

FIVE LOWEST VOLTAGE SETTINGS OF
CORRECT CHOICES (questions 30-39)

- | | | | |
|-------------------------------------|---|-----------|-------------|
| 30. Lowest - Switch Setting | : | <u> </u> | (0059) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 31. Lowest - Voltage (volts) | : | <u> </u> | (0060-0061) |
| 98=Don't Know | : | | |
| 32. Second Lowest - Switch Setting | : | <u> </u> | (0062) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 33. Second Lowest - Voltage (volts) | : | <u> </u> | (0063-0064) |
| 98=Don't Know | : | | |
| 34. Third Lowest - Switch Setting | : | <u> </u> | (0065) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 35. Third Lowest - Voltage (volts) | : | <u> </u> | (0066-0067) |
| 98=Don't Know | : | | |
| 36. Fourth Lowest - Switch Setting | : | <u> </u> | (0068) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 37. Fourth Lowest - Voltage (volts) | : | <u> </u> | (0069-0070) |
| 98=Don't Know | : | | |
| 38. Fifth Lowest - Switch Setting | : | <u> </u> | (0071) |
| 1=High | : | | |
| 2=Low | : | | |
| 8=Don't Know | : | | |
| 39. Fifth Lowest - Voltage (volts) | : | <u> </u> | (0072-0073) |
| 98=Don't Know | : | | |

VOLTAGE SETTINGS Of FIVE	:	
INCORRECT CHOICES (questions 40-49)	:	
40. First Incorrect - Switch Setting	: <u> </u>	(0074)
1=High	:	
2=Low	:	
8=Don't Know	:	
41. First Incorrect - Voltage (volts)	: <u> </u>	(0075-0076)
98=Don't Know	:	
42. Second Incorrect - Switch Setting	: <u> </u>	(0077)
1=High	:	
2=Low	:	
8=Don't Know	:	
43. Second Incorrect - Voltage (volts)	: <u> </u>	(0078-0079)
98=Don't Know	:	
44. Third Incorrect - Switch Setting	: <u> </u>	(0080)
1=High	:	
2=Low	:	
8=Don't Know	:	
45. Third Incorrect - Voltage (volts)	: <u> </u>	(0081-0082)
98=Don't Know	:	
46. Fourth Incorrect - Switch Setting	: <u> </u>	(0083)
1=High	:	
2=Low	:	
8=Don't Know	:	
47. Fourth Incorrect - Voltage (volts)	: <u> </u>	(0084-0085)
98=Don't Know	:	
48. Fifth Incorrect - Switch Setting	: <u> </u>	(0086)
1=High	:	
2=Low	:	
8=Don't Know	:	
49. Fifth Incorrect - Voltage (volts)	: <u> </u>	(0087-0088)
98=Don't Know	:	

II. Medical Examination Forms

M. Quantitative Peripheral Sensory Examination-Thermal Test (QPSII)

1. EXAM CODE	:	<u> </u> / <u> </u>	(0001-0004)
2. Participant ID	:	<u> </u> / <u> </u>	(0005-0011)
3. Participant's Name	:	_____	
4. Date	Month :	<u> </u> / <u> </u>	(0012-0013)
	Day :	<u> </u> / <u> </u>	(0014-0015)
	Year :	<u> </u> / <u> </u> / <u> </u>	(0016-0017)
5. Time Started	Hour :	<u> </u> / <u> </u>	(0018-0019)
	Min :	<u> </u> / <u> </u>	(0020-0021)
6. Technician ID	:	<u> </u> / <u> </u>	(0022-0025)
7. Examination Status	:	<u> </u>	(0026)
1=Complete			
2=Sick			
3=Terminated			
4=Physically Impaired			
7=Other			
8=Don't Know			
9=Refused			
<u>INDEX FINGER</u>	:		
8. Side Tested	:	<u> </u>	(0027)
1=Right			
2=Left			
7=Not Applic.			
8=Don't Know			
9=Refused			
GO TO question 9			
SKIP TO question 20			
9. Temperature of Finger (deg. C)	:	<u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u>	(0028-0030)
998=Don't Know			
FIVE LOWEST TEMPERATURE DIFFERENCES OF CORRECT CHOICES (questions 10-14)	:		
998=Don't Know			

10. Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0031-(0)33)
	:		
11. 2ND Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0034-(0)36)
	:		
12. 3RD Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0037-(0)39)
	:		
13. 4TH Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0040-(0)42)
	:		
14. 5TH Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0043-(0)45)
	:		
TEMPERATURE DIFFERENCES OF FIVE			
INCORRECT CHOICES (questions 15-19)			
	:		
998=Don't Know	:		
	:		
15. 1ST Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0046-(0)48)
	:		
16. 2ND Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0049-(0)51)
	:		
17. 3RD Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0052-(0)54)
	:		
18. 4TH Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0055-(0)57)
	:		
19. 5TH Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0058-(0)60)
	:		
<u>GREAT TOE</u>			
	:		
20. Side Tested	:	<u> </u>	(0061)
	:		
1=Right	:		
2=Left	:		
7=Not Applic.	:		
8=Don't Know	:		
9=Refused	:		
	:		
21. Temperature of Toe (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0062-(0)64)
	:		
998=Don't Know	:		
	:		
FIVE LOWEST TEMPERATURE DIFFERENCES OF			
CORRECT CHOICES (questions 22-26)			
	:		
998=Don't Know	:		
	:		
22. Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0065-(0)67)
	:		
23. 2ND Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0068-(0)70)
	:		
24. 3RD Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> / <u> </u>	(0071-(0)73)

25. 4TH Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0074-0076)
	:		
26. 5TH Lowest Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0077-0079)
	:		
TEMPERATURE DIFFERENCES OF FIVE	:		
INCORRECT CHOICES (questions 27-31)	:		
	:		
998=Don't Know	:		
	:		
27. 1ST Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0080-0082)
	:		
28. 2ND Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0083-0085)
	:		
29. 3RD Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0086-0088)
	:		
30. 4TH Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0089-0091)
	:		
31. 5TH Incorrect - Temp Difference (deg. C)	:	<u> </u> / <u> </u> . <u> </u> / <u> </u>	(0092-0094)

II. Medical Examination Forms

N. Radiology Examination

1. EXAM CODE	:	<u> R/A/O/1 </u>	(0001-0004)
	:		
2. Participant ID	:	<u> / / / / / / / </u>	(0005-0011)
	:		
3. Participant's Name _____	:		
	:		
4. Date	Month	<u> / / </u>	(0012-0013)
	Day	<u> / / </u>	(0014-0015)
	Year	<u> / / </u>	(0016-0017)
5. Time Started	Hour	<u> / / </u>	(0018-0019)
	Min	<u> / / </u>	(0020-0021)
6. Administered by (Technician I.D.)	:	<u> / / / / / / </u>	(0022-0025)
	:		
7. Examination Status	:	<u> / / </u>	(0026)
	:		
1=complete	:		
2=sick	:		
3=terminated	:		
4=physically impaired	:		
7=other	:		
8=don't know	:		
9=refused	:		
	:		
8. Interpreted by (Radiologist I.D.)	:	<u> / / / / / / </u>	(0027-0030)
	:		
	:		
9. Chest Interpretation	:	<u> / / </u>	(0031)
	:		
1=normal	SKIP TO END	:	
2=abnormal	GO TO 10	:	
8=don't know	SKIP TO END	:	
		:	

10. Specify the abnormality using the ACR index for up to five abnormalities.

A. LOCATION _____	:	////	(0032-0034)
	:		
DISEASE _____	:	////////	(0035-0039)
	:		
B. LOCATION _____	:	////	(0040-0042)
	:		
DISEASE _____	:	////////	(0043-0047)
	:		
C. LOCATION _____	:	////	(0048-0050)
	:		
DISEASE _____	:	////////	(0051-0055)
	:		
D. LOCATION _____	:	////	(0056-0058)
	:		
DISEASE _____	:	////////	(0059-0063)
	:		
E. LOCATION _____	:	////	(0064-0066)
	:		
DISEASE _____	:	////////	(0067-0071)

11. COMMENTS

II. Medical Examination Forms

0. Visual Acuity Examination

1. EXAM CODE	:	<u> </u> / <u> </u>	(0001-0004)
2. Participant ID	:	<u> </u> / <u> </u>	(0005-0011)
3. Participant's Name _____	:		
4. Date	:		
Month	:	<u> </u> / <u> </u>	(0012-0013)
Day	:	<u> </u> / <u> </u>	(0014-0015)
Year	:	<u> </u> / <u> </u> / <u> </u>	(0016-0017)
5. Time Started	:		
Hour	:	<u> </u> / <u> </u>	(0018-0019)
Min	:	<u> </u> / <u> </u>	(0020-0021)
6. Technician Code	:	<u> </u> / <u> </u>	(0022-0025)
7. Examination Status	:	<u> </u>	(0026)
1=complete	:		
2=sick	:		
3=terminated	:		
4=physically impaired	:		
7=other	:		
8=don't know	:		
9=refused	:		
8. Lenses worn	:	<u> </u>	(0027)
1=yes	:		
2=no	:		
7=not applicable	:		
8=don't know	:		
9=refused	:		
9. Corrected vision measured	:	<u> </u>	(0028)
1=yes	:		
2=no	:		
7=not applicable	:		
8=don't know	:		
9=refused	:		

If the vision cannot be recorded
for questions 10-15,
code

997=not applicable
998=don't know
999=refused

SNELLEN DISTANCE CHART

10. Uncorrected left:	20/	: <u>////</u>	(0029-0031)
11. Uncorrected right:	20/	: <u>////</u>	(0032-0034)
12. Uncorrected both:	20/	: <u>////</u>	(0035-0037)

SNELLEN NEAR-POINT CHART

13. Uncorrected left:	20/	: <u>////</u>	(0038-0040)
14. Uncorrected right:	20/	: <u>////</u>	(0041-0043)
15. Uncorrected both:	20/	: <u>////</u>	(0044-0046)

If the vision cannot be recorded
for questions 16-21,
code

997=not applicable
998=don't know
999=refused

SNELLEN DISTANCE CHART

16. Corrected left:	20/	: <u>////</u>	(0047-0049)
17. Corrected right:	20/	: <u>////</u>	(0050-0052)
18. Corrected both:	20/	: <u>////</u>	(0053-0055)

SNELLEN NEAR-POINT CHART

19. Corrected left:	20/	: <u>////</u>	(0056-0058)
20. Corrected right:	20/	: <u>////</u>	(0059-0061)
21. Corrected both:	20/	: <u>////</u>	(0062-0064)

PERIPHERAL ACUITY

Code for questions 22-29

- 1=yes
- 2=no
- 7=not applicable
- 8=don't know
- 9=refused

- 22. Right 85 degrees : (0065)
- 23. Right 70 degrees : (0066)
- 24. Right 55 degrees : (0067)
- 25. Left nasal peripheral 35 degrees : (0068)
- 26. Left 85 degrees : (0069)
- 27. Left 70 degrees : (0070)
- 28. Left 55 degrees : (0071)
- 29. Right nasal peripheral 35 degrees : (0072)

III. Psychological Examination Forms

A. Combat Exposure Index

NCS Trans-Optic® MP30-19404-321 A9107

PARTICIPANT NUMBER						TEST DATE			TEST NO.	TESTER CODE	SCORER CODE	COMBAT EXPOSURE INDEX																																																													
						MONTH	DAY	YEAR																																																																	
<input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC												PARTICIPANT NAME																																																													
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1. I was part of a land or naval artillery unit which fired on the enemy.....						0	1	2	3	4																																																															
2. I flew in aircraft over South or North Vietnam						0	1	2	3	4																																																															
3. I was stationed at a forward observation post						0	1	2	3	4																																																															
4. I received incoming fire from enemy artillery, rockets or mortars.....						0	1	2	3	4																																																															
5. My unit patrols encountered mines and booby traps.....						0	1	2	3	4																																																															
6. My unit received sniper or sapper fire						0	1	2	3	4																																																															
7. My unit patrol was ambushed						0	1	2	3	4																																																															
8. My unit patrol engaged the Vietcong (or guerilla troops) in a firefight						0	1	2	3	4																																																															
9. My unit patrol engaged the NVA (organized military forces) in a firefight						0	1	2	3	4																																																															
10. I saw Americans killed or injured						0	1	2	3	4																																																															
11. I saw Vietnamese killed or injured						0	1	2	3	4																																																															
12. I killed someone or thought I killed someone						0	1	2	3	4																																																															
COMPLETED? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> TERMINATED <input type="radio"/> REFUSED																																																																									

III. Psychological Examination Forms

B. Diagnostic Interview Schedule (DIS; modified)

1. EXAM CODE.....	DI01	/1-4
2. PARTICIPANT NUMBER: -- -- -- -- --		/5-11
3. PARTICIPANT'S NAME-----		
4. ENTER TIME BEGAN.....	HOURS. -- --	/12-13
	MINUTES. -- --	/14-15
5. DATE TEST COMPLETED:.....	MONTH. -- --	/16-17
	DAY. -- --	/18-19
	YEAR. -- --	/20-21
6. TEST ORDER:.....	-- --	/22-23
7. TESTER CODE:.....	-- -- -- --	/24-27
8. TEST DISCONTINUED ON Q. -----		
9. TIME FIRST SECTION TERMINATED -----	-----: -----	
10. TIME SECOND SECTION BEGAN -----	-----: -----	
11. TECHNICIAN COMPLETING INTERVIEW -- -- -- -- --		
	EDITOR CODE: -- -- -- -- --	/28-31
12. COMPLETION CODES (CIRCLE ONE):		
COMPLETED		
One Session.....	1	/32
Data Retrieval Required.....	3	
Two Sessions.....	4	
13. INTERVIEW NOT COMPLETED DUE TO:		
Lack of Time.....	2	
Subject Terminated.....	5	
Interviewer Terminated/External.....	6	
Interviewer Terminated/Noncoop.....	7	
Subject Refused.....	8	

Interview

1. How old are you?.....--- --- /33-34
4. Are you presently married or are you widowed, separated, divorced, or have you never been married?
- Married.....1 /35
 - Widowed.....(SKIP TO Q. 6).....2
 - Separated.....(SKIP TO Q. 6).....3
 - Divorced.....(SKIP TO Q. 6).....4
 - Never married...(SKIP TO Q. 6).....5
5. Are you currently living with your wife?
- No.....(SKIP TO Q. 7).....1 /36
 - Yes.....(SKIP TO Q. 7).....5
6. Are you currently living with someone as though you were married?
- No.....1 /37
 - Yes.....5

INTERVIEWER: IF NEVER MARRIED, GO TO Q. 11

7. How many times have you been legally married?
- ENTER # OF TIMES:.....---- --- /38-39
8. (So you've never been/How many times have you been) divorced? IF NEVER ENTER "00"
- ENTER # OF TIMES:.....---- --- /40-41
9. (Other than when you separated just before a divorce,) have you and your (wife/wives) ever separated for a few days or longer because of not getting along?
- No.....(SKIP TO Q. 11).....1 /42
 - Yes.....(ASK Q. 10).....5
10. Did you separate more than once? COUNTING ALL MARRIAGES?
- No.....1 /43
 - Yes.....5
11. Have you (ever) lived with someone for at least a year as though you were married?
- No.....(SKIP TO Q. 14.1).....1 /44
 - Yes.....5

12. Did you and the person(s) you lived with ever separate for a few days or longer because of not getting along?
- No.....(SKIP TO Q. 14.1).....1 /45
Yes.....5
13. Did you separate more than once? COUNTING ALL PERSONS LIVED WITH AS MARRIED.
- No.....1 /46
Yes.....5
- 14.1 Now I'd like to ask you some questions about your family and friends. How many children under 18 years of age are currently living with you?
ENTER #:.....-- -- /47-48
- 14.2 How many adults are currently living with you, including your (wife/partner)?
ENTER #:.....-- -- /49-50
- 14.3 (Other than the persons living with you,) How many members of your immediate family live within one hour's drive of your home? By immediate family members, I mean your grandparents, parents, brothers, sisters, or children.
ENTER #:.....-- -- /51-52
- 14.4 How many of your immediate family members live more than one hour's drive from your home?
ENTER #:.....-- -- /53-54
- 14.5 How many of your friends that you feel close to or that you can depend on live within one hour's drive of your home?
[INTERVIEWER: DO NOT INCLUDE FAMILY MEMBERS].
ENTER #:.....-- -- /55-56
- 14.6 On the average, how many times a week do you go to religious meetings, club meetings, or meetings of other organized groups?
[INTERVIEWER: ORGANIZED GROUPS, NOT JUST REGULAR MEETINGS WITH FRIENDS].
ENTER #:.....-- -- /57-58

15.1 How often do you see your friends and relatives? Would you say you see them too often, about the right amount, or not often enough?

- Too often.....1 /59
- About the right amount.....2
- Not often enough.....3

15.2 How satisfied are you with the kinds of relationships you have with your family and friends? Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- Very satisfied.....1 /50
- Somewhat satisfied.....2
- Somewhat dissatisfied.....3
- Very dissatisfied.....4

15.3 In times of trouble, can you count on at least some of your family and friends? Would you say that you can count on them most of the time, some of the time, or hardly ever?

- Most of the time.....1 /51
- Some of the time.....2
- Hardly ever.(Never).....3

16.1 Who is the person you have felt the closest to in the past years? What is this person's relationship to you? Is this person your wife, girlfriend, parent, sibling, child, friend, other, or have you had no one you have felt close to in the past years?

- Wife.....1 /52
- Girlfriend.....2
- Parent.....3
- Sibling.....4
- Child.....5
- Friend.....6
- Other.....7
- No one.....(SKIP TO Q. 61).....8

16.2. When you have problems or troubles, how often do you talk them over with your -----? Would you say that you talk them over most of the time, some of the time, or hardly ever?

- Most of the time.....1 /63
- Some of the time.....2
- Never or hardly ever.....3

- 16.3. How often do you feel free to talk about everything you want with your -----? Would you say that you feel free to talk with (him/her) most of the time, some of the time, or hardly ever?
- Most of the time.....1 /64
Some of the time.....2
Never or hardly ever.....3
- 16.4. How often does your ----- tell you about (his/her) problems? Would you say (he/she) tells you most of the time, some of the time, or hardly ever?
- Most of the time.....1 /65
Some of the time.....2
Never or hardly ever.....3
- 16.5. How often is your ----- there when you need (him/her)? Would you say that (he/she) is there most of the time, some of the time, or hardly ever?
- Most of the time.....1 /66
Some of the time.....2
Never or hardly ever.....3
61. Have you ever considered yourself a nervous person?
- No.....(Go to Q. 62).....1 /67
Yes.....(Ask A).....5
- A. At what age did this nervousness begin?
(IF R SAYS "WHOLE LIFE" : CODE 02).....-- -- /68-69
- INTERVIEWER: IF "DK" AND R IS UNDER 30: CODE 01
IF "DK" AND R IS 30 OR MORE: ASK B**
- B. Do you think it began before or after you were 30?
- Before 30CODE 01
After 30CODE 95
Still DKCODE 98
- C. Within the last month have you considered yourself a nervous person?
- No.....1 /70
Yes.....5
62. 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?
- MD: ----- SELF -----1 2 3 4 5 /71

INTERVIEWER: If Q.62 IS CODED "1", SKIP TO Q.67.1
 ALL OTHERS, ASK Qs. 63-67.

63. 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? During this spell: (READ EACH SYMPTOM AND CODE "YES" OR "N")
 FOR EACH. REPEAT THE PHRASE "DURING THIS SPELL" FOR EACH.)

	NO	YES	
A. were you short of breath--having trouble catching your breath?.....1	....5		/8
B. did your heart pound?.....1	....5		/9
C. were you dizzy or light-headed?.....1	....5		/10
D. did your fingers or feet tingle?.....1	....5		/11
E. did you have tightness or pain in your chest?.....1	....5		/12
F. did you feel like you were choking or smothering?.....1	....5		/13
G. did you feel faint?.....1	....5		/14
H. did you sweat?.....1	....5		/15
I. did you tremble or shake?.....1	....5		/16
J. did you feel hot or cold flashes?.....1	....5		/17
K. did things around you seem unreal?.....1	....5		/18
L. were you afraid either that you might die or that you might act in a crazy way?....1	....5		/19

64. How old were you the first time you had one of these sudden spells of
 feeling frightened or anxious?
 (IF R SAYS "WHOLE LIFE" : CODE 02)

ENTER AGE & GO TO Q. 65.....-- -- /20-21

INTERVIEWER: IF "DK" AND R IS UNDER 40: CODE 01
 IF "DK" AND R IS 40 OR MORE ASK A

A. Would you say it was before or after you were 40?
 Before 40.....(CODE 01)
 After 40.....(CODE 95)
 Still DK.....(CODE 98)

65. Have you ever had 3 spells like this close together--say
 within a 3-week period?
 No.....1 /22
 Yes.....5

66. Have spells like this occurred during at least 6 different
 weeks of your life?
 No.....1 /23
 Yes.....5

67. How recently have you had a spell like this?

	Within last 2 weeks or current..1	/24
CODE MOST	Within last month.....2	
RECENT TIME	Within last 6 months.....3	
POSSIBLE	Within last year.....4	
	More than 1 year ago ...(ASK A).5	

A. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:.....-- -- /25-26

S21. Have you ever been paid for having sex with someone?
(HOMOSEXUAL OR HETEROSEXUAL)

	No.....1	/27
	Yes.....5*	

S22. Have you ever made money by finding customers for
prostitutes or call girls?

	No.....1	/28
	Yes.....5*	

S23. Have you ever made money outside the law by buying
or selling stolen property or selling drugs or running
numbers?

	No.....1	/29
	Yes.....5*	

S24. Have you ever been sued for a bad debt or had things
you bought taken back because you didn't meet the payments?

	No.(SKIP TO BOX JJ).....1	/30
	Yes....(ASK A).....5	

A. Did this happen more than twice?

	No just once or twice.....1	/31
	Yes, 3 or more times.....5*	

INTERVIEWER: DOES Q. 4 = 5 (NEVER MARRIED) AND
Q. 11 = 1 (NEVER LIVED AS MARRIED)?

JJ	No....(ASK Q. 214).....1	/32
	Yes....(SKIP TO Q. 217).....5	

214.	Did you ever walk out on your (wife/partner with whom you were living as married) either permanently or for at least several weeks?		
	No.....(SKIP TO Q. 215).....	1	/33
	Yes.....(ASK A).....	5*	
A.	Has this been within the last month?		
	No.....	1	/34
	Yes.....	5	
215.	Did you ever hit or throw things at your (wife/partner)?		
	No....(SKIP TO Q. 216).....	1	/35
	Yes...(ASK Q. 215.1).....	5	
215.1.	Has this been within the last month?		
	No....(ASK A).....	1	/36
	Yes....(ASK A).....	5	
A.	Were you ever the one who hit or threw things first, regardless of who started the argument?		
	No.....(SKIP TO Q. 216).....	2	/37
	Yes.....(ASK B).....	5	
B.	Did you hit or throw things first on more than one occasion?		
	No.....	1	/38
	Yes.....	5*	
216.	Have you ever hit someone hard enough so that he or she had bruises or had to stay in bed or see a doctor?		
	No.....(SKIP TO Q. 217).....	1	/39
	Yes.....(ASK A).....	5*	
A.	Has this been within the last month?		
	No.....	1	/40
	Yes.....	5	
217.	Since age 18, have you been in more than one fight that came to swapping blows (other than fights with your [wife/partner])?		

INTERVIEWER: IF R VOLUNTEERS "ONLY AS REQUIRED BY
JOB" CODE 1

No.....(SKIP TO Q. 218).....1 /41
Yes.....(ASK A).....5*

A. Has this been within the last month?

No.....1 /42
Yes.....5

218. Have you ever used a weapon, like a stick, knife,
or gun in a fight since you were 18?

INTERVIEWER: IF R SAYS "ONLY AS REQUIRED BY
OCCUPATION": CODE 1
IF R SAYS "WIELDED BUT MISSED" CODE 5

No.....(SKIP TO Q. 219).....1 /43
Yes.....(ASK A).....5*

A. Has this been within the last month?

No.....1 /44
Yes.....5

219. Since you were 18, did you ever hold three or more
different jobs within a five-year period?

INTERVIEWER: OMIT CHANGES VOLUNTEERED AS DUE TO JOB
ENDING, RETURN TO SCHOOL, ILLNESS, TRANSFER OF SPOUSE,
BECOMING HOUSEHUSBAND. COUNT CHANGES IN MAIN JOB ONLY.

No.....1 /45
Yes.....5*

220. Have you been fired from more than one job?

No.....1 /46
Yes.....5*

221. Since you were 18, have you quit a job three
times or more before you already had another
job lined up?

INTERVIEWER: OMIT QUITTING VOLUNTEERED AS DUE TO
RETURN TO SCHOOL, ILLNESS, TRANSFER OF SPOUSE,
BECOMING HOUSEHUSBAND.

No.....1 /47
Yes.....5*

222. On any job you have had since you were 18, were you late or absent an average of 3 days a month or more?

INTERVIEWER: IF R SAYS "NO SET SCHEDULE" CODE 1

RECORD ALC/MED:----- 1 3 5* /48

223. How many months out of the last five years have you been without a job?

ENTER # MONTHS:----- /49-50

INTERVIEWER: IF NO MOS. WITHOUT JOB SKIP TO Q.224
IF LESS THAN 6 MOS. SKIP TO Q.223.1
IF 6 MOS. OR MORE ASK B.
IF R SAYS "DK" ASK A

A. Do you think it was less than 6 months or more than that?

Less than 6 months...(CODE 01 ABOVE & SKIP TO Q.223.1)
6 mos. or more.....(CODE 95 ABOVE & ASK B)
Still DK.....(CODE 98 ABOVE & ASK B)

B. For how much of that time did you want to work but were not able to find a job?

ENTER # MONTHS:----- /51-52

INTERVIEWER: IF B= 6 MOS. OR MORE, SKIP TO E

C. For how much of that time were you not looking for work because of emotional or mental problems or because of problems with drugs or alcohol?

ENTER # MONTHS:----- /53-54

INTERVIEWER: IF B + C = 6 MOS. OR MORE, SKIP TO E

D. How much time (besides that) were you just not interested in working but not in school, or physically ill (or retired)?

ENTER # MONTHS..... /55-56

E. INTERVIEWER: DO B + C + D = 6 MONTHS OR MORE WITHOUT WORK?

No.....1 /57
Yes.....5*

223.1 Have you been out of a job for the last month?

No.....1 /58
Yes.....5

224. Have you ever used an alias or an assumed name?

INTERVIEWER: IF R VOLUNTEERS ONLY PEN OR STAGE
NAME CODE 1

No.....1 /59
Yes.....5*

225. Have you thought that you lied pretty often since
you have been an adult?

No.....1 /60
Yes.....5

226. Have you ever traveled around for a month or more
without having any arrangements ahead of time and
not knowing how long you were going to stay or
where you were going to work?

INTERVIEWER: IF R VOLUNTEERS "ONLY ON VACATION FROM
JOB": CODE 1

No.....1 /61
Yes.....5*

227. Has there ever been a period when you had no
regular place to live for at least a month
or more?

No.....1 /62
Yes.....5*

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

No.....(SKIP TO BOX LL).....1 /63
Yes...(ASK A).....5*

A. Has this been within the last month?

No.....1 /64
Yes.....5

INTERVIEWER: HOW MANY "5*'s" HAVE BEEN CODED IN
Qs.208-231?

LL NONE, ONE OR TWO ..(SKIP TO Q. 235)....1 /65
THREE OR MORE.....(ASK Q. 233).....5

233. Did you do any of these things (SPECIFY "5*'s"
WHICH HAVE BEEN CODED BEGINNING WITH Q. 208)
between the ages of 18 and 25?

No.....(ASK A).....1 /66
Yes....(SKIP TO Q. 234).....5

A. Was there some reason you couldn't have
done these things between 18 and 25, for
instance, because you were ill in bed that
whole time (or in jail/not married/had no
children)?

No....(HAD OPPORTUNITY).....1 /67
Yes...(NO OPPORTUNITY).....5

234. When is the last time you did any one of these
things like (MENTION CODED 5*'s BEGINNING
WITH Q. 208)?

CODE MOST RECENT TIME POSSIBLE

Within last 2 weeks.....1 /68
Within last month.....2
Within last 6 months.....3
Within last year.....4
Within last 3 years.....5
More than 3 years ago....(ASK A)....6

IF MORE THAN 3 YEARS AGO:

A. How old were you the last time you did
any of those things?

ENTER AGE:.....-- -- /69-70

235. Have you ever gambled or bet?

No, or "only once"....(SKIP TO Q. 236).1 /71
Yes.....(ASK A-D).....5

A. Have you ever thought you gambled too much?

No.....(ASK B).....1 /72
Yes.....(ASK A.1).....5

A.1. Have you thought that in the last month?

No.....1 /73
Yes.....5

B. Have you ever been unable to pay your bills because of gambling or betting?

No.....(ASK C).....1 /74
 Yes.....(ASK B.1.).....5

B.1. Has that happened in the last month?

No.....1 /75
 Yes.....5

C. Have you had trouble at home or at work because of gambling or betting?

No.....(ASK D).....1 /76
 Yes.....(ASK C.1.).....5

C.1. Has that happened in the last month?

No.....1 /77
 Yes.....5

D. Have you ever borrowed or stolen money so that you could gamble or bet?

No.....(SKIP TO BOX NN).....1 /8
 Yes.....(ASK D.1.).....5

D.1. Has that happened in the last month?

No.....1 /9
 Yes.....5

INTERVIEWER: ARE ANY "5's" CODED IN Q. 235 A-C?

NN NO....(SKIP TO Q. 67.1).....1 /10
 YES.....(GO TO Q. 236).....5

236. How old were you when you began to gamble or bet pretty heavily?

ENTER AGE:.....— — /11-12

237. When was the last time you gambled or placed a bet?

CODE MOST RECENT TIME POSSIBLE
 Within last 2 weeks.....1 /13
 Within last month.....2
 Within last 6 months.....3
 Within last year.....4
 Within last 3 years.....5
 More than 3 years ago.....(ASK A).6

IF MORE THAN 3 YEARS AGO:

A. How old were you the last time?

ENTER AGE:.....-- -- /14-15

GENERALIZED ANXIETY

67.1 I've asked you about spells or attacks of feeling anxious or afraid. Now I want to ask you about longer periods like that. Have you ever had a period of a month or more when most of the time you felt worried or anxious, perhaps afraid that something bad was going to happen either to you yourself or to someone you cared about?

No.....(SKIP TO 68).....1 /27
 Yes.....(ASK Q. 67.2).....5

INTERVIEWER: ASK Q. 67.2-67.4. CODE IN COLUMN I. OMIT COLUMN II.
 I. ANXIOUS PERIOD II. PAST MONTH

67.2 During a period when you were worried or anxious most of the time (READ A-K):
 During this past month (READ A-H FOR EACH 5 CODED IN COLUMN 1):

A. were you jittery or fidgety?		
No.....(ASK B).....1	1	/28-29
Yes.....(SKIP TO Q.67.3).....5	5	
B. were you very tense or jumpy?		
No.....(ASK C).....1	1	/30-31
Yes.....(SKIP TO Q.67.3).....5	5	
C. did you have trouble relaxing?		
No.....(ASK D).....1	1	/32-33
Yes.....(SKIP TO Q.67.3).....5	5	
D. did you get tired very easily?		
No.....(ASK E).....1	1	/34-35
Yes...(SKIP TO Q.67.3).....5	5	
E. were you easily startled?		
No.....(ASK F).....1	1	/36-37
Yes...(SKIP TO Q.67.3).....5	5	
F. did your body tremble or shake?		
No.....(ASK G).....1	1	/38-39
Yes...(SKIP TO Q.67.3).....5	5	

G. were you restless?
 No.....(ASK H).....1 /40-41
 Yes.....(SKIP TO Q.67.3).....5

H. did your eyelids twitch?
 No.....(ASK A.67.3).....1 /42-43
 Yes.....(ASK A.67.3).....5

I. ANXIOUS PERIOD

II. PAST MONTH

67.3 During a time when you felt
 anxious or worried most of the
 time (READ I-K):

During the past
 month (READ I-K
 FOR EACH 5 CODED
 IN COLUMN 1):

I. were you having trouble
 sleeping?
 No.....(ASK J).....1 /44-45
 Yes...(SKIP TO Q.67.4).....5

J. did you have trouble keeping
 your mind on what you were
 doing?
 No.....(ASK K).....1 /46-47
 Yes.....(SKIP TO Q.67.4).....5

K. were you feeling irritable,
 on edge, or impatient?
 No.....1 /48-49
 Yes..(SKIP TO Q.67.4).....5

INTERVIEWER: IF NO 5'S CODED IN Q. A-K, SKIP
 TO 68. ALL OTHERS GO TO Q. 67.4.

67.4. During a time when you felt anxious
 or worried most of the time, did you
 have an unusual amount of trouble
 (READ L-O):

During the past month
 (did you have an
 unusual amount of
 trouble) (READ L-V
 FOR EACH 5 CODED IN
 COL. 1):

L. with sweating a lot?
 No.....(ASK M).....1 /50-51
 Yes.....(SKIP TO Q.67.5).....5

M. with your heart pounding
 or racing?
 No.....(ASK N).....1 /52-53
 Yes.....(SKIP TO Q. 67.5).....5

N. with your hands feeling cold
 and clammy?
 No.....(ASK O).....1 /54-55
 Yes.....(SKIP TO Q. 67.5).....5

O. with dizziness or lightheadedness?			
	No.....(ASK P).....1	1	/56-!7
	Yes...(SKIP TO Q. 67.5).....5	5	
	I. ANXIOUS PERIOD	II. PAST MONTH	
67.4	During a time when you felt anxious or worried most of the time did you have an unusual amount of trouble (READ P-V):	During the past month (READ P-V FOR EACH 5 CODED IN COLUMN 1):	
P. with tingling in your hands or feet?			
	No.....(ASK Q).....1	1	/58-59
	Yes...(SKIP TO Q.67.5).....5	5	
Q. with your mouth feeling dry?			
	No.....(ASK R).....1	1	/60-61
	Yes...(SKIP TO Q. 67.5).....5	5	
R. with diarrhea?			
	No.....(ASK S).....1	1	/62-63
	Yes....(SKIP TO Q.67.5).....5	5	
S. Was your stomach upset much of the time?			
	No.....(ASK T).....1	1	/64-65
	Yes....(SKIP TO Q.67.5).....5	5	
T. Did you have to urinate frequently?			
	No.....(ASK U).....1	1	/66-67
	Yes...(SKIP TO Q.67.5).....5	5	
U. Did your face flush or turn pale a lot?			
	No.....(ASK V).....1	1	/68-69
	Yes....(SKIP TO Q.67.5).....5	5	
V. Were you bothered by breathing too fast?			
	No.....(ASK Q.67.5).....1	1	/70-71
	Yes.....(ASK Q.67.5).....5	5	
67.5.	How old were you the first time you were worried or anxious or afraid most of the time for at least a month?		
	IF R SAYS "WHOLE LIFE", CODE 02.....-- --		/72-73

67.6. When did you last have a period of a month or more when you felt worried most of the time and had some of these other problems like (SX CODED 5 IN A-V)?

Within last 2 weeks..(SKIP TO Q.67.8).....1	/74
Within last month....(SKIP TO Q.67.8).....2	
Within last 6 months.(SKIP TO Q.68).....3	
Within last year.....(SKIP TO Q.68).....4	
More than 1 year ago.(ASK Q. 67.7).....5	

67.7. How old were you then?

ENTER AGE:...(SKIP TO Q.68).....-- -- /75-76

67.8. During this past month [FOR Q.67.2-67.4, READ EACH QUESTION CODED 5 IN COLUMN I, AND CODE THE RESPONSE IN COLUMN II.]

INTERVIEWER: FOR EACH "2" OR "5" CODED, RECORD AN EXAMPLE.

IF RESPONSE TO "2" PROBE IS: "IT DOESN'T INTERFERE WITH MY LIFE A LOT BECAUSE I AVOID IT," ASK "Does having to avoid (CATEGORY) interfere with your life or activities a lot?"

IF NO: CODE 2
IF YES: CODE 5

68. Some people have phobias, that is, such a strong fear of something or some situation that they try to avoid it, even though they know there is no real danger. Have you ever had such an unreasonable fear of (PHOBIA) that you tried to avoid (it/them)? REPEAT FOR EACH PHOBIA LISTED BELOW.

- | | | | | |
|---|---|---|---|-----|
| A. Heights | 1 | 2 | 5 | /8 |
| EX:----- | | | | |
| B. Being in a crowd..... | 1 | 2 | 5 | /9 |
| EX:----- | | | | |
| C. Being in a closed place..... | 1 | 2 | 5 | /10 |
| EX:----- | | | | |
| D. Speaking in front of a small group of people you know..... | 1 | 2 | 5 | /11 |
| EX:----- | | | | |
| E. Storms..... | 1 | 2 | 5 | /12 |
| EX:----- | | | | |

F. Being in water, for instance in a swimming pool or lake.....1 2 5 /13
EX:-----

G. Spiders, bugs, mice, snakes or bats.....1 2 5 /14
EX:-----

H. Is there anything else you were unreasonably terrified to do or be near?...1 2 5 /15
EX:-----

INTERVIEWER: IF ANY 5'S CODED A-H, ASK QS. 69-70.
D IF NO 5'S CODED SKIP TO Q. 72.

69. How old were you the first time you were bothered by any of these fears (LIST ALL PHOBIAS CODED "5" IN Q.68)? (IF R SAYS "WHOLE LIFE": CODE 02)

ENTER AGE & GO TO Q.70.....--- /16-17

INTERVIEWER: IF "DK" AND R IS UNDER 40: CODE 01
IF "DK" AND R IS 40 OR MORE ASK A

A. Would you say it was before or after you were 40?

Before 40.....(CODE 01)
After 40.....(CODE 95)
Still DK.....(CODE 98)

70. How recently (has this fear/have any of these fears) been so strong that you tried to avoid the situation?

CODE MOST Within last 2 weeks or current.....1 /18
RECENT TIME Within last month.....2
POSSIBLE Within last 6 months.....3
Within last year.....4
More than 1 year ago ...(ASK A)...5

A. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:.....--- /19-20

INTERVIEWER: IS Q.62 CODED "1" (SKIP TO Q.72)...1 /21
E IS Q.62 CODED "2-5" (ASK Q.71)...5

71. You mentioned spells of feeling frightened or anxious when you (LIST UP TO 3 SYMPTOMS CODED "YES" IN Q.63). Did those spells occur only when you were (LIST ALL PHOBIAS CODED "5" IN Q.68) or did they occur at other times too?

Only in phobic situations.....1 /22
Other times as well.....5

72. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?

No.....(SKIP TO Q.73).....1 /23
 Yes....(ASK Q.72A).....5

72A. Have you felt this way for two weeks or more during this past month?

No.....1 /24
 Yes.....5

73. Have you had two years or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?

1 2 5 /25

INTERVIEWER: ASK Q's 74-89 AND CODE IN COLUMN I. OMIT WORDS IN []

	I	II	III	
	EVER IN	LAST	[WORST]	
APPETITE	LIFETIME	MON.	[PERIOD]	
74. Has there ever been a period of two weeks or longer when you lost [Did you lose] your appetite? CAN BE POSITIVE EVEN IF NORMAL FOOD INTAKE.	1 3 4 5	1 5	1 5	/26-28

MD-----SELF-----
 IF CODED "1", SKIP TO Q.75.

74.1. Within the last month did you lose your appetite for two weeks or longer?
 CODE IN COL. II.

75. Have you ever lost [Did you lose] weight without trying to--as much as two pounds a week for several weeks [or as much as 10 pounds altogether]?	1 3 4 5	1 5	1 5	/29-31
--	---------	-----	-----	--------

MD-----SELF-----
 IF CODED "1", SKIP TO Q. 76.

75.1. Within the last month
 have you lost as much
 as two pounds a week
 for several weeks?
 CODE IN COLUMN II.

76. Have you ever had a period
 when your eating increased
 so much [Did your eating
 increase so much] that you
 gained as much as two pounds
 a week for several weeks
 [or 10 pounds altogether]? 1 3 4 5 1 5 1 5 /32-34

MD-----SELF-----
 IF CODED "1", SKIP TO Q. 77.

76.1. Within the last month
 have you gained as
 much as two pounds a
 week for several
 weeks?
 CODE IN COLUMN II.

SLEEP	I EVER IN LIFETIME	II LAST MON.	III [WORST] [PERIOD]	
-------	--------------------------	--------------------	----------------------------	--

77. Have you ever had a period of two weeks or more when you had [Did you have] trouble falling asleep, staying asleep, or with waking up too early?	1 3 4 5	1 5	1 5	/35-37
---	---------	-----	-----	--------

MD-----SELF-----
 IF CODED "1", SKIP TO Q.78.

77.1. Within the last month
 have you had a period
 of two weeks or more
 of having trouble
 falling asleep,
 staying asleep, or
 waking up too early.
 CODE IN COLUMN II.

78. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much?	1 3 4 5	1 5	1 5	/38-40
--	---------	-----	-----	--------

MD-----SELF-----
 IF CODED "1", SKIP TO Q. 79.

78.1. Within the last month
 have you had a period
 of two weeks when you
 were sleeping too much?
 CODE IN COLUMN II.

TIRED

79. Has there ever been a period
 of two weeks or more when
 you felt [Did you feel]
 tired out all the time? 1 3 4 5 1 5 1 5 /41-43

MD-----SELF-----
 IF CODED "1", SKIP TO Q. 80.

79.1. Within the last month
 have you had a period
 of two weeks or more
 when you felt tired
 all the time?
 CODE IN COLUMN II.

	I				II		III		
	EVER IN				LAST		[WORST]		
SLOW RESTLESS	LIFETIME				MON.		[PERIOD]		

80. Has there ever been a period
 of two weeks or more when you
 talked or moved [Did you talk
 or move] more slowly than is
 normal for you? 1 3 4 5 1 5 1 5 /44-46

MD-----SELF-----
 IF CODED "1", SKIP TO Q. 81.

80.1. Within the last month
 has there been a
 period of two weeks or
 more when you talked
 or moved more slowly
 than is normal for you?
 CODE IN COLUMN II.

81. Has there ever been a period
 of two weeks or more when you
 had [Did you have] to be
 moving all the time that is,
 you couldn't sit still
 and paced up and down? 1 3 4 5 1 5 1 5 /47-49

MD-----SELF-----
 IF CODE "1", SKIP TO Q. 82.

81.1. Within the last month
has there been a two
week period or more
when you had to be
moving all the time?
CODE IN COLUMN II.

	I					II		III		
	EVER IN					LAST		[WORST]		
LOST INTEREST	LIFETIME					MON.		[PERIOD]		

82. Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?	1	3	4	5	6	1	5	1	5	/50-52
--	---	---	---	---	---	---	---	---	---	--------

MD-----SELF-----
IF CODE "1", SKIP TO Q. 83.

IF VOLUNTEERS NO INTEREST
EVER: CODE 6.

82.1. Within the last month
has there been
several weeks when
your interest in sex
was a lot less than
usual?
CODE IN COLUMN II.

WORTHLESS

83. Has there ever been a period of two weeks or more when you felt [Did you feel] worthless, sinful, or guilty?	1	5	1	5	1	5	/53-55
--	---	---	---	---	---	---	--------

IF CODED "1", SKIP TO Q.84.

83.1. Within the last month
has there been a
period of two weeks
or more when you felt
worthless, sinful or
guilty?
CODE IN COLUMN II.

	I					II		III		
	EVER IN					LAST		[WORST]		
TROUBLE THINKING	LIFETIME					MON.		[PERIOD]		

84. Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you? 1 3 4 5 1 5 1 5 /56-58

MD-----SELF-----
IF CODED "1", SKIP TO Q. 85.

84.1. Within the last month have you had a period of two weeks or more when you had a lot more trouble concentrating? CODE IN COLUMN II.

85. Have you ever had a period of two weeks or more when your thoughts came [Did your thoughts come] much slower than usual or seemed mixed up? 1 3 4 5 1 5 1 5 /59-61

MD-----SELF-----
IF CODED "1", SKIP TO Q. 86.

85.1. Within the last month have you had a period of two weeks or more when your thoughts came much slower than usual or seemed mixed up? CODE IN COLUMN II.

	I	II	III	
	EVER IN	LAST	[WORST]	
THOUGHT OF DEATH	LIFETIME	MON.	[PERIOD]	
86. Has there ever been a period of two weeks or more when you thought [Did you think] a lot about death--either your own, someone else's, or death in general? IF CODED "1", SKIP TO Q. 87.	1 5	1 5	1 5	/62-64

86.1. Within the last month
has there been a period
of two weeks or more
when you thought a lot
about death?
CODE IN COLUMN II.

87. Has there ever been a period
of two weeks or more when you
felt [Did you feel] like you
wanted to die? 1 5 1 5 1 5 /65-67
IF CODED "1", SKIP TO Q. 88.

87.1. Within the last month
has there been a period
of two weeks or more
when you felt like you
wanted to die?
CODE IN COLUMN II.

88. Have you ever felt [Did you
feel] so low you thought of
committing suicide? 1 5 1 5 1 5 /68-70
IF CODED "1", SKIP TO 89.

88.1. Have you felt this
way within the last
month?
CODE IN COLUMN II.

89. Have you ever attempted [Did
you attempt] suicide? 1 5 1 5 1 5 /71-73
IF CODED "1", SKIP TO BOX G.

89.1. Has this happened
within the last month?
CODE IN COLUMN II.

INTERVIEWER: HAVE "5'S" BEEN CODED IN 3 OR MORE
BOXES SINCE Q. 74?

G
No.....(SKIP TO Q.100).....1 /74
Yes.....(ANSWER A).....5

A. IS Q. 72 CODED '1' OR '5'?

H
CODED 1.....(SKIP TO Q.91).....1 /75
CODED 5.....(ASK Q. 90).....5

90. You said you've had a period of feeling (depressed or blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL "5's" IN QS. 74-89). 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?
- No.....(ASK A).....1 /8
Yes.....(SKIP TO Q. 92).....5
- A. IF NO: So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?
- Never been a period...(SKIP TO Q. 100).....1 /9
Has been a period.....(SKIP TO Q. 92).....5
91. You said you have had periods when (LIST ALL "5's" IN QS. 74-89). Was there ever a time when several of these problems occurred together--that is, within the same month?
- No.....(SKIP TO Q. 100).....1 /10
Yes.....(ASK A).....5
- A. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?
- Okay.....(SKIP TO Q. 100).....1 /11
Gloomy, low, etc..(ASK Q. 92).....5
92. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time? IF WHOLE LIFE OR MORE THAN 19 YEARS, ENTER 996.
- YEARS X 52 = # WEEKS
MONTHS X 4 = # WEEKS ENTER # WEEKS.....-- -- /12-14
- INTERVIEWER: IF ONE DAY TO 13 DAYS, CODE 001,
AND SKIP TO Q. 100
93. 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 OR 3 ITEMS CODED "5" IN QS. 74-89). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 96 SPELLS OR MORE ENTER 96.
- ENTER # SPELLS:.....-- -- /15-16

95. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems (such as -----)?

ENTER AGE:..... --- /17-18

96. Did (this spell/any of those spells) occur just after someone close to you died?

No.....(GO TO Q. 97).....1 /19
 Yes.....(ASK A).....5

IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH CODE 1 AND GO TO Q.97.

A. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems (such as -----) at times when it wasn't due to a death?

Only due to death.....2 /20
 Other times or not due to death.....5

97. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?

No.....(ASK A).....5 /21
 Yes...(GO TO BOX I).....1

A. When did your last spell like that end?

CODE MOST RECENT TIME POSSIBLE
 Within last 2 weeks.....1 /22
 Within last month.....2
 Within last 6 months.....3
 Within last year.....4
 More than 1 year ago...(ASK B)....5

B. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:..... --- /23-24

INTERVIEWER: IS MORE THAN ONE SPELL CODED IN Q. 93?

I No.....(ANSWER A).....1 /25
 Yes.....(GO TO Q. 98).....5

A. DOES Q. 92 = 52 OR MORE WEEKS?

J No.....(SKIP TO Q. 99).....1 /25
 Yes.....(GO TO Q. 98).....5

98. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell)

ENTER AGE:.....

/27-28

99. During (this/that) spell of (depression/OWN EQUIVALENT) which of these other problems did you have? For instance, during that spell (when you were ----years old) [BEGINNING WITH WORDS IN [], READ EACH Q CODED "5" IN Qs. 74-89].

IF OCCURRED DURING THIS SPELL OF DEPRESSION...CODE 5 IN COL. III
IF DID NOT OCCUR.....CODE 1 IN COL. III

100. Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?

RECORD ALC/MED:-----

1 3 5

/29

INTERVIEWER: ASK QS. 101-108. OMIT WORDS IN []. CODE IN COLUMN I.

I II
EVER IN [WORST]
LIFETIME [PERIOD]

101. Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?

1 3 5 1 5

/30-31

RECORD ALC/MED:-----

102. Has there ever been a period of a week or more when you went [Did you go] on spending sprees--spending so much money that it caused you or your family some financial trouble?

1 3 5 1 5

/32-33

RECORD ALC/MED:-----

103. Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in? 1 3 5 1 5 /34-35

RECORD ALC/MED:-----

104. Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you? 1 3 5 1 5 /36-37

RECORD ALC/MED:-----

105. Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them? 1 3 5 1 5 /38-39

RECORD ALC/MED:-----

I II
EVER IN [WORST]
LIFETIME [PERIOD]

106. Have you ever had a period of a week or more when you felt [Did you feel] that you had a special gift or special powers to do things others couldn't do or that you were a specially important person? 1 3 5 1 5 /40-41

ASK FOR EXAMPLE BEFORE PROBING:

RECORD ALC/MED:-----

107. Has there ever been a period of a week or more when you hardly slept [Did you hardly sleep] at all but still didn't feel tired or sleepy? 1 3 5 1 5 /42-43

RECORD ALC/MED:-----

108. Was there ever a period of a week or more when you were [Were you] easily distracted so that any little interruption could get you off the track? 1 3 5 1 5 /44-45

RECORD ALC/MED:-----

INTERVIEWER: HOW MANY "5's" ARE CODED IN Qs. 101-108?

K THREE OR MORE "5's".....(ANSWER A).....1 /46
 TWO "5's".....(ANSWER B).....2
 NONE OR ONLY ONE...(SKIP TO BOX ABOVE Q.118)...3

A. IS Q. 100 CODED "5"?
 No...(SKIP TO Q. 110).....1 /47
 L Yes...(ASK Q. 109).....5

B. IS Q. 100 CODED "5"?
 No...(SKIP TO BOX ABOVE Q.118)...1 /48
 M Yes.....(ASK Q.109).....5

109. You said you've had a period of feeling very happy or excited or manic and also said you've had some problems like (LIST "5's" IN QS. 101-108). Has there ever been a time when the feelings of being excited or manic and some of these other problems occurred together--that is within the same month?
 No.....(ASK A).....1 /49
 Yes.....(SKIP TO Q. 111).....5

A. So there's never been a period when you felt very excited or manic at the same time you were having any of these other problems?
 Never been a period...(SKIP TO Q. 118).....1 /50
 Has been a period...(SKIP TO Q. 111).....5

110. You said you had times when (LIST ALL "5's" IN QS. 101-108). Was there ever a time when some of these problems occurred together--that is, within the same month?
 No.....(SKIP TO Q. 118).....1 /51
 Yes.....(ASK A).....5

A. When you were feeling that way, were you unusually irritable or likely to fight or argue?

No.....(SKIP TO Q. 118).....1 /:2
Yes.....(ASK Q. 111).....5

111. What's the longest spell you've ever had when you felt (high, manic, or very excited/irritable) for at least a week and had several of these other problems like (LIST "5's" in QS. 101-108)?

ENTER # OF WEEKS:.....-- -- /53-55

112. In your lifetime, how many spells like that have you had that lasted one week or more? IF 96 SPELLS OR MORE, ENTER 96.

ENTER # OF SPELLS:.....-- -- /56-57

114. How old were you the first time you had a spell for one week or more where you felt (high or excited/irritable) and had some of these problems (such as-----)?

ENTER AGE:.....-- -- /58-59

115. Are you in one of these spells of feeling (high or excited/irritable) and having some of these problems now?

No.....(ASK A).....5 /:0
Yes..(SKIP TO BOX N).....1

A. How long ago did your last period like that end?

CODE MOST RECENT TIME POSSIBLE

Within last 2 weeks.....1 /:1
Within last month.....2
Within last 6 months.....3
Within last year.....4
More than 1 year ago..(ASK B)..5

B. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:.....-- -- /62-63

INTERVIEWER: IS MORE THAN ONE SPELL CODED IN Q. 112?

N No.....(SKIP TO Q. 117).....1 /64
Yes.....(ASK Q. 116).....5

116. Now I'd like to know about the time when you were feeling (high or excited/irritable) and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell).

ENTER AGE:.....-- --

/65-66

117. During (this/that) spell of being (high/irritable), which of these problems did you have? For instance during that spell (when you were -----years old) [BEGINNING WITH WORDS IN [], READ EACH Q. CODED "5" IN Qs. 101-108].

IF OCCURRED DURING THIS SPELL OF MANIA ----CODE 5 IN COLUMN II.
IF DID NOT OCCUR-----CODE 1 IN COLUMN II.

INTERVIEWER: FOR QUESTIONS 118-125 ASK FOR AN EXAMPLE BEFORE PROBING.

118. Now I want to ask about some ideas you might have had about other people. Have you ever believed people were watching you or spying on you?

EX:-----

MD: -----SELF:----- 1 2 3 4 5 6

/67

IF QUALIFIES AS 5, BUT PLAUSIBLE OR JUST SELF-CONSCIOUS, CODE 6.

119. Was there ever a time when you believed people were following you?

EX:-----

MD: -----SELF:----- 1 2 3 4 5 6

/68

IF QUALIFIES AS 5, BUT PLAUSIBLE OR JUST SELF-CONSCIOUS, CODE 6.

120. Have you ever believed that someone was plotting against you or trying to hurt you or poison you?

EX:-----

MD: -----SELF:----- 1 2 3 4 5 6

/69

IF QUALIFIES AS 5, BUT PLAUSIBLE OR JUST SELF-CONSCIOUS, CODE 6.

121. Have you ever believed that someone was reading your mind?

INTERVIEWER: IF NO, CODE 1, ALL OTHERS ASK A.

A. Did they actually know what you thought or were they just guessing from the look on your face or from knowing you for a long time?

INTERVIEWER: IF "JUST GUESS" CODE 1. OTHERS ASK FOR AN EXAMPLE AND BEGIN PROBING.

EX:-----

MD:-----SELF:----- 1 2 3 4 5 /70

122. Have you ever believed you could actually hear what another person was thinking, even though he was not speaking, or believed that others could hear your thoughts?

EX:-----

MD:-----SELF:----- 1 2 3 4 5 /71

123. Have you ever believed that others were controlling how you moved or what you thought against your will?

EX:-----

MD:-----SELF:----- 1 2 3 4 5 /72

124. Have you ever felt that someone or something could put strange thoughts directly into your mind or could take or steal your thoughts out of your mind?

EX:-----

MD:-----SELF:----- 1 2 3 4 5 /73

125. Have you ever believed that you were being sent special messages through television or the radio?

EX:-----

MD:-----SELF:----- 1 2 3 4 5 /74

126. INTERVIEWER: RECORD ANY VOLUNTEERED
DELUSIONS NOT CODEABLE IN Q. 118-125.
DO NOT ASK.

IF NONE, CODE 1. IF ANY, DESCRIBE:

MD:-----SELF:-----1 2 3 4 5 /75

INTERVIEWER: ARE THERE ANY "5's" CODED
IN Qs. 118-126?

P No.....(SKIP TO Q. 129).....1 /76
Yes.....(ASK Q. 127).....5

127. How old were you when you first had any
of these beliefs, such as (READ Sx.CODED
5 IN Qs. 118-126)?

ENTER AGE:..... /77
GO TO Q. 128

INTERVIEWER: IF "DK" AND R IS UNDER 40: CODE 01.
IF "DK" AND R IS 40 OR OLDER: ASK A

A. Were you under 40 or older?

Under 40.....(CODE 01)
40 or more.....(CODE 95)
Still DK.....(CODE 98)

128. Do you believe that any of these things
are happening at the present time?

No.....(ASK A).....5 /8
Yes.....(SKIP TO Q. 129).....1

A. When did you last have one of these beliefs
(READ Sx.CODED "5" IN Qs. 118-126)?

CODE MOST Within last 2 weeks.....1 /9
RECENT TIME Within last month.....2
POSSIBLE Within last 6 months.....3
Within last year.....4
More than 1 year ago.(ASK B)...5

B. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:..... /10-11

129. Have you ever had the experience of seeing something or someone that others who were present could not see--that is, had a vision when you were completely awake?

INTERVIEWER: IF NO: CODE 1. ALL OTHERS ASK A

A. What did you see? RECORD BELOW AND THEN BEGIN PROBING.

MD:-----SELF:----- 1 2 3 4 5 /:2

130. Have you more than once had the experience of hearing things other people couldn't hear, such as a voice?

INTERVIEWER: IF NO: CODE 1 ALL OTHERS ASK A.

A. What did you hear? RECORD BELOW AND THEN BEGIN PROBING.

MD:-----SELF:----- 1 2 3 4 5 /13

IF CODED 2-5: ASK B AND C

B. Did you hear voices commenting on what you were doing or thinking?

No.....1 /14
Yes.....5

C. Did you hear two or more voices talking to each other?

No.....1 /15
Yes.....5

131. Have you ever been bothered by strange smells around you that nobody else seemed to be able to smell, perhaps even odors coming from your own body?

INTERVIEWER: IF NO: CODE 1. ALL OTHERS ASK A

A. What did you smell?
RECORD BELOW AND THEN BEGIN PROBING.

MD:-----SELF:----- 1 2 3 4 5 /16

132. Have you ever had unusual feelings inside
or on your body--like being touched when
nothing was there or feeling something
moving inside your body?

INTERVIEWER: IF NO: CODE 1. ALL OTHERS ASK A.

A. What did you feel?
RECORD BELOW AND THEN BEGIN PROBING.

MD:-----SELF:----- 1 2 3 4 5 /17

INTERVIEWER: ARE THERE ANY "5's" CODED
IN QS. 129-132?

R No.....(SKIP TO BOX S).....1 /18
Yes.....(ASK Q. 133).....5

133. How old were you when you first experienced
(READ EXAMPLES CODED 5 IN Q. 129-132?)

ENTER AGE &
GO TO Q. 134.....-- -- /19-20

INTERVIEWER: IF "DK" AND R IS UNDER 40: CODE 01
IF "DK" AND R IS 40 OR OLDER: ASK A

A. Were you under 40 or older?
Under 40(CODE 01)
40 or more.....(CODE 95)
Still DK.....(CODE 98)

134. When was the last time you [(saw/heard/smelled) something others thought was not there/felt those sensations]?

	Within last 2 weeks.....1	/:1
CODE MOST	Within last month.....2	
RECENT TIME	Within last 6 months.....3	
POSSIBLE	Within last year.....4	
	More than 1 year ago..(ASK A).5	

A. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:.....-- -- /22-:3

INTERVIEWER: ARE THERE ANY "5's" CODED IN Qs. 118-126 OR Qs. 129-132? (SEE INTERVIEWER INSTRUCTIONS "P" Q. 126 AND "R" Q. 132)

S	No.....(SKIP TO Q. 149).....1	/:4
	Yes....(GO TO A).....5	

A. HAS IT BEEN MORE THAN 1 YEAR BETWEEN R's FIRST DELUSION (Q. 127) OR HALLUCINATION (Q. 133) AND HIS LAST DELUSION (Q. 128) OR HALLUCINATION (Q. 134)? IF YOU ARE NOT CERTAIN: CODE 1 (NO)

T	No.....(ASK Q. 135).....1	/:5
	Yes...(CODE 5 IN Q. 135 AND SKIP TO Q. 136).....5	

135. We've talked about certain beliefs or experiences you had (LIST Sx. CODED 5 IN QS. 118-126 AND QS. 129-132). Did as much as 6 months go by from the time you first (thought/experienced) any of these to the last time you did?

	No....(ASK A).....1	/:6
	Yes...(SKIP TO Q. 136).....5	

A. Was it as long as two weeks from the first time to the last time?

	No.....1	/:7
	Yes.....5	

136. At the time you had these beliefs or experiences (LIST Sx. CODED 5 IN QS. 118-126 AND QS. 129-132) were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places or unable to enjoy yourself?

	Normal....(SKIP TO Q. 137)...1	/28
	Not Normal...(ASK A).....5	
A.	Did that period of not feeling or acting normal last 6 months or more?	
	No.....(ASK B).....1	/29
	Yes...(SKIP TO BOX U).....5	
B.	Did it last as long as two weeks?	
	No.....1	/30
	Yes.....5	
137.	If you were to add up all the periods of time when you've had these beliefs or experiences or any other serious difficulty with emotional (or mental problems), would this add up to as much as six months? (PROBE: Subtracting any time you've been well since you first had a problem?)IF R SAYS PROBLEMS NOT SERIOUS, CODE 1 FOR BOTH Q.137 AND 137A. GO TO BOX U.	
	No...(ASK A).....1	/31
	Yes..(SKIP TO INSTR. ABOVE.Q.138).5	
A.	Did it last as long as two weeks?	
	No.....1	/32
	Yes.....5	
INTERVIEWER:	IS AGE RECORDED IN Q. 127 OR Q. 133 LESS THAN 12?	
U	No...(ASK Q. 138-139).....1	/33
	Yes..(SKIP TO BOX V).....5	
138.	After you first had these beliefs or experiences, did you find that you were less able to do your work well?	
	No effect.....1	/34
	Less able.....5	
139.	After you first had these beliefs or experiences, were you less able to enjoy social relationships with either (boys or girls/men or women)?	
	No.....1	/35
	Yes.....5	

INTERVIEWER: WAS R EVER DEPRESSED OR MANIC?

V

DEPRESSED IF: Q. 72 (pg.14) or Q. 91A (pg.21) = 5
MANIC IF: Q. 100 (pg.24) or Q. 110A (pg.27) = 5

NO, NOT DEPRESSED OR MANIC (SKIP TO BOX W).....1 /:6
YES, DEPRESSED OR MANIC (GO TO Q. 140).....5

140. Did you ever have any of these beliefs or experiences like (LIST Sx. CODED 5 IN Qs. 118-126 AND Qs. 129-132) before the first spell of feeling (blue/high/irritable) you told me about?

No....(GO TO A).....1 /:7
Yes...(SKIP TO BOX W).....5

A. Did these beliefs or experiences ever occur at any time other than during a period when you were feeling (depressed/high/irritable)?

No, only when (blue/high/irritable)....1 /:8
Yes, other times.....5

INTERVIEWER: IS INTERVIEWER BOX U CODED 5 (YES)?

W No....(GO TO Q. 141).....1 /:9
Yes...(SKIP TO Q. 143).....5

141. You said you first had any of these beliefs or experiences at age --- (EARLIER OF AGES IN Q. 127 AND Q. 133). Think about the two years before that, when you were ---- to ----. Were you up to doing your regular activities like school or work (or housework)--throughout almost all of that two-year period?

No.....(ASK A).....5 /:0
Yes....(SKIP TO Q. 142).....1

A. Was that entirely due to physical illness or injury?

No.....5 /:1
Yes.....4

142. During that same two years, when you were -----
to ---, were you going out and seeing friends
throughout almost all of that period? IF R SAYS
NO FRIENDS EVER, CODE '5'.

No.....5 /42
VOLUNTEERS medical explanations...4
Yes.....1

143. Since you first had one of these beliefs or
experiences or any emotional or nervous
trouble, have you ever had a period when you
were not taking medicine for your nerves and
you were completely back to normal? By back
to normal, I mean at least a year when you
were not having nervous or emotional problems
or unusual thoughts or ideas, and when you were
able to work [including housework] every day,
go places, and enjoy yourself.

No, never back to normal.....5 /43
Yes, back to normal.....1

149. Now I am going to ask you some questions about
using alcohol. How old were you the first time
you ever drank enough to get drunk?
(NEVER = 00, BABY, INFANT =02)

ENTER AGE:.....-- -- /44-45

INTERVIEWER: IF 15 OR OLDER, SKIP TO Q. 150
IF LESS THAN 15, ASK B
IF "DK" ASK A.

A. Do you think it was before or after you were 15?

Before 15 (CODE 01 ABOVE AND ASK B)
15 or older (CODE 95 ABOVE AND SKIP TO Q. 150)
Still DK (CODE 98 ABOVE AND SKIP TO Q. 150)

B. Did you get drunk more than once before you were 15?

No.....1 /46
Yes.....5

150. Has your family ever objected because you were drinking
too much?

No....(SKIP TO BOX BEFORE Q. 151).....1 /47
Yes but volunteers they object to moderate
drinking by anyone..(SKIP TO Q. 151).... 2
Yes.....(ASK A).....5*

A. Has this happened within the last month?

No...(SKIP TO Q. 151).....1 /48
Yes.....5

IF R VOLUNTEERS HE HAS NEVER HAD A DRINK, SKIP TO Q. 172.

151. Did you ever think that you were an
excessive drinker?

No.....(SKIP TO Q. 152).....1 /49
Yes....(ASK A).....5*

A. Has this happened within the last month?

No.....1 /50
Yes.....5

152. Have you ever drunk as much as a fifth of liquor
in one day, that would be about 20 drinks, or 3
bottles of wine or as much as 3 six-packs of beer
in one day? IF VOLUNTEERS ONLY ONCE: CODE 2.

No.....(SKIP TO Q. 153).....1 /51
Only once...(SKIP TO Q. 153).....2
Yes...(ASK A).....5

A. Has this happened within the last month?

No.....1 /52
Yes.....5

153. Has there ever been a period of two weeks when
every day you were drinking 7 or more beers, 7
or more drinks or 7 or more glasses of wine?

No...(SKIP TO Q. 154).....1 /53
Yes...(ASK A).....5

A. How long has it been since you drank that much
or do you still?

Still or within last 2 wks...(SKIP TO Q. 156)...1 /54
CODE MOST Within last month...(SKIP TO Q.154A).....2
RECENT TIME Within last 6 months.(SKIP TO Q.154A).....3
POSSIBLE Within last year.....(SKIP TO Q. 154A).....4
More than 1 year ago.(SKIP TO Q. 154A).....5

154. Has there ever been a couple of months or more when at least one evening a week, you drank 7 drinks, or 7 bottles of beer or 7 glasses of wine?
- No...(SKIP TO Q. 156).....1 /55
Yes..(ASK A).....5
- A. How long has it been since you drank 7 or more drinks at least once a week, or do you still?
- Still or within last 2 weeks.....1 /56
CODE MOST Within last month.....2
RECENT TIME Within last 6 months.....3
POSSIBLE Within last year.....4
More than 1 year ago.....(ASK B)..5
- B. IF MORE THAN 1 YEAR AGO: How old were you then?
- ENTER AGE:..... -- -- /57-58
156. Have friends, your doctor, your clergyman, or any other professional ever said you were drinking too much for your own good?
- No, or only to lose weight..(SKIP TO Q.157)..1 /59
Yes....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /60
Yes.....5
157. Have you ever wanted to stop drinking but couldn't?
- No.....(SKIP TO Q. 158).....1 /61
Yes....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /62
Yes.....5
158. Some people promise themselves not to drink before 5 o'clock or never to drink alone, in order to control their drinking. Have you ever done anything like that?
- No....(SKIP TO Q. 159).....1 /63
Yes...(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /64
Yes.....5

159. Did you ever need a drink just after you had gotten up
(that is, before breakfast)?
- No...(SKIP TO Q. 160).....1 /65
Yes.....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /66
Yes.....5
160. Have you ever had job (or school) trouble because
of drinking--like missing too much work or drinking
on the job (or at school)?
- No.....(SKIP TO Q. 161).....1 /67
Yes.....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /68
Yes.....5
161. Did you ever lose a job (or get kicked out of school)
on account of drinking?
- No.....(SKIP TO Q. 162).....1 /69
Yes.....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /70
Yes.....5
162. Have you ever gotten into trouble driving because of
drinking--like having an accident or being arrested
for drunk driving?
- No.....(SKIP TO Q. 163).....1 /71
Yes.....(ASK A).....5*
- A. Has this happened within the last month?
- No.....1 /72
Yes.....5
163. Have you ever been arrested or held at the police
station because of drinking or for disturbing the
peace while drinking?
- No.....(SKIP TO Q.164).....1 /73
Yes.....(ASK A).....5*

	A. Has this happened within the last month?		
	No.....	1	/74
	Yes.....	5	
164.	Have you ever gotten into physical fights while drinking?		
	No.....(SKIP TO BOX Y).....	1	/75
	Yes.....(ASK A).....	5*	
	A. Has this happened within the last month?		
	No.....	1	/76
	Yes.....	5	
	INTERVIEWER: HAVE ANY 5*'s BEEN CODED IN Qs. 150-164?		
	No....(SKIP TO Q. 172).....	1	/8
Y	Yes...(ANSWER A).....	5	
	A. HAS ONLY ONE 5* BEEN CODED?		
Y1	ONLY ONE 5*.....(ANSWER B).....	1	/9
	MORE THAN ONE 5*..(GO TO Q. 165)..	5	
	B. HAVE EITHER Q. 153 OR 154 BEEN CODED "5"?		
Y2	No.....(SKIP TO Q. 172).....	1	/10
	Yes.....(GO TO Q. 165).....	5	
165.	Have you ever gone on binges or benders, where you kept drinking for a couple of days or more without sobering up?		
	No.....(SKIP TO Q. 166).....	1	/11
	Yes.....(ASK 165.1).....	5	
	165.1. Has this happened within the last month?		
	No.....	1	/12
	Yes.....	5	
	A. Did you neglect some of your usual responsibilities then?		
	No.....(SKIP TO B).....	1	/13
	Yes.....(ASK A.1).....	5*	
	A.1. Has this happened within the last month?		
	No.....	1	/14
	Yes.....	5	

B. How many times have you gone on benders that lasted at least a couple of days?

OF BENDERS &
GO TO Q.166.....-- -- /15-16

INTERVIEWER: IF R SAYS 96 OR MORE, CODE 96 AND GO
TO Q. 166.
IF R SAYS "DK" ASK C

C. Was it just once or more often than that?

Just once.....(CODE 01 ABOVE)
More than once.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

166. Have you ever had blackouts while drinking, that is, where you drank enough so that you couldn't remember the next day what you had said or done?

No.....(SKIP TO 167).....1 /17
Yes.....(ASK A).....5*

A. Has this happened within the last month?

No.....1 /18
Yes.....5

167. Have you ever had "the shakes" after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble lighting a cigarette)?

No.....(GO TO A).....1 /19
Yes.....(ASK 167.1).....5*

167.1. Has this happened within the last month?

No.....(GO TO Q. 168).....1 /20
Yes.....(GO TO Q. 168).....5

A. Have you ever had fits or seizures after stopping or cutting down on drinking?

No.....(GO TO B).....1 /21
Yes.....(ASK A.1).....5*

A.1. Has this happened within the last month?

No.....(GO TO Q. 168).....1 /22
Yes.....(GO TO Q. 168).....5

- B. Have you ever had the DT's (hallucinations and fever) when you quit drinking?
- No.....(GO TO C).....1 /23
Yes.....(ASK B1).....5*
- B.1. Has this happened within the last month?
- No.....(GO TO Q. 168).....1 /24
Yes.....(GO TO Q. 168).....5
- C. Have you ever seen or heard things that weren't really there after cutting down on drinking?
- No...(GO TO Q. 168).....1 /25
Yes.....(ASK C.1).....5*
- C.1. Has this happened within the last month?
- No.....1 /26
Yes.....5
168. There are several health problems that can result from long stretches of pretty heavy drinking. Did drinking ever cause you to have:
- A. liver disease or yellow jaundice? No....(ASK B).....1 /27
Yes...(GO TO Q. 169)....5*
- B. vomiting blood or other stomach troubles? No....(ASK C).....1 /28
Yes...(GO TO Q. 169)....5*
- C. trouble with tingling or numbness in your feet? No....(ASK D).....1 /29
Yes...(GO TO Q. 169)....5*
- D. memory trouble when you haven't been drinking (not blackouts)? No....(ASK E).....1 /30
Yes...(GO TO Q. 169)....5*
- E. inflammation of your pancreas or pancreatitis? No.....1 /31
Yes.....5*
169. Have you ever continued to drink when you knew you had a serious physical illness that might be made worse by drinking?
- No.....(SKIP TO Q. 170).....1 /32
Yes.....(ASK A).....5
- A. Has that been within the last month?
- No.....1 /33
Yes.....5

170. Has there ever been a period in your life when you could not do your ordinary daily work well unless you had had something to drink?

No.....(SKIP TO Q. 171).....1 /34
Yes.....(ASK A).....5

A. Has that happened within the last month?

No.....1 /35
Yes.....5

171. I'm going to mention some things you told me about drinking. I'll be asking how old you were the first time any one of these things happened. You mentioned (LIST ALL CODED 5* ITEMS IN Qs. 150-168). What is the earliest age any of these things happened?

ENTER AGE:.....-- -- /36-37

A. When was the last time any of these (STARRED) things happened?

CODE MOST Within last 2 weeks.....1 /38
RECENT TIME Within last month.....2
POSSIBLE Within last 6 months.....3
Within last year.....4
Within 3 years.....5
More than 3 years ago...(ASK B)....6

B. IF MORE THAN 3 YEARS AGO: How old were you then?

ENTER AGE:.....-- -- /39-40

172. I want to ask you next about whether you have ever been bothered by having certain unpleasant thoughts all the time. An example would be the persistent idea that you might harm or kill someone you loved even though you really didn't want to. Have you ever been bothered by that or by any other unpleasant or persistent thought?

No....(SKIP TO Q. 173).....1 /41
Yes...(ASK A).....5

A. Was this only for a short time or was it over a period of several weeks?

Less than 3 weeks..(SKIP TO Q.173).....1 /42
Three weeks or more ..(ASK B).....5

B. Did these thoughts keep coming into your mind
no matter how hard you tried to get rid of them? 1 2 5 /43

INTERVIEWER: DOES Q. 172B=5?

AA NO.....(ASK Q. 173).....1 /44
YES..(SKIP TO Q. 174).....5

173. Other unpleasant thoughts that keep bothering some
people, even when they know they are silly are that
their hands are dirty or have germs on them, no
matter how much they wash them, or that relatives
who are away have been hurt or killed. Have you
ever had any kind of unreasonable thought like that?

No....(SKIP TO Q. 181).....1 /45
Yes...(ASK A).....5

A. Was this only for a short time or did these
thoughts keep coming into your mind over a
period of several weeks?

Less than 3 weeks...(SKIP TO Q. 181)..1 /46
Three weeks or more...(ASK B).....5

B. Did these thoughts keep coming into your mind
no matter how hard you tried to get rid of
them?

1 2 5 /47

INTERVIEWER: DOES Q. 173B = 5?

CC NO.....(SKIP TO Q. 181).....1 /48
YES.....(ASK Q. 174).....5

174. How old were you when you first had a problem
with this kind of thought or worry? IF R SAYS
WHOLE LIFE CODE 02.

ENTER AGE &
GO TO Q. 175.....-- -- /49-50

INTERVIEWER: IF "DK" AND R IS UNDER 40: CODE 01.
IF "DK" AND R IS 40 OR OLDER: ASK A

A. Do you think it was before you were 40
or later than that?

Before 40.....(CODE 01)
40 or more.....(CODE 95)
Still DK.....(CODE 98)

175. How recently have you been bothered by thoughts like this that kept coming back no matter how ridiculous you thought they were?

Within last 2 weeks or current.....1 /51
CODE MOST Within last month.....2
RECENT TIME Within last 6 months.....3
POSSIBLE Within last year.....4
More than 1 year ago.....(ASK A).....5

A. IF MORE THAN 1 YEAR AGO: How old were you then?

ENTER AGE:.....-- -- /52-53

181. Now I'd like to ask about your experience with drugs. (HAND CARD A) Have you ever used any drug on this list to get high or without a prescription, or more than was prescribed-- that is, on your own?

No.....(ASK A).....1 /54
Yes.....(ASK 181.1).....5

181.1. Has this happened within the last month?

No.....(SKIP TO Q. 182).....1 /55
Yes.....(SKIP TO Q. 182).....5

A. Have you taken any other drugs on your own either to get high or for other mental effects? IF R SAYS ONLY ALCOHOL, TOBACCO OR COFFEE, CODE 1.

No.....(SKIP TO Q. 196 p.54).....1 /56
Yes.....(ASK Q. 182).....5

182. How old were you when you first used (this drug/any of these drugs) on your own?

ENTER AGE:.....-- -- /57-58

INTERVIEWER: IF YOUNGER THAN 15, SKIP TO Q. 182B.
IF 15 OR OLDER, SKIP TO Q. 183.
IF "DK" ASK A

A. Were you younger or older than 15?

Younger than 15....(CODE 01 ABOVE AND ASK B)
15 or more.....(CODE 95 ABOVE AND ASK Q. 183)
Still DK.....(CODE 98 ABOVE AND ASK Q. 183)

B. Have you tried any of these drugs more than once before you were 15?

No.....1 /59
Yes.....5

183. Have you ever used (this drug/one of these drugs) on your own more than 5 times in your life?

No...(SKIP TO Q. 196).....1 /60
Yes...(ASK A).....5

A. Which ones?

INTERVIEWER: READ CATEGORIES IF NECESSARY. CIRCLE THE SPECIFIC DRUG MENTIONED AND THEN CODE 5 FOR THAT CATEGORY. CODE 1 FOR ALL CATEGORIES NOT MENTIONED.

Marijuana, hashish, pot, grass.....1 5 /61
Amphetamines, stimulants, uppers, speed.....1 5 /62
Barbiturates, sedatives, downers, sleeping pills,
Seconal, Quaaludes.....1 5 /63
Tranquilizers, Valium, Librium.....1 5 /64
Cocaine, coke.....1 5 /65
Heroin.....1 5 /66
Opiates other than heroin (Codeine, Demerol,
morphine, Methadone, Darvon, opium.....1 5 /67
Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)..1 5 /68
OTHER (SPECIFY):-----1 5 /69

184. Have you ever used any one of these drugs or any other illicit drug every day for two weeks or more?

No...(SKIP TO Q. 185).....1 /70
Yes...(ASK A).....5*

A. Has this been within the last month?

No.....1 /71
Yes.....5

185. Have you ever used any of these drugs or any other illicit drug enough so that you felt like you needed it or were dependent on it?

No.....(SKIP TO Q. 186).....1 /72
Yes.....(ASK A).....5*

A. Has this been within the last month?

No.....1 /73
Yes.....5

186. Have you ever tried to cut down on any drugs but found you couldn't do it?
- No.....(SKIP TO Q. 187).....1 /14
Yes.....(ASK A).....5*
- A. Has this been within the last month?
- No.....1 /15
Yes.....5
187. Did you find you needed larger amounts of any of these drugs to get an effect--or that you could no longer get high on the amount you used to use?
- No.....(SKIP TO Q. 188).....1 /16
Yes.....(ASK A).....5*
- A. Has this been within the last month?
- No.....1 /17
Yes.....5
188. Have you ever had withdrawal symptoms--that is, have you felt sick because you stopped or cut down on any of these drugs?
- No.....(SKIP TO Q. 189).....1 /18
Yes.....(ASK A).....5*
- A. Has this been within the last month?
- No.....1 /8
Yes.....5
189. Did you have any health problems like fits, an accidental overdose, a persistent cough or an infection as a result of using any of these drugs?
- No....(SKIP TO Q. 190).....1 /9
Yes...(ASK A).....5*
- A. Has this been within the last month?
- No.....1 /10
Yes.....5

190. Did any of these drugs cause you considerable problems with your family, friends, on the job, at school, or with the police?

No...(SKIP TO Q. 191).....1 /11
 Yes...(ASK A).....5*

A. Has this been within the last month?

No.....1 /12
 Yes.....5

191. Did you have any emotional or psychological problems from using drugs--such as feeling crazy or paranoid or depressed or uninterested in things?

No...(SKIP TO BOX GG).....1 /13
 Yes.....(ASK A).....5*

A. Has this been within the last month?

No.....1 /14
 Yes.....5

INTERVIEWER: HAVE ANY "5*'s" BEEN CODED IN Qs. 184-191?

GG No...(SKIP TO Q. 196).....1 /15
 Yes..(ASK Q. 193).....5

193. How old were you when you first had any of these problems with drugs? Problems like...(MENTION PROBLEMS CODED 5* BEGINNING WITH Q. 184).

ENTER AGE:.....-- -- /16-17

194. When was the last time you (SPECIFY 5*'s: used drugs every day,were dependent on drugs, were unable to cut down on drugs, etc.)?

CODE MOST Within last 2 weeks.....1 /18
 RECENT TIME Within last month.....2
 POSSIBLE Within last 6 months.....3
 Within last year.....4
 Within last 3 years..(SKIP TO Q.196)...5
 More than 3 years ago....(ASK A).....6

A. IF MORE THAN 3 YEARS AGO: How old were you the last time?

ENTER AGE & SKIP TO Q.196.....-- -- /19-20

INTERVIEWER: IF R HAD PROBLEMS WITH ONLY 1 DRUG, CODE
Q. 195 WITHOUT ASKING.

195. Which drugs have you had any of these problems
with in the last year?
READ EACH CIRCLED DRUG CODED "5" IN Q. 183 AND
CODE YES OR NO BELOW.

	NO	YES	
a. Marijuana, hashish, pot, grass.....1	5		/21
b. Amphetamines, stimulants, uppers, speed.....1	5		/22
c. Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes.....1	5		/23
d. Tranquilizers, Valium, Librium.....1	5		/24
e. Cocaine, coke.....1	5		/25
f. Heroin.....1	5		/26
g. Opiates other than heroin (Codeine, Demerol morphine, Methadone, Darvon, opium).....1	5		/27
h. Psychedelics (LSD, mescaline, peyote, psilocybin DMT, PCP).....1	5		/28
i. Other (SPECIFY):----- 1	5		/29

196. Now I'd like to ask you about your life as a
child. Let's begin with some questions about
school. Did you ever repeat a grade?

No...(SKIP TO Q. 197).....1 /30
Yes...(ASK A).....5

A. Did you get held back more than once?

No, only once.....2 /31
Yes, more than once.....5

197. How were your grades in school--better than
average, average, or not so good?

Better than average..(SKIP TO Q. 198).....1 /32
Average.....(SKIP TO Q. 198).....2
Not so good.....(ASK A).....5

A. Did your teachers think you did about as
well as you could or did they think you had
the ability to do much better?

Did as well as could....(SKIP TO Q. 198)....3 /33
Could have done much better....(ASK B).....5

B. How old were you when your teachers first
felt that way?

ENTER AGE & GO TO Q. 198.....-- -- /34-35

INTERVIEWER: IF R SAYS "DK": ASK C

C. Do you think it was before you were 15
or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

198. Did you frequently get into trouble with the
teacher or principal for misbehaving in
school? (ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL)?

No...(SKIP TO Q. 199).....1 /36
Yes..(ASK A).....5

A. How old were you when you first got into trouble for
misbehaving in school?

ENTER AGE & GO TO Q. 199.....-- -- /37-38

INTERVIEWER: IF R SAYS "DK": ASK B

B. Do you think it was before you were 15
or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

199. Were you ever expelled or suspended from school?
(ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL)

No.....(SKIP TO Q. 200).....1 /39
Yes.....(ASK A).....5

A. How old were you when you were first
expelled or suspended?

ENTER AGE & GO TO Q. 200.....-- -- /40-41

INTERVIEWER: IF R SAYS "DK": ASK B

B. Do you think it was before you were 15
or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

200. Did you ever play hooky from school at least twice in one year?

No...(SKIP TO Q. 201).....1 /42
Yes...(ASK A).....5

A. Was that only in your last year in school or before that?

Last year only ...(SKIP TO Q. 201).....2 /43
Before last year...(ASK B AND C).....5

B. Did you play hooky as much as 5 days a year in at least two school years, not counting your last year in school?

No.....1 /14
Yes.....5

C. How old were you when you first played hooky?

ENTER AGE & GO TO Q. 201.....-- -- /45-46

INTERVIEWER: IF R SAYS "DK" ASK D

D. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

201. Did you ever get into trouble at school for fighting?

No...(SKIP TO Q. 202).....1 /47
Yes...(ASK A).....5

A. Did that happen more than once?

No...(SKIP TO Q. 202).....1 /48
Yes...(ASK B AND C).....5

B. Were you sometimes the one who started the fight?

No.....1 /49
Yes.....5

C. How old were you when you first got into trouble for fighting at school?

ENTER AGE & GO TO Q. 202.....-- -- /50-51

INTERVIEWER: IF R SAYS "DK" ASK D.

D. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

202. Before age 18 did you ever get into trouble with the police, your parents or neighbors because of fighting (other than for fighting at school)?

No..(SKIP TO BOX HH).....1 /52
Yes..(ASK A).....5

A. Did that happen more than once?

No....(SKIP TO C).....1 /53
Yes...(ASK B).....5

B. Were you sometimes the one who started the fight?

No.....1 /54
Yes.....5

C. At what age did you first get into trouble because of fighting (away from school)?

ENTER AGE & GO TO Q. 203.....-- -- /55-56

INTERVIEWER: IF R SAYS "DK" ASK D

D. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE & SKIP TO Q.203).
15 or more.....(CODE 95 ABOVE & SKIP TO Q.203).
Still DK.....(CODE 98 ABOVE & SKIP TO Q.203).

INTERVIEWER: ARE BOTH Q.201 AND 202 CODED 1?

HH No.....(SKIP TO Q. 203).....1 /57
Yes.....(ASK E).....5

E. Even though you didn't get into trouble for fighting, did you start fights more than once before you were 15?

No.....1 /58
Yes.....5

203. When you were a kid, did you ever run away from home overnight?

No..(SKIP TO Q. 204).....1 /59
Yes.(ASK A).....5

A. Did you run away more than once?

No, just once.....2 /50
Yes, more than once.....5

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

ENTER AGE & GO TO Q. 204.....-- -- /61-62

INTERVIEWER: IF R SAYS "DK" ASK C

C. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

204. Of course, no one tells the truth all the time, but did you tell a lot of lies when you were a child or teenager?

No.....(SKIP TO Q. 205).....1 /53
Yes.....(ASK A).....5

A. How old were you when you first told a lot of lies?

ENTER AGE & GO TO Q. 205.....-- -- /64-65

INTERVIEWER: IF R SAYS "DK" ASK B

B. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

205. When you were a child, did you more than once swipe things from stores or from other children or steal from your parents or from anyone else?

No....(SKIP TO Q. 206).....1 /66
Yes.....(ASK A).....5

A. How old were you when you first stole things?

ENTER AGE & GO TO Q. 206.....-- -- /67-68

INTERVIEWER: IF R SAYS "DK" ASK B

B. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

206. When you were a kid, did you ever intentionally damage someone's car or do anything else to destroy or severely damage someone else's property?

No.....(SKIP TO Q. 207).....1 /69
Yes.....(ASK A).....5

A. How old were you when you first did that?

ENTER AGE & GO TO Q. 207.....-- -- /70-71

INTERVIEWER: IF R SAYS "DK" ASK B

B. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

207. Were you ever arrested as a juvenile or sent to juvenile court?

No.....(SKIP TO Q. 208).....1 /72
Yes.....(ASK A).....5

A. How old were you the first time?

ENTER AGE & GO TO Q. 208.....-- -- /73-74

INTERVIEWER: IF R SAYS "DK" ASK B

B. Do you think it was before you were 15 or later than that?

Under 15.....(CODE 01 ABOVE)
15 or more.....(CODE 95 ABOVE)
Still DK.....(CODE 98 ABOVE)

208. Have you ever been arrested since 18 for anything other than traffic violations?

No...(SKIP TO Q. 209).....1 /75
 Yes..(ASK A AND B).....5

A. Have you been arrested more than once?

No, just once.....2 /76
 Yes, more than once.....5*

B. Have you ever been convicted of a felony?

No.....1 /77
 Yes.....5*

209. Have you had at least four traffic tickets in your life for speeding or running a light or causing an accident?

No.....1 /78
 Yes.....5*

END DECK 07
 BEGIN DECK 08

210. Now I'm going to ask you about your sexual experience. In general, has your sex life been important to you or could you have gotten along as well without it?

Somewhat important.....1 /8
 Gotten along as well without it...5
 No sexual experience.....8

SUPPLEMENT USED: IF NO SEX EXPERIENCE OR REFUSES SEX QUESTIONS SKIP TO Q. S23.

211. Has having sexual relations ever been physically painful for you?

MD-----SELF----- 1 2 4 5 /9

212. Has there been a period of several months in your life when having sex was not pleasurable for you (even when it wasn't painful)?

MD-----SELF----- 1 2 3 4 5 /10

213. Have you had any (other) kind of sexual difficulties (FOR MEN, such as a period of two months or more when you had trouble having an erection)?

MD-----SELF----- 1 2 3 4 5 /11

S11. Have you ever had sexual relations with a man at any time since your eighteenth birthday?

No.....(SKIP TO INSTR. ABOVE Q. S19).....1 /12
 Only in jail or forced...(SKIP TO INSTR. ABOVE Q. S19)..2
 Yes.....(ASK Q. S12).....5

S12. How old were you the first time?

ENTER AGE:.....-- -- /13-14

S13. Would you say that you have had sexual relations more with men or more with women?

Mostly women.....1 /15
 Half and half or don't know.....3
 Mostly men.....5

S14. Have you been sexually attracted to both men and women, or only to men or only to women?

Not attracted to either.(SKIP TO INSTR. ABOVE Q. S19)..1 /16
 Opposite sex only.....(SKIP TO INSTR. ABOVE Q. S19)..2
 Both.....3
 Same sex only.....5

S15. At what age were you first sexually attracted to men?

ENTER AGE:.....-- -- /17-18

S17. Are you attracted to men at present?

No.....(ASK A).....5 /19
 Yes.....(SKIP TO Q. S18).....1

A. How long has it been since you were attracted to men?

CODE MOST RECENT TIME POSSIBLE

Within 2 weeks.....1 /20
 Within 1 month.....2
 Within 6 months.....3
 Within 1 year.....4
 Within 3 years.....5
 More than 3 years ago...(ASK B)...6

IF MORE THAN 3 YEARS AGO ASK:

B. How old were you when you stopped being attracted to them? /21-22

ENTER AGE:.....-- --

S18. Did you ever want to try to give up your feelings of attraction to men (or did it go away on its own)?

No.....(SKIP TO INSTR. ABOVE Q. S19)...1 /:3
Went away on its own...(SKIP TO INSTR. ABOVE Q. S19)...2
Wanted or tried.....(ASK A).....5

A. Was that because you personally didn't like the idea of homosexuality, or was it just to get along in a heterosexual world?

To get along.....1 /:4
Didn't like or both.....5

INTERVIEWER: IF Q.4 = 5 (NEVER MARRIED), SKIP TO S20

S19. During any marriage did you have sexual relations outside of marriage with at least three different people?
(HOMOSEXUAL OR HETEROSEXUAL)

No.....1 /:5
Yes.....5*

S20. Have you ever had sex with as many as ten different people within a single year (including your wife)?
(HOMOSEXUAL OR HETEROSEXUAL)

No.....1 /:6
Yes.....5*

S21. Have you ever been paid for having sex with someone?
(HOMOSEXUAL OR HETEROSEXUAL)

No.....1 /:7
Yes.....5*

PT35. Did you ever see something so horrifying or frightening or have something so horrible happen to you that you kept having dreams or nightmares about it or kept remembering it when you didn't want to?

No.....(SKIP TO B).....1 /:16
Yes.....(ASK PT35.1).....5

PT35.1 Have you been having dreams or nightmares or have you kept remembering it when you didn't want to within the last month?

No.....(ASK A).....1 /:17
Yes.....(ASK A).....5

A. What experiences have you had that caused you to have nightmares or keep remembering the experience when you didn't want to?
Any others?

RECORD EXAMPLE(S) AND CIRCLE IN COLUMN A

PERSONALLY EXPERIENCED OR VIEWED:		A	B	
1.	COMBAT (1)-----	5	5	/18
2.	COMBAT (2)-----	5	5	/20
3.	ACCIDENT--OWN-----	5	5	/22
4.	ACCIDENT--VIEWED-----	5	5	/24
5.	PHYSICAL ATTACK ON SELF (1)-----	5	5	/26
6.	PHYSICAL ATTACK ON SELF (2)-----	5	5	/28
7.	SAW SOMEONE HURT/KILLED (1)-----	5	5	/30
8.	SAW SOMEONE HURT/KILLED (2)-----	5	5	/32
9.	RECEIVED THREAT OR HAD CLOSE CALL (1)-----	5	5	/34
10.	RECEIVED THREAT OR HAD CLOSE CALL (2)-----	5	5	/36
11.	WITNESSED CLOSE CALL (1)-----	5	5	/38
12.	WITNESSED CLOSE CALL (2)-----	5	5	/40
13.	DISASTER: FLOOD-----	5	5	/42
14.	DISASTER: TORNADO-----	5	5	/44
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	5	5	/46
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	5	5	/48
17.	OTHER TRAUMA OR OTHER EPISODE (1)-----	5	5	/50
18.	OTHER TRAUMA OR OTHER EPISODE (2)-----	5	5	/52
19.	IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT <u>DO NOT COUNT</u> AS A TRAUMATIC EXPERIENCE. RECORD EXAMPLE HERE: -----	5	5	/54

B. Did you ever suddenly act or feel as though some horrible experience you had been through was happening again, even though it wasn't?

No.....(GO TO BOX BEFORE PT36)....1 /56
Yes.....(ASK B.1).....5

B.1. Have you been feeling this way within the last month?

No.....(ASK C).....1 /57
Yes.....(ASK C).....5

C. What bad experience did you have that seemed to be happening again afterwards? RECORD EXAMPLE AND CIRCLE 5 IN COLUMN B. Any others?
IF NO 5 IN PT35 COLUMN A OR B, SKIP TO A.
IF 5 IN PT35 COLUMN A OR B, CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:

PT36. After (EXAMPLE), did you lose the ability to care about other people or lose interest in things you used to enjoy? CODE AND REPEAT FOR ALL CIRCLED NUMBERS. IF ALL EXAMPLES ARE "NO", SKIP TO A.

PT36.1. (Has this/Have these) caused you to feel this way within the last month?

No.....(ASK A).....1 / 58
 Yes.....(ASK A).....5

A. Did you have any (other) horrible experience that caused you to lose the ability to care about other people or lose interest in things you used to enjoy?

No...(SKIP TO BOX BEFORE PT.37)...1 / 59
 Yes.....(GO TO A.1).....5

A.1. (Has this/Have these) caused you to feel this way within the last month?

No.....(ASK B).....1 / 60
 Yes.....(ASK B).....5

B. What (other) horrible experiences made you lose interest in people or things you used to care about? Anything else?
 ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

<u>PERSONALLY EXPERIENCED OR VIEWED:</u>		<u>NO</u>	<u>YES</u>	
1.	COMBAT (1)-----	1	5	/ 61
2.	COMBAT (2)-----	1	5	/ 62
3.	ACCIDENT--OWN-----	1	5	/ 63
4.	ACCIDENT--VIEWED-----	1	5	/ 64
5.	PHYSICAL ATTACK ON SELF (1)-----	1	5	/ 65
6.	PHYSICAL ATTACK ON SELF (2)-----	1	5	/ 66
7.	SAW SOMEONE HURT/KILLED (1)-----	1	5	/ 67
8.	SAW SOMEONE HURT/KILLED (2)-----	1	5	/ 68
9.	RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/ 69
10.	RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/ 70
11.	WITNESSED CLOSE CALL (1)-----	1	5	/ 71
12.	WITNESSED CLOSE CALL (2)-----	1	5	/ 72
13.	DISASTER: FLOOD-----	1	5	/ 73
14.	DISASTER: TORNADO-----	1	5	/ 74
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/ 75
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/ 76
17.	OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/ 77
18.	OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/ 78

19. IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: -----5
 IF NO 5 IN PT35-36, SKIP TO A. IF 5 IN PT35-36,
 CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:

PT37. Did (EXAMPLE), make you jumpy and easily startled afterwards, so that even ordinary noises and movements around you would make you jump or put you on guard? CODE AND REPEAT FOR ALL CIRCLED NUMBERS. IF ALL EXAMPLES ARE NO, SKIP TO A.

PT37.1. (Has this/Have these) caused you to be jumpy or easily startled within the last month?

No.....(ASK A).....1 /9
 Yes.....(ASK A).....5

A. Have you had any (other) horrible experiences that made you jumpy and easily startled afterwards, so that even ordinary noises or movements around you would make you jump or put you on guard?

No...(SKIP TO BOX BEFORE PT.38)...1 /10
 Yes.....(GO TO A1).....5

A1. (Has this/Have these) caused you to be jumpy or easily startled within the last month?

No.....(ASK B).....1 /11
 Yes.....(ASK B).....5

B. What (other) frightening or horrible experiences affected you that way, making you jumpy and easily startled? Any others?
 ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

<u>PERSONALLY EXPERIENCED OR VIEWED:</u>		<u>NO</u>	<u>YES</u>	
1.	COMBAT (1)-----	1	5	/:2
2.	COMBAT (2)-----	1	5	/:3
3.	ACCIDENT--OWN-----	1	5	/:4
4.	ACCIDENT--VIEWED-----	1	5	/:5
5.	PHYSICAL ATTACK ON SELF (1)-----	1	5	/:6
6.	PHYSICAL ATTACK ON SELF (2)-----	1	5	/:7
7.	SAW SOMEONE HURT/KILLED (1)-----	1	5	/:8
8.	SAW SOMEONE HURT/KILLED (2)-----	1	5	/:9
9.	RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/:10
10.	RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/:11
11.	WITNESSED CLOSE CALL (1)-----	1	5	/:12
12.	WITNESSED CLOSE CALL (2)-----	1	5	/:13
13.	DISASTER: FLOOD-----	1	5	/:14
14.	DISASTER: TORNADO-----	1	5	/:15
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/:16
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/:17
17.	OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/:18
18.	OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/:19
19.	IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE. RECORD EXAMPLE HERE: -----	5		/:20
	IF NO 5 IN PT35-37, SKIP TO A. IF 5 IN PT35-37, CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:			

PT38. After (EXAMPLE), did you have trouble sleeping--
either trouble falling asleep, staying asleep or
waking up too early? CODE AND REPEAT FOR ALL CIRCLED
NUMBERS. IF ALL EXAMPLES ARE NO, SKIP TO A.

PT38.1. (Has this/Have these) caused you to have
trouble sleeping within the last month?

No.....(ASK A).....1 /:1
Yes.....(ASK A).....5

A. Did you ever have trouble sleeping because
of any (other) horrible experience--either
trouble falling asleep, staying asleep or
waking up too early?

No...(SKIP TO BOX BEFORE PT39)....1 /:2
Yes.....(GO TO A.1).....5

A.1. (Has this/Have these) caused you to have trouble sleeping within the last month?

No.....(ASK B).....1 /33
 Yes.....(ASK B).....5

B. What (other) kind of experiences caused you to have trouble sleeping? Any others?
 ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

<u>PERSONALLY EXPERIENCED OR VIEWED:</u>	<u>NO</u>	<u>YES</u>	
1. COMBAT (1)-----	1	5	/34
2. COMBAT (2)-----	1	5	/35
3. ACCIDENT--OWN-----	1	5	/36
4. ACCIDENT--VIEWED-----	1	5	/37
5. PHYSICAL ATTACK ON SELF (1)-----	1	5	/38
6. PHYSICAL ATTACK ON SELF (2)-----	1	5	/39
7. SAW SOMEONE HURT/KILLED (1)-----	1	5	/40
8. SAW SOMEONE HURT/KILLED (2)-----	1	5	/41
9. RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/42
10. RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/43
11. WITNESSED CLOSE CALL (1)-----	1	5	/44
12. WITNESSED CLOSE CALL (2)-----	1	5	/45
13. DISASTER: FLOOD-----	1	5	/46
14. DISASTER: TORNADO-----	1	5	/47
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/48
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/49
			DECK 10
17. OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/50
18. OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/51
19. IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT <u>DO NOT COUNT</u> AS A TRAUMATIC EXPERIENCE. RECORD EXAMPLE HERE: -----		5	/52

IF NO 5 IN PT35-38, SKIP TO A. IF 5 IN PT35-38,
 CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:

PT39. After (EXAMPLE), did you feel ashamed of still being alive? CODE AND REPEAT FOR ALL CIRCLED NUMBERS. IF ALL EXAMPLES ARE NO, SKIP TO A.

PT39.1. (Has this/Have these) made you feel this way within the last month?

No.....(ASK A).....1 /53
 Yes.....(ASK A).....5

A. Did you ever have any (other) horrifying experience that made you feel ashamed of still being alive after it was all over?

No...(SKIP TO BOX BEFORE PT40)....1 /54
 Yes.....(GO TO A1).....5

A.1. (Has this/Have these) made you feel
 this way within the last month?

No.....(ASK B).....1 /55
 Yes.....(ASK B).....5

B. What (other) experiences made you feel
 ashamed of still being alive afterwards?
 Any others?
 ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

PERSONALLY EXPERIENCED OR VIEWED:	NO	YES	
1. COMBAT (1)-----	1	5	/56
2. COMBAT (2)-----	1	5	/57
3. ACCIDENT--OWN-----	1	5	/58
4. ACCIDENT--VIEWED-----	1	5	/59
5. PHYSICAL ATTACK ON SELF (1)-----	1	5	/50
6. PHYSICAL ATTACK ON SELF (2)-----	1	5	/51
7. SAW SOMEONE HURT/KILLED (1)-----	1	5	/52
8. SAW SOMEONE HURT/KILLED (2)-----	1	5	/53
9. RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/54
10. RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/55
11. WITNESSED CLOSE CALL (1)-----	1	5	/56
12. WITNESSED CLOSE CALL (2)-----	1	5	/57
13. DISASTER: FLOOD-----	1	5	/58
14. DISASTER: TORNADO-----	1	5	/59
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/60
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/61
17. OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/62
18. OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/63
19. IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT <u>DO NOT COUNT</u> AS A TRAUMATIC EXPERIENCE. RECORD EXAMPLE HERE: -----		5	/64

IF NO 5 IN PT35-39, SKIP TO A. IF 5 IN PT35-39,
 CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:

PT40. After (EXAMPLE), did you become unusually forgetful or
 have trouble concentrating? CODE AND REPEAT FOR ALL
 CIRCLED NUMBERS. IF ALL EXAMPLES ARE NO, SKIP TO A.

PT40.1. (Has this/Have these) caused you to be unusually forgetful or to have trouble concentrating within the last month?

No.....(ASK A).....1 /8
 Yes.....(ASK A).....5

A. Have you had any (other) horrible experience that made you become unusually forgetful or have trouble concentrating?

No...(SKIP TO BOX BEFORE PT41)....1 /9
 Yes.....(GO TO A.1).....5

A1. (Has this/Have these) caused you to be unusually forgetful or to have trouble concentrating within the last month?

No.....(ASK B).....1 /10
 Yes.....(ASK B).....5

B. What (other) kind of experience did you have that caused you to become forgetful or have trouble concentrating? Anything else?

ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

<u>PERSONALLY EXPERIENCED OR VIEWED:</u>		NO	YES	
1.	COMBAT (1)-----	1	5	/11
2.	COMBAT (2)-----	1	5	/12
3.	ACCIDENT--OWN-----	1	5	/13
4.	ACCIDENT--VIEWED-----	1	5	/14
5.	PHYSICAL ATTACK ON SELF (1)-----	1	5	/15
6.	PHYSICAL ATTACK ON SELF (2)-----	1	5	/16
7.	SAW SOMEONE HURT/KILLED (1)-----	1	5	/17
8.	SAW SOMEONE HURT/KILLED (2)-----	1	5	/18
9.	RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/19
10.	RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/20
11.	WITNESSED CLOSE CALL (1)-----	1	5	/21
12.	WITNESSED CLOSE CALL (2)-----	1	5	/22
13.	DISASTER: FLOOD-----	1	5	/23
14.	DISASTER: TORNADO-----	1	5	/24
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/25
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/26
17.	OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/27
18.	OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/28

19. IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: -----5

/19

IF NO 5 IN PT35-40, SKIP TO A. IF 5 IN PT35-40, CIRCLE NO. OF CORRESPONDING LINE(S) AND ASK FOR EACH:

PT41. After (EXAMPLE), did you find that you avoided situations or activities that might remind you of it? CODE AND REPEAT FOR ALL CIRCLED NUMBERS. IF ALL EXAMPLES ARE NO, SKIP TO A.

PT41.1. Have you avoided situations that might remind you of any of these experiences within the last month?

No.....(ASK A).....1
Yes.....(ASK A).....5

/30

A. Have you had any (other) experiences so horrible that afterwards you would avoid any activities or situations that reminded you of it?

No.....(SKIP TO C.11
Yes.....(GO TO A.1).....5

/31

A.1. Have you avoided situations that might remind you of any of these experiences within the last month?

No.....(ASK B).....1
Yes.....(ASK B).....5

/32

B. What (other) experiences have you had that caused you to avoid activities or situations that would remind you of it? Anything else? ENTER EXAMPLE ON UNUSED LINE AND CODE 5.

<u>PERSONALLY EXPERIENCED OR VIEWED:</u>		<u>NO</u>	<u>YES</u>	
1.	COMBAT (1)-----	1	5	/33
2.	COMBAT (2)-----	1	5	/34
3.	ACCIDENT--OWN-----	1	5	/35
4.	ACCIDENT--VIEWED-----	1	5	/36
5.	PHYSICAL ATTACK ON SELF (1)-----	1	5	/37
6.	PHYSICAL ATTACK ON SELF (2)-----	1	5	/38
7.	SAW SOMEONE HURT/KILLED (1)-----	1	5	/39
8.	SAW SOMEONE HURT/KILLED (2)-----	1	5	/40
9.	RECEIVED THREAT OR HAD CLOSE CALL (1)-----	1	5	/41
10.	RECEIVED THREAT OR HAD CLOSE CALL (2)-----	1	5	/42
11.	WITNESSED CLOSE CALL (1)-----	1	5	/43
12.	WITNESSED CLOSE CALL (2)-----	1	5	/44
13.	DISASTER: FLOOD-----	1	5	/45
14.	DISASTER: TORNADO-----	1	5	/46
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)-----	1	5	/47
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)-----	1	5	/48
17.	OTHER TRAUMA OR OTHER EPISODE (1)-----	1	5	/49
18.	OTHER TRAUMA OR OTHER EPISODE (2)-----	1	5	/50
19.	IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT <u>DO NOT COUNT</u> AS A TRAUMATIC EXPERIENCE.			
	RECORD EXAMPLE HERE: -----		5	

INTERVIEWER:

C.1 IS THERE AT LEAST ONE 5 IN COLUMNS FOR PT35-40?

No...(SKIP TO Q.259).....1 /52
Yes.....(ASK PT42).....5

FOR 5's IN PT35-40, CIRCLE NO. OF
CORRESPONDING LINE(S) AND ASK FOR EACH:

PT42. When you were in a situation that reminded you
of (EXAMPLE), did you find that any of the
problems you had got worse, problems like (LIST
PROBLEMS CODED 5 FOR THAT EXAMPLE IN PT35-40A)?
CODE AND REPEAT FOR EACH CIRCLED NUMBER. IF ANY 5's
CODED ASK PT42.1 ALL OTHERS SKIP TO PT43.

PT42.1. Within the last month have you been in a
situation that reminded you of any of these
experiences and found that your problems
got worse?

No.....1 /53
 Yes.....5

PERSONALLY EXPERIENCED OR VIEWED:	NEVER			
	REMINDED	NO	YES	
1. COMBAT (1)-----	6	1	5	/54
2. COMBAT (2)-----	6	1	5	/55
3. ACCIDENT--OWN-----	6	1	5	/56
4. ACCIDENT--VIEWED-----	6	1	5	/57
5. PHYSICAL ATTACK ON SELF (1)-----	6	1	5	/58
6. PHYSICAL ATTACK ON SELF (2)-----	6	1	5	/59
7. SAW SOMEONE HURT/KILLED (1)-----	6	1	5	/60
8. SAW SOMEONE HURT/KILLED (2)-----	6	1	5	/61
9. RECEIVED THREAT OR HAD CLOSE CALL (1)-	6	1	5	/62
10. RECEIVED THREAT OR HAD CLOSE CALL (2)-	6	1	5	/63
11. WITNESSED CLOSE CALL (1)-----	6	1	5	/64
12. WITNESSED CLOSE CALL (2)-----	6	1	5	/65
13. DISASTER: FLOOD-----	6	1	5	/66
14. DISASTER: TORNADO-----	6	1	5	/67
15. NEWS OF UNEXPECTED DEATH/INJURY				
OF SOMEONE CLOSE (1)-----	6	1	5	/68
16. NEWS OF UNEXPECTED DEATH/INJURY				
OF SOMEONE CLOSE (2)-----	6	1	5	/69
17. OTHER TRAUMA OR OTHER EPISODE (1)-----	6	1	5	/70
18. OTHER TRAUMA OR OTHER EPISODE (2)-----	6	1	5	/71

PT43. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING
 LINES AND ASK FOR EACH:

Did you tell a doctor about the problem(s) you had after
 (EXAMPLE)? CODE IN COLUMN I. IF NO, ASK A. IF YES,
 GO TO B.

A. Did you tell any other professional about these problems
 you had after (EXAMPLE)? CODE IN COLUMN II, AND ASK B.

B. Did you take medication more than once because of these
 problems you had after (EXAMPLE)? CODE IN COLUMN III
 AND ASK C.

C. Did the problems you had after (EXAMPLE) interfere with
 your life or activities a lot? CODE IN COLUMN IV AND
 GO TO NEXT CIRCLED NUMBER (OR PT44).

	I		II		III		IV		
	DOCTOR		A.		B.		C.		
	N	Y	N	Y	N	Y	N	Y	
1. COMBAT (1).....	1	5	1	5	1	5	1	5	/72
2. COMBAT (2).....	1	5	1	5	1	5	1	5	/8
3. ACCIDENT--OWN.....	1	5	1	5	1	5	1	5	/12
4. ACCIDENT--VIEWED.....	1	5	1	5	1	5	1	5	/16
5. PHYSICAL ATTACK ON SELF (1)...	1	5	1	5	1	5	1	5	/20
6. PHYSICAL ATTACK ON SELF (2)...	1	5	1	5	1	5	1	5	/24
7. SAW SOMEONE HURT/KILLED (1)...	1	5	1	5	1	5	1	5	/28
8. SAW SOMEONE HURT/KILLED (2)...	1	5	1	5	1	5	1	5	/32
9. RECEIVED THREAT OR HAD CLOSE CALL (1).....	1	5	1	5	1	5	1	5	/36
10. RECEIVED THREAT OR HAD CLOSE CALL (2).....	1	5	1	5	1	5	1	5	/40
11. WITNESSED CLOSE CALL (1).....	1	5	1	5	1	5	1	5	/44
12. WITNESSED CLOSE CALL (2).....	1	5	1	5	1	5	1	5	/48
13. DISASTER: FLOOD.....	1	5	1	5	1	5	1	5	/52
14. DISASTER: TORNADO.....	1	5	1	5	1	5	1	5	/56
15. NEWS OF UNEXPECTED DEATH/ INJURY OF SOMEONE CLOSE (1)...	1	5	1	5	1	5	1	5	/60
16. NEWS OF UNEXPECTED DEATH/ INJURY OF SOMEONE CLOSE (2)...	1	5	1	5	1	5	1	5	/64
17. OTHER TRAUMA OR OTHER EPISODE (1).....	1	5	1	5	1	5	1	5	/68
18. OTHER TRAUMA OR OTHER EPISODE (2).....	1	5	1	5	1	5	1	5	/72

PT44. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

How old were you when (EXAMPLE) happened?

AGE

1. COMBAT (1).....	---	---	/8-9
2. COMBAT (2).....	---	---	/10-11
3. ACCIDENT--OWN.....	---	---	/12-13
4. ACCIDENT--VIEWED.....	---	---	/14-15
5. PHYSICAL ATTACK ON SELF (1).....	---	---	/16-17
6. PHYSICAL ATTACK ON SELF (2).....	---	---	/18-19
7. SAW SOMEONE HURT/KILLED (1).....	---	---	/20-21
8. SAW SOMEONE HURT/KILLED (2).....	---	---	/22-23
9. RECEIVED THREAT OR HAD CLOSE CALL (1).....	---	---	/24-25

10. RECEIVED THREAT OR HAD CLOSE CALL (2).....	/26-27
11. WITNESSED CLOSE CALL (1).....	/28-29
12. WITNESSED CLOSE CALL (2).....	/30-31
13. DISASTER: FLOOD.....	/32-33
14. DISASTER: TORNADO.....	/34-35
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1).....	/36-37
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2).....	/38-39
17. OTHER TRAUMA OR OTHER EPISODE (1).....	/40-41
18. OTHER TRAUMA OR OTHER EPISODE (2).....	/42-43

PT45. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING
LINES AND ASK FOR EACH:

How soon after (EXAMPLE) did you start to have the problems
we talked about?

CODE: SAME DAY = 1
 THAT WEEK = 2
 THAT MONTH = 3
 WITHIN 6 MONTHS = 4
 WITHIN YEAR = 5
 WITHIN 3 YEARS = 6
 MORE THAN 3 YEARS= 7

1. COMBAT (1).....	/44
2. COMBAT (2).....	/45
3. ACCIDENT--OWN.....	/46
4. ACCIDENT--VIEWED.....	/47
5. PHYSICAL ATTACK ON SELF (1).....	/48
6. PHYSICAL ATTACK ON SELF (2).....	/49
7. SAW SOMEONE HURT/KILLED (1).....	/50
8. SAW SOMEONE HURT/KILLED (2).....	/51
9. RECEIVED THREAT OR HAD CLOSE CALL (1).....	/52

10. RECEIVED THREAT OR HAD CLOSE CALL (2).....-----	/53
11. WITNESSED CLOSE CALL (1).....-----	/54
12. WITNESSED CLOSE CALL (2).....-----	/55
13. DISASTER: FLOOD.....-----	/56
14. DISASTER: TORNADO.....-----	/57
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1).....-----	/58
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2).....-----	/59
17. OTHER TRAUMA OR OTHER EPISODE (1).....-----	/60
18. OTHER TRAUMA OR OTHER EPISODE (2).....-----	/61

PT46. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING
LINES AND ASK FOR EACH:

For how many days, weeks, months, or years did you continue
to have any of these problems because of (EXAMPLE) at least a
few times a week?

CODE: NEVER THAT OFTEN = 0
 < WEEK = 1
 < MONTH = 2
 < 6 MONTHS = 3
 < 1 YEAR = 4
 < 3 YEARS = 5
 > 3 YEARS = 6

1. COMBAT (1).....-----	/62
2. COMBAT (2).....-----	/63
3. ACCIDENT--OWN.....-----	/64
4. ACCIDENT--VIEWED.....-----	/65
5. PHYSICAL ATTACK ON SELF (1).....-----	/66
6. PHYSICAL ATTACK ON SELF (2).....-----	/67
7. SAW SOMEONE HURT/KILLED (1).....-----	/68
8. SAW SOMEONE HURT/KILLED (2).....-----	/69
9. RECEIVED THREAT OR HAD CLOSE CALL (1).....-----	/70

- 10. RECEIVED THREAT OR HAD CLOSE CALL (2).....----- /11
 - 11. WITNESSED CLOSE CALL (1).....----- /12
 - 12. WITNESSED CLOSE CALL (2).....----- /13
 - 13. DISASTER: FLOOD.....----- /14
 - 14. DISASTER: TORNADO.....----- /15
 - 15. NEWS OF UNEXPECTED DEATH/INJURY
OF SOMEONE CLOSE (1).....----- /16
 - 16. NEWS OF UNEXPECTED DEATH/INJURY
OF SOMEONE CLOSE (2).....----- /17
 - 17. OTHER TRAUMA OR OTHER EPISODE (1).....----- /18
 - 18. OTHER TRAUMA OR OTHER EPISODE (2).....----- /8
- PT47. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING
LINES AND ASK FOR EACH:

When was the last time you had any of these problems because
of (EXAMPLE)?

CODE: WITHIN LAST 2 WEEKS = 1
 2 WEEKS TO <1 MONTH = 2
 1 MONTH <6 MONTHS = 3
 6 MONTHS <1 YEAR = 4
 1 YEAR OR MORE = 5

IF 1 YEAR OR MORE ASK: How old were you then? ENTER AGE

- | | TIME | AGE | |
|--|------|-----|--------|
| 1. COMBAT (1).....----- | -- | -- | /9-11 |
| 2. COMBAT (2).....----- | -- | -- | /12-14 |
| 3. ACCIDENT--OWN.....----- | -- | -- | /15-17 |
| 4. ACCIDENT--VIEWED.....----- | -- | -- | /18-20 |
| 5. PHYSICAL ATTACK ON SELF (1).....----- | -- | -- | /21-23 |
| 6. PHYSICAL ATTACK ON SELF (2).....----- | -- | -- | /24-26 |
| 7. SAW SOMEONE HURT/KILLED (1).....----- | -- | -- | /27-29 |
| 8. SAW SOMEONE HURT/KILLED (2).....----- | -- | -- | /30-32 |

9.	RECEIVED THREAT OR HAD CLOSE CALL (1).....	----	-- --	/33-35
10.	RECEIVED THREAT OR HAD CLOSE CALL (2).....	----	-- --	/36-38
11.	WITNESSED CLOSE CALL (1).....	----	-- --	/39-41
12.	WITNESSED CLOSE CALL (2).....	----	-- --	/42-44
13.	DISASTER: FLOOD.....	----	-- --	/45-47
14.	DISASTER: TORNADO.....	----	-- --	/48-50
15.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1).....	----	-- --	/51-53
16.	NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2).....	----	-- --	/54-56
17.	OTHER TRAUMA OR OTHER EPISODE (1).....	----	-- --	/57-59
18.	OTHER TRAUMA OR OTHER EPISODE (2).....	----	-- --	/60-62

259. As you can see, I've tried to ask you about a lot of different kinds of emotional problems, and habits that people might have. But of course, everyone is different, and I might have skipped something that has been important to you. Have you had any problems that I should have covered but didn't?

RECORD VERBATIM.

INTERVIEWER: CODE Qs. 260-263 WITHOUT ASKING.

260. NEOLOGISMS (USE OF MADE-UP OR MEANINGLESS WORDS)

No.....(GO TO Q. 261).....1 /63
 Yes...(RECORD EXAMPLES BELOW).....5

261. THOUGHT DISORDER (VERBAL PRODUCTION THAT MAKES COMMUNICATION DIFFICULT BECAUSE OF LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION).

No...(GO TO Q. 262).....1
Yes....(RECORD EXAMPLES BELOW)....5

/54

262. FLAT AFFECT (LACK OF EMOTIONAL RESPONSIVENESS SUCH AS SMILING, SADNESS, IRRITABILITY, ETC.--IE., TOTAL LACK OF FACIAL EXPRESSION. SHOULD PERSIST THROUGHOUT INTERVIEW TO BE CODED 5.

No.....1
Yes.....5

/65

263. BEHAVES AS IF HALLUCINATING (BEHAVES AS IF HEARING VOICES OR SEEING VISIONS, LIPS MOVE SOUNDLESSLY, GIGGLES TO SELF NOT JUST FROM EMBARRASSMENT OR SHYNESS, GLANCES OVER SHOULDER, AS IF DISTRACTED BY A VOICE).

No.....1
Yes.....5

/65

ENTER TIME ENDED -- --:-- --

/67-63

III. Psychological Examination Forms

C. Reference List for Copyright Protected Psychological Examination Forms

1. Army Qualification, General Technical (GT) Test: Montague EK, Williams HL, Lubin A, Giesecking CF. Army tests for assessment of intellectual deficit. US Armed Forces Med J 1957;8:883-92.
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4. Grooved Pegboard: Klove H. Clinical neuropsychology. In Forster FM, ed. Medical Clinics of North America. New York: WB Saunders, 1963.
5. Minnesota Multiphasic Personality Inventory (MMPI): Dahlstrom WC, Welsh GS, Dahlstrom LE. An MMPI handbook (vol. I, Clinical interpretation, rev ed.). Minneapolis: University of Minnesota Press, 1975.
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7. Rey-Osterrieth: Osterrieth PA. Le test de copie d'une figure complexe. Arch Psychologie 1944;30:206-356.
8. Wechsler Adult Intelligence Scale, Revised. (WAIS-R): Wechsler D. WAIS-R manual. New York: Psychological Corporation, 1981.
9. Wisconsin Card Sort: Berg EA. A simple objective test for measuring flexibility in thinking. J Gen Psychol 1948;39:15-22.
10. Word List Generation: Benton AL, Hamsher KS. Multilingual aphasia examination. Iowa City: University of Iowa, 1976. (Manual, revised, 1978).
11. Wide Range Achievement Test (WRAT) Reading Subtest: Jastak JF, Jastak SR. The Wide Range Achievement Test manual. Wilmington, Delaware: Guidance Associates, 1965.

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