (Month one year ago)?

YES .................................................1
NO .............. ........................................2

E5.2e Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

-Sedatives? YES .................................................1
NO ......................................................2

-Tranquilizers? YES .................................................1
NO ......................................................2

-Painkillers? YES .................................................1
NO ......................................................2

-Stimulants? YES .................................................1
NO ......................................................2

-Marijuana? YES .................................................1
NO ......................................................2
SECTION E: DRUG USE

- Crack cocaine? YES .................................. 1
  NO .................................................. 2
- Cocaine, in other forms? YES .................................. 1
  NO .................................................. 2
- Hallucinogens? YES .................................. 1
  NO .................................................. 2
- Inhalants or solvents? YES .................................. 1
  NO .................................................. 2
- Heroin? YES .................................. 1
  NO .................................................. 2
- Other drug #1? YES .................................. 1
  NO .................................................. 2
- Other drug #2? SPECIFY: ..................................
- Other drug #3? SPECIFY: ..................................

E5.2f How old were you the first time you experienced this? AGE ........................................ [ ] [ ]

E5.3a 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?

E5.3b Did this happen in the last 12 months?

E5.3c During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

- Sedatives? YES .................................. 1
  NO .................................................. 2
- Tranquilizers? YES .................................. 1
  NO .................................................. 2
- Painkillers? YES .................................. 1
  NO .................................................. 2
- Stimulants? YES .................................. 1
  NO .................................................. 2
- Marijuana? YES .................................. 1
  NO .................................................. 2
- Crack cocaine? YES .................................. 1
  NO .................................................. 2
- Cocaine, in other forms? YES .................................. 1
  NO .................................................. 2
- Hallucinogens? YES .................................. 1
  NO .................................................. 2
- Inhalants or solvents? YES .................................. 1
  NO .................................................. 2
- Heroin? YES .................................. 1
  NO .................................................. 2
- Other drug #1? YES .................................. 1
  NO .................................................. 2
- Other drug #2? SPECIFY: ..................................
- Other drug #3? SPECIFY: ..................................
SECTION E: DRUG USE

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<tr>
<th>Question</th>
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<td><strong>t08e53c13</strong> Other drug #3?</td>
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<td><strong>t08e53c13b</strong> SPECIFY:</td>
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<tr>
<td><strong>E5.3d</strong> Did this happen before 12 months ago, that is before last (Month one year ago)?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td><strong>t08e53e1</strong> Which medicines or drugs did this happen with before 12 months ago? <strong>[SHOW FLASH CARD 22]</strong></td>
<td>YES</td>
<td>NO</td>
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<tr>
<td><strong>t08e53e2</strong> Tranquilizers?</td>
<td></td>
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<td><strong>t08e53e3</strong> Painkillers?</td>
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<td><strong>t08e53e4</strong> Stimulants?</td>
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<td><strong>t08e53e5</strong> Marijuana?</td>
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<td><strong>t08e53e6</strong> Crack cocaine?</td>
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<td><strong>t08e53e7</strong> Cocaine, in other forms?</td>
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<td><strong>t08e53e8</strong> Hallucinogens?</td>
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<td><strong>t08e53e9</strong> Inhalants or solvents?</td>
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<td><strong>t08e53e10</strong> Heroin?</td>
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<td><strong>t08e53e11</strong> Other drug #1?</td>
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<td><strong>t08e53e11b</strong> SPECIFY:</td>
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<td><strong>t08e53e12</strong> Other drug #2?</td>
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<td><strong>t08e53e12b</strong> SPECIFY:</td>
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<td><strong>t08e53e13</strong> Other drug #3?</td>
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<td><strong>t08e53e13b</strong> SPECIFY:</td>
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<td><strong>E5.3f</strong> How old were you the first time you experienced this?</td>
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<td><strong>t08e53f</strong></td>
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<td><strong>E5.4a</strong> 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?</td>
<td>YES</td>
<td>NO</td>
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<td><strong>t08e54a</strong></td>
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<td><strong>E5.4b</strong> Did this happen in the last 12 months?</td>
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<td><strong>t08e54b</strong></td>
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<td><strong>E5.4c</strong> During the last 12 months, which medicines or drugs did this happen with? <strong>[SHOW FLASH CARD 22]</strong></td>
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<td><strong>t08e54c1</strong> Sedatives?</td>
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<td><strong>t08e54c2</strong> Tranquilizers?</td>
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<td><strong>t08e54c3</strong> Painkillers?</td>
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<td><strong>t08e54c4</strong> Stimulants?</td>
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<td>Question</td>
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<td>Marijuana?</td>
<td>YES</td>
<td>NO</td>
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<td>Crack cocaine?</td>
<td>YES</td>
<td>NO</td>
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<td>Cocaine, in other forms?</td>
<td>YES</td>
<td>NO</td>
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<td>Hallucinogens?</td>
<td>YES</td>
<td>NO</td>
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<td>Inhalants or solvents?</td>
<td>YES</td>
<td>NO</td>
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<td>Heroin?</td>
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<td>NO</td>
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<td>Other drug #1?</td>
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<td>Other drug #2?</td>
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<tr>
<td>Other drug #3?</td>
<td>YES</td>
<td>NO</td>
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</table>

**E5.4d** Did this happen before 12 months ago, that is before last (Month one year ago)?

- YES | NO

**E5.4e** Which medicines or drugs did this happen with before 12 months ago? [*SHOW FLASH CARD 22]*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>Sedatives?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Tranquilizers?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Painkillers?</td>
<td>YES</td>
<td>NO</td>
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<td>Stimulants?</td>
<td>YES</td>
<td>NO</td>
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<td>Marijuana?</td>
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<td>Crack cocaine?</td>
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<td>Heroin?</td>
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<td>NO</td>
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<tr>
<td>Other drug #1?</td>
<td>YES</td>
<td>NO</td>
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<td>Other drug #2?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Other drug #3?</td>
<td>YES</td>
<td>NO</td>
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**SPECIFY:**
How old were you the first time you experienced this?

AGE.................................................. [ ] [ ]
RF...................................................... 97
DK ................................................. 98

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

Did this happen in the last 12 months?

YES .................................................. 1
NO ................................................. 2
DK ...................................................... 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives? YES ................................. 1
NO ................................................... 2

Tranquilizers? YES ................................. 1
NO ................................................... 2

Painkillers? YES ................................. 1
NO ................................................... 2

Stimulants? YES ................................. 1
NO ................................................... 2

Marijuana? YES ................................. 1
NO ................................................... 2

Crack cocaine? YES ................................. 1
NO ................................................... 2

Cocaine, in other forms? YES ................................. 1
NO ................................................... 2

Hallucinogens? YES ................................. 1
NO ................................................... 2

Inhalants or solvents? YES ................................. 1
NO ................................................... 2

Heroin? YES ................................. 1
NO ................................................... 2

Other drug #1? YES ................................. 1
NO ................................................... 2

Other drug #2? YES ................................. 1
NO ................................................... 2

Other drug #3? YES ................................. 1
NO ................................................... 2

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES .................................................. 1
NO ................................................. (E5.6AA) 2

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

Sedatives? YES ................................. 1
NO ................................................... 2

Tranquilizers? YES ................................. 1
NO ................................................... 2

Painkillers? YES ................................. 1
NO ................................................... 2

Stimulants? YES ................................. 1
NO ................................................... 2

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 Other drug #2? SPECIFY: ........................................

t08e55e12 Other drug #3? YES ........................................ 1
NO ........................................ 2

t08e55e12b Other drug #2? SPECIFY: ........................................

t08e55e13 Other drug #3? YES ........................................ 1
NO ........................................ 2

t08e55e13b Other drug #3? SPECIFY: ........................................

E5.5f How old were you the first time you experienced this? AGE ........................................
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
NO ........................................ 2

E5.6ab Did this happen in the last 12 months? YES ........................................ 1
NO ........................................ 2
DK ........................................ 8

E5.6ac During the last 12 months, which medicines or drugs did
this happen with? [SHOW FLASH CARD 22] YES ........................................ 1
NO ........................................ 2

SHOW FLASH CARD 22

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
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<tr>
<th>Question</th>
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<td>Other drug #2? YES</td>
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<tr>
<td>Other drug #3? YES</td>
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<tr>
<td>Did this happen before 12 months ago, that is before last (Month one year ago)?</td>
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<tr>
<td>Which medicines or drugs did this happen with before 12 months ago?</td>
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<tr>
<td>[SHOW FLASH CARD 22]</td>
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<td>Sedatives? YES</td>
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<tr>
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<tr>
<td>Tranquilizers? YES</td>
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<td></td>
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<tr>
<td>NO</td>
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<tr>
<td>Painkillers? YES</td>
<td></td>
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<tr>
<td>NO</td>
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<tr>
<td>Stimulants? YES</td>
<td></td>
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<tr>
<td>NO</td>
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<tr>
<td>Marijuana? YES</td>
<td></td>
<td></td>
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<tr>
<td>NO</td>
<td></td>
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<tr>
<td>Crack cocaine? YES</td>
<td></td>
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<tr>
<td>NO</td>
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<tr>
<td>Cocaine, in other forms?</td>
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<tr>
<td>YES</td>
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<td>NO</td>
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<tr>
<td>Hallucinogens? YES</td>
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<tr>
<td>NO</td>
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<tr>
<td>Inhalants or solvents?</td>
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<tr>
<td>YES</td>
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<tr>
<td>NO</td>
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<tr>
<td>Heroin?</td>
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<tr>
<td>YES</td>
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<td>Other drug #3? YES</td>
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<td>How old were you the first time you experienced this?</td>
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<tr>
<td>AGE</td>
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</tr>
<tr>
<td>RF</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>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) feel depressed (when the effects of a medicine or drug were wearing off)?</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
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<tr>
<td>Did this happen in the last 12 months?</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]</td>
<td>YES</td>
<td></td>
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<tr>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>NO</td>
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<td></td>
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<tr>
<td>Tranquilizers? YES</td>
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<tr>
<td>YES</td>
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<tr>
<td>NO</td>
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<tr>
<td>Question</td>
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<td>NO</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Painkillers?</td>
<td></td>
<td></td>
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<tr>
<td>Stimulants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana?</td>
<td></td>
<td></td>
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<tr>
<td>Crack cocaine?</td>
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<tr>
<td>Cocaine, in other forms?</td>
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<tr>
<td>Hallucinogens?</td>
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<tr>
<td>Inhalants or solvents?</td>
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<tr>
<td>Heroin?</td>
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<tr>
<td>Other drug #1?</td>
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<td>SPECIFY:</td>
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<tr>
<td>Other drug #2?</td>
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<td>Other drug #3?</td>
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**E5.6bd**  
Did this happen before 12 months ago, that is before last (Month one year ago)?

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<thead>
<tr>
<th>Question</th>
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<th>NO</th>
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<tr>
<td>Did this happen before 12 months ago, that is before last (Month one year ago)?</td>
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<tr>
<td>Which medicines or drugs did this happen with before 12 months ago?</td>
<td></td>
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<tr>
<td>Sedatives?</td>
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<td>Tranquilizers?</td>
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<td>Painkillers?</td>
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<td>Stimulants?</td>
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<td>Cocaine, in other forms?</td>
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<td>Hallucinogens?</td>
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<tr>
<td>Inhalants or solvents?</td>
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<tr>
<td>Heroin?</td>
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<tr>
<td>Other drug #1?</td>
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<td>Other drug #2?</td>
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<tr>
<td>Other drug #3?</td>
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<tr>
<td>SPECIFY:</td>
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</table>
How old were you the first time you experienced this? 

AGE: 

RF: 97

DK: 98

Did this happen in the last 12 months?

YES: 1

NO: 2

Which medicines or drugs did this happen with?

Sedatives?

YES: 1

NO: 2

Tranquilizers?

YES: 1

NO: 2

Painkillers?

YES: 1

NO: 2

Stimulants?

YES: 1

NO: 2

Marijuana?

YES: 1

NO: 2

Crack cocaine?

YES: 1

NO: 2

Cocaine, in other forms?

YES: 1

NO: 2

Hallucinogens?

YES: 1

NO: 2

Inhalants or solvents?

YES: 1

NO: 2

Heroin?

YES: 1

NO: 2

Other drug #1?

YES: 1

NO: 2

Other drug #2?

YES: 1

NO: 2

Other drug #3?

YES: 1

NO: 2

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES: 1

NO: 2

Which medicines or drugs did this happen with before 12 months ago?

Sedatives?

YES: 1

NO: 2

Tranquilizers?

YES: 1

NO: 2

Painkillers?

YES: 1

NO: 2

Stimulants?

YES: 1

NO: 2

Marijuana?
SECTION E: DRUG USE

Crack cocaine? NO........................................................................ 2
YES........................................................................ 1

Cocaine, in other forms? NO................................................................... 2
YES........................................................................ 1

Hallucinogens? NO................................................................... 2
YES........................................................................ 1

Inhalants or solvents? NO................................................................... 2
YES........................................................................ 1

Heroin? NO................................................................... 2
YES........................................................................ 1

Other drug #1? NO................................................................... 2
YES........................................................................ 1

SPECIFY: ........................................................................

Other drug #2? NO................................................................... 2
YES........................................................................ 1

SPECIFY: ........................................................................

Other drug #3? NO................................................................... 2
YES........................................................................ 1

SPECIFY: ........................................................................

How old were you the first time you experienced this? AGE...................... [ ] [ ] 
RF......................................................... 97
DK......................................................... 98

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
NO......................................................... (E5.6EA)........................................... 2

Did this happen in the last 12 months? YES........................................................................ 1
NO......................................................... (E5.6DD)........................................... 2
DK......................................................... 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives? YES........................................................................ 1
NO........................................................................ 2

Tranquilizers? YES........................................................................ 1
NO........................................................................ 2

Painkillers? YES........................................................................ 1
NO........................................................................ 2

Stimulants? YES........................................................................ 1
NO........................................................................ 2

Marijuana? YES........................................................................ 1
NO........................................................................ 2

Crack cocaine? YES........................................................................ 1
NO........................................................................ 2

Cocaine, in other forms? YES........................................................................ 1
NO........................................................................ 2

Hallucinogens? YES........................................................................ 1
NO........................................................................ 2

Inhalants or solvents? YES........................................................................ 1
NO........................................................................ 2

Heroin? YES........................................................................ 1
NO........................................................................ 2

Other drug #1? YES........................................................................ 1
NO........................................................................ 2

SPECIFY: ........................................................................

Other drug #2? YES........................................................................ 1
NO........................................................................ 2
### SECTION E: DRUG USE

**t08e56dc12b**  
**t08e56dc13**  
**t08e56dc13b**  
**E5.6dd**  
**t08e56dd**  
**E5.6de**  
**t08e56de1**  
**t08e56de2**  
**t08e56de3**  
**t08e56de4**  
**t08e56de5**  
**t08e56de6**  
**t08e56de7**  
**t08e56de8**  
**t08e56de9**  
**t08e56de10**  
**t08e56de11**  
**t08e56de11b**  
**t08e56de12**  
**t08e56de12b**  
**t08e56de13**  
**t08e56de13b**  
**E5.6df**  
**t08e56df**  
**E5.6ea**  
**t08e56ea**  
**E5.6eb**  
**t08e56eb**  
**E5.6ec**  
**t08e56ec1**  
**t08e56ec2**  
**t08e56ec3**

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<tr>
<th>Question</th>
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<tr>
<td><strong>t08e56dc12b</strong> Other drug #3?</td>
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<td><strong>t08e56dc13</strong> Did this happen before 12 months ago, that is before last (Month one year ago)?</td>
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<tr>
<td><strong>E5.6de</strong> Which medicines or drugs did this happen with before 12 months ago?</td>
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<tr>
<td><strong>t08e56de1</strong> Sedatives?</td>
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<tr>
<td><strong>t08e56de2</strong> Tranquilizers?</td>
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<td><strong>t08e56de3</strong> Painkillers?</td>
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<td><strong>t08e56de4</strong> Stimulants?</td>
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<td><strong>t08e56de5</strong> Marijuana?</td>
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<td><strong>t08e56de6</strong> Crack cocaine?</td>
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<td><strong>t08e56de7</strong> Cocaine, in other forms?</td>
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<td><strong>t08e56de8</strong> Hallucinogens?</td>
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<td><strong>t08e56de9</strong> Inhalants or solvents?</td>
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<td><strong>t08e56de10</strong> Heroin?</td>
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<td><strong>t08e56de11</strong> Other drug #1?</td>
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<td><strong>t08e56de12</strong> Other drug #3?</td>
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<td><strong>E5.6df</strong> How old were you the first time you experienced this?</td>
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<td><strong>t08e56df</strong></td>
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<tr>
<td><strong>E5.6ea</strong> 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) eat more than usual or gain weight (when the effects of a medicine or drug were wearing off)?</td>
<td></td>
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<tr>
<td><strong>E5.6eb</strong> Did this happen in the last 12 months?</td>
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<tr>
<td><strong>E5.6ec</strong> During the last 12 months, which medicines or drugs did this happen with?</td>
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</tr>
<tr>
<td><strong>t08e56ec1</strong> Sedatives?</td>
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<td><strong>t08e56ec2</strong> Tranquilizers?</td>
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<td></td>
</tr>
<tr>
<td><strong>t08e56ec3</strong> Painkillers?</td>
<td></td>
<td></td>
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</tbody>
</table>
**SECTION E: DRUG USE**

| t08e56ec4  | Stimulants? | YES  | NO  | 1 | 2 |
| t08e56ec5  | Marijuana?  | YES  | NO  | 1 | 2 |
| t08e56ec6  | Crack cocaine? | YES  | NO  | 1 | 2 |
| t08e56ec7  | Cocaine, in other forms? | YES  | NO  | 1 | 2 |
| t08e56ec8  | Hallucinogens? | YES  | NO  | 1 | 2 |
| t08e56ec9  | Inhalants or solvents? | YES  | NO  | 1 | 2 |
| t08e56ec10 | Heroin? | YES  | NO  | 1 | 2 |
| t08e56ec11 | Other drug #1? | YES  | NO  | 1 | 2 |
| t08e56ec11b | SPECIFY: |  |  |  |  |
| t08e56ec12 | Other drug #2? | YES  | NO  | 1 | 2 |
| t08e56ec12b | SPECIFY: |  |  |  |  |
| t08e56ec13 | Other drug #3? | YES  | NO  | 1 | 2 |
| t08e56ec13b | SPECIFY: |  |  |  |  |

**E5.6ed** Did this happen before 12 months ago, that is before last (Month one year ago)?

| t08e56ed  | YES  | NO  | 1 | 2 |

**E5.6ee** Which medicines or drugs did this happen with before 12 months ago? *SHOW FLASH CARD 22*

| t08e56ee1  | Sedatives? | YES  | NO  | 1 | 2 |
| t08e56ee2  | Tranquilizers? | YES  | NO  | 1 | 2 |
| t08e56ee3  | Painkillers? | YES  | NO  | 1 | 2 |
| t08e56ee4  | Stimulants? | YES  | NO  | 1 | 2 |
| t08e56ee5  | Marijuana? | YES  | NO  | 1 | 2 |
| t08e56ee6  | Crack cocaine? | YES  | NO  | 1 | 2 |
| t08e56ee7  | Cocaine, in other forms? | YES  | NO  | 1 | 2 |
| t08e56ee8  | Hallucinogens? | YES  | NO  | 1 | 2 |
| t08e56ee9  | Inhalants or solvents? | YES  | NO  | 1 | 2 |
| t08e56ee10 | Heroin? | YES  | NO  | 1 | 2 |
| t08e56ee11 | Other drug #1? | YES  | NO  | 1 | 2 |
| t08e56ee11b | SPECIFY: |  |  |  |  |
| t08e56ee12 | Other drug #2? | YES  | NO  | 1 | 2 |
| t08e56ee12b | SPECIFY: |  |  |  |  |
| t08e56ee13 | Other drug #3? | YES  | NO  | 1 | 2 |
| t08e56ee13b | SPECIFY: |  |  |  |  |

**E5.6ef** How old were you the first time you experienced this?

AGE: ____________________________
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 ........................................(E5.6GA) .............. 2

Did this happen in the last 12 months?

YES .............................................................. 1
NO ........................................(E5.6FD) .............. 2
DK .............................................................. 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives? YES .................................................. 1
NO ..................................................................... 2

Tranquilizers? YES .................................................. 1
NO ..................................................................... 2

Painkillers? YES .................................................. 1
NO ..................................................................... 2

Stimulants? YES .................................................. 1
NO ..................................................................... 2

Marijuana? YES .................................................. 1
NO ..................................................................... 2

Crack cocaine? YES .................................................. 1
NO ..................................................................... 2

Cocaine, in other forms? YES .................................................. 1
NO ..................................................................... 2

Hallucinogens? YES .................................................. 1
NO ..................................................................... 2

Inhalants or solvents? YES .................................................. 1
NO ..................................................................... 2

Heroin? YES .................................................. 1
NO ..................................................................... 2

Other drug #1? YES .................................................. 1
NO ..................................................................... 2

SPECIFY: .............................................................

Other drug #2? YES .................................................. 1
NO ..................................................................... 2

SPECIFY: .............................................................

Other drug #3? YES .................................................. 1
NO ..................................................................... 2

SPECIFY: .............................................................

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES .............................................................. 1
NO ........................................(E5.6GA) .............. 2

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

Sedatives? YES .................................................. 1
NO ..................................................................... 2

Tranquilizers? YES .................................................. 1
NO ..................................................................... 2

Painkillers? YES .................................................. 1
NO ..................................................................... 2

Stimulants? YES .................................................. 1
NO ..................................................................... 2

Marijuana? YES .................................................. 1
NO ..................................................................... 2

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 .................................................
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
NO .................................................... (E5.6HA) ........................................ 2

E5.6gb Did this happen in the last 12 months? YES ............................................. 1
NO .................................................... (E5.6GD) ........................................ 2
DK .......................................................... 8

E5.6gc During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] YES ............................................. 1
NO .......................................................... 2

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
**SECTION E: DRUG USE**

**E5.6gd** Did this happen before 12 months ago, that is before last (Month one year ago)?

- **YES** ........................................1
- **NO**......................................(E5.6HA)..............2

**E5.6ge** Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

- **Sedatives?**
  - **YES** ........................................1
  - **NO**......................................2
- **Tranquilizers?**
  - **YES** ........................................1
  - **NO**......................................2
- **Painkillers?**
  - **YES** ........................................1
  - **NO**......................................2
- **Stimulants?**
  - **YES** ........................................1
  - **NO**......................................2
- **Marijuana?**
  - **YES** ........................................1
  - **NO**......................................2
- **Crack cocaine?**
  - **YES** ........................................1
  - **NO**......................................2
- **Cocaine, in other forms?**
  - **YES** ........................................1
  - **NO**......................................2
- **Hallucinogens?**
  - **YES** ........................................1
  - **NO**......................................2
- **Inhalants or solvents?**
  - **YES** ........................................1
  - **NO**......................................2
- **Heroin?**
  - **YES** ........................................1
  - **NO**......................................2
- **Other drug #1?**
  - **YES** ........................................1
  - **NO**......................................2
- **Other drug #2?**
  - **YES** ........................................1
  - **NO**......................................2
- **Other drug #3?**
  - **YES** ........................................1
  - **NO**......................................2

**E5.6gf** How old were you the first time you experienced this?

- **AGE**........................................... ____
- **RF**.............................................97
- **DK**..........................................98

**E5.6ha** 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**......................................(E5.6IA)..............2

**E5.6hb** Did this happen in the last 12 months?

- **YES** ........................................1
- **NO**......................................(E5.6HD)..............2
- **DK**..........................................8

**E5.6hc** During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

- **Sedatives?**
  - **YES** ........................................1
  - **NO**......................................2
- **Tranquilizers?**
  - **YES** ........................................1
  - **NO**......................................2
- **Painkillers?**
  - **YES** ........................................1
  - **NO**......................................2
- **Stimulants?**
  - **YES** ........................................1
  - **NO**......................................2
- **Marijuana?**
  - **YES** ........................................1
t08e56hc6  Crack cocaine? NO ........................................ 2
           YES ........................................ 1

t08e56hc7  Cocaine, in other forms? NO ........................................ 2
           YES ........................................ 1

t08e56hc8  Hallucinogens? NO ........................................ 2
           YES ........................................ 1

t08e56hc9  Inhalants or solvents? NO ........................................ 2
           YES ........................................ 1

t08e56hc10 Heroin? NO ........................................ 2
           YES ........................................ 1

t08e56hc11 Other drug #1? SPECIFY: 

t08e56hc11b Other drug #1? SPECIFY: 

t08e56hc12 Other drug #2? NO ........................................ 2
           YES ........................................ 1

t08e56hc12b Other drug #2? SPECIFY: 

t08e56hc13 Other drug #3? NO ........................................ 2
           YES ........................................ 1

t08e56hc13b Other drug #3? SPECIFY: 

E5.6hd  Did this happen before 12 months ago, that is before
        last (Month one year ago)? YES ........................................ 1
        NO ........................................ 2

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 Other drug #1? SPECIFY: 

t08e56he12 Other drug #2? YES ........................................ 1
           NO ........................................ 2

t08e56he12b Other drug #2? SPECIFY: 

t08e56he13 Other drug #3? YES ........................................ 1
           NO ........................................ 2

t08e56he13b Other drug #3? SPECIFY: 

E5.6hf  How old were you the first time you experienced this? 
        AGE ........................................  __  __  __

E5.6ia  Now I'm going to ask you about some OTHER
SECTION E: DRUG USE

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 .................................................. (E5.6IA)................. 2

Did this happen in the last 12 months?

YES ........................................................................ 1
NO .................................................. (E5.6ID).................. 2
DK ......................................................................... 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives?

YES ........................................................................ 1
NO ......................................................................... 2

Tranquilizers?

YES ........................................................................ 1
NO ......................................................................... 2

Painkillers?

YES ........................................................................ 1
NO ......................................................................... 2

Stimulants?

YES ........................................................................ 1
NO ......................................................................... 2

Marijuana?

YES ........................................................................ 1
NO ......................................................................... 2

Crack cocaine?

YES ........................................................................ 1
NO ......................................................................... 2

Cocaine, in other forms?

YES ........................................................................ 1
NO ......................................................................... 2

Hallucinogens?

YES ........................................................................ 1
NO ......................................................................... 2

Inhalants or solvents?

YES ........................................................................ 1
NO ......................................................................... 2

Heroin?

YES ........................................................................ 1
NO ......................................................................... 2

Other drug #1?

YES ........................................................................ 1
NO ......................................................................... 2

Other drug #2?

SPECIFY: ........................................................................

Yes ........................................................................ 1
NO ......................................................................... 2

Other drug #3?

SPECIFY: ........................................................................

Yes ........................................................................ 1
NO ......................................................................... 2

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES ........................................................................ 1
NO .................................................. (E5.6IA)................. 2

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

Sedatives?

YES ........................................................................ 1
NO ......................................................................... 2

Tranquilizers?

YES ........................................................................ 1
NO ......................................................................... 2

Painkillers?

YES ........................................................................ 1
NO ......................................................................... 2

Stimulants?

YES ........................................................................ 1
NO ......................................................................... 2

Marijuana?

YES ........................................................................ 1
NO ......................................................................... 2

Crack cocaine?

YES ........................................................................ 1
NO ......................................................................... 2

Cocaine, in other forms?

YES ........................................................................ 1
NO ......................................................................... 2

Hallucinogens?
SECTION E: DRUG USE

E5.6if How old were you the first time you experienced this? AGE……………………………………  
RF .................................................................. 97 
DK .................................................................. 98 

E5.6ja 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 ..................................................(E5.6KA) ............... 2 

E5.6jb Did this happen in the last 12 months? YES ........................................ 1 
NO ..................................................(E5.6JD) ............... 2 
DK .................................................................. 8 

E5.6jc During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22] 

E5.6jd Did this happen before 12 months ago, that is before YES ........................................ 1
E5.6jd  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]

E5.6je1 Sedatives? YES ............................................. 1
NO .................................................. 2
E5.6je2 Tranquilizers? YES ......................................... 1
NO .................................................. 2
E5.6je3 Painkillers? YES ......................................... 1
NO .................................................. 2
E5.6je4 Stimulants? YES ......................................... 1
NO .................................................. 2
E5.6je5 Marijuana? YES ......................................... 1
NO .................................................. 2
E5.6je6 Crack cocaine? YES ......................................... 1
NO .................................................. 2
E5.6je7 Cocaine, in other forms? YES ......................................... 1
NO .................................................. 2
E5.6je8 Hallucinogens? YES ......................................... 1
NO .................................................. 2
E5.6je9 Inhalants or solvents? YES ......................................... 1
NO .................................................. 2
E5.6je10 Heroin? YES ............................................... 1
NO .................................................. 2
E5.6je11 Other drug #1? YES ............................................... 1
NO .................................................. 2
E5.6je11b SPECIFY: .................................................. 1
E5.6je12 Other drug #2? YES ............................................... 1
NO .................................................. 2
E5.6je12b SPECIFY: .................................................. 1
E5.6je13 Other drug #3? YES ............................................... 1
NO .................................................. 2
E5.6je13b SPECIFY: .................................................. 1

E5.6jf How old were you the first time you experienced this?
AGE ................................................................... | | | |
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
NO ...........................................(E5.6LA) .................. 2

E5.6kb Did this happen in the last 12 months?
YES ............................................... 1
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]

E5.6kc1 Sedatives? YES ............................................... 1
NO ............................................... 2
E5.6kc2 Tranquilizers? YES ............................................... 1
NO ............................................... 2
E5.6kc3 Painkillers? YES ............................................... 1
NO ............................................... 2
E5.6kc4 Stimulants? YES ............................................... 1
NO ............................................... 2
E5.6kc5 Marijuana? YES ............................................... 1
NO ............................................... 2
E5.6kc6 Crack cocaine? YES ............................................... 1
NO ............................................... 2
**SECTION E: DRUG USE**

<table>
<thead>
<tr>
<th>Question</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine, in other forms?</td>
<td></td>
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<tr>
<td>Hallucinogens?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Heroin?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other drug #1?</td>
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</tr>
<tr>
<td>Other drug #2?</td>
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</tr>
<tr>
<td>Other drug #3?</td>
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</tr>
<tr>
<td>Did this happen before 12 months ago, that is before last (Month one year ago)?</td>
<td></td>
<td>2</td>
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<tr>
<td>Which medicines or drugs did this happen with before 12 months ago?</td>
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<tr>
<td>Sedatives?</td>
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<tr>
<td>Tranquilizers?</td>
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<tr>
<td>Painkillers?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Stimulants?</td>
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<td>2</td>
</tr>
<tr>
<td>Marijuana?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td></td>
<td>1</td>
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<tr>
<td>Hallucinogens?</td>
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<tr>
<td>Inhalants or solvents?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Heroin?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other drug #1?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Other drug #2?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Other drug #3?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>How old were you the first time you experienced this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 trouble falling asleep or sleep more than usual</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
(when the effects of a medicine or drug were wearing off)?

NO ........................................ (E5.6MA) ................. 2

Did this happen in the last 12 months?

YES ........................................ 1
NO ........................................ (E5.6LD) ................. 2
DK ............................................. 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives?

YES ........................................ 1
NO ........................................ 2

Tranquilizers?

YES ........................................ 1
NO ........................................ 2

Painkillers?

YES ........................................ 1
NO ........................................ 2

Stimulants?

YES ........................................ 1
NO ........................................ 2

Marijuana?

YES ........................................ 1
NO ........................................ 2

Crack cocaine?

YES ........................................ 1
NO ........................................ 2

Cocaine, in other forms?

YES ........................................ 1
NO ........................................ 2

Hallucinogens?

YES ........................................ 1
NO ........................................ 2

Inhalants or solvents?

YES ........................................ 1
NO ........................................ 2

Heroin?

YES ........................................ 1
NO ........................................ 2

Other drug #1?

YES ........................................ 1
NO ........................................ 2

Specify:

Other drug #2?

YES ........................................ 1
NO ........................................ 2

Specify:

Other drug #3?

YES ........................................ 1
NO ........................................ 2

Specify:

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES ........................................ 1
NO ........................................ (E5.6MA) ................. 2

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

Sedatives?

YES ........................................ 1
NO ........................................ 2

Tranquilizers?

YES ........................................ 1
NO ........................................ 2

Painkillers?

YES ........................................ 1
NO ........................................ 2

Stimulants?

YES ........................................ 1
NO ........................................ 2

Marijuana?

YES ........................................ 1
NO ........................................ 2

Crack cocaine?

YES ........................................ 1
NO ........................................ 2

Cocaine, in other forms?

YES ........................................ 1
NO ........................................ 2

Hallucinogens?

YES ........................................ 1
NO ........................................ 2

Inhalants or solvents?

YES ........................................ 1
NO ........................................ 2
Heroin? YES ................................................. 1
NO ...................................................... 2

Other drug #1? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

Other drug #2? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

Other drug #3? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

How old were you the first time you experienced this?
AGE .......................................................... [ ] [ ]
RF ......................................................... 97
DK .......................................................... 98

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 ...................................................... (E5.6NA) 2

Did this happen in the last 12 months?
YES ...................................................... 1
NO ...................................................... (E5.6MD) 2
DK .......................................................... 8

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives? YES ............................................. 1
NO ...................................................... 2

Tranquilizers? YES ........................................ 1
NO ...................................................... 2

Painkillers? YES ........................................... 1
NO ...................................................... 2

Stimulants? YES .......................................... 1
NO ...................................................... 2

Marijuana? YES ........................................... 1
NO ...................................................... 2

Crack cocaine? YES ....................................... 1
NO ...................................................... 2

Cocaine, in other forms? YES ................................ 1
NO ...................................................... 2

Hallucinogens? YES ....................................... 1
NO ...................................................... 2

Inhalants or solvents? YES ................................ 1
NO ...................................................... 2

Heroin? YES ................................................. 1
NO ...................................................... 2

Other drug #1? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

Other drug #2? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

Other drug #3? YES ........................................ 1
NO ...................................................... 2

SPECIFY: .................................................

Did this happen before 12 months ago, that is before last (Month one year ago)?

YES ...................................................... 1
NO ...................................................... (E5.6NA) 2

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]
SECTION E: DRUG USE

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? SPECIFY: ..............................................

t08e56me11b Other drug #2?  YES .............................................. 1
NO ......................................................... 2

E5.6mf How old were you the first time you experienced this? AGE ..............................................

RF .............................................. 97
DK .............................................. 98

E5.6na 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 ...(E5.6OA) .............................................. 2

E5.6nb Did this happen in the last 12 months?  YES .............................................. 1
NO ...(E5.6ND) .............................................. 2
DK .............................................. 8

E5.6nc During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

Sedatives?  YES .............................................. 1
NO ......................................................... 2

Tranquilizers?  YES .............................................. 1
NO ......................................................... 2

Painkillers?  YES .............................................. 1
NO ......................................................... 2

Stimulants?  YES .............................................. 1
NO ......................................................... 2

Marijuana?  YES .............................................. 1
NO ......................................................... 2

Crack cocaine?  YES .............................................. 1
NO ......................................................... 2

Cocaine, in other forms?  YES .............................................. 1
NO ......................................................... 2

Hallucinogens?  YES .............................................. 1
NO ......................................................... 2
**SECTION E: DRUG USE**

**E5.6nd** Did this happen before 12 months ago, that is before last (Month one year ago)?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhalants or solvents?</td>
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<td>NO</td>
</tr>
<tr>
<td>Heroin?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Other drug #1?</td>
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<td>NO</td>
</tr>
<tr>
<td>Specify:</td>
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<tr>
<td>Other drug #2?</td>
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<td>NO</td>
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<td>Specify:</td>
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<tr>
<td>Other drug #3?</td>
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<td>NO</td>
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<tr>
<td>Specify:</td>
<td></td>
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</tr>
</tbody>
</table>

**E5.6ne** Which medicines or drugs did this happen with before 12 months ago?  

- Sedatives?  
- Tranquilizers?  
- Painkillers?  
- Stimulants?  
- Marijuana?  
- Crack cocaine?  
- Cocaine, in other forms?  
- Hallucinogens?  
- Inhalants or solvents?  
- Heroin?  
- Other drug #1?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
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</tr>
<tr>
<td>Tranquilizers?</td>
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<td>Cocaine, in other forms?</td>
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<td>Hallucinogens?</td>
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<tr>
<td>Inhalants or solvents?</td>
<td>YES</td>
</tr>
<tr>
<td>Heroin?</td>
<td>YES</td>
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<tr>
<td>Other drug #1?</td>
<td>YES</td>
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<tr>
<td>Specify:</td>
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</tbody>
</table>

**E5.6nf** How old were you the first time you experienced this?

<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
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</tbody>
</table>

**E5.6oa** You just mentioned that you experienced some bad physical after effects of in the last 12 months. Were there any of these bad after effects uncomfortable or upsetting to you or did they cause problems in your life?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>(E5.7A)</td>
<td></td>
</tr>
</tbody>
</table>
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
- NO
- DK

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
- NO
- DK

During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

- Sedatives?
- Tranquilizers?
- Painkillers?
- Stimulants?
- Marijuana?
- Cocaine, in other forms?
- Hallucinogens?
- Inhalants or solvents?
- Heroin?
- Other drug #1?
- Other drug #2?
- Other drug #3?

Did this happen before 12 months ago, that is before last (Month one year ago)?

- YES
- NO
- DK

Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

- Sedatives?
- Tranquilizers?
- Painkillers?
- Stimulants?
**SECTION E: DRUG USE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Marijuana?</td>
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<tr>
<td>Other drug #1?</td>
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<tr>
<td>Other drug #3?</td>
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<tr>
<td>How old were you the first time you experienced this?</td>
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<tr>
<td>Did this happen in the last 12 months?</td>
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<tr>
<td>Did this happen with?</td>
<td></td>
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<tr>
<td>Sedatives?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other drug #3?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E5.7f** How old were you the first time you experienced this? | AGE: | [ ] [ ] [ ] 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: | NO: (E5.9A) 2

**E5.8b** Did this happen in the last 12 months? | YES: | 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]** | YES: | NO: | SPECIFY: |
**SECTION E: DRUG USE**

**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 last (Month one year ago)?  
YES ........................................... 1  
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 ............................................ 1  
RF .............................................. 97  
DK ............................................ 98

**E5.9a**  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 you had to use much more of a medicine or drug than you once did to get the effect you wanted?  
YES ........................................... 1  
NO ........... (E5.10A) ................ 2

**E5.9b**  Did this happen in the last 12 months?  
YES ........................................... 1  
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
### SECTION E: DRUG USE

| t08e59c3 | Painkillers? | YES .................................................. 1 |
| t08e59c4 | Stimulants?  | YES .................................................. 1 |
| t08e59c5 | Marijuana?   | YES .................................................. 1 |
| t08e59c6 | Crack cocaine? | YES .................................................. 1 |
| t08e59c7 | Cocaine, in other forms? | YES .................................................. 1 |
| t08e59c8 | Hallucinogens? | YES .................................................. 1 |
| t08e59c9 | Inhalants or solvents? | YES .................................................. 1 |
| t08e59c10 | Heroin? | YES .................................................. 1 |
| t08e59c11 | Other drug #1? | YES .................................................. 1 |

**E5.9c**

| t08e59c11b | Other drug #1? | SPECIFY: .............................................. |
| t08e59c12 | Other drug #2? | YES .................................................. 1 |
| t08e59c12b | Other drug #2? | NO ................................................. 2 |
| t08e59c13 | Other drug #3? | YES .................................................. 1 |
| t08e59c13b | Other drug #3? | NO ................................................. 2 |

**Did this happen before 12 months ago, that is before last (Month one year ago)?**

| t08e59d | YES .................................................. 1 |
| t08e59e1 | 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 |
| t08e59e2 | Tranquilizers? | YES .................................................. 1 |
| t08e59e3 | Painkillers? | YES .................................................. 1 |
| t08e59e4 | Stimulants? | YES .................................................. 1 |
| t08e59e5 | Marijuana? | YES .................................................. 1 |
| t08e59e6 | Crack cocaine? | YES .................................................. 1 |
| t08e59e7 | Cocaine, in other forms? | YES .................................................. 1 |
| t08e59e8 | Hallucinogens? | YES .................................................. 1 |
| t08e59e9 | Inhalants or solvents? | YES .................................................. 1 |
| t08e59e10 | Heroin? | YES .................................................. 1 |

**E5.9d**

| t08e59e11 | Other drug #1? | YES .................................................. 1 |
| t08e59e12 | Other drug #2? | NO ................................................. 2 |
| t08e59e12b | Other drug #2? | SPECIFY: .............................................. |
| t08e59e13 | Other drug #3? | YES .................................................. 1 |
| t08e59e13b | Other drug #3? | NO ................................................. 2 |

**SPECIFY:**
E5.9f  How old were you the first time you experienced this?

E5.10a  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?

E5.10b  Did this happen in the last 12 months?

E5.10c  During the last 12 months, which medicines or drugs did this happen with? **[SHOW FLASH CARD 22]**

E5.10d  Did this happen before 12 months ago, that is before last (Month one year ago)?

E5.10e  Which medicines or drugs did this happen with before 12 months ago? **[SHOW FLASH CARD 22]**
**SECTION E: DRUG USE**

**t08e510e6** Crack cocaine?  
**t08e510e7** Cocaine, in other forms?  
**t08e510e8** Hallucinogens?  
**t08e510e9** Inhalants or solvents?  
**t08e510e10** Heroin?  
**t08e510e11** Other drug #1?  
**t08e510e11b** SPECIFY:  
**t08e510e12** Other drug #2?  
**t08e510e12b** SPECIFY:  
**t08e510e13** Other drug #3?  
**t08e510e13b** SPECIFY:  

**E5.10f** How old were you the first time you experienced this?  
**t08e510f** AGE……………………….  
RF……………………..  
DK……………………..  

**E5.11a** 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 you were interested in or that gave you pleasure in order to use a medicine or drug?  
**t08e511a** YES…………………….  
NO……………………..  

**E5.11b** Did this happen in the last 12 months?  
**t08e511b** YES…………………….  
NO……………………..  
DK……………………..  

**E5.11c** During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]  
**t08e511c1** Sedatives?  
**t08e511c2** Tranquilizers?  
**t08e511c3** Painkillers?  
**t08e511c4** Stimulants?  
**t08e511c5** Marijuana?  
**t08e511c6** Crack cocaine?  
**t08e511c7** Cocaine, in other forms?  
**t08e511c8** Hallucinogens?  
**t08e511c9** Inhalants or solvents?  
**t08e511c10** Heroin?  
**t08e511c11** Other drug #1?  
**t08e511c11b** SPECIFY:  
**t08e511c12** Other drug #2?  
**t08e511c12b** SPECIFY:
### SECTION E: DRUG USE

<table>
<thead>
<tr>
<th>Question</th>
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<th>NO</th>
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<tbody>
<tr>
<td>Other drug #3?</td>
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<tr>
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<td>Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]</td>
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</tr>
<tr>
<td>Sedatives?</td>
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<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>Did this happen in the last 12 months?</td>
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<td></td>
<td></td>
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<tr>
<td>Sedatives?</td>
<td></td>
<td></td>
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<tr>
<td>Tranquilizers?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SECTION E: DRUG USE

**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 last (Month one year ago)?  
YES .................................................. 1  
NO .................................................. 2  

**E5.12e** Which medicines or drugs did this happen with before 12 months ago?  

**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 How old were you the first time you experienced this?

AGE .................................................................
RF ............................................................................. 97
DK ............................................................................. 98

E5.13a 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
DK ................................................................. 8

E5.13b Did this happen in the last 12 months?

YES ................................................................. 1
NO ...................... (E5.13D) ........................................ 2
DK ................................................................. 8

E5.13c During the last 12 months, which medicines or drugs did this happen with? [SHOW FLASH CARD 22]

<table>
<thead>
<tr>
<th>Medicine/Drug</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Marijuana?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack cocaine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine, in other forms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants or solvents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drug #1?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drug #2?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drug #3?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E5.13d Did this happen before 12 months ago, that is before last (Month one year ago)?

YES ................................................................. 1
NO ...................... (E6.1A) ........................................ 2

E5.13e Which medicines or drugs did this happen with before 12 months ago? [SHOW FLASH CARD 22]

<table>
<thead>
<tr>
<th>Medicine/Drug</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedatives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painkillers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
t08e513e6  Crack cocaine?  NO........................ ………… ........................... 2
          YES ...................................... 1

No. ........................ …...... ........................... 2

 t08e513e7  Cocaine, in other forms?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e8  Hallucinogens?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e9  Inhalants or solvents?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e10  Heroin?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e11  Other drug #1?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e11b  SPECIFY: ............................. …...... ............................

 t08e513e12  Other drug #2?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e12b  SPECIFY: ............................. …...... ............................

 t08e513e13  Other drug #3?  NO........................ …...... ........................... 2
            YES ...................................... 1

 t08e513e13b  SPECIFY: ............................. …...... ............................

E5.13f  How old were you the first time you experienced this?  
AGE. ...................................... □ □ □
RF. ........................................ 97
DK ........................................ 98

E6.1a  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  About how old were you the FIRST time SOME of these experiences with SEDATIVES BEGAN to happen around the same time?  
AGE. ...................................... □ □ □
RF. ........................................ 97
DK ........................................ 98

E6.1c  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. ................................ □ □ □
RF. ........................................ 97
DK ........................................ 98

E6.1d  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. ................................ □ □ □

E6.1e  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

E6.1f  How long did this period last when some of these experiences with SEDATIVES were happening around the same time?  
MONTHS. ................................ □ □ □

E6.1g  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. ...................................... □ □ □
RF. ........................................ 97
E6.2a
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
About how old were you the FIRST time SOME of these experiences with TRANQUILIZERS BEGAN to happen around the same time?

AGE ......................................... 97
RF ........................................... 98
DK ........................................... 98

E6.2c
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 .................................... 97
RF ........................................... 98
DK ........................................... 98

E6.2d
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 .................................... 98

E6.2e
About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?

AGE ......................................... 97
RF ........................................... 98
DK ........................................... 98

E6.2f
How long did this period last when some of these experiences with TRANQUILIZERS were happening around the same time?

MONTHS .................................... 98

E6.2g
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 ......................................... 97
RF ........................................... 98
DK ........................................... 98

E6.3a
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
About how old were you the FIRST time SOME of these experiences with PAINKILLERS BEGAN to happen around the same time?

AGE ......................................... 97
RF ........................................... 98
DK ........................................... 98

E6.3c
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 .................................... 98
E6.3d  In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with PAINKILLERS were happening around the same time?

E6.3e  About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?

E6.3f  How long did this period last when some of these experiences with PAINKILLERS were happening around the same time?

E6.3g  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.

E6.4a  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?

E6.4b  About how old were you the FIRST time SOME of these experiences with STIMULANTS BEGAN to happen around the same time?

E6.4c  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?

E6.4d  In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with STIMULANTS were happening around the same time?

E6.4e  About how old were you the MOST RECENT time when some of these experiences began to happen around the same time?

E6.4f  How long did this period last when some of these experiences with STIMULANTS were happening around the same time?

E6.4g  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.

E6.5a  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  
About how old were you the FIRST time SOME of these experiences with MARIJUANA BEGAN to happen around the same time?

AGE ..............................................
RF ............................................ 97
DK ........................................... 98

E6.5c  
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 ...........................................
RF ............................................ 97
DK ........................................... 98

E6.5d  
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 ........................................

E6.5e  
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

E6.5f  
How long did this period last when some of these experiences with MARIJUANA were happening around the same time?

MONTHS ........................................

E6.5g  
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 ..............................................
RF ............................................ 97
DK ........................................... 98

E6.6a  
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  
About how old were you the FIRST time SOME of these experiences with CRACK COCAINE BEGAN to happen around the same time?

AGE ..............................................
RF ............................................ 97
DK ........................................... 98

E6.6c  
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 ...........................................
RF ............................................ 97
DK ........................................... 98

E6.6d  
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 ........................................

E6.6e  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  How long did this period last when some of these experiences with CRACK COCAINE were happening around the same time?

MONTHS……………………………….. ............... 0

E6.6g  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  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  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  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  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……………………………….. ............... 0

E6.7e  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  How long did this period last when some of these experiences with COCAINE, IN OTHER FORMS were happening around the same time?

MONTHS……………………………….. ............... 0

E6.7g  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  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?

E6.8b

About how old were you the FIRST time SOME of these experiences with HALLUCINOGENS BEGAN to happen around the same time?

AGE……………………………. RF ................................ 97
DK ……………………………… 98

E6.8c

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………………………….... RF ................................ 97
DK ……………………………… 98

E6.8d

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…………………………... RF ................................ 97
DK ……………………………… 98

E6.8e

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

E6.8f

How long did this period last when some of these experiences with HALLUCINOGENS were happening around the same time?

MONTHS…………………………... RF ................................ 97
DK ……………………………… 98

E6.8g

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……………………………. RF ................................ 97
DK ……………………………… 98

E6.9a

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

About how old were you the FIRST time SOME of these experiences with INHALANTS/SOLVENTS BEGAN to happen around the same time?

AGE……………………………. RF ................................ 97
DK ……………………………… 98

E6.9c

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………………………….... RF ................................ 97
DK ……………………………… 98

E6.9d

In your ENTIRE LIFE, what was the LONGEST period you had when SOME of these experiences with INHALANTS/SOLVENTS were happening around the
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…………………………………….  
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…………………………….  
RF……………………………………. 97  
DK……………………………………. 98

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…………………………………….  
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…………………………………….  
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…………………………….  
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…………………………….  
RF……………………………………. 97  
DK……………………………………. 98

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…………………………………….  
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…………………………….  
RF……………………………………. 97  
DK……………………………………. 98

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…………………………………….  
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 period?  
YES ………………………. ............................. 1  
NO ............. ………(E6.12A)……… ................ 2
E6.11b About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #1) BEGAN to happen around the same time?

AGE
RF ................................  ................................ 97
DK ......................................................... 98

E6.11c 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
RF ................................  ................................ 97
DK ......................................................... 98

E6.11d 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

E6.11e 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

E6.11f How long did this period last when some of these experiences with (OTHER DRUG #1) were happening around the same time?

MONTHS

E6.11g 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
RF ................................  ................................ 97
DK ......................................................... 98

E6.12a 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 About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #2) BEGAN to happen around the same time?

AGE
RF ................................  ................................ 97
DK ......................................................... 98

E6.12c 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
RF ................................  ................................ 97
DK ......................................................... 98

E6.12d 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
E6.12e
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

E6.12f
How long did this period last when some of these experiences with (OTHER DRUG #2) were happening around the same time?

MONTHS...........................................

E6.12g
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..............................................
RF..............................................97
DK..............................................98

E6.13a
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 ..................................................2

E6.13b
About how old were you the FIRST time SOME of these experiences with (OTHER DRUG #3) BEGAN to happen around the same time?

AGE..............................................
RF..............................................97
DK..............................................98

E6.13c
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............................................
RF..............................................97
DK..............................................98

E6.13d
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............................................

E6.13e
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

E6.13f
How long did this period last when some of these experiences with (OTHER DRUG #3) were happening around the same time?

MONTHS............................................

E6.13g
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..............................................
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)......................
- NO…………… (NEXT MODULE)….. ............

**F1A**

How old were you the first time you had a spell or attack like that?

- AGE…………………………....

**F1B**

Did you tell a doctor about your spell or attack?

- YES ………………..(F1F)….. .........................
- NO………………….….. ..................................

**F1C**

Did you tell any other professional about your spell or attack?

- YES ………………..(F1F)….. .........................
- NO………………….….. ..................................

**F1D**

Did you take medication more than once for your spell or attack?

- YES ………………..(F1F)….. .........................
- NO………………….….. ..................................

**F1E**

Did your spell or attack interfere with your life or activities a lot?

- YES ………………..
- NO………………….….. ..................................

**F1F**

Was your spell or attack ever the result of a physical illness or injury?

- YES ………………..(F1G)….. .........................
- NO………………….….. ..................................

**F1G**

Was your spell or attack always the result of a physical illness or injury?

- YES ………………..(F2A)….. .........................
- NO………………….….. ..................................

**F1H**

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)….. .........................
- NO………………….….. ..................................

**F1I**

Was your spell or attack ever the result of using medication, drugs or alcohol?

- YES ………………..(F1J)….. .........................
- NO………………….….. ..................................

**F1J**

Was your spell or attack always the result of using medication, drugs or alcohol?

- YES ………………..
- NO………………….….. ..................................

### 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
During (this spell/ one of your worst spells)…
Did your heart pound?
YES ……………(MARK TALLY)………………. 1
NO……………………………………….. 2

F2A2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2B
Were you short of breath – having trouble catching your breath?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2B2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2C
During this spell were you dizzy or light-headed?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2C2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2D
During this spell did you have tightness or pain in your chest?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2D2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2E
During this spell did your fingers and feet tingle?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2E2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2F
During this spell did you feel like you were choking?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2F2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2G
During this spell did you feel faint?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2G2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2

F2H
During this spell did you sweat?
YES ……………(MARK TALLY)………………. 1
NO…………………………………………….. 2

F2H2
Were you ever bothered by this at any time other than when you were having one of these spells?
YES…………………………………………….. 1
NO……………………………………………... 2
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2I</td>
<td>During this spell did you tremble or shake?</td>
<td>..................</td>
<td>..................</td>
</tr>
<tr>
<td>t08f002i</td>
<td>Were you ever bothered by this at any time other</td>
<td></td>
<td></td>
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<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2I2</td>
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<tr>
<td>t08f02i2</td>
<td>During this spell did you have hot flashes or chills?</td>
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<td></td>
<td>Were you ever bothered by this at any time other</td>
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<td></td>
<td>than when you were having one of these spells?</td>
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<td>ZF2J</td>
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<tr>
<td>t08f002j</td>
<td>During this spell did you or things around you seem</td>
<td>..................</td>
<td>..................</td>
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<tr>
<td></td>
<td>unreal?</td>
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<td>F2J</td>
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<tr>
<td>t08f02j2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
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<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08f002k</td>
<td>During this spell did you have nausea?</td>
<td>..................</td>
<td>..................</td>
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<tr>
<td></td>
<td>Were you ever bothered by this at any time other</td>
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<td></td>
<td>than when you were having one of these spells?</td>
<td></td>
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<tr>
<td>F2K2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>t08f02k2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
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<tr>
<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2L</td>
<td></td>
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<tr>
<td>t08f002l</td>
<td>During this spell were you afraid that you might</td>
<td>..................</td>
<td>..................</td>
</tr>
<tr>
<td></td>
<td>die?</td>
<td></td>
<td></td>
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<tr>
<td>F2L2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08f02l2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
<td>..................</td>
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<tr>
<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2M</td>
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<tr>
<td>t08f002m</td>
<td>During this spell were you afraid that you might act</td>
<td>..................</td>
<td>..................</td>
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<tr>
<td></td>
<td>in a crazy way?</td>
<td></td>
<td></td>
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<tr>
<td>F2M2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08f02m2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
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<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2N</td>
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<tr>
<td>t08f002n</td>
<td>During this spell did you have nausea?</td>
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<td>..................</td>
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<tr>
<td></td>
<td>Were you ever bothered by this at any time other</td>
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<td></td>
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<tr>
<td></td>
<td>than when you were having one of these spells?</td>
<td></td>
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<tr>
<td>F2N2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>t08f02n2</td>
<td>During this spell did you have belly pain?</td>
<td>..................</td>
<td>..................</td>
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<tr>
<td></td>
<td>Were you ever bothered by this at any time other</td>
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<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2O</td>
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<tr>
<td>t08f002o</td>
<td>During this spell did you feel like you were</td>
<td>..................</td>
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<tr>
<td></td>
<td>smothering?</td>
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<tr>
<td>F2O2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08f02o2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
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<tr>
<td></td>
<td>than when you were having one of these spells?</td>
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<td>F2P</td>
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<tr>
<td>t08f002p</td>
<td>During this spell did you feel like you were</td>
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<td>..................</td>
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<tr>
<td></td>
<td>smothering?</td>
<td></td>
<td></td>
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<tr>
<td>F2P2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t08f02p2</td>
<td>Were you ever bothered by this at any time other</td>
<td>..................</td>
<td>..................</td>
</tr>
<tr>
<td></td>
<td>than when you were having one of these spells?</td>
<td></td>
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</tr>
</tbody>
</table>
During this spell, did it seem like time was passing much more quickly or much more slowly than usual?

YES ........................................1
NO........................................2

Were you ever bothered by this at any time other than when you were having one of these spells?

YES ...................................................1
NO ..................................................2

[IF THERE ARE 4 OR MORE SYMPTOMS MADE ON TALLY SHEET, GO TO F3. IF THERE ARE FEWER THAN 4 SYMPTOMS, GO TO F4 ]

How old were you the first time you had one of these sudden spells of feeling frightened or anxious and when you had several of these problems?

AGE........................................1
DK..........................................2

Would you say it was before or after you were 20?

BEFORE AGE 20......................................1
AFTER AGE 20......................................2
STILL DK........................................3

How old were you the last time?

AGE........................................1
DK..........................................2

Have you ever had three spells like this close together – say, within a three week period?

YES........................................1
NO........................................2
RF...........................................7
DK..........................................8

Have you ever had four spells like this close within a four-week period?

YES........................................1
NO........................................2
RF...........................................7
DK..........................................8

After having an attack, did you ever have a month or more when you were afraid that you might have another attack?

YES........................................1
NO........................................2

During several of your attack, did some of these problems begin suddenly and get worse within the first few minutes of the attack?

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 ................................................................

[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 .............................................................1
NO.............................................................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.............................................................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, score, 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 Particularly irritable? 
YES ................................................. 1
NO.................................................. 2

G5I Sweating a lot? 
YES ................................................. 1
NO.................................................. 2

G5J Aware of your heart pounding or racing? 
YES ................................................. 1
NO.................................................. 2

G5K Having cold and clammy hands? 
YES ................................................. 1
NO.................................................. 2

G5L Feeling dizzy or light-headed 
YES ................................................. 1
NO.................................................. 2

G5M Having a dry mouth? 
YES ................................................. 1
NO.................................................. 2

G5N Having a nausea or diarrhea? 
YES ................................................. 1
NO.................................................. 2

G5O Having to urinate too frequently? 
YES ................................................. 1
NO.................................................. 2

G5P Having hot flashes or chills? 
YES ................................................. 1
NO.................................................. 2

G5Q Short of breath or feeling like you were smothering? 
YES ................................................. 1
NO.................................................. 2

G5R Having trouble swallowing? 
YES ................................................. 1
NO.................................................. 2

G5S Having trouble falling or staying asleep? 
YES ................................................. 1
NO.................................................. 2

G6A 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? 
AGE................................................................. |
RF................................................. 97
DK................................................. 98

G6B How old were you the last time you were feeling anxious and having some of these other problems, for at least a month? 
AGE................................................................. |
RF................................................. 97
DK................................................. 98

G7 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 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? [SHOW CARD H] 
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?  

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFTEN</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>2</td>
</tr>
<tr>
<td>NOT VERY OFTEN</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>RF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

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]  

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>NOT AT ALL</td>
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<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LOT</td>
<td>4</td>
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<tr>
<td>EXTREMELY</td>
<td>5</td>
</tr>
<tr>
<td>RF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>
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

Did you feel that way about being in a crowd or standing in line?

YES ........................................................ (MARK TALLY) 1
NO ........................................................ (H2B) 2

Did you ever avoid being in a crowd or standing in line because of your strong unreasonable fear?

YES .................................................. 1
NO .................................................. 2

Did you feel that way about riding on trains on buses, or in a car?

YES ........................................................ (MARK TALLY) 1
NO ..................................................(H2C) 2

Did you ever avoid riding on trains on buses, or in a car because of your strong unreasonable fear?

YES .................................................. 1
NO .................................................. 2

Did you feel that way about crossing a bridge?

YES ........................................................ (MARK TALLY) 1
NO ..................................................(H2D) 2

Did you ever avoid crossing a bridge because of your strong unreasonable fear?

YES .................................................. 1
NO .................................................. 2

How old were you the first time you had any of these fears?

AGE ........................................... 1
DK ............................................. 98

How old were you the last time you had any of these fears?

AGE ........................................... 1
DK ............................................. 98

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

Did you ever avoid being alone in your own home because of your strong unreasonable fear?

YES .................................................. 1
NO .................................................. 2

What sort of situation did you have in mind when you said some situations made you unreasonably afraid?

NONE ............................................. 1
ANY ............................................. 2

SPECIFY: ..................................................

Did you ever avoid this situation because of your strong unreasonable fear?

YES .................................................. 1
NO .................................................. 2

Did you have an unreasonable fear of being alone in your own home?

YES .................................................. 1
NO ..................................................(H5B) 2

Did you ever avoid being alone in your own home because of your strong, unreasonable fear?

YES .................................................. 1
NO .................................................. 2

How old were you the first time you had a fear of being away from home?

AGE ........................................... 1
DK ............................................. 98
H6
How old were you the last time you had any of these fears?

AGE…………………………...  
DK…………………….. 98

[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
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

H8
Have you been unable to travel some place you wanted to go because of any of these fears?

YES……………….. 1  
NO……………………... 2

H9
Have you been unable to leave your home for an entire day because of any of these fears?

YES……………….. 1  
NO……………………... 2

[IF ZF1=YES (see panic section) and h1=YES THEN ASK H10. ELSE SKIP TO H11A.]

H10
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

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
Have you had an unreasonable fear of speaking in public?

YES……………………..(MARK TALLY)………… 1  
NO……………………... 2

H11B
Have you had an unreasonable fear of using public toilets?

YES……………………..(MARK TALLY)………… 1  
NO……………………... 2

H11C
Have you had an unreasonable fear of eating or drinking in public?

YES……………………..(MARK TALLY)………… 1  
NO……………………... 2

H11D
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

H11E
Have you had an unreasonable fear of writing while someone watches?

YES……………………..(MARK TALLY)………… 1  
NO……………………... 2

[IF answered YES to any of H11A-E THEN ASK H12. ELSE SKIP TO H16A.]

H12
Did any of these fears continue for some months or even years?

YES…………………….. 1  
NO……………………... 2

[IF answered YES to any of H11A-E THEN ASK H12A. ELSE SKIP TO H16A.]

H12A
How old were you the first time you had any of these fears like (FEARS marked in phobia2)?

AGE………………………………..  
DK……………………………… 98

H12B
How old were you the last time you had any of these fears like (FEARS marked in phobia2)?

AGE………………………………..  
DK……………………………… 98

H13
Did any of these fears or having to avoid these situations interfere with your life or activities a lot?

YES…………………….. 1  
NO……………………... 2
SECTION H: PHOBIA

H14  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  Did it sometimes?
   YES .............................................. 1
   NO .............................................. 2

H15  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  Have you had such an unreasonable fear of seeing blood that you tried to avoid it?
   YES ............(MARK TALLY) ............ 1
   NO .............................................. 2

H16B  Have you had such an unreasonable fear of getting an injection that you tried to avoid it?
   YES ............(MARK TALLY) ............ 1
   NO .............................................. 2

H16C  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  Did any of these fears continue for months or even years?
   YES .............................................. 1
   NO .............................................. 2

H17A  How old were you the first time you had any of these fears like (MENTION FEARS marked in phobia3)?
   AGE ........................................... |||
   DK .............................................. 98

H17B  How old were you the last time you had any of these fears like (MENTION FEARS marked in phobia3)?
   AGE ........................................... |||
   DK .............................................. 98

H18  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  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?
   YES .............................................. 1
   NO .............................................. 2

[IF answered YES to any of H11 A-E or H16 A-C THEN ASK H20. ELSE SKIP TO NEXT SECTION.]

H20  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 FEAR ............ 1
   NO, SPELLS AT OTHER TIMES ............. 2
SECTION I: DEPRESSION

I1
In your lifetime, have you ever had two weeks or more when nearly every day you felt sad, blue, depressed?

YES ................................................................ 1
NO ............................ (I2) ................................ 2

I1A
How old were you the first time you had two weeks or more of feeling sad or depressed?

AGE……………………………. ..............
DK ................................................................. 98

I1B
How old were you the last time you had two weeks or more of feeling sad or depressed?

AGE……………………………. ..............
DK ................................................................. 98

I2
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 ............................ (I3) ................................ 2

I2A
Did a period like that ever last 2 years without being interrupted by your feeling okay for 2 months?

YES ................................................................ 1
NO ............................ (I5) ................................ 2

I2B
How old were you when your first two years of feelings sad, most of the time, began?

AGE……………………………. ..............
DK ................................................................. 98

I2C
How old were you when your last period of two years of feeling sad, most of the time, ended?

AGE……………………………. ..............
DK ................................................................. 98

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

I3
During a period when you (felt depressed/ OWN EQUIVALENT), did your work ever suffer (at home or on the job)?

YES ................................................................ 1
NO ............................ (I4) ................................ 2

I3A
How old were you the first time your work suffered because you were feeling this way?

AGE……………………………. ..............
DK ................................................................. 98

I3B
How old were you the last time your work suffered because you were feeling this way?

AGE……………………………. ..............
DK ................................................................. 98

I4
During a period when you (felt depressed/ OWN EQUIVALENT), did you become cross or irritable?

YES ................................................................ 1
NO ............................ (I5) ................................ 2

I4A
How old were you the first time you became cross or irritable because of feeling (depressed/OWN EQUIVALENT)?

AGE……………………………. ..............
DK ................................................................. 98

I4B
How old were you the last time you became cross or irritable because of feeling (depressed/OWN EQUIVALENT)?

AGE……………………………. ..............
DK ................................................................. 98

I5
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 ............................ (I6) ................................ 2

I5A
How old were you the first time there was a period of two weeks or longer when you lost your appetite?

AGE……………………………. ..............
DK ................................................................. 98

I5B
How old were you the last time there was a period of two weeks or longer when you lost your appetite?

AGE……………………………. ..............
DK ................................................................. 98

I6
Have you ever lost weight without trying to – as much as two pounds a week for several weeks [or

YES ................................................................ 1
SECTION I: DEPRESSION

I6A  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]?

I6B  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]?

I7  Has there ever been at least two weeks when you had an increase in appetite?

I7A  How old were you the first time you had an increase in appetite for at least two weeks?

I7B  How old were you the last time you had an increase in appetite for at least two weeks?

I8  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 ten pounds altogether]?

I8A  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]?

I8B  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]?

I9  Have you ever had two weeks or more when nearly every night you had trouble falling asleep, staying asleep, or waking up too early?

I9A  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?

I9B  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?

I10  Have you ever had two weeks or more weekly nearly every morning, you would wake up at least 2 hours before you wanted to?

I10A  How old were you the first time you had two or more weeks, when nearly every morning, you would wake

[CODE PRB 1 REBOUND AFTER MALNUTRITION]
up at least 2 hours before you wanted to?  

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................................................................. 98  
DK................................................................. 98  

I11  
t08i0011  Have you ever had two weeks or longer when nearly every day you were sleeping too much?  

YES ................................................................ 1  
NO .............................................................. 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................................................................. 98  
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................................................................. 98  
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 .............................................................. 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................................................................. 98  
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................................................................. 98  
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 .............................................................. 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................................................................. 98  
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................................................................. 98  
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 .............................................................. 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................................................................. 98  
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................................................................. 98  
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 .............................................................. 2  

I15A  
t08i015a  How old were you the first time there had 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?

How old were you the last time there had 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?

Have you ever had a period of two weeks of feeling fidgety or restless more than half of the time?

How old were the first time you had a period of two weeks of feeling fidgety or restless more than half of the time?

How old were the last time you had a period of two weeks of feeling fidgety or restless more than half of the time?

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

How old were the first time there was ever a period of several weeks when your interest in sex was a lot less than usual?

How old were the last time there was ever a period of several weeks when your interest in sex was a lot less than usual?

Has there ever been two weeks or longer when you lost all interest in things like work or hobbies or things you usually liked to do for fun?

How old were the first time there was ever a period of two weeks or longer, when you lost all interest in things, like work, hobbies, or things you usually liked to do?

How old were the last time there was ever a period of two weeks or longer, when you lost all interest in things, like work, hobbies, or things you usually liked to do?

Has there ever been a week or more when you wanted to stay away from people, not mix with them?

How old were the first time there had been a week or more when you wanted to stay away from people, not mix with them?

How old were the last time there had been a week or more when you wanted to stay away from people, not mix with them?

Has there ever been two weeks or more when
**SECTION I: DEPRESSION**

- **t08i0020** nearly every day you felt **worthless**, sinful, or guilty?

  - YES ................................................. 1
  - NO ...........................................(I21) ................. 2

- **I20A** How old were the first time there had been two weeks or more, when nearly every day, you felt **worthless**, sinful, or guilty?

  - AGE ................................................. 1
  - DK ............................................... 98

- **I20B** How old were the last time there had been two weeks or more, when nearly every day, you felt **worthless**, sinful, or guilty?

  - AGE ................................................. 1
  - DK ............................................... 98

- **I21** 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** 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 ................................................. 1
  - DK ............................................... 98

- **I21B** 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 ................................................. 1
  - DK ............................................... 98

- **I22** 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** 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 ................................................. 1
  - DK ............................................... 98

- **I22B** 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 ................................................. 1
  - DK ............................................... 98

- **I23** 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** 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 ................................................. 1
  - DK ............................................... 98

- **I23B** 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 ................................................. 1
  - DK ............................................... 98

- **I24** 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** 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 ................................................. 1
  - DK ............................................... 98
I24B
Have you ever had two weeks or more when nearly every day, you had a lot more trouble concentrating than is normal for you?

AGE……………………………. ..............
DK................................................................. 98

I25
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
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
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
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
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
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
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
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
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
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
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
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
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I29: Have you ever felt so low you thought of committing suicide?</td>
<td>YES 1</td>
</tr>
<tr>
<td>NO 2 (I29D)</td>
<td></td>
</tr>
<tr>
<td>I29A: How often have you thought about committing suicide?</td>
<td>RARELY 1</td>
</tr>
<tr>
<td>SOMETIMES 2 YES 3 ALMOST ALWAYS 4</td>
<td></td>
</tr>
<tr>
<td>I29B: How old were you the first time you thought of committing suicide?</td>
<td>AGE 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
<tr>
<td>I29C: How old were you the last time you thought of committing suicide?</td>
<td>AGE 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
<tr>
<td>I29D: Have you tried to make a suicide attempt but did not follow through because you or someone else stopped you?</td>
<td>YES 1</td>
</tr>
<tr>
<td>NO 2</td>
<td></td>
</tr>
<tr>
<td>I30: Have you ever attempted suicide?</td>
<td>YES 1</td>
</tr>
<tr>
<td>NO 2 (I31)</td>
<td></td>
</tr>
<tr>
<td>I30A: How old were you the first time you attempted suicide?</td>
<td>AGE 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
<tr>
<td>I30B: How old were you the last time you attempted suicide?</td>
<td>AGE 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
<tr>
<td>I30C: How many times have you attempted suicide?</td>
<td>TIMES 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
</tbody>
</table>

[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]

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I31: You said you’ve had a period of feeling (depressed or blue/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?</td>
<td>YES (I31B) 1</td>
</tr>
<tr>
<td>NO 2 (I31)</td>
<td></td>
</tr>
<tr>
<td>I31A: So there’s never been a period when you felt sad/blue/depressed/EQUIVALENT at the same time you were having some of these other problems?</td>
<td>HAS BEEN A PERIOD 1</td>
</tr>
<tr>
<td>NEVER BEEN A PERIOD (I40) 2</td>
<td></td>
</tr>
<tr>
<td>I31B: 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)?</td>
<td>AGE 98</td>
</tr>
<tr>
<td>DK 98</td>
<td></td>
</tr>
<tr>
<td>I31C: 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)?</td>
<td>AGE (I33) 98</td>
</tr>
<tr>
<td>DK (I33) 98</td>
<td></td>
</tr>
</tbody>
</table>
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

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

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.................................................................. [ ] [ ]
DK ...................................................................... 98

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.................................................................. [ ] [ ]
DK ...................................................................... 98

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.]

UNIT:

DAYS.............................................................. 1
WEEKS........................................................... 2
MONTHS........................................................ 3
YEARS ........................................................... 4
WHOLE LIFE OR MORE THAN 19 YEARS......................... 96

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................................................................ [ ] [ ]
96 OR MORE SPELLS................................................. 96

Did you tell a doctor about (that spell/ any of those spells)?

YES .......................................................... (I35CC)............................ 1
NO ...................................................................... 2
I35A Did you other professional about (that spell/ any of those spells)?

YES ...................... (I35CC) ...................... 1

NO .............................. .................. 2

I35B Do you take medication more than once because of (that spell/ any of those spells)?

YES ...................... (I35CC) ...................... 1

NO .............................. .................. 2

I35C Did (that spell/ any of those spells) interfere with your life or activities a lot?

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

NO .................. ……(I35D)…… ...................... 2

I35CC 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 Was your spell always the result of a physical illness or injury?

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

NO .............................. .................. 2

I35H When your spell was not due to physical illness or injury, was it the result of using medication, drugs or alcohol?

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

NO .............................. .................. 2

I35I 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 .............................. .................. 2

I35J Was your spell always the result of using medication, drugs, or alcohol?

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

NO .............................. .................. 2

I35D Was any spell so bad that it kept you from working or seeing friends or relatives?

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

NO .............................. .................. 2

I36 Were you ever in a hospital (overnight) because of a spell of feeling depressed?

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

NO .............................. .................. 2

I37 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, OTHER TIMES………(I38)…… ............ 1

NO, ONLY AFTER DEATH ..................... 2

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

I37A 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 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 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]

AGE……………………………. ..............

DK ................................................................. 98

I39II5 During that spell when you were [AGE MARKED]

YES ............................. ........................... 1
**SECTION I: DEPRESSION**

[t08i039a] Did you lose your appetite? NO……………………………………..2

I39II6 Did you lose weight without trying to? YES……………………………………..1
NO……………………………………..2

I39II7 Did you have an increase in appetite? YES……………………………………..1
NO……………………………………..2

I39II8 Did your eating increase so much that you gained as much as two pounds a week for several weeks? YES……………………………………..1
NO……………………………………..2

I39II9 During that spell when you were [AGE MARKED ON TALLY SHEET], did you have trouble falling asleep, staying asleep, or waking up too early? YES……………………………………..1
NO……………………………………..2

I39II10 Did you wake up at least 2 hours before you wanted to? YES……………………………………..1
NO……………………………………..2

I39II11 During that spell when you were (AGE MARKED ON TALLY SHEET), were you sleeping too much? YES……………………………………..1
NO……………………………………..2

I39II12 Did you feel tired out all the time even when you had not been working very hard? YES……………………………………..1
NO……………………………………..2

I39II13 Did you feel very bad when you got up but better later in the day? YES……………………………………..1
NO……………………………………..2

I39II14 Did you talk or move more slowly than is normal for you? YES……………………………………..1
NO……………………………………..2

I39II15 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 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 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 Did you feel worthless, sinful, or guilty? YES……………………………………..1
NO……………………………………..2

I39II23 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 Did you have a lot more trouble concentrating than is normal for you? YES……………………………………..1
NO……………………………………..2

I39II25 Did your thoughts come much slower than usual or seemed mixed up? YES……………………………………..1
NO……………………………………..2

I39II26 Were you unable to make up your mind about things you ordinarily have no trouble deciding about? YES……………………………………..1
NO……………………………………..2
Did you think **a lot about death** – (your own, someone else’s, or death in general?)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did you feel **like you wanted to die**?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did you feel so low you **thought about committing suicide**?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did you attempt **suicide**?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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:________________________________ |

Did you intend to die?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did you think you would die?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Were you alone at the time?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did you receive any medical treatment for your suicide attempt?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Describe the treatment you received (Specify)

| TEXT:________________________________ |

Did you have any medical consequences from your attempt? For example, did you lose consciousness, break any bones, have any cuts or burns.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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**]
SECTION I: DEPRESSION

I41  
Can you describe to me exactly what happened the second time you tried to commit suicide?  
TEXT:_________________________________

I41A  
Did you intend to die?  
YES……………………………………….1  
NO……………………………………….2

I41B  
Were you alone at the time?  
YES……………………………………….1  
NO……………………………………….2

I41C  
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  
Did you receive any medical treatment for this suicide attempt?  
YES……………………………………….1  
NO……………………………………….2

I41D2  
Describe the treatment you received (Specify)  
TEXT:_________________________________

I41E  
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……………………………………….2

I42  
Can you describe to me exactly what happened the third time you tried to commit suicide?  
TEXT:_________________________________

I42A  
Did you intend to die?  
YES……………………………………….1  
NO……………………………………….2

I42A2  
Did you think you would die?  
YES……………………………………….1  
NO……………………………………….2

I42B  
Were you alone at the time?  
YES……………………………………….1  
NO……………………………………….2

I42C  
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  
Did you receive any medical treatment for this suicide attempt?  
YES……………………………………….1  
NO……………………………………….2

I42D2  
Describe the treatment you received (Specify)  
TEXT:_________________________________

I42E  
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……………………………………….2
Can you describe them to me and for how long it was a serious condition?

TEXT: ___________________________________

Can you describe to me exactly what happened the fourth time you tried to commit suicide?

TEXT: ___________________________________

Did you intend to die?  
YES………………………………………….. 1  
NO………………………………………… 2

Did you think you would die?  
YES………………………………………….. 1  
NO………………………………………… 2

Were you alone at the time?  
YES………………………………………….. 1  
NO………………………………………… 2

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

Did you receive any medical treatment for this suicide attempt?  
YES………………………………………….. 1  
NO………………………………………… 2

Describe the treatment you received (Specify)  
TEXT: ___________________________________

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………………………………………… 2

Can you describe them to me and for how long it was a serious condition?

TEXT: ___________________________________

Can you describe to me exactly what happened the fifth time you tried to commit suicide?

TEXT: ___________________________________

Did you intend to die?  
YES………………………………………….. 1  
NO………………………………………… 2

Did you think you would die?  
YES………………………………………….. 1  
NO………………………………………… 2

Were you alone at the time?  
YES………………………………………….. 1  
NO………………………………………… 2

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

Did you receive any medical treatment for the fifth suicide attempt?  
YES………………………………………….. 1  
NO………………………………………… 2
<table>
<thead>
<tr>
<th>Question</th>
<th>Text:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the treatment you received (Specify)</td>
<td>TEXT:</td>
</tr>
<tr>
<td>Did you have any medical consequences from your attempt? For example,</td>
<td>YES…………………………………………………………। 1</td>
</tr>
<tr>
<td>did you lose consciousness, break any bones, have any cuts or burns?</td>
<td>NO……………………….. (I44)……………………………। 2</td>
</tr>
<tr>
<td>Can you describe them to me and for how long it was a serious condition?</td>
<td>TEXT:</td>
</tr>
<tr>
<td>What method did you use to attempt suicide (the most recent time)?</td>
<td>TEXT:</td>
</tr>
<tr>
<td>IF OVERDOSE, NOTE DRUG AND AMOUNT INGESTED.</td>
<td>TEXT:</td>
</tr>
<tr>
<td>IF CUT, NOTE HOW SERIOUS AND OF SUTURES WERE WARRANTED</td>
<td>TEXT:</td>
</tr>
<tr>
<td>Did you intend to die?</td>
<td>YES…………………………………………………………। 1</td>
</tr>
<tr>
<td></td>
<td>NO……………………….. (NEXT MODULE)……………………………। 2</td>
</tr>
<tr>
<td></td>
<td>RF……………………….. (NEXT MODULE)……………………………। 7</td>
</tr>
<tr>
<td></td>
<td>DK……………………….. (NEXT MODULE)……………………………। 8</td>
</tr>
<tr>
<td>Did you receive medical attention for any other suicide attempt?</td>
<td>YES…………………………………………………………। 1</td>
</tr>
<tr>
<td></td>
<td>NO……………………….. (NEXT MODULE)……………………………। 2</td>
</tr>
<tr>
<td>Please describe the methods you used for (any/the) attempt that</td>
<td>TEXT:</td>
</tr>
<tr>
<td>required medical attention, and the medical treatment you received.</td>
<td>TEXT:</td>
</tr>
</tbody>
</table>
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  
NO. ...................................................... 2  
RF. ...................................................... 7

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

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

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

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

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

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

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

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

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

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

**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 have you been held captive, tortured, or kidnapped?  
YES ...................................................... 1  
NO. ...................................................... 2  
RF. ...................................................... 7

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

J1BBX
How old were you the first time this happened
(If applicable since being interviewed in 2000)?

J1CX
How old were you the most recent time this happened to you?

J1DX
Is there one time that stands out in your mind as the worst?

J1EX
How old were you that time?

J1A
How many times has that happened to you since 2000? [If J1A=1, Go to J1BA. If J1A>1, Go to J1BB]

J1Ba
How old were you?

J1Bb
How old were you the first time this happened?

J1C
How old were you the most recent time this happened to you?

J1D
Is there one time that stands out in your mind as the worst?

J1E
How old were you that time?

J1
(Other than when you were in the military) Have you ever been held captive, tortured, or kidnapped?

J108j001a
Number of times

J108j01ba
How old were you?

J108j01bb
How old were you the first time this happened?

J108j001c
How old were you the most recent time this happened to you?

J2X
(Other than when you were in the military) Since 2000 have you ever been shot or stabbed?

J2
Yes
No
RF

J208j002x
Have you ever been shot or stabbed since 2000?

AGE

DK
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 .............................................
ONE TIME........................................1
MORE THAN ONE TIME
BUT NOT SPECIFIED..........................97
DK.....................................................98

J2BAX  
t08j2bax  How old were you?

AGE..............................................(J3X)
DK.............................................(J3X)98

J2BBX  
t08j2bbx  How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE..............................................
DK................................................98

J2CX  
t08j02cx  How old were you the most recent time this happened to you?

AGE..............................................
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.............................................8

J2EX  
t08j02ex  How old were you that time?

AGE..............................................
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 ..........................................
ONE TIME........................................1
MORE THAN ONE TIME
BUT NOT SPECIFIED..........................97
DK.....................................................98

J2Ba  
t08j02ba  How old were you?

AGE..............................................(J3)
DK..............................................(J3)98

J2Bb  
t08j02bb  How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE..............................................
DK................................................98

J2C  
t08j002c  How old were you the most recent time this happened to you?

AGE..............................................
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.............................................8

J2E  
t08j002e  How old were you that time?

AGE..............................................
DK................................................98

[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J3X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J3]
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>RF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3X</td>
<td>(Other than when you were in the military) Since 2000 have you ever witnessed someone being seriously injured or killed?</td>
<td>..........................................................</td>
<td>..........................</td>
<td>..........................................................</td>
<td>..........................</td>
</tr>
<tr>
<td>J3AX</td>
<td>How many times has that happened to you since 2000? [IF J3AX=1, GO TO J3BAX. IF J3AX&gt;1, GO TO J3BBX]</td>
<td>NUMBER ..........................................................</td>
<td>ONE TIME ..........................</td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED ..........................................................</td>
<td>DK ..........................................................</td>
</tr>
<tr>
<td>J3BAX</td>
<td>How old were you?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3BBX</td>
<td>How old were you the first time this happened since being interviewed in 2000?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3CX</td>
<td>How old were you the most recent time this happened to you?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3DX</td>
<td>Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000 ...(J4) .............. 1</td>
<td>YES, MOST RECENT .......(J4) ............. 2</td>
<td>YES, OTHER ...........(J4) ............ 3</td>
<td>NO ...........(J4) ............ 4</td>
</tr>
<tr>
<td>J3EX</td>
<td>How old were you that time?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3</td>
<td>(Other than when you were in the military) Have you ever witnessed someone being seriously injured or killed?</td>
<td>..........................................................</td>
<td>..........................</td>
<td>..........................................................</td>
<td>..........................</td>
</tr>
<tr>
<td>J3A</td>
<td>How many times has that happened to you since 2000? [IF J3A=1, GO TO J3BA. IF J3A&gt;1, GO TO J3BB]</td>
<td>NUMBER ..........................................................</td>
<td>ONE TIME ..........................</td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED ..........................................................</td>
<td>DK ..........................................................</td>
</tr>
<tr>
<td>J3BA</td>
<td>How old were you?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3BB</td>
<td>How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3C</td>
<td>How old were you the most recent time this happened to you?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>J3D</td>
<td>Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000 ...(J4) .............. 1</td>
<td>YES, MOST RECENT .......(J4) ............. 2</td>
<td>YES, OTHER ...........(J4) ............ 3</td>
<td>NO ...........(J4) ............ 4</td>
</tr>
<tr>
<td>J3E</td>
<td>How old were you that time?</td>
<td>AGE ..........................................................</td>
<td>DK ..........................................................</td>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
</tbody>
</table>
[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J4X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J4]

J4X (Other than when you were in the military) Since 2000 have you ever unexpectedly discovered a dead body?
YES……………………………………..1
NO…………………………..(J5)…………………..2
RF…………………………..(J5)…………………..7

J4AX How many times has that happened to you since 2000? [IF J4AX=1, GO TO J4BAX. IF J4AX>1, GO TO J4BBX]
NUMBER……………………………………..[ ]
ONE TIME…………………………………….1
MORE THAN ONE TIME BUT NOT SPECIFIED…………………………..97
DK………………………………………………..98

J4BAX How old were you?
AGE………………………………………………..(J5)
DK………………………………………………..98

J4BBX How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?
AGE………………………………………………..
DK………………………………………………..98

J4CX How old were you the most recent time this happened to you?
AGE………………………………………………..
DK………………………………………………..98

J4DX Is there one time that stands out in your mind as the worst?
YES, FIRST SINCE 2000………(J5)………………..1
YES, MOST RECENT…………..(J5)………………..2
YES, OTHER………………..…………………………..3
NO…………………………..(J5)…………………..4
DK………………………………………………..8

J4EX How old were you that time?
AGE………………………………………………..
DK………………………………………………..98

J4 (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 How many times has that happened to you since 2000? [IF J4A=1, GO TO J4BA. IF J4A>1, GO TO J4BB]
NUMBER……………………………………..[ ]
ONE TIME…………………………………….1
MORE THAN ONE TIME BUT NOT SPECIFIED…………………………..97
DK………………………………………………..98

J4Ba How old were you?
AGE………………………………………………..
DK………………………………………………..98

J4Bb How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?
AGE………………………………………………..
DK………………………………………………..98

J4C How old were you the most recent time this happened to you?
AGE………………………………………………..
DK………………………………………………..98

J4D Is there one time that stands out in your mind as the worst?
YES, FIRST SINCE 2000………(J5)………………..1
YES, MOST RECENT…………..(J5)………………..2
YES, OTHER………………..…………………………..3
NO…………………………..(J5)…………………..4
DK………………………………………………..8
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>J4E</strong> How old were you that time?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5X</strong> (Other than when you were in the military) Since 2000 have you ever been mugged, held up, or threatened with a weapon?</td>
<td>YES…………………………………………………………… 1</td>
</tr>
<tr>
<td></td>
<td>NO…………………………………………………………… 2</td>
</tr>
<tr>
<td></td>
<td>RF…………………………………………………………… 7</td>
</tr>
<tr>
<td><strong>J5AX</strong> How many times has that happened to you since 2000?</td>
<td>NUMBER……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>ONE TIME……………………………………………………… 1</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED…………………… 97</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5BAX</strong> How old were you?</td>
<td>AGE…………………………………………………………… (J6)</td>
</tr>
<tr>
<td></td>
<td>RF…………………………………………………………… (J6) 97</td>
</tr>
<tr>
<td><strong>J5BBX</strong> How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5CX</strong> How old were you the most recent time this happened to you?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5DX</strong> Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000………………………………………… 1</td>
</tr>
<tr>
<td></td>
<td>YES, MOST RECENT………………………………………… 2</td>
</tr>
<tr>
<td></td>
<td>YES, OTHER………………………………………………… 3</td>
</tr>
<tr>
<td></td>
<td>NO…………………………………………………………… 4</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 8</td>
</tr>
<tr>
<td><strong>J5EX</strong> How old were you that time?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5</strong> Have you ever been mugged, held up, or threatened with a weapon?</td>
<td>YES…………………………………………………………… 1</td>
</tr>
<tr>
<td></td>
<td>NO…………………………………………………………… 2</td>
</tr>
<tr>
<td></td>
<td>RF…………………………………………………………… 7</td>
</tr>
<tr>
<td><strong>J5A</strong> How many times has that happened to you since 2000?</td>
<td>NUMBER……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>ONE TIME……………………………………………………… 1</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED…………………… 97</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5BA</strong> How old were you?</td>
<td>AGE…………………………………………………………… (J6)</td>
</tr>
<tr>
<td></td>
<td>RF…………………………………………………………… (J6) 97</td>
</tr>
<tr>
<td><strong>J5BB</strong> How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
<tr>
<td><strong>J5C</strong> How old were you the most recent time this happened to you?</td>
<td>AGE……………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>DK…………………………………………………………… 98</td>
</tr>
</tbody>
</table>
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…………………………………………………………..8

How old were you that time?

AGE…………………………………………………………... 98
DK……………………………………………………………… 98

How old were you the first time this happened since being interviewed in 2000?

AGE…………………………………………………………... 98
DK……………………………………………………………… 98

How old were you the most recent time this happened to you?

AGE…………………………………………………………... 98
DK……………………………………………………………… 98

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…………………………………………………………..8

How old were you that time?

AGE…………………………………………………………... 98
DK……………………………………………………………… 98

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

How many times has that happened to you since 2000? [IF J6AX=1, GO TO J6BA. IF J6AX>1, GO TO J6BBX]

NUMBER ………………………………………………………………………. 97
ONE TIME……………………………………………………………………. 1
MORE THAN ONE TIME BUT NOT SPECIFIED…………………………. 97
DK………………………………………………………………………………… 98

How old were you?

AGE……………………………………………………………………..(J7X)………. 98
DK………………………………………………………………………………… 98

How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE……………………………………………………………………..(J7)………. 98
DK………………………………………………………………………………… 98
SECTION J: TRAUMATIC EVENTS & PTSD

(If applicable since being interviewed in 2000)?

J6C
How old were you the most recent time this happened to you?

AGE .................................
DK.....................................

J6D
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..................................... 8

J6E
How old were you that time?

AGE .................................
DK.....................................

[For person interviewed previously on 2000 PTSD go to J7X
For person did not have a 2000 PTSD interview go to J7]

J7X
Since 2000 have you ever been in a fire, flood, earthquake, or other natural disaster?

YES .................................. 1
NO.............................. (J8X) ...... 2
RF................................. (J8X) ...... 7

J7AX
How many times has that happened to you since 2000? [If J7AX=1, go to J7BAX. If J7AX>1, go to J7BBX]

NUMBER .............................
ONE TIME............................. 1
MORE THAN ONE TIME
BUT NOT SPECIFIED.................. 97
DK..................................... 98

J7BAX
How old were you?

AGE.............................. (J8X) ......
RF................................. (J8X) ...... 97

J7BBX
How old were you the first time this happened (If applicable since being interviewed in 2000)?

AGE.............................. (J8X) ......
DK..................................... 98

J7CX
How old were you the most recent time this happened to you?

AGE.............................. (J8X) ......
DK..................................... 98

J7DX
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..................................... 8

J7EX
How old were you that time?

AGE.............................. (J8X) ......
DK..................................... 98

J7
Have you ever been in a fire, flood, earthquake, or other natural disaster?

YES .................................. 1
NO.............................. (J8) ...... 2
RF................................. (J8) ...... 7

J7A
How many times has that happened to you since 2000? [If J7A=1, go to J7BA. If J7A>1, go to J7BB]

NUMBER .............................
ONE TIME............................. 1
MORE THAN ONE TIME
BUT NOT SPECIFIED.................. 97
DK..................................... 98
SECTION J: TRAUMATIC EVENTS & PTSD

J7BA
How old were you?

AGE……………………………..(J8)………. ...........
RF……………………………..(J8) .......................... 97

J7BB
How old were you the first time this happened
(IF APPLICABLE since being interviewed in 2000)?

AGE……………………………..(J8)………. ...........
DK…………………………………...…………..98

J7C
How old were you the most recent time this happened
to you?

AGE……………………………..(J8)………. ...........
DK…………………………………...…………..98

J7D
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…………………………………...…………..8

J7E
How old were you that time?

AGE……………………………..(J8)………. ...........
DK…………………………………...…………..98

J8X
Since 2000 have you ever been in a life-threatening
car or motor vehicle accident?

YES ………………..….. .................................. 1
NO……………………(J9X)….. ......................... 2
RF…………………….(J9X) ………………...…….7

J8AX
How many times has that happened to you since
2000? [IF J8AX=1, GO TO J8BAX. IF J8AX>1, GO
to J8BBX]

NUMBER ………….………………..………
ONE TIME……………… ………………...………1
MORE THAN ONE TIME
BUT NOT SPECIFIED……………………. 97
DK…………………………………...…………..98

J8BAX
How old were you?

AGE……………………………..(J9X)………. ........
RF……………………………..(J9X) .......................... 98

J8BBX
How old were you the first time this happened
(IF APPLICABLE since being interviewed in 2000)?

AGE……………………………..(J9X)………. ........
DK…………………………………...…………..98

J8CX
How old were you the most recent time this happened
to you?

AGE……………………………..(J9X)………. ........
DK…………………………………...…………..98

J8DX
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…………………………………...…………..8

J8EX
How old were you that time?

AGE……………………………..(J9X)………. ........
DK…………………………………...…………..98

J8
Have you ever been in a life-threatening car or motor
vehicle accident?

YES ………………..….. .................................. 1
NO……………………(J9)….. ......................... 2
RF…………………….(J9) ………………...…….7

J8A
How many times has that happened to you since
2000? [IF J8A=1, GO TO J8BA. IF J8A>1, GO
to J8BB]

NUMBER ………….………………..………
ONE TIME……………… ………………...………1
MORE THAN ONE TIME
SECTION J: TRAUMATIC EVENTS & PTSD

J8BA  How old were you?

J8BB  How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

J8C   How old were you the most recent time this happened to you?

J8D   Is there one time that stands out in your mind as the worst?

J8E   How old were you that time?

J9    Have you ever had any other kind of life-threatening accident or injury?

J9X   Since 2000 have you ever had any other kind of life-threatening accident or injury?

J9AX  How many times has that happened to you since 2000? [IF J9AX=1, GO TO J9BAX. IF J9AX>1, GO TO J9BBX]

J9BAX How old were you?

J9BBX How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

J9CX  How old were you the most recent time this happened to you?

J9DX  Is there one time that stands out in your mind as the worst?

J9EX  How old were you that time?

J9    Have you ever had any other kind of life-threatening accident or injury?

[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J9X]
[FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J9]
SECTION J: TRAUMATIC EVENTS & PTSD

J9A
How many times has that happened to you since 2000? [IF J9A=1, GO TO J9BA. IF J9A>1, GO TO J9BB]

Number ..............................................[ ]
One time ........................................[1]
More than one time but not specified ........[97]
Don't know ........................................[98]

J9Ba
How old were you?

Age .................................................[J10]
Don't know ........................................[98]

J9Bb
How old were you the first time this happened (if applicable since being interviewed in 2000)?

Age .................................................[RF]
Don't know ........................................[98]

J9C
How old were you the most recent time this happened to you?

Age .................................................[J10]
Don't know ........................................[98]

J9D
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 ....................................................[4]
Don't know ........................................[8]

J9E
How old were you that time?

Age .................................................[J10]
Don't know ........................................[98]

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

J10X
Since 2000 have you ever been diagnosed with a life-threatening illness?

Yes ....................................................[1]
No ....................................................[2]
Ref ....................................................[7]

J10AX
How many times has that happened to you since 2000? [IF J10AX=1, GO TO J10BAX. IF J10AX>1, GO TO J10BBX]

Number ..............................................[ ]
One time ........................................[1]
More than one time but not specified ........[97]
Don't know ........................................[98]

J10BAX
How old were you?

Age .................................................[J11X]
Ref ....................................................[98]

J10BBX
How old were you the first time this happened since being interviewed in 2000? 

Age .................................................[J11X]
Ref ....................................................[98]

J10CX
How old were you the most recent time this happened to you?

Age .................................................[J11X]
Ref ....................................................[98]

J10DX
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 ....................................................[4]
Don't know ........................................[8]

J10EX
How old were you that time?

Age .................................................[J11X]
Ref ....................................................[98]
<table>
<thead>
<tr>
<th>J10</th>
<th>Have you ever been diagnosed with a life-threatening illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>........................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>...............................................................2</td>
</tr>
<tr>
<td>RF</td>
<td>...............................................................7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10A</th>
<th>How many times has that happened to you since 2000? [IF J10A=1, GO TO J10BA. IF J10A&gt;1, GO TO J10BB]</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>ONE TIME</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>DK</td>
<td>...........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10Ba</th>
<th>How old were you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>RF</td>
<td>...............................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10Bb</th>
<th>How old were you the first time this happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10C</th>
<th>How old were you the most recent time this happened to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10D</th>
<th>Is there one time that stands out in your mind as the worst?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, FIRST SINCE 2000</td>
<td>...............................................................</td>
</tr>
<tr>
<td>YES, MOST RECENT</td>
<td>...............................................................</td>
</tr>
<tr>
<td>YES, OTHER</td>
<td>........................................................................</td>
</tr>
<tr>
<td>NO</td>
<td>........................................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J10E</th>
<th>How old were you that time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J11X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J11]

<table>
<thead>
<tr>
<th>J11X</th>
<th>Since 2000 have you ever had a child of yours diagnosed with a life-threatening illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>........................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>...............................................................2</td>
</tr>
<tr>
<td>RF</td>
<td>...............................................................7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J11AX</th>
<th>How many times has that happened to you since 2000? [IF J11AX=1, GO TO J11BAX. IF J11AX&gt;1, GO TO J11BBX]</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>ONE TIME</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED</td>
<td>...........................................................................</td>
</tr>
<tr>
<td>DK</td>
<td>...........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J11BAX</th>
<th>How old were you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>RF</td>
<td>...............................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J11BBX</th>
<th>How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J11CX</th>
<th>How old were you the most recent time this happened to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>...............................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J11DX</th>
<th>Is there one time that stands out in your mind as the worst?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, FIRST SINCE 2000</td>
<td>...............................................................</td>
</tr>
<tr>
<td>YES, MOST RECENT</td>
<td>...............................................................</td>
</tr>
<tr>
<td>YES, OTHER</td>
<td>........................................................................</td>
</tr>
<tr>
<td>NO</td>
<td>........................................................................</td>
</tr>
<tr>
<td>DK</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>J11EX</strong> How old were you that time?</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td><strong>J11</strong> Have you ever had a child of yours diagnosed with a life-</td>
<td>YES: ____________________________</td>
</tr>
<tr>
<td>threatening illness?</td>
<td></td>
</tr>
<tr>
<td><strong>J11A</strong> How many times has that happened to you since 2000? [IF J11A=1,</td>
<td>NUMBER: _________________________</td>
</tr>
<tr>
<td>GO TO J11BA. IF J11A&gt;1, GO TO J11BB]</td>
<td></td>
</tr>
<tr>
<td><strong>J11BA</strong> How old were you?</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td><strong>J11BB</strong> How old were you the first time this happened (IF APPLICABLE</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td>since being interviewed in 2000)?</td>
<td></td>
</tr>
<tr>
<td><strong>J11C</strong> How old were you the most recent time this happened to you?</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td><strong>J11D</strong> Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000: _______ (J12): _______</td>
</tr>
<tr>
<td><strong>J11E</strong> How old were you that time?</td>
<td>AGE: ____________________________</td>
</tr>
</tbody>
</table>

[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J12X FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J12]

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>J12X</strong> Since 2000 have you ever learned that a close friend or close</td>
<td>YES: ____________________________</td>
</tr>
<tr>
<td>relative was raped or sexually assaulted?</td>
<td></td>
</tr>
<tr>
<td><strong>J12AX</strong> How many times has that happened to you since 2000? [IF J12AX=1,</td>
<td>NUMBER: _________________________</td>
</tr>
<tr>
<td>GO TO J12BAX. IF J12AX&gt;1, GO TO J12BBX]</td>
<td></td>
</tr>
<tr>
<td><strong>J12BAX</strong> How old were you?</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td><strong>J12BBX</strong> How old were you the first time this happened (IF APPLICABLE</td>
<td>AGE: ____________________________</td>
</tr>
<tr>
<td>since being interviewed in 2000)?</td>
<td></td>
</tr>
<tr>
<td><strong>J12CX</strong> How old were you the most recent time this happened to you?</td>
<td>AGE: ____________________________</td>
</tr>
</tbody>
</table>

DK: __________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000........(J13X)........1</td>
</tr>
<tr>
<td></td>
<td>YES, MOST RECENT................(J13X)........2</td>
</tr>
<tr>
<td></td>
<td>YES, OTHER..........................(J13X)........3</td>
</tr>
<tr>
<td></td>
<td>NO................................(J13X).................4</td>
</tr>
<tr>
<td></td>
<td>DK................................(J13X).................8</td>
</tr>
<tr>
<td>How old were you that time?</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>Have you ever learned that a close friend or close relative was raped or</td>
<td>YES.................................................................</td>
</tr>
<tr>
<td>sexually assaulted?</td>
<td>NO.................................................................</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................</td>
</tr>
<tr>
<td>How many times has that happened to you since 2000? [IF J12A=1, GO TO</td>
<td>NUMBER ..................................................</td>
</tr>
<tr>
<td>J12BA] IF J12A&gt;1, GO TO J12BB]</td>
<td>ONE TIME..................................................</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED..................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>How old were you?</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................</td>
</tr>
<tr>
<td>How old were you the first time this happened (IF APPLICABLE since being</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td>interviewed in 2000)?</td>
<td>RF.................................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>How old were you the most recent time this happened to you?</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000........(J13X)........1</td>
</tr>
<tr>
<td></td>
<td>YES, MOST RECENT................(J13X)........2</td>
</tr>
<tr>
<td></td>
<td>YES, OTHER..........................(J13X)........3</td>
</tr>
<tr>
<td></td>
<td>NO................................(J13X).................4</td>
</tr>
<tr>
<td></td>
<td>DK................................(J13X).................8</td>
</tr>
<tr>
<td>How old were you that time?</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>Since 2000 have you ever been raped?</td>
<td>YES.................................................................</td>
</tr>
<tr>
<td></td>
<td>NO.................................................................</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................</td>
</tr>
<tr>
<td>How many times has that happened to you since 2000? [IF J13AX=1, GO TO</td>
<td>NUMBER ..................................................</td>
</tr>
<tr>
<td>J13BAX] IF J13AX&gt;1, GO TO J13BBX]</td>
<td>ONE TIME..................................................</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE TIME BUT NOT SPECIFIED..................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
<tr>
<td>How old were you?</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................</td>
</tr>
<tr>
<td>How old were you the first time this happened (IF APPLICABLE since being</td>
<td>AGE.................................................................</td>
</tr>
<tr>
<td>interviewed in 2000)?</td>
<td>RF.................................................................</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................</td>
</tr>
</tbody>
</table>
**SECTION J: TRAUMATIC EVENTS & PTSD**

**J13CX**
**t08j13cx**
How old were you the most recent time this happened to you?

AGE...[ ]
DK...[ ]

**J13DX**
**t08j13dx**
Is there one time that stands out in your mind as the worst?

YES, FIRST SINCE 2000...(J14X)...[ ]
YES, MOST RECENT...(J14X)...[ ]
YES, OTHER...(J14X)...[ ]
NO...(J14X)...[ ]
DK...(J14X)...[ ]

**J13EX**
**t08j13ex**
How old were you that time?

AGE...[ ]
DK...[ ]

**J13**
**t08j0013**
Have you ever been raped?

YES...(J14)...[ ]
NO...(J14)...[ ]
RF...(J14)...[ ]

**J13A**
**t08j013a**
How many times has that happened to you since 2000? [IF J13A=1, GO TO J13BA. IF J13A>1, GO TO J13BB]

NUMBER...[ ]
ONE TIME...[ ]
MORE THAN ONE TIME BUT NOT SPECIFIED...[ ]
DK...[ ]

**J13Ba**
**t08j13ba**
How old were you?

AGE...(J14)...[ ]
RF...(J14)...[ ]

**J13Bb**
**t08j13bb**
How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE...[ ]
DK...[ ]

**J13C**
**t08j013c**
How old were you the most recent time this happened to you?

AGE...[ ]
DK...[ ]

**J13D**
**t08j013d**
Is there one time that stands out in your mind as the worst?

YES, FIRST SINCE 2000...(J14)...[ ]
YES, MOST RECENT...(J14)...[ ]
YES, OTHER...(J14)...[ ]
NO...(J14)...[ ]
DK...(J14)...[ ]

**J13E**
**t08j013e**
How old were you that time?

AGE...[ ]
DK...[ ]

---

**[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...(J15X)...[ ]
NO...(J15X)...[ ]
RF...(J15X)...[ ]

**J14AX**
**t08j14ax**
How many times has that happened to you since 2000? [IF J14AX=1, GO TO J14BAX. IF J14AX>1, GO TO J14BBX]

NUMBER...[ ]
ONE TIME...[ ]
MORE THAN ONE TIME BUT NOT SPECIFIED...[ ]
DK...[ ]

**J14BAX**
**t08j14bax**
How old were you?

AGE...(J15X)...[ ]
RF...(J15X)...[ ]

15
How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE……………………………. ...............
DK ................................  ................................ 98

How old were you the most recent time this happened to you?

AGE……………………………. ...............
DK ................................  ................................ 98

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……………………………………..…….. 4
DK……………………………..………..…….8

How old were you that time?

AGE……………………………. ...............
DK ................................  ................................ 98

Have you ever experienced any other kind of sexual assault?

YES .......................................................... 1
NO…………………… (J15).............................. 2
RF……………………(J15)……………………... 7

How many times has that happened to you since 2000? [IF J14A=1, GO TO J14BA. IF J14A>1, GO TO J14BB]

NUMBER ………………..………………………….1
ONE TIME……………………………………….. 97
MORE THAN ONE TIME BUT NOT SPECIFIED………………….. 98
DK………………………………………………..…….8

How old were you?

AGE……………………………..………………..…….. 1
RF………………..………………..………………..…… 97

How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

AGE……………………………. ...............
DK ................................  ................................ 98

How old were you the most recent time this happened to you?

AGE……………………………. ...............
DK ................................  ................................ 98

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……………………………………..…….. 4
DK……………………………..………..…….8

How old were you that time?

AGE……………………………. ...............
DK ................................  ................................ 98

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 event?

YES ………………..….. .................................. 1
NO……………………………………..…….. 2
RF……………………………………..…….. 7
DK………………………………………………..…….8
### SECTION J: TRAUMATIC EVENTS & PTSD

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?

<table>
<thead>
<tr>
<th><strong>J15A</strong></th>
<th><strong>t08j015a</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many times has that happened to you since 2000?</strong></td>
<td><strong>NUMBER</strong></td>
</tr>
<tr>
<td><strong>[IF J15A=1, GO TO J15BA. IF J15A&gt;1, GO TO J15BB]</strong></td>
<td></td>
</tr>
</tbody>
</table>

How old were you that time?

<table>
<thead>
<tr>
<th><strong>J15EX</strong></th>
<th><strong>t08j15ex</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How old were you that time?</strong></td>
<td><strong>AGE</strong></td>
</tr>
</tbody>
</table>

How old were you the first time this happened since being interviewed in 2000?

<table>
<thead>
<tr>
<th><strong>J15BBX</strong></th>
<th><strong>t08j15bbx</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</strong></td>
<td><strong>AGE</strong></td>
</tr>
</tbody>
</table>

How old were you the most recent time this happened to you?

<table>
<thead>
<tr>
<th><strong>J15CX</strong></th>
<th><strong>t08j15cx</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How old were you the most recent time this happened to you?</strong></td>
<td><strong>AGE</strong></td>
</tr>
</tbody>
</table>

How many times has that happened to you since 2000?

<table>
<thead>
<tr>
<th><strong>J15AX</strong></th>
<th><strong>t08j15ax</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many times has that happened to you since 2000? [IF J15AX=1, GO TO J15BAX. IF J15AX&gt;1, GO TO J15BBX]</strong></td>
<td><strong>NUMBER</strong></td>
</tr>
</tbody>
</table>

How old were you?**

<table>
<thead>
<tr>
<th><strong>J15BAX</strong></th>
<th><strong>t08j15bax</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How old were you?</strong></td>
<td><strong>AGE</strong></td>
</tr>
</tbody>
</table>

How old were you the first time this happened since being interviewed in 2000?

<table>
<thead>
<tr>
<th><strong>J15BB</strong></th>
<th><strong>t08j15bb</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?</strong></td>
<td><strong>AGE</strong></td>
</tr>
</tbody>
</table>
### SECTION J: TRAUMATIC EVENTS & PTSD

**J15C**
**t08j015c**

**How old were you the most recent time this happened to you?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J15D**
**t08j015d**

**Is there one time that stands out in your mind as the worst?**

<table>
<thead>
<tr>
<th>YES, FIRST SINCE 2000</th>
<th>YES, MOST RECENT</th>
<th>YES, OTHER</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

**J15E**
**t08j015e**

**How old were you that time?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

---

**FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J16X**

**FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J16**

**J16X**
**t08j016x**

**NOT counting when a close friend or relative died. Since 2000 have you ever learned that a close friend or close relative was seriously physically attacked?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>RF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**J16AX**
**t08j16ax**

**How many times has that happened to you since 2000?**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>ONE TIME</th>
<th>MORE THAN ONE TIME BUT NOT SPECIFIED</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J16BAX**
**t08j16bax**

**How old were you?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J16BBX**
**t08j16bbx**

**How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J16CX**
**t08j16cx**

**How old were you the most recent time this happened to you?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J16DX**
**t08j16dx**

**Is there one time that stands out in your mind as the worst?**

<table>
<thead>
<tr>
<th>YES, FIRST SINCE 2000</th>
<th>YES, MOST RECENT</th>
<th>YES, OTHER</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

**J16EX**
**t08j16ex**

**How old were you that time?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

**J16**
**t08j0016**

**NOT counting when a close friend or relative died, have you ever learned that a close friend or close relative was seriously physically attacked?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>RF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**J16A**
**t08j016a**

**How many times has that happened to you since 2000?**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>ONE TIME</th>
<th>MORE THAN ONE TIME BUT NOT SPECIFIED</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>
How old were you?  
AGE…………………..(J17X)…………………….  
RF……………………………..(J17X)……….  
97

How old were you the first time this happened  
(If applicable since being interviewed in 2000)?  
AGE……………………………. ...............  
DK……………. …………………………………  
98

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

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

How old were you that time?  
AGE……………………………. ...............  
RF………………………………….……………..  
97

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………………….. (J18)….. ......................... 2  
RF………………….. (J18)….. ....................... 7

How many times has that happened to you since  
2000?  
NUMBER …………………………………………………  
ONE TIME………………………………………... 1  
MORE THAN ONE TIME  
BUT NOT SPECIFIED………………….…..…..….. 97  
DK……………………………… …………...……98

How old were you?  
AGE……………………………. ...............  
RF……………………………..(J18X)……………  
97

How old were you the first time this happened  
(If applicable since being interviewed in 2000)?  
AGE……………………………. ...............  
DK………………………………….……………..  
98

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

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

How old were you that time?  
AGE……………………………. ...............  
DK………………………………….……………..  
98

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?

J17A  t08j017a  How many times has that happened to you since 2000?  [IF J17A=1, GO TO J17BA. IF J17A>1, GO TO J17BB]

   RF.…………. (J18).………………..7

   NUMBER ……………………………………………………………..1
   ONE TIME…………………….1
   MORE THAN ONE TIME
   BUT NOT SPECIFIED………………….97
   DK…………………………………….98

J17Ba  t08j17ba  How old were you?

   AGE……………(J18)………………..97
   RF………………..(J18)………………..97

J17BB  t08j17bb  How old were you the first time this happened?

   AGE……………………………………..98
   DK……………………………………..98

J17C  t08j017c  How old were you the most recent time this happened to you?

   AGE……………………………………..98
   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……………………………………..8

J17E  t08j017e  How old were you that time?

   AGE……………………………………..98
   DK……………………………………..98

[FOR PERSON INTERVIEWED PREVIOUSLY ON 2000 PTSD GO TO J18X
FOR PERSON DID NOT HAVE A 2000 PTSD INTERVIEW GO TO J18]

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………………..(JCINTRO)………………..1
   NO………………..(JCINTRO)………………..2
   RF………………..(JCINTRO)………………..7

J18AX  t08j18ax  How many times has that happened to you since 2000?  [IF J18AX=1, GO TO J18BAX. IF J18AX>1, GO TO J18BBX]

   NUMBER ………………………………………..1
   ONE TIME……………………………………..1
   MORE THAN ONE TIME
   BUT NOT SPECIFIED……………………………………..97
   DK……………………………………..98

J18BAX  t08j18bax  How old were you?

   AGE………………..(JCINTRO)………………..98
   DK……………………………………..98

J18BBX  t08j18bbx  How old were you the first time this happened (IF APPLICABLE since being interviewed in 2000)?

   AGE………………..(JCINTRO)………………..98
   RF……………………………………..98

J18CX  t08j18cx  How old were you the most recent time this happened to you?

   AGE………………..(JCINTRO)………………..98
   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
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you that time?</td>
<td>AGE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times has that happened to you since 2000?</td>
<td>ONE TIME</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE TIME</td>
</tr>
<tr>
<td></td>
<td>BUT NOT SPECIFIED</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
<tr>
<td>How old were you?</td>
<td>AGE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>How old were you the first time this happened (if applicable since</td>
<td>AGE</td>
</tr>
<tr>
<td>being interviewed in 2000)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>How old were you the most recent time this happened to you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there one time that stands out in your mind as the worst?</td>
<td>YES, FIRST SINCE 2000</td>
</tr>
<tr>
<td></td>
<td>YES, MOST RECENT</td>
</tr>
<tr>
<td></td>
<td>YES, OTHER</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>How old were you that time?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HELD CAPTIVE, TORTURED</td>
</tr>
<tr>
<td></td>
<td>OR KIDNAPPED</td>
</tr>
<tr>
<td></td>
<td>BEEN SHOT OR STABBED</td>
</tr>
<tr>
<td></td>
<td>WITNESSED SOMEONE BEING SERIOUSLY INJURED OR KILLED</td>
</tr>
<tr>
<td></td>
<td>UNEXPECTEDLY DISCOVERED A DEAD BODY</td>
</tr>
<tr>
<td></td>
<td>BEEN MUGGED, HELD UP OR THREATENED WITH A WEAPON</td>
</tr>
<tr>
<td></td>
<td>BEEN BADLY BEATEN UP</td>
</tr>
<tr>
<td></td>
<td>BEEN RAPED</td>
</tr>
<tr>
<td></td>
<td>BEEN IN A LIFE THREATENING CAR OR MOTOR VEHICLE ACCIDENT</td>
</tr>
<tr>
<td></td>
<td>HAD ANY OTHER KIND OF LIFE-THREATENING ACCIDENT OR INJURY</td>
</tr>
<tr>
<td></td>
<td>BEEN DIAGNOSED WITH A LIFE-THREATENING ILLNESS</td>
</tr>
</tbody>
</table>

**WORST EVENT**

*IF ONLY ONE EVENT WAS REPORTED, USE THAT EVENT*

*IF MORE THAN ONE EVENT WAS REPORTED, GO TO JCINTRO*
[IF R INDICATES ALL EQUAL, USE AGE FIRST EXPERIENCED THE MOST SERIOUS EVENT.]

JC1XA
How old were you that time? 
AGE.............................................
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
t08j00c1
At the time (that/worst) event happened, did you think you or someone very close to you might die, be seriously injured or permanently disabled?
YES ........................................... 1
NO ............................................ 2
DK ............................................. 8

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

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

JC4
t08j00c4
Were you horrified?
YES ...........................................
JD1 ............................................ 1
NO ............................................ 2
DK ............................................. 8

SYMPTOMS SERIES #1

JD1
t08j00d1
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? [REMINDE R OF EVENT IF NECESSARY]
YES ...........................................
JD1 ............................................ 1
NO ............................................ 2
DK ............................................. 8
Did you keep having bad dreams or nightmares about it? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Did you ever suddenly feel as though it was happening again? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Did being in a situation similar to it or that reminded you of it make you very upset or anxious? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

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? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

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

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? [REMIND OF LIFE EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

SYMPTOM SERIES #2

After this experience did you try to avoid thinking, feeling or talking about it? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Did you avoid being reminded of this experience by staying away from certain places, people, or activities? [REMIND R OF EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Did you have amnesia – that is, forget all or part of it? [REMIND OF LIFE EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Was this because you were injured or unconscious? [REMIND OF LIFE EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8

Did you lose interest in activities that were once important or enjoyable? [REMIND OF LIFE EVENT IF NECESSARY]

- Yes ........................................... 1
- No ........................................... 2
- DK ........................................... 8
Did you begin to feel more isolated or distant from other people? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you find it hard to love or have affection for other people? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you begin to feel that there was no point in planning for the future? [REMIND 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]

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? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

After this experience were you having more trouble than usual falling asleep or staying asleep? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you become more irritable or short-tempered? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you have more trouble keeping your mind on what you were doing? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you become much more concerned about danger or much more careful about things? [REMIND OF LIFE EVENT IF NECESSARY]

YES ............................................. 1
NO ................................................. 2
DK ................................................... 8

Did you become jumpy or get easily startled by ordinary noises or movements? [REMIND 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]

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? [REMIND 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  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…………………

UNIT:  DAY(S) AGO………………………….. 1
WEEK(S) AGO………………………….. 2
MONTH(S) AGO………………………….. 3
YEAR(S) AGO………………………….. 4
DK………………………….. 98

JE2  For how long did you continue to have (this reaction/any of these reactions) at least a few times a week because of this experience? NUMBER ENTERED…………………

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  Was it at least a month? YES ………………..…..(JE3) ......................... 1
NO…………………. ….. ................................. 2
DK…………………. …...…………………..….. 8

JE3  How old were you the last time you had (this reaction/any of these reactions) as a result of this experience? AGE……………………………. ...............
DK ...............................  ................................ 98

JE3A  Have you experienced any of these reactions in the past year? YES ………………..….. .................................. 1
NO………………………………………………………….. 2
DK………………………………………………………….. 8

JE4  Did you ever tell a medical doctor about any of your reactions to this experience? YES ………………..….. .................................. 1
NO………………………………………………………….. 2
DK………………………………………………………….. 8

JE5  Did you tell any other professional such as a minister, priest, rabbi, social worker, psychologist or psychiatrist? YES ………………..….. .................................. 1
NO………………………………………………………….. 2
DK………………………………………………………….. 8

JE6  Did you take medication more than once because of your reactions? YES ………………..….. .................................. 1
NO………………………………………………………….. 2
DK………………………………………………………….. 8

JE7  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.
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 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 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 Since turning 18, did you more than once quit a job without knowing where you would find another one? 
YES ........................................ 1
NO ........................................ 2

L1a4 Since turning 18, did you more than once quit a school program without knowing what you would do next? 
YES ........................................ 1
NO ........................................ 2

L1a5 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 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 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 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 Since turning 18, did you use a false or made-up name or alias? 
YES ........................................ 1
NO ........................................ 2

L1a10 Since turning 18, did you scam or con someone for money, to avoid responsibility or just for fun? 
YES ........................................ 1
NO ........................................ 2

L1a11 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 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 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 –
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you destroy, break, or vandalize someone else’s property – their car, home, or other personal belongings?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you start a fire on purpose to destroy someone else’s property or just to see it burn?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you steal anything from someone or someplace when no one was around?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you forge someone else’s signature without their permission – like on a legal document or on a check?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you shoplift?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you rob or mug someone or snatch a purse?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you make money illegally – like selling stolen property or selling drugs?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you force someone to have sex with you against their will?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you get into a lot of fights that you started?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you use a weapon like a stick, knife, or gun in a fight?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you hit someone so hard that you injured them or they had to see a doctor?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you harass, threaten or blackmail someone?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you physically hurt another person in any other way on purpose?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you hurt or be cruel to an animal or pet on purpose?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Since turning 18, did you do anything else that you could have been arrested for, regardless of whether or not you were caught?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did any of these experiences happen WHILE you</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SECTION L: BEHAVIORS

**PRC T9 Last Edited on 7/18/2012**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>t08l002a</strong> were drinking heavily, or AFTER you had been drinking heavily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l002b</strong> Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l003a</strong> Did ALL of these experiences WHILE you were using or AFTER you had used any medicines or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l003b</strong> Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l004a</strong> Did ANY of these experiences happen during a period when you felt extremely excited, elated or hyper, or extremely irritable or easily annoyed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l004b</strong> Did ANY of these experiences ONLY happen during the periods when you felt extremely excited, elated or hyper, or extremely irritable or easily annoyed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l005a</strong> Since any of these things happened, have you regretted doing any of these things or wished any of these things had never happened?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l005b</strong> Did you feel you had a right to do (this/these things) or feel that the other people deserved what they got?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l006a</strong> Before you were 18, were you ever in jail or a juvenile detention center?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l006b1</strong> About how long altogether were you in jail or a juvenile?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l006b2</strong> UNIT: DAY(S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l007a</strong> SINCE you were 18, were you ever in jail, prison, or a correctional facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l007b1</strong> About how long altogether were you in jail, prison, or a correctional facility since you were 18?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>t08l007b2</strong> UNIT: DAY(S)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**L5aINTRO** 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).
Now, I would like to ask you a few questions about your living situation, just to have some background information.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own or rent (this/the) (house/apartment/place) where you live?</td>
<td>YES</td>
<td>(M3)</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>(M2)</td>
</tr>
<tr>
<td></td>
<td>SHARE, RENT/OWN</td>
<td>(M3)</td>
</tr>
<tr>
<td>Does the person who owns or rents your (house/apartment/place) live with you?</td>
<td>YES</td>
<td>(M4)</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>(M2)</td>
</tr>
<tr>
<td></td>
<td>LIVES ALONE</td>
<td>(M7)</td>
</tr>
<tr>
<td></td>
<td>DK</td>
<td>(M3)</td>
</tr>
<tr>
<td>(Other than yourself), who would you say is your main partner in supporting or managing (this/your) household?</td>
<td>OTHER PERSON</td>
<td>(M4)</td>
</tr>
<tr>
<td></td>
<td>NO OTHER SUPPORT</td>
<td>(M7)</td>
</tr>
<tr>
<td></td>
<td>LIVES ALONE</td>
<td>(M7)</td>
</tr>
<tr>
<td></td>
<td>RF</td>
<td>(M5)</td>
</tr>
<tr>
<td></td>
<td>DK</td>
<td>(M3)</td>
</tr>
<tr>
<td>How is this person related to you?</td>
<td>HUSBAND/WIFE</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>SON/DAUGHTER</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>STEPCHILD</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>GRANDCHILD</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>BROTHER/SISTER</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>FATHER/MOTHER</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>OTHER RELATIVE</td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>ROOMER/BOARDER</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>ROOMMATE</td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>UNMARRIED PARTNER</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>OTHER NON-RELATIVE</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many adults age 18 or older live in this household besides yourself?</td>
<td># OF ADDITIONAL ADULTS</td>
</tr>
<tr>
<td>How many of them are employed?</td>
<td># OF ADULTS</td>
</tr>
<tr>
<td>How many are retired?</td>
<td># OF ADULTS</td>
</tr>
<tr>
<td>How many are disabled?</td>
<td># OF ADULTS</td>
</tr>
<tr>
<td>Do you have any children?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>RF</td>
</tr>
</tbody>
</table>

Please tell me the sex and age of your children and whether they live with you or whom they do live with.  

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the sex of your oldest child?</td>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
<td>2</td>
</tr>
<tr>
<td>How old is your oldest child?</td>
<td>AGE</td>
<td></td>
</tr>
<tr>
<td>With whom does your oldest child live?</td>
<td>YOU</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>OTHER PARENT</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>OTHER RELATIVE</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>FOSTER HOME OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNRELATED CARETAKER</td>
<td>4</td>
</tr>
</tbody>
</table>
M71  Do you have any other children?  

YES ......................................................... 1
NO .................. (NEXT MODULE) ............... 2
RF .................. (NEXT MODULE) ............... 7
DK .................. (NEXT MODULE) ............... 8

ChildSex2  What is the sex of your next oldest child?  

MALE .......................................................... 1
FEMALE ......................................................... 2

ChildAge2  How old is your next oldest child?  

AGE ................................................................。

M82  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  Do you have any other children?  

YES ............................................................... 1
NO .................. (NEXT MODULE) ............... 2
RF .................. (NEXT MODULE) ............... 7
DK .................. (NEXT MODULE) ............... 8

ChildSex3  What is the sex of your next oldest child?  

MALE .......................................................... 1
FEMALE ......................................................... 2

ChildAge3  How old is your next oldest child?  

AGE ................................................................。

M83  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
### Household Information

**Do you have any other children?**

- **YES** ............................................................. 1
- **NO** ......................................................... 2
- **RF** ........................................................ 7
- **DK** ....................................................... 8

**What is the sex of your next oldest child?**

- **MALE** ...................................................... 1
- **FEMALE** .................................................. 2

**How old is your next oldest child?**

**AGE**........................................................... 

**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
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]

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]

Please tell me IF YOU PERSONALLY RECEIVED any income during the last 12 months from any of the following sources:

Did YOU receive Social Security?  YES ........................................... 1
NO ........................................... 2

Did YOU receive Supplemental Security Income (SSI)?
YES ........................................... 1
NO ........................................... 2
RF ........................................... 7

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

Did YOU receive WIC Benefits (Women, Infants and Children Nutritional Program)?
YES ........................................... 1
NO ........................................... 2
RF ........................................... 7

Did YOU receive food stamps during the last 12 months?
YES ........................................... 1
NO ........................................... (N10) ................................ 2

How much did you receive in food stamps during the last 12 months?
SPECIFY: .................................................................

Are you currently covered by Medicare?  YES ........................................... 1
NO ........................................... 2
| **N11**  | Are you currently covered by Medicaid? | **YES** ........................................1 | **NO** ...........................................2 |
| **t08n0011** |  |  |  |
| **N12**  | Are you currently covered by CHAMPUS, CHAMPVA, the VA, or other military health care? | **YES** ........................................1 | **NO** ...........................................2 |
| **t08n0012** |  |  |  |
| **N13**  | Are you currently covered by health insurance obtained privately or through a current or former employer or union? | **YES** ........................................1 | **NO** ...........................................2 |
| **t08n0013** |  |  |  |
| **N14**  | In the last 12 months, was there any time when you did not have enough money for housing? | **YES** ........................................1 | **NO** ...........................................2 |
| **t08n0014** |  |  |  |
| **N15**  | In the last 12 months, was there any time when you did not have enough money for food? | **YES** ........................................1 | **NO** ...........................................2 |
| **t08n0015** |  |  |  |
| **N16**  | 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 |
| **t08n0016** |  |  |  |
OINTRO Now I’d like to ask some questions about your health and health practices

O1 (Not counting childbirth), how many separate times did you stay in a hospital overnight or longer in the past 12 months?

NUMBER OF TIMES

DK .............................................. 98

O2 (Again not counting childbirth), How many days altogether did you spend in the hospital in the last 12 months?

NUMBER OF DAYS

DK .............................................. 98

O3 In the past 12 months, how many times did you receive medical care or treatment in a hospital emergency room?

NUMBER OF TIMES

DK .............................................. 98

O4 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

DK .............................................. 98

O5 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 In the last 12 months have you needed any medical care for a physical illness or condition?

YES .............................................. 1
NO ............................................. (O7) ............................... 2

O6A Did you get treatment?

YES .............................................. 1
NO ............................................. 2

O7 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 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 Did you go for…

Alcohol use?

YES .............................................. 1
NO ............................................. 2

Drug use?

YES .............................................. 1
NO ............................................. 2

Emotional and behavioral use?

YES .............................................. 1
NO ............................................. 2

O81C 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 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…
<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>t08o82b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o82b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o82b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o82b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o82b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>O82C</td>
<td>Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
<td>LAST</td>
<td>BEFORE</td>
<td>BOTH</td>
</tr>
<tr>
<td>t08o83b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o83b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o83b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>O83A</td>
<td>In your entire life, did you EVER go to a/an drug or alcohol detoxification ward or clinic?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o83b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o83b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o83b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>O83C</td>
<td>Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
<td>LAST</td>
<td>BEFORE</td>
<td>BOTH</td>
</tr>
<tr>
<td>t08o84b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o84b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o84b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>O84A</td>
<td>In your entire life, did you EVER go to a/an inpatient ward of a psychiatric or general hospital or community mental health program?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o84b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o84b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o84b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>O84C</td>
<td>Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
<td>LAST</td>
<td>BEFORE</td>
<td>BOTH</td>
</tr>
<tr>
<td>t08o85b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o85b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o85b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>O85A</td>
<td>In your entire life, did you EVER go to a/an outpatient clinic, including outreach programs and day or partial patient programs?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o85b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o85b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o85b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>O85C</td>
<td>Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
<td>LAST</td>
<td>BEFORE</td>
<td>BOTH</td>
</tr>
<tr>
<td>t08o86b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o86b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o86b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>O86A</td>
<td>In your entire life, did you EVER go to a/an drug or alcohol rehabilitation program?</td>
<td>YES</td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>t08o86b1</td>
<td>Alcohol use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o86b2</td>
<td>Drug use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>t08o86b3</td>
<td>Emotional and behavioral use?</td>
<td>YES</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>O86B Did you go for…</td>
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<tr>
<td>t08o86b1 Alcohol use?</td>
<td></td>
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<tr>
<td>t08o86b2 Drug use?</td>
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<tr>
<td>t08o86b3 Emotional and behavioral use?</td>
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<tr>
<td>O86C Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
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<tr>
<td>t08o086c</td>
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<tr>
<td>O87A In your entire life, did you EVER go to a/an methadone maintenance program?</td>
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<tr>
<td>t08o087a</td>
<td></td>
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<tr>
<td>O87B Did you go for…</td>
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<tr>
<td>t08o87b1 Alcohol use?</td>
<td></td>
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<tr>
<td>t08o87b2 Drug use?</td>
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<tr>
<td>t08o87b3 Emotional and behavioral use?</td>
<td></td>
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<tr>
<td>O87C Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
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<tr>
<td>t08o087c</td>
<td></td>
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<tr>
<td>O88A 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?</td>
<td></td>
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<tr>
<td>t08o088a</td>
<td></td>
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<tr>
<td>O88B Did you go for…</td>
<td></td>
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<tr>
<td>t08o88b1 Alcohol use?</td>
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<tr>
<td>t08o88b2 Drug use?</td>
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<tr>
<td>t08o88b3 Emotional or behavioral issues?</td>
<td></td>
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<tr>
<td>O88C Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
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<tr>
<td>t08o088c</td>
<td></td>
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<tr>
<td>O89A In your entire life, did you EVER go to a/an halfway house or including therapeutic communities?</td>
<td></td>
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<tr>
<td>t08o089a</td>
<td></td>
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<tr>
<td>O89B Did you go for…</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>t08o89b1 Alcohol use?</td>
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<td></td>
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<tr>
<td>t08o89b2 Drug use?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>t08o89b3 Emotional and behavioral use?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>O89C Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>t08o089c</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>O810A In your entire life, did you EVER go to or call a crisis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
O810A center or Hotline?
NO .........................(O811A) ....................... 2
O810B Did you go for...
NO ......................... ......................... 2
O810C Did you go there during the last 12 months ONLY, NO ......................... ......................... 2
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
O811A In your entire life, did you EVER go to an Employee
YES ......................... ......................... 1
Assistance Program (EAP)?
NO .........................(O812A) ....................... 2
O811B Did you go for...
YES ......................... ......................... 1
NO ......................... ......................... 2
O811C Did you go there during the last 12 months ONLY,
YES ......................... ......................... 1
before the last 12 months ONLY or during both time
NO ......................... ......................... 2
periods?
O812A In your entire life, did you EVER go to a clergyman,
YES ......................... ......................... 1
priest, or rabbi for any reason related to your
drinking, drug use, or emotions or nerves?
NO .........................(O813A) ....................... 2
O812B Did you go for...
YES ......................... ......................... 1
NO ......................... ......................... 2
O812C Did you go there during the last 12 months ONLY,
YES ......................... ......................... 1
before the last 12 months ONLY or during both time
NO ......................... ......................... 2
periods?
O813A In your entire life, did you EVER go to a/an family
doctor, private physician, psychiatrist, psychologist,
social worker or any other professional for any
YES ......................... ......................... 1
reason related to your drinking or drug use or
problems with emotions and nerves?
NO .........................(O814A) ....................... 2
O813B Did you go for...
YES ......................... ......................... 1
NO ......................... ......................... 2
O813C Did you go there during the last 12 months ONLY,
YES ......................... ......................... 1
last 12 MONTHS ONLY ......................... 1
before the last 12 months ONLY or during both time periods?

**BEFORE THE LAST 12 MONTHS ONLY** ....................... 2 **BOTH TIME PERIODS** ................................. 3

**O814A** 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** Did you go for...

**t08o814b1** Alcohol use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o814b2** Drug use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o814b3** Emotional or behavioral issues?

**YES** ......................................................... 1
**NO** .......................................................... 2

**O814C** 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** 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** Did you go for...

**t08o815b1** Alcohol use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o815b2** Drug use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o815b3** Emotional or behavioral issues?

**YES** ......................................................... 1
**NO** .......................................................... 2

**O815C** 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** 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** Did you go for...

**t08o816b1** Alcohol use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o816b2** Drug use?

**YES** ......................................................... 1
**NO** ....................................................... 2

**t08o816b3** Emotional or behavioral issues?

**YES** ......................................................... 1
**NO** .......................................................... 2

**O816C** 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** 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...
Alcohol use? YES ............................................. 1
NO ..................................................... 2
Drug use? YES ............................................. 1
NO ..................................................... 2
Emotional or behavioral issues? YES ............................................. 1
NO ..................................................... 2

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

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 .........................................................
DK ......................................................... 98

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 .........................................................
DK ......................................................... 98

HAPPENED ONLY ONCE ............................................. 0

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 .........................................................
DK ......................................................... 98

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 .........................................................
DK ......................................................... 98

What were the reasons for not getting help? [SHOW FLASHCARD 24]

No health insurance? YES ............................................. 1
NO ......................................................... 2
Didn’t think anyone could help? YES ............................................. 1
NO ......................................................... 2
Didn’t know where to go? YES ............................................. 1
NO ......................................................... 2
Too expensive? YES ............................................. 1
NO ......................................................... 2
Transportation? YES ............................................. 1
NO ......................................................... 2
Didn’t have time? YES ............................................. 1
NO ......................................................... 2
Thought you should handle it alone? YES ............................................. 1
NO ......................................................... 2
Was afraid of the treatment? YES ............................................. 1
NO ......................................................... 2
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<td>Too many personal questions?</td>
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<td>T08O10D10</td>
<td>Inconvenient hours?</td>
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<td>T08O10D11</td>
<td>Family member objected?</td>
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<td>T08O10D12</td>
<td>Afraid of losing job?</td>
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<td>Childcare problems?</td>
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<td>T08O10D14</td>
<td>Long waiting list?</td>
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<td>T08O10D15</td>
<td>Didn’t think problem was serious enough?</td>
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<td>T08O10D16</td>
<td>Didn’t want to go?</td>
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<td>T08O10D17</td>
<td>Previous efforts were unsuccessful?</td>
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<td>T08O10D18</td>
<td>Other?</td>
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<td>T08O10D18A</td>
<td>OTHER REASON, SPECIFY:</td>
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</table>
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

Is your biological mother alive?

YES .............................  .................................. 1
NO .......................... (P1B) .............................. 2
RF ................................  ................................ 97
DK ................................  ................................ 98

How old is she?

AGE .......................... (P2) .............................. 97
RF ................................  ................................ 98
DK ................................  ................................ 98

How old was she when she died?

AGE .......................... (P2) .............................. 97
RF ................................  ................................ 98
DK ................................  ................................ 98

P2

Is your biological father alive?

YES .............................  .................................. 1
NO .......................... (P2B) .............................. 2
RF ................................  ................................ 97
DK ................................  ................................ 98

How old is he?

AGE .......................... (P3) .............................. 97
RF ................................  ................................ 98
DK ................................  ................................ 98

How old was he when he died?

AGE .......................... (P3) .............................. 97
RF ................................  ................................ 98
DK ................................  ................................ 98

P3

How many full brothers, having the same mother and father, do you have?

NUMBER ENTERED .......................... 1
RF ................................  ................................ 97
DK ................................  ................................ 98

P4

How many full sisters, having the same mother and father, do you have?

NUMBER ENTERED .......................... 1
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

Was your father ever depressed for AT LEAST 2 WEEKS at ANY time in his life?

YES .............................  .................................. 1
NO .......................... (P5B) .............................. 2
RF ................................  ................................ 97
DK ................................  ................................ 98

Did he ever get treatment for it by a doctor or hospital?

YES .............................  .................................. 1
NO .......................... (P5B) .............................. 2
RF ................................  ................................ 97
DK ................................  ................................ 98

P5B

Was your mother ever depressed for AT LEAST 2 WEEKS at ANY time in his life?

YES .............................  .................................. 1
NO .......................... (P5C) .............................. 2
RF ................................  ................................ 97
DK ................................  ................................ 98
**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.

**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
Has your biological mother ever been manic for AT LEAST 1 WEEK at ANY time in her life?

<table>
<thead>
<tr>
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<tr>
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<td>RF</td>
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<tr>
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Did she ever get treatment for it by a doctor or hospital?

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<tr>
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<tr>
<td>YES</td>
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Has your biological brother ever been manic for AT LEAST 1 WEEK at ANY time in his life?

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<tr>
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Did he ever get treatment for it by a doctor or hospital?

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Has your biological sister ever been manic for AT LEAST 1 WEEK at ANY time in her life?

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</table>

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?

Has your biological father ever had delusions or hallucinations at ANY time in his life?

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<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>YES</td>
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</table>

Did he ever get treatment for it by a doctor or hospital?

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<tr>
<td>YES</td>
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</table>

Has your biological mother ever had delusions or hallucinations at ANY time in her life?

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<th>Option</th>
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<tbody>
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<td>YES</td>
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Did she ever get treatment for it by a doctor or hospital?

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Has your biological brother have delusions or hallucinations at ANY time in his life?

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<th>Option</th>
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<tbody>
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Did he ever get treatment for it by a doctor or hospital?

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Has your biological sister ever had delusions or hallucinations at ANY time in her life?

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Did she ever get treatment for it by a doctor or hospital?

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</table>
Did she ever get treatment for it by a doctor or hospital?  

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<td>NO</td>
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</table>

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?

Did your father ever have problems resulting from their drinking of alcohol at ANY time in his life?  

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Did your mother ever have problems resulting from their drinking of alcohol at ANY time in her life?  

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Did your brother ever have problems resulting from their drinking of alcohol at ANY time in his life?  

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Did your sister ever have problems resulting from their drinking of alcohol at ANY time in her life?  

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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.

Was your father ever a daily user of tobacco products in his life?  

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Did he ever get treatment for it by a doctor or hospital?  

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</table>
P10B  
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  
Did she ever get treatment for it by a doctor or hospital?  
YES ........................................ 1  
NO ........................................ 2  

P10C  
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  
Did he ever get treatment for it by a doctor or hospital?  
YES ........................................ 1  
NO ........................................ 2  

P10D  
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  
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  
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  
Did he ever get treatment for it by a doctor or hospital?  
YES ........................................ 1  
NO ........................................ 2  

P11B  
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  
Did she ever get treatment for it by a doctor or hospital?  
YES ........................................ 1  
NO ........................................ 2  

P11C  
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  
Did he ever get treatment for it by a doctor or hospital?  
YES ........................................ 1  
NO ........................................ 2  

P11D  
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
### SECTION P: FAMILY AND SOCIAL INFLUENCES

**P11DA**  Did she ever get treatment for it by a doctor or hospital?

<table>
<thead>
<tr>
<th>YES</th>
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**P12** Sometimes people have more than one of the problems we just talked about.

**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?**

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<tr>
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**P12A** Can you tell me which ones he had?

<table>
<thead>
<tr>
<th>Depression?</th>
<th>Mania?</th>
<th>Delusions or hallucinations not resulting from drug use?</th>
<th>Alcoholic or drinking problems?</th>
<th>Problems with drugs?</th>
<th>Smoking?</th>
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<tr>
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<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>..................</td>
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<td>..................</td>
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<td>..................</td>
</tr>
</tbody>
</table>

**P13** Sometimes people have more than one of the problems we just talked about.

**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?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>RF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>..................</td>
<td>..................</td>
<td>..................</td>
<td>..................</td>
</tr>
<tr>
<td>(P13A)</td>
<td>(P14)</td>
<td>(P14)</td>
<td>(P14)</td>
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<tr>
<td>..............................</td>
<td>..............................</td>
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</tr>
</tbody>
</table>

**P13A** Can you tell me which ones she had?

<table>
<thead>
<tr>
<th>Depression?</th>
<th>Mania?</th>
<th>Delusions or hallucinations not resulting from drug use?</th>
<th>Alcoholic or drinking problems?</th>
<th>Problems with drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>..................</td>
<td>..................</td>
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</tr>
</tbody>
</table>

**IF MORE THAN ONE PROBLEM, GO TO P12. IF NOT MORE THAN ONE PROBLEM GO TO P14**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did/ does anyone else in your family, or someone you live with, smoke tobacco?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-siblings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-parent(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster or adoptive parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people with whom you live?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did/ does anyone else in your family, or someone you live with, have problems with drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-siblings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-parent(s)?</td>
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<tr>
<td>Foster or adoptive parents?</td>
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<tr>
<td>Other relative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people with whom you live?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did/ does anyone else in your family, or someone you live with, have problems with alcohol use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-siblings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-parent(s)?</td>
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<td>Foster or adoptive parents?</td>
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<tr>
<td>Other relative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people with whom you live?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section P: Family and Social Influences

**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.

ECA946  Q1  t08q0001
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)

NUMBER .................................................................

Q2  t08q0002
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]

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

Q3  t08q0003
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?

NUMBER .................................................................

DK ................................................................ 98

Q4  t08q0004
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]

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

Q5  t08q0005
If you had a very personal and serious problem, are there any people whom you could discuss it?

YES ................................................................. 1
NO ................................................................. 2
DK ................................................................. 8

Q5A  t08q005a
With how many people could you discuss a very personal and serious problem?

NUMBER .................................................................

DK ................................................................ 98

Q5B  t08q005b
Could you discuss a very personal and serious problem with a family member or relative?

YES ................................................................. 1
NO ................................................................. 2
DK ................................................................. 8

Q5C  t08q005c
How about with a friend?

YES ................................................................. 1
NO ................................................................. 2
DK ................................................................. 8

Q6  t08q0006
If you needed money in a hurry would any of your relatives be willing to lend you some?

YES ................................................................. 1
NO ................................................................. 2
DK ................................................................. 8

Q7  t08q0007
If you needed money in a hurry, would any of your friends be willing to lend you some?

YES ................................................................. 1
NO ................................................................. 2
DK ................................................................. 8

P11  t08q0008
Is the respondent currently married or living with a partner [REVIEW LIFE CHART]

YES ................................................................. 1
NO ................................................................. 2

Q10A  t08q100a
Is the respondent currently married or living with a partner [REVIEW LIFE CHART]
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  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  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  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  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  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  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 (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 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 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 (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
Q11B How much do they let you down when you are counting on them? [REFER TO CARD H]

Q11C How often do they get on your nerves? [REFER TO CARD J]

Q12A How much do your friends really care about you? [REFER TO CARD J]

Q12B How much can you rely on them for help if you have a serious problem? [REFER TO CARD J]

Q12C How much can you relax and be yourself around them? [REFER TO CARD J]

Q13A How often do your friends make too many demands on you? [REFER TO CARD H]

Q13B How often do they let you down when you are counting on (him/her)? [REFER TO CARD H]

Q13C How often do they get on your nerves? [REFER TO CARD H]

Q14 How much have emotional problems you may have experienced made it harder to have good friends? Would you say (READ CATEGORIES)?

Q15 How much have emotional problems you may have experienced made it harder to enjoy life? Would you say (READ CATEGORIES)?