

**Drug Abuse Treatment Outcome
Study (DATOS), 1991-1994: [United
States]**

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

Questionnaire for Intake 2 Data

DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS)

Project 4595



INTAKE 2 QUESTIONNAIRE

Conducted by:

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Conducted for:

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

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Client ID No.:

Date Completed:

MONTH
DAY

19

YEAR

Final Result
Code:

PR No.:

Total Length
of Interview:

MINUTES

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Drug Abuse Treatment Outcome Study

Intake 2 Interview

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

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

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

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

- 01 YES
- 02 NO

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

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

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

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

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

<input type="text"/> <input type="text"/> <input type="text"/>	DAYS	IF 000, GO TO A8
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During those 12 months, how many days did you stay overnight . . . ? **[READ EACH LINE.]**

DAYS

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

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

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

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

c. in a hospital (for some other reason)

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

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

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

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

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

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

START USING TALLY SHEET X, PART B.

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

- 01 YES → TALLY 02 NO

A9. (Since you were 18), have you ever had no regular place to live for a month or more, or lived on the street or in a shelter for that long?

- 01 YES → TALLY 02 NO

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

- 01 MARRIED
02 SEPARATED → GO TO A10b
03 DIVORCED → GO TO A10e
04 WIDOWED → GO TO A10e
05 LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED) → GO TO A10d
06 NEVER MARRIED → GO TO A16

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

- 01 YES → GO TO A10d 02 NO

A10b. Was this a legal separation?

- 01 YES → GO TO A10e 02 NO

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

- 01 NOT GETTING ALONG → GO TO A10e
02 OTHER REASONS

A10d. Were you satisfied with your relationship?

- 01 YES 02 NO

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

YEARS	MONTHS	WEEKS

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

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

- 01 was very much opposed
- 02 was somewhat opposed
- 03 didn't care one way or the other
- 04 approved of your use of drugs
- 05 was not aware of your drug use → **GO TO A12**
- 06 NOT IN CONTACT WITH PARTNER → **GO TO A13**

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

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

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

- 01 YES
- 02 NO

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

- 01 YES
- 02 NO

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

- 01 YES
- 02 NO

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

- 01 YES
- 02 NO

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

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

A13. How many times have you been legally married?

--	--

TIMES → TALLY

IF 01, GO TO A14.

IF 00, GO TO SKIP BEFORE A16.

A13a. How many times have you been divorced?

--	--

TIMES [MUST BE LESS THAN OR EQUAL TO A13]

SHOW ONSET/RECENCY CARD

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

--	--

 MONTHS

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

--	--

 AGE

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

YEARS	

MONTHS	

WEEKS	

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

01 YES

02 NO → GO TO SKIP BEFORE A16

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

01 YES

02 NO

SHOW ONSET/RECENCY CARD

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

--	--

 MONTHS

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

--	--

 AGE

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

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

01 YES → TALLY

02 NO

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

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

TIMES

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

YEARS

MONTHS

WEEKS

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

01 YES

02 NO → GO TO SKIP BEFORE A18

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

01 YES

02 NO

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

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

- 01 poor
- 02 fair
- 03 well

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

- 01 YES → **TALLY**
- 02 NO → **GO TO A20**

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

- 01 YES
- 02 NO

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

- 01 YES
- 02 NO → **GO TO SKIP BEFORE A21**

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

- 01 YES
- 02 NO → **GO TO SKIP BEFORE A21**

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

- 01 YES → **TALLY**
- 02 NO

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

- 01 YES
- 02 NO
- 03 FELT BAD ABOUT SOME, NOT OTHERS

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

TIMES

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

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

[IF LIVING ALONE, RECORD 00.]

PERSONS **IF 00, GO TO A26**

A21a. Did your spouse/partner live with you?

01 YES

02 NO

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

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

NUMBER

01 children

02 parents

03 other relatives

04 other nonrelatives

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

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

01 very dissatisfied

02 somewhat dissatisfied

03 somewhat satisfied

04 very satisfied

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

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

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

- 01 poor
- 02 fair
- 03 well

HAND RESPONDENT SHOW CARD 2.

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

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

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

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

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

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

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

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

CHILDREN → **TALLY. IF 00, GO TO A28.**

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

CHILDREN

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

CHILDREN → **TALLY. IF 00, GO TO A29.**

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

CHILDREN

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

CHILDREN

IF 00, OR NO LIVING CHILDREN, GO TO A46.

IF 01, GO TO A30.

IF 02 OR MORE, GO TO A30a.

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

01 YES → **GO TO A31**

02 NO → **GO TO A40**

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

CHILDREN

IF 00, GO TO A40.

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

01 YES

02 NO

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

CHILDREN

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

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

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

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

--	--

CHILDREN

IF NUMBER EQUALS NUMBER OF CHILDREN UNDER 18

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

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

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

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

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

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

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

- 01 YES
- 02 NO
- 03 SOMEWHAT/MAYBE

DOES A33 EQUAL 1 OR MORE?

- 01 YES
- 02 NO → **GO TO A40**

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

- 01 YES
- 02 NO → **GO TO A37**

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

- 01 YES
- 02 NO

HAND RESPONDENT SHOW CARD 2.

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

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

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

- 01 poor
- 02 fair
- 03 well

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

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

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

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

- 01 YES → TALLY ON TALLY SHEET X, PART B
- 02 NO
- 03 VOL: NEVER LIVED WITH CHILD → GO TO A46

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

01 YES → TALLY

02 NO

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

01 YES → TALLY

02 NO

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

01 YES → TALLY

02 NO

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

01 YES → TALLY

02 NO

03 VOL: ONLY WHEN NO INCOME

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

01 YES

02 NO → GO TO A46

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

SKIP: IF FIRST (A45) OR LAST (A45a) TIME IS BETWEEN 18 AND 25, GO TO A46.

A45b. IF RESPONDENT IS OVER 25, ASK: Did you do (this/any of these) between 18 and 25?

IF BETWEEN 18 AND 25, ASK: Did you do this since you were 18?

01 YES

02 NO

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

01 YES

02 NO → **GO TO A46b**

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

--	--

NUMBER OF PEOPLE

IF MORE THAN 99, RECORD NUMBER IN MARGIN.

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

01 YES

02 NO

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

01 YES

02 NO

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

01 YES

02 NO

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

01 YES

02 NO

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

01 YES

02 NO → **GO TO A48**

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

01 not at all

02 somewhat

03 very serious

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

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

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

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

HAND RESPONDENT SHOW CARD 3.

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

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

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

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

- 01 poor
- 02 fair
- 03 well

HAND RESPONDENT SHOW CARD 2.

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

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

HAND RESPONDENT SHOW CARD 4.

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

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

A58. Now, I would like to ask about any upsetting experiences you may have had. Please include experiences throughout your whole life, from the time you were a child until recently. Taking all things together, how would you say your life was before admission? Would you say it was . . .

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

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

01 WORSE

02 BETTER

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

01 YES

02 NO

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

01 YES

02 NO → **GO TO A62**

A61a. Did you run away more than once?

01 YES → **GO TO A61c**

02 NO

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

01 YES

02 NO

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

AGE

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

A62. Has anyone ever forced you or pressured you to do any sexual acts against your will?

- 01 YES 02 NO → **GO TO A63**

A62a. Who abused you sexually? Was it . . . **[CIRCLE ALL MENTIONS.]**

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

A62b. How often did this happen before you were 15? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES

A62c. How often did this happen since you were 15 or older? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES **IF 00, GO TO A62e.**

A62d. During the 12 months before admission, how many times did this happen? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES

SHOW ONSET/REGENCY CARD.

A62e. When did this last happen?

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

A62f. Are you concerned that someone may sexually abuse you, or anyone else in your household, again sometime soon?

- 01 YES 02 NO → **GO TO A63**

A62g. How much does this worry you . . . ?

- 01 not at all
- 02 a little
- 03 a lot

A63. Has anyone ever abused you physically (other than sexually), that is, hit or beat you so hard that you had cuts or bruises, had to stay in bed, or had to see a doctor?

01 YES

02 NO → GO TO A64

A63a. Who abused you physically? Was it . . . **[CIRCLE ALL MENTIONS.]**

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

A63b. How often did this happen before you were 15? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES

A63c. How often did this happen since you were 15 or older? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES IF 00, GO TO A63e.

A63d. During the 12 months before admission, how many times did this happen? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

TIMES

A63e. When did this last happen?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

A63f. Are you concerned that someone may physically abuse you, or anyone else in your household, sometime soon?

01 YES

02 NO → GO TO A64

A63g. How much does this worry you? Would you say . . .

- 01 not at all
- 02 a little
- 03 a lot

A64. During the 12 months before admission, did you . . . ?

EVENT	HAPPEN IN 12 MONTHS	
	YES	NO
a. get robbed, assaulted, or become the victim of any other type of crime.	01	02
b. become the victim of any other unusual and very upsetting event such as a fire, flood, or serious accident	01	02

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

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

SECTION B.
HEALTH

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

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

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

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

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

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

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

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

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

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

CONDITION	<u>B4.</u> HEALTH AFFECTED BY		<u>B4a.</u> DOCTOR DIAGNOSED	
	YES	NO	YES	NO
a. respiratory system or breathing problems such as bronchitis, asthma, hay fever, pneumonia, emphysema, shortness of breath, or wheezing	01	02	01	02
b. tuberculosis	01	02	01	02
c. heart or circulatory system problems including high blood pressure, irregular heartbeats, palpitations, heart murmur, or heart disease	01	02	01	02
d. digestive system or stomach problems such as ulcers, colitis, nausea, vomiting, persistent diarrhea, or heartburn	01	02	01	02
e. hepatitis, cirrhosis of the liver, jaundice, or kidney/liver problems	01	02	01	02
f. bone and muscle problems such as paralysis, bursitis, arthritis, or permanent stiffness	01	02	01	02
g. nervous system problems such as seizures, epilepsy, migraines, convulsions, or blackouts	01	02	01	02
h. [IF FEMALE] a female or gynecological problem like ovarian cysts, severe bleeding or severe cramps, endometriosis, fibroids, lower abdominal pain, breast lumps, or breast pain	01	02	01	02
i. [IF MALE] a prostate problem or problems with urinating	01	02	01	02
j. venereal or sexually transmitted disease (STD) such as gonorrhea, syphilis, chlamydia, or herpes	01	02	01	02
k. any other physical health problem or illness that seriously affected your health [SPECIFY – IF AIDS/HIV+ IS MENTIONED, RECORD “IMMUNE DISORDER.”]	01	02	01	02

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

01 YES

02 NO

SKIP: IF RESPONDENT IS MALE, GO TO B7.

B6. Are you pregnant?

01 YES

02 NO → **GO TO B7**

B6a. Has this been verified?

01 YES

02 NO → **GO TO B6c**

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

● 01 DOCTOR

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

● 03 HOME PREGNANCY TEST

● 04 OTHER (SPECIFY) _____

B6c. How many months pregnant are you?

MONTHS

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

00 none

01 very mild

02 mild

03 moderate

04 severe

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

01 YES

02 NO → **GO TO B6g**

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

VERBATIM: _____

● 01 CONCERNED ABOUT EFFECT OF DRUGS ON BABY

● 02 CONCERNED ABOUT OWN HEALTH

● 03 COST OF DRUGS

● 04 PRESSURE FROM OTHERS

● 05 AFRAID WOULD LOSE CUSTODY OF BABY

● 06 OTHER

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

NUMBER OF TIMES

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

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

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

- 01 YES
- 02 NO

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

- 01 YES
- 02 NO

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

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

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

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

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

HAND RESPONDENT SHOW CARD 5.

B11. How is your hearing (with a hearing aid if you use one)?

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

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

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

B13. How well can you move your arms?

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

B14. How well can you move your hands?

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

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

- 01 YES ↓
- 02 NO → **GO TO B16**

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

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

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

DAYS

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

--	--	--

 DAYS

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

--	--

 TIMES

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

--	--

 TIMES

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

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

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

TIMES **IF 00, GO TO B22.**

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

NIGHTS

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

_____ .

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

01 YES

02 NO

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

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

HOSPITALIZATIONS **IF 00, GO TO B22.**

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

DAYS

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

01 YES ↓ 02 NO → **GO TO B23**

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

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

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

_____ .

_____ .

_____ .

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

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

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

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

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

01 YES 02 NO → **GO TO SECTION C**

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

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

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

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

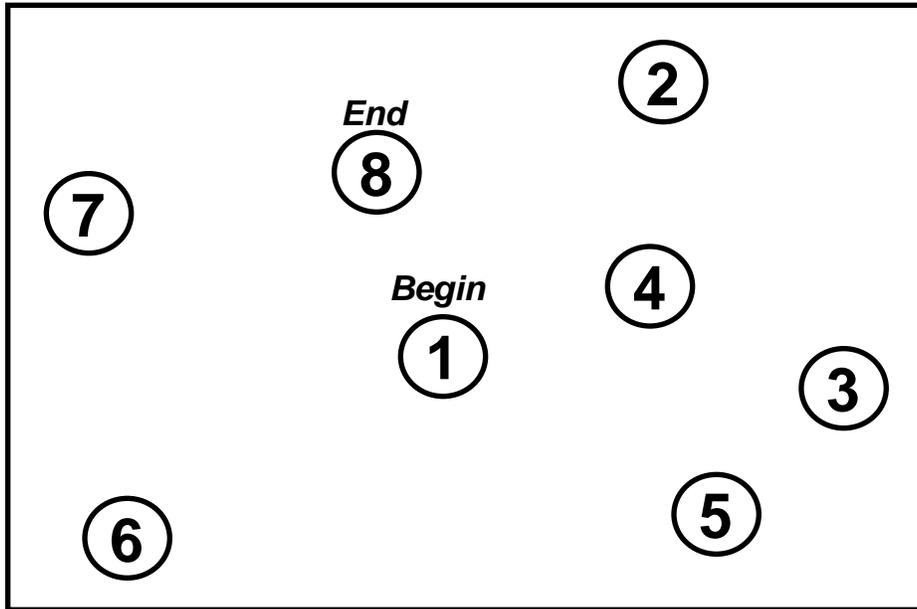
01 YES → ENTER TYPE OF DISABILITY

02 NO → ADMINISTER SECTION C

_____ → **GO TO SECTION D**

SAMPLE TRAIL A

SAMPLE



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Begin!

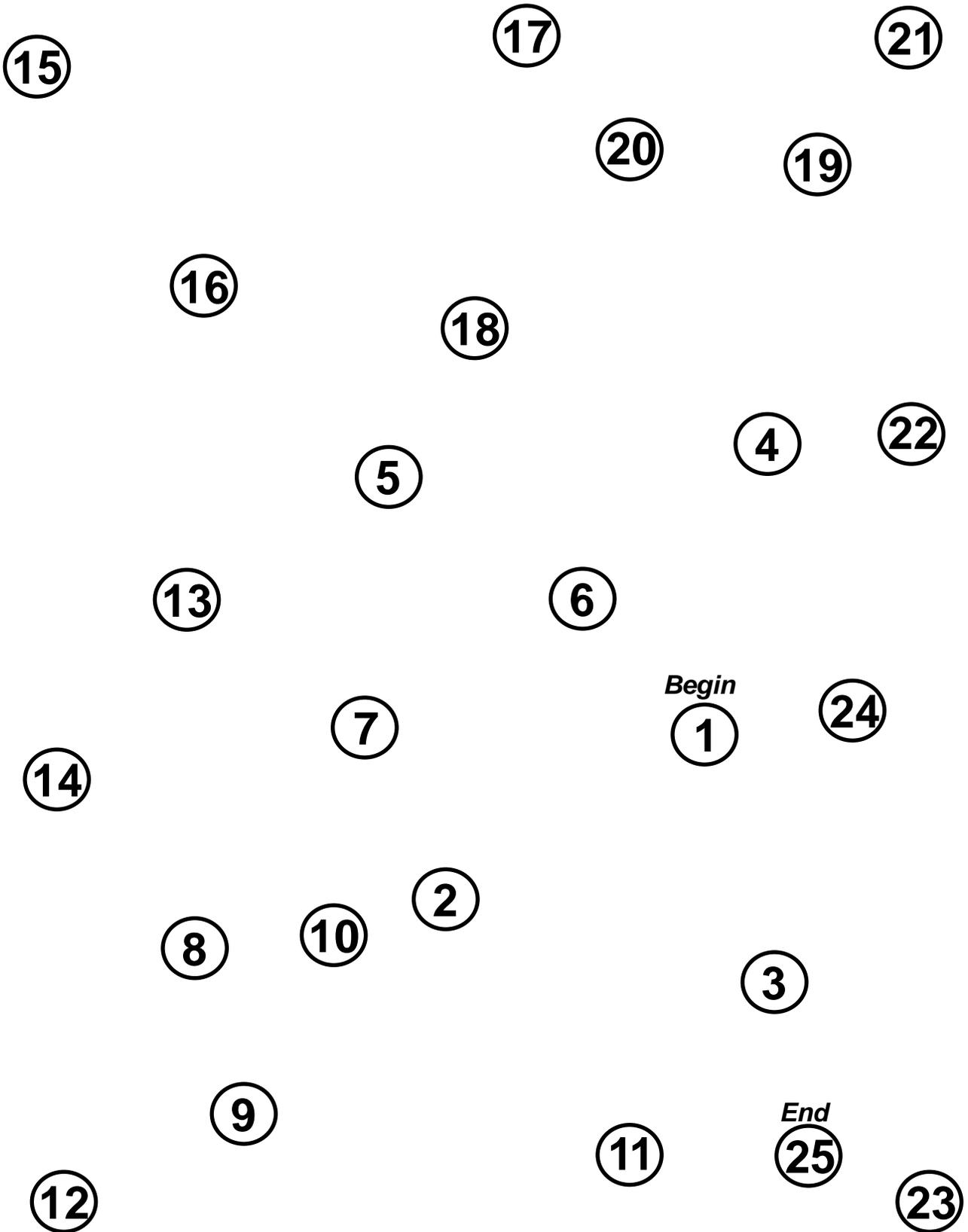
FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

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

Good! Thank you.

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

TRAIL TEST A



CLIENT ID:

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

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

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

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

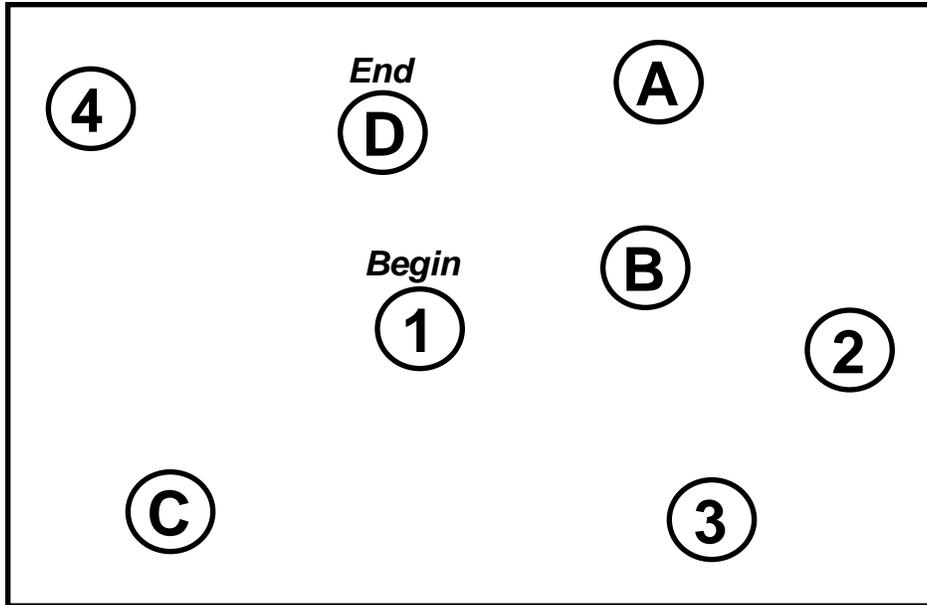
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MINUTES		SECONDS	

THEN SAY:

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

SAMPLE TRAIL B

SAMPLE



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

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

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

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

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

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

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

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

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

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

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

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

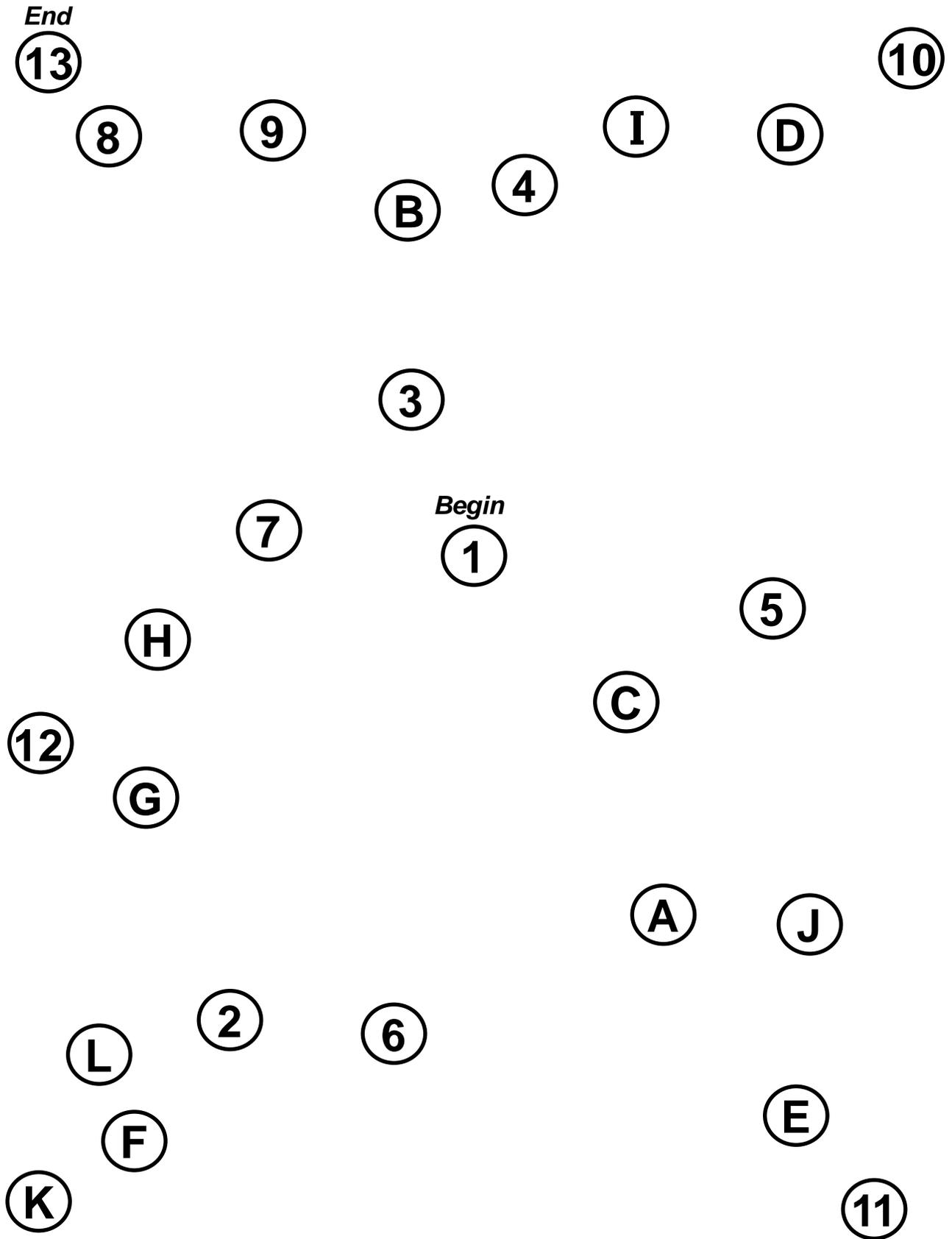
FOCUS ON HOW THE RESPONDENT COMPLETES THE TASK; DO NOT BE CONCERNED WITH THE TIME.

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

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

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

TRAIL TEST B



CLIENT ID:

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

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

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

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

--	--

MINUTES

--	--

SECONDS

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

THEN SAY:

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

SECTION D. RELIGIOSITY AND SELF-CONCEPT

--

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

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

HAND RESPONDENT SHOW CARD 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HAND RESPONDENT SHOW CARD 7.

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

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

SECTION E.
ANXIETY

E1. In this next set of questions, I'll ask about some problems or experiences that you might have had. Have you ever had times, such as a spell or attack, when all of a sudden you felt frightened, anxious, or very uneasy in a situation when most people would not be afraid or anxious?

- 01 YES 02 NO → **GO TO E9**

E1a. Did this happen (at times) when you were not in any danger or not the center of attention or anything like that?

- 01 YES 02 NO → **GO TO E9**

E1b. Could you tell me about 1 spell or attack like that?

IF RELEVANT EXAMPLE IS ONE WHEN MOST PEOPLE WOULD NOT BE AFRAID, RECORD EXAMPLE VERBATIM AND CODE 01. IF NOT SUCH AN EXAMPLE, RE-ASK E1. IF NO SUCH EXAMPLE AFTER 3 TRIES, CODE 02 BELOW.

VERBATIM: _____

- 01 RELEVANT EXAMPLE
02 NO RELEVANT EXAMPLE → **GO TO E9**

E1c. Did you tell a doctor about any spell or attack like this? The term "doctor" includes psychiatrists, other medical doctors, osteopaths, students in training to be medical doctors or osteopaths, nurse practitioners, and physicians' assistants.

- 01 YES 02 NO → **GO TO E1f**

E1d. When you told the doctor, what was the diagnosis? (What did the doctor say was causing these spells or attacks?)

MD DX: _____

- 01 PHYS. ILL/INJ → **GO TO E1j**
02 MED/DRUG/ALC → **GO TO E1m**
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → **GO TO E2**
04 NOTHING, NO DEFINITE DIAGNOSIS

E1e. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → **GO TO E1j**

02 NO, NO EXAM, DK → **GO TO E2**

E1f. Did you tell any other professional about any such spell or attack? The term "other professional" includes psychologists, social workers, counselors, nurses, clergy, dentists, chiropractors, and podiatrists.

01 YES → **GO TO E1i**

02 NO

E1g. Did you more than once take medication for any such spell or attack?

01 YES → **GO TO E1i**

02 NO

E1h. Did any such spell or attack interfere with your life or activities a lot?

01 YES

02 NO → **GO TO E2**

E1i. Was a spell or attack ever the result of a physical illness or injury?

01 YES

02 NO → **GO TO E1i1**

E1i1. What caused this spell or attack?

PHYS ILL/INJ: _____

E1j. Were these spells or attacks always the result of a physical illness or injury?

01 YES → **GO TO E2**

02 NO

E1k. When spells or attacks were not the result of a physical illness or injury, were they always the result of medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → **GO TO E2**

MED/DRUG/ALC: _____ → **GO TO E2**

E1l. Was the spell or attack ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → **GO TO E2**

MED/DRUG/ALC: _____

E1m. Was the spell or attack always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → **GO TO E2**

02 NO → **IF E1i = 02 GO TO E2**

E1n. You said that you sometimes had such a spell or attack when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had such a spell or attack always the result of physical illness or injury?

01 YES

02 NO → **GO TO E2**

E1n1. What else caused these spells or attacks?

PHYS ILL/INJ: _____

START USING TALLY SHEET E.

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

During this spell . . . ?

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

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

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

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

01 YES

02 NO → GO TO E9

SHOW ONSET/REGENCY CARD.

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

03 MORE THAN 1 YEAR AGO → How old were you? AGE → GO TO E5a

IF "DK" FOR EITHER ONSET OR AGE AND RESPONDENT IS UNDER 40, CODE 01 IN AGE.

IF "DK" FOR EITHER ONSET OR AGE AND RESPONDENT IS 40 OR OLDER, ASK:

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

IF BEFORE 40, **RECORD 01 FOR AGE.**

IF AFTER 40, **RECORD 95 FOR AGE.**

IF STILL DK, **RECORD DK NEXT TO AGE BOX.**

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

01 YES → GO TO E8

02 NO

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

01 YES

02 NO

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

01 YES

02 NO → GO TO E9

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

01 YES 02 NO

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

01 YES 02 NO → **GO TO SECTION F**

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

--	--

NO. OF MONTHS → IF "DK," ASK:

Was it for 6 months or more? IF LESS THAN 6 MONTHS, CODE 01 . IF 6 MONTHS OR MORE, CODE 95 . IF STILL DK, RECORD DK NEXT TO NO. OF MONTHS BOX .

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

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

01 YES → **GO TO E11** 02 NO

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

01 YES 02 NO

USE TALLY SHEET F.

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

01 YES → **TALLY** 02 NO → **GO TO E12**

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

01 YES → **GO TO E12** 02 NO

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

VERBATIM: _____

- 01 ONLY OWN SYMPTOMS* OR BEING OVERWEIGHT
- 02 ANYTHING ELSE

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

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

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

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

SKIP: IF LESS THAN 4 ITEMS ARE CODED YES (01) IN E12, GO TO SECTION F.

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

E14. How long has it been since your last period of 6 months or more of feeling anxious and having some of these other problems?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

SECTION F. DEPRESSION

--

USE TALLY SHEET F.

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

01 YES → **TALLY**

02 NO

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

01 YES

02 NO → **GO TO F3**

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

01 YES

02 NO → **GO TO F3**

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

01 YES → **GO TO F2f**

02 NO

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

01 YES → **GO TO F2f**

02 NO

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

01 YES → **GO TO F2f**

02 NO

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

01 YES

02 NO

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

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

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

F2h. Did you frequently feel hopeless during this period?

01 YES

02 NO

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

01 YES 02 NO → **GO TO F4**

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

01 YES 02 NO → **GO TO F3d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F3g**

IF YES: What caused your loss of appetite?

DX: _____

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

01 YES → **GO TO F4** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F4**

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

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

MED/DRUG/ALC: _____

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

01 YES → **GO TO F4**

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

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

01 YES

02 NO → **TALLY**

IF YES: What else caused loss of appetite?

DX: _____

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

- 01 YES 02 NO → **GO TO F5**

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

- 01 YES 02 NO → **GO TO F4d**

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

MD DX: _____

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

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

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

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

- 01 YES 02 NO → **GO TO F4g**

IF YES: What caused this weight loss?

DX: _____

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

- 01 YES → **GO TO F5** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F5**

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

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

MED/DRUG/ALC: _____

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

01 YES → **GO TO F5**

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

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

01 YES

02 NO → **TALLY**

IF YES: What caused this weight loss?

DX: _____

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

- 01 YES 02 NO → **GO TO F6**

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

- 01 YES 02 NO → **GO TO F5d**

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

MD DX: _____

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

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

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

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

- 01 YES 02 NO → **GO TO F5g**

IF YES: What caused your increased appetite?

DX: _____

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

- 01 YES → **GO TO F6** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F6**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F6**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F6**

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

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

01 YES

02 NO → **TALLY**

IF YES: What else caused your increased appetite?

DX: _____

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

01 YES 02 NO → **GO TO F7**

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

01 YES 02 NO → **GO TO F6d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F6g**

IF YES: What caused your weight gain?

DX: _____

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

01 YES → **GO TO F7** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F7**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F7**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F7**

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

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

01 YES

02 NO → **TALLY**

IF YES: What caused your weight gain?

DX: _____

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

01 YES 02 NO → **GO TO F8**

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

01 YES 02 NO → **GO TO F7d**

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

MD DX: _____

01 PHYS. ILL/INJ → **GO TO F7e**

02 MED/DRUG/ALC → **GO TO F7h**

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

04 NOTHING, NO DEFINITE DIAGNOSIS

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

01 YES → [SPECIFY] _____ → **GO TO F7e**

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

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

01 YES 02 NO → **GO TO F7g**

IF YES: What caused trouble falling asleep?

DX: _____

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

01 YES → **GO TO F8** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F8**

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

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

MED/DRUG/ALC: _____

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

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

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

01 YES 02 NO → **TALLY AND GO TO F10**

IF YES: What else caused your trouble falling asleep?

DX: _____

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

01 YES 02 NO → **GO TO F9**

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

01 YES 02 NO → **GO TO F8d**

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

MD DX: _____

01 PHYS. ILL/INJ → **GO TO F8e**

02 MED/DRUG/ALC → **GO TO F8h**

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

04 NOTHING, NO DEFINITE DIAGNOSIS

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

01 YES → [SPECIFY] _____ → **GO TO F8e**

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

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

01 YES 02 NO → **GO TO F8g**

IF YES: What caused trouble staying asleep?

DX: _____

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

01 YES → **GO TO F9** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F9**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F10**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F9**

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

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

01 YES

02 NO → **TALLY AND GO TO F10**

IF YES: What else caused your trouble staying asleep?

DX: _____

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

01 YES 02 NO → **GO TO F10**

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

01 YES 02 NO → **GO TO F9d**

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

MD DX: _____

01 PHYS. ILL/INJ → **GO TO F9e**

02 MED/DRUG/ALC → **GO TO F9h**

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

04 NOTHING, NO DEFINITE DIAGNOSIS

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

01 YES → [SPECIFY] _____ → **GO TO F9e**

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

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

01 YES 02 NO → **GO TO F9g**

IF YES: What caused trouble waking up too early?

DX: _____

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

01 YES → **GO TO F10** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F10**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F10**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F10**

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

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

01 YES

02 NO → **TALLY**

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

DX: _____

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

- 01 YES 02 NO → **GO TO F11**

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

- 01 YES 02 NO → **GO TO F10d**

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

MD DX: _____

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

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

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

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

- 01 YES 02 NO → **GO TO F10g**

IF YES: What caused sleeping too much?

DX: _____

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

- 01 YES → **GO TO F11** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F11**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F11**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F11**

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

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

01 YES

02 NO → **TALLY**

IF YES: What else caused sleeping too much?

DX: _____

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

01 YES 02 NO → **GO TO F12**

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

01 YES 02 NO → **GO TO F11d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F11g**

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

DX : _____

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

01 YES → **GO TO F12** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F12**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F12**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F12**

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

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

01 YES

02 NO → **TALLY**

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

DX: _____

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

01 YES 02 NO → **GO TO F13**

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

01 YES 02 NO → **GO TO F12d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F12g**

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

DX: _____

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

01 YES → **GO TO F13** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F13**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F13**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F13**

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

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

01 YES

02 NO → **TALLY**

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

DX: _____

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

01 YES 02 NO → **GO TO F14**

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

01 YES 02 NO → **GO TO F13d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F13g**

IF YES: What caused talking or moving more slowly?

DX : _____

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

01 YES → **GO TO F14** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F14**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F14**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F14**

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

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

01 YES

02 NO → **TALLY**

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

DX: _____

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

01 YES 02 NO → **GO TO F15**

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

01 YES 02 NO → **GO TO F14d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F14g**

IF YES: What caused moving all the time?

DX: _____

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

01 YES → **GO TO F15** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F15**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F15**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F15**

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

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

01 YES

02 NO → **TALLY**

IF YES: What else caused moving all the time?

DX: _____

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

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

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

- 01 YES
- 02 NO → **GO TO F15d**

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

MD DX: _____

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

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

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

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

- 01 YES
- 02 NO → **GO TO F15g**

IF YES: What caused less interest in sex?

DX: _____

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

- 01 YES → **GO TO F16**
- 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F16**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F16**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F16**

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

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

01 YES

02 NO → **TALLY**

IF YES: What else caused less interest in sex?

DX: _____

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

01 YES 02 NO → **GO TO F17**

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

01 YES 02 NO → **GO TO F16d**

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

MD DX: _____

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

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

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

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

01 YES 02 NO → **GO TO F16g**

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

DX: _____

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

01 YES → **GO TO F17** 02 NO

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

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

MED/DRUG/ALC: _____ → **GO TO F17**

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

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F17**

MED/DRUG/ALC: _____

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

01 YES → **GO TO F17**

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

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

01 YES

02 NO → **TALLY**

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

DX: _____

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

01 YES → **TALLY**

02 NO

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

01 YES → **TALLY**

02 NO

F17b. Has there ever been 2 weeks or more when nearly every day you felt guilty?

01 YES → **TALLY**

02 NO

SKIP: IF F17-F17b = 02, GO TO F19.

F18. Was there any particular reason for feeling (worthless/sinful/guilty)?

01 YES

02 NO → **GO TO F19**

What was that? (VERBATIM) _____

F19. Have there ever been 2 weeks or more when you felt that you were not as good as other people or inferior?

01 YES → **TALLY**

02 NO

F20. Has there ever been 2 weeks or longer when you had so little self-confidence that you wouldn't try to have your say about anything?

01 YES → **TALLY**

02 NO

F21. Has there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

- 01 YES 02 NO → **GO TO F22**

F21a. Did you tell a doctor* about trouble concentrating?

- 01 YES 02 NO → **GO TO F21d**

F21b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing you trouble concentrating?)

MD DX: _____

- 01 PHYS. ILL/INJ → **GO TO F21e**
02 MED/DRUG/ALC → **GO TO F21h**
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → **TALLY AND GO TO F22**
04 NOTHING, NO DEFINITE DIAGNOSIS

F21c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → **GO TO F21e**
02 NO, NO EXAM, DK → **TALLY AND GO TO F22**

F21d. Was trouble concentrating ever the result of a physical illness or injury?

- 01 YES 02 NO → **GO TO F21g**

IF YES: What caused trouble concentrating?

DX: _____

F21e. Was trouble concentrating always the result of a physical illness or injury?

- 01 YES → **GO TO F22** 02 NO

F21f. When trouble concentrating was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW 02 NO → **TALLY AND GO TO F22**

MED/DRUG/ALC: _____ → **GO TO F22**

F21g. Was trouble concentrating ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F22**

MED/DRUG/ALC: _____

F21h. Was trouble concentrating always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → **GO TO F22**

02 NO → **IF F21d=02 → TALLY AND GO TO F22**

F21i. You said that you sometimes had trouble concentrating when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had trouble concentrating always the result of a physical illness or injury?

01 YES

02 NO → **TALLY**

IF YES: What else caused trouble concentrating?

DX: _____

F22. Have you ever had 2 weeks or more when nearly every day your thoughts came much slower than usual or seemed mixed up?

01 YES 02 NO → **GO TO F23**

F22a. Did you tell a doctor* about thoughts coming slower or seeming mixed up?

01 YES 02 NO → **GO TO F22d**

F22b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your thoughts coming slower?)

MD DX: _____

- 01 PHYS. ILL/INJ → **GO TO F22e**
- 02 MED/DRUG/ALC → **GO TO F22h**
- 03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → **TALLY AND GO TO F23**
- 04 NOTHING, NO DEFINITE DIAGNOSIS

F22c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

01 YES → [SPECIFY] _____ → **GO TO F22e**
02 NO, NO EXAM, DK → **TALLY AND GO TO F23**

F22d. Was having slower thoughts ever the result of a physical illness or injury?

01 YES 02 NO → **GO TO F22g**

IF YES: What caused you to have slower thoughts?

DX: _____

F22e. Was having slower thoughts always the result of a physical illness or injury?

01 YES → **GO TO F23** 02 NO

F22f. When having slower thoughts was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW 02 NO → **TALLY AND GO TO F23**

MED/DRUG/ALC: _____ → **GO TO F23**

F22g. Was having slower thoughts ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F23**

MED/DRUG/ALC: _____

F22h. Was having slower thoughts always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → **GO TO F23**

02 NO → **IF F22d=02 → TALLY AND GO TO F23**

F22i. You said that you sometimes had slower thoughts when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you had slower thoughts always the result of a physical illness or injury?

01 YES

02 NO → **TALLY**

IF YES: What else caused you to have slower thoughts?

DX: _____

F23. Have you ever had 2 weeks or more when nearly every day you were unable to make up your mind about things you ordinarily have no trouble deciding about?

- 01 YES 02 NO → **GO TO F24**

F23a. Did you tell a doctor* about being unable to make up your mind?

- 01 YES 02 NO → **GO TO F23d**

F23b. When you told the doctor, what was the diagnosis? (What did the doctor say was causing your being unable to make up your mind?)

MD DX: _____

- 01 PHYS. ILL/INJ → **GO TO F23e**
02 MED/DRUG/ALC → **GO TO F23h**
03 NERVES, ANXIETY, STRESS, DEPRESSION, MENTAL ILLNESS → **TALLY AND GO TO F24**
04 NOTHING, NO DEFINITE DIAGNOSIS

F23c. Did the doctor find anything abnormal when he or she examined you or took tests or X-rays?

- 01 YES → [SPECIFY] _____ → **GO TO F23e**
02 NO, NO EXAM, DK → **TALLY AND GO TO F24**

F23d. Was being unable to make up your mind ever the result of a physical illness or injury?

- 01 YES 02 NO → **GO TO F23g**

IF YES: What caused your being unable to make up your mind?

DX: _____

F23e. Was being unable to make up your mind always the result of a physical illness or injury?

- 01 YES → **GO TO F24** 02 NO

F23f. When being unable to make up your mind was not the result of a physical illness or injury, was it always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

- 01 YES → RECORD BELOW 02 NO → **TALLY AND GO TO F24**

MED/DRUG/ALC: _____ → **GO TO F24**

F23g. Was being unable to make up your mind ever the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → RECORD BELOW

02 NO → **TALLY AND GO TO F24**

MED/DRUG/ALC: _____

F23h. Was being unable to make up your mind always the result of taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol?

01 YES → **GO TO F24**

02 NO → **IF F23d=02 → TALLY AND GO TO F24**

F23i. You said that you sometimes were unable to make up your mind when you were not taking medication, drugs, or alcohol or withdrawing from medication, drugs, or alcohol. Were these other occasions when you were unable to make up your mind always the result of a physical illness or injury?

01 YES

02 NO → **TALLY**

IF YES: What else caused being unable to make up your mind?

DX: _____

F24. Has there ever been a period of 2 weeks or more when you thought a lot about death—either your own, someone else's, or death in general?

01 YES → TALLY

02 NO

F25. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?

01 YES → TALLY

02 NO

F26. Have you ever felt so low you thought about committing suicide?

01 YES → TALLY

02 NO

F27. Have you ever attempted suicide?

01 YES → TALLY



02 NO → GO TO F28

F27a. When was the first time you attempted suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

F27b. When was the last time you attempted suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

F28. HAVE ITEMS BEEN CHECKED IN 3 OR MORE BOXES ON TALLY SHEET F?

01 YES

02 NO → GO TO SECTION G

F29. IS F1 OR F16 CHECKED ON TALLY SHEET F?

01 YES

02 NO → GO TO F31

F30. You said you've had a period of feeling depressed or uninterested and also said you've had some other problems like (you/you had/you were) (READ BOXED ITEMS CHECKED ON TALLY SHEET F).

Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?

01 YES → **GO TO F30b**

02 NO

F30a. So, there's never been a period when you felt depressed (or uninterested) at the same time you were having some of these other problems?

01 NEVER BEEN A PERIOD → **GO TO SECTION G**

02 HAS BEEN A PERIOD

F30b. Did this period of feeling depressed or uninterested and at the same time having some of these other problems last for 2 weeks or more?

01 YES

02 NO → **GO TO SECTION G**

F30c. When was the first time you had a period of 2 weeks or more when you had some of these problems (and also felt depressed or uninterested)?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

F30d. What about the last time that you had 2 weeks or more when you had some of these problems and also felt depressed or uninterested? When did that last spell end?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

GO TO F32.

F31. You said you have had times when (you/you had/you were) (LIST BOXED ITEMS CHECKED ON TALLY SHEET F). Was there ever a time when several of these problems occurred together—that is, within the same month?

- 01 YES 02 NO → **GO TO SECTION G**

F31a. When you were having some of these problems, at about the same time were you feeling okay or were you feeling low, gloomy, blue, or uninterested in everything?

- 01 OKAY → **GO TO SECTION G**
 02 GLOOMY, LOW, ETC.

F31b. Did this period of feeling gloomy, low, and at the same time having some of these other problems last 2 weeks or more?

- 01 YES 02 NO → **GO TO SECTION G**

F31c. When was the first time you had a period of 2 weeks or more when you had several of these problems and also felt low, gloomy, or uninterested in everything?

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

F31d. What about the last time you had 2 weeks or more when you had several of these problems and also felt low, gloomy, or uninterested in everything? When did that last spell end?

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

F32. What's the longest spell you've ever had when you felt depressed (or uninterested) and had several of these other problems at the same time?

YEARS	MONTHS	WEEKS	IF WHOLE LIFE OR MORE THAN 19 YEARS, CODE 90 YEARS.
	↓		

TALLY

**SKIP: IF 1 DAY TO 13 DAYS, GO TO SECTION G.
 IF 2 WEEKS TO 23 WEEKS, GO TO F34.
 IF 24 WEEKS (6 MONTHS) TO 104 WEEKS (24 MONTHS), GO TO SKIP BEFORE F33b.
 IF MORE THAN 2 YEARS, CONTINUE.**

F33. When did you first have 2 years or more when you felt blue and had several of these other problems at the same time?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

F33a. What about the last time you had 2 years or more when you felt blue and had several of those other problems at the same time? When did that last spell end?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

SKIP: (SEE TALLY SHEET F) IF RESPONDENT HAD WORRIES ON MIND (E11 CHECKED), CONTINUE. OTHERWISE, GO TO F34.

F33b. You said earlier that you have had a long period when you were anxious and worrying about several different things. Did this whole spell of feeling anxious and worried fall within a period when you were depressed?

01 YES

02 NO

F34. Now, I'd like to ask about spells when you felt both depressed and had some of these other problems like (READ ITEMS CHECKED IN A FEW OF THE BOXES ON TALLY SHEET F). In your lifetime, how many spells like that have you had that lasted 2 weeks or more? **[IF MORE THAN 99, RECORD NUMBER IN MARGIN.]**

NO. OF SPELLS → TALLY

SKIP: IF F34 = 01, GO TO F35.

F34a. Between (any of) these spells, were you feeling okay at least for some months?

01 OKAY SOME MONTHS

02 NO

F35. Were you ever in a hospital overnight because of (that spell/any of those spells) of feeling depressed?

01 YES → GO TO F37

02 NO

F36. Did you tell a doctor* about (that spell/any of those spells)?

01 YES → **GO TO F36b** 02 NO

F36a. Did you tell any other professional* about (it/any of them)?

01 YES 02 NO

F36b. Did you take medication more than once because of (that spell/ any of those spells)?

01 YES 02 NO

F36c. Did (that spell/any of those spells) interfere with your life, work, or activities a lot?

01 YES 02 NO

F36d. Was any spell so bad that it kept you from working or from seeing friends or relatives?

01 YES 02 NO

F37. Did (this spell/any of those spells) occur just after someone close to you died? **[IF RESPONDENT VOLUNTEERS "BEGAN MORE THAN 2 MONTHS AFTER DEATH," CODE 02.]**

01 YES 02 NO → **GO TO F38**

F37a. Have you had any spell of depression along with these other problems like (READ 3 BOXED ITEMS CHECKED ON TALLY SHEET F) at times when it wasn't just after a death?

01 YES, NOT ALL DUE TO DEATH 02 NO, ALL DUE TO DEATH → **GO TO F38**

SKIP: (SEE TALLY SHEET F) IF RESPONDENT HAD NO SPELL IN LAST YEAR (F30d OR F31d IS CHECKED), GO TO F38.

F37b. What about the spell or spells you had in the last year — (was that/were they all) due to someone close to you dying?

01 YES, ALL DUE TO DEATH 02 NO, NOT ALL DUE TO DEATH

F38. IS MORE THAN 1 SPELL CODED IN F34 (ON TALLY SHEET F)?

01 YES → GO TO F40 02 NO

F39. DOES F32 ON TALLY SHEET F = LONGER THAN 52 WEEKS (1 YEAR)?

01 YES 02 NO → GO TO F41

F40. Now, I'd like to know about the time when you were feeling depressed for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? **[IF CAN'T CHOOSE: Then pick 1 bad spell.]**

AGE

REFER TO TALLY SHEET F. BELOW, PUT A “ ” IN FRONT OF THE ITEMS COMPARABLE TO THOSE CHECKED ON TALLY SHEET F. ASK THE F41 SERIES QUESTION FOR EACH ITEM THAT YOU CHECK BELOW.

F41. I'd also like to know which of these other problems you had during (this/that) spell of depression. For instance, during (this/that) spell (when you were (AGE IN F40) years old) **[READ EACH QUESTION FOR WHICH COMPARABLE ITEM IS CHECKED ON TALLY SHEET], ... ?**

		YES, OCCURRED	
		DURING THIS SPELL	NO, DID NOT OCCUR THEN
<input type="checkbox"/>	F3-II. did you lose your appetite	01	02
<input type="checkbox"/>	F4-II. did you lose weight without trying to, as much as 2 pounds a week.	01	02
<input type="checkbox"/>	F5-II. did you have an increase in appetite	01	02
<input type="checkbox"/>	F6-II. did your eating increase so much that you gained as much as 2 pounds a week for several weeks.	01	02
<input type="checkbox"/>	F7-II. did you have trouble falling asleep.	01	02
<input type="checkbox"/>	F8-II. did you have trouble staying asleep.	01	02
<input type="checkbox"/>	F9-II. did you have trouble waking up too early.	01	02
<input type="checkbox"/>	F10-II. were you sleeping too much	01	02
<input type="checkbox"/>	F11-II. did you feel tired out all of the time	01	02
<input type="checkbox"/>	F12-II. did you feel very bad when you got up but felt better later in the day	01	02
<input type="checkbox"/>	F13-II. did you talk or move more slowly than is normal for you	01	02
<input type="checkbox"/>	F14-II. did you have to be moving all of the time.	01	02

[CONTINUED]

**YES, OCCURRED
DURING
THIS SPELL NO, DID NOT
OCCUR THEN**

<input type="checkbox"/>	F15-II. was your interest in sex a lot less than usual	01	02
<input type="checkbox"/>	F16-II. did you lose all interest in things like work or hobbies or things you usually liked to do for fun.	01	02

<input type="checkbox"/>	F17-II. did you feel worthless	01	02
<input type="checkbox"/>	F17a-II. did you feel sinful.	01	02
<input type="checkbox"/>	F17b-II. did you feel guilty.	01	02

<input type="checkbox"/>	F19-II. did you feel inferior	01	02
<input type="checkbox"/>	F20-II. did you have little self-confidence	01	02

<input type="checkbox"/>	F21-II. did you have a lot more trouble concentrating than is normal for you.	01	02
<input type="checkbox"/>	F22-II. did your thoughts come much slower or seem mixed up	01	02
<input type="checkbox"/>	F23-II. were you unable to make up your mind about things you ordinarily have no trouble deciding about	01	02

<input type="checkbox"/>	F24-II. did you think a lot about death.	01	02
<input type="checkbox"/>	F25-II. did you feel like you wanted to die	01	02
<input type="checkbox"/>	F26-II. did you feel so low you thought about committing suicide	01	02
<input type="checkbox"/>	F27-II. did you attempt suicide	01	02

**SECTION G.
SEXUAL EXPERIENCES**

--

G1. For the next series of questions, I'll be asking about your sexual experiences. In general, has your sex life been important to you, or could you have gotten along as well without it?

- 01 IMPORTANT
- 02 GOTTEN ALONG AS WELL WITHOUT IT
- 03 NO SEXUAL EXPERIENCES → **GO TO SECTION H**

G2. DID R REFUSE G1?

- 01 YES → **GO TO SECTION H**
- 02 NO

G3. How old were you when you first had sexual relations?

--	--

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK NEXT TO AGE BOX.**

**SKIP: IF RESPONDENT SAYS "NEVER," CODE "00" AND GO TO SECTION H.
IF AGE IN G3 = 15 OR MORE, CODE "02" IN G3a WITHOUT ASKING.**

G3a. Before age 15, did you ever force someone to have sex with you?

- 01 YES
- 02 NO → **GO TO SKIP BEFORE G4**

G3b. How old were you the first time you forced someone to have sex with you?

--	--

AGE

**SKIP: SEE TALLY SHEET X.
IF RESPONDENT EVER MARRIED (A13=1 OR MORE), ASK G4.
IF RESPONDENT LIVED WITH PARTNER (A10=05 OR A16=01), GO TO G5.
OTHERS GO TO G6.**

G4. During (any/your) marriage, did you have sexual relations outside of marriage with at least 3 different people [HOMOSEXUAL OR HETEROSEXUAL]?

01 YES

02 NO

G5. Have you ever been faithful for more than a year—with no other sexual relationships at all during that period? [IF RESPONDENT SAYS ONLY BECAUSE THERE WAS NO OPPORTUNITY (E.G., IN PRISON), CODE 02.]

01 YES

02 NO

03 NO RELATIONSHIP LASTED 1 YEAR OR LONGER

G6. Have you ever had sex with as many as 10 different people within a single year (including your husband/wife/partner)? [INCLUDES HOMOSEXUAL AND HETEROSEXUAL]

01 YES

02 NO

G6a. IS G4 OR G6 CODED 01 (YES)?

01 YES

02 NO → GO TO STATEMENT AT TOP OF PAGE G-3.

G6b. You mentioned (having sexual relations outside of marriage/having sex with 10 different people). When is the first time you did (this/either of those things)?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

G6c. When is the last time you did (this/either of those things)?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

SKIP: IF RESPONDENT IS UNDER 25, SKIP TO STATEMENT AT TOP OF PAGE G-3. IF G6b OR G6c ARE BETWEEN AGES 18 AND 25, GO TO STATEMENT AT TOP OF PAGE G-3.

G6d. Did you do (this/either of those things) between the ages of 18 and 25?

01 YES

02 NO

For the next series of questions, I'll be asking about your experiences with sexual intercourse. There are two types of intercourse:

Vaginal intercourse is when a man's penis is inside a woman's vagina.

Anal intercourse is when a man's penis is inside his partner's anus or rectum.

SKIP: IF RESPONDENT IS FEMALE, GO TO G16.

G7. First, I want to ask you about your sexual experiences with women in the 12 months before admission to the program. In those 12 months, about how many different women did you have vaginal intercourse with?
[PROBE "NONE."]

- 00 NEVER HAD VAGINAL INTERCOURSE → **GO TO G8**
- 01 NONE → **GO TO G8**
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

G7a. In those 12 months, about how often did you use a condom or "rubber" when you had vaginal intercourse with the (woman/women)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

G8. In the 12 months before admission, about how many different women did you have anal intercourse with?

- 01 NONE → **GO TO SKIP BEFORE G9**
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

G8a. In those 12 months, about how often did you use a condom or “rubber” when you had anal intercourse with the (woman/women)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

SKIP: IF G7=00 OR 01 AND G8=01, GO TO G11.

G9. To the best of your knowledge, had any woman you had (vaginal/anal) intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G10. To the best of your knowledge, had any woman you had (vaginal/anal) intercourse with in those 12 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G11. Now, I want to ask about your sexual experiences with men in the 12 months before admission. In those 12 months, about how many different men did you have anal intercourse with? **[PROBE "NONE."]**

- 00 NEVER HAD SEX WITH A MAN → **GO TO G14**
- 01 NONE → **GO TO G14**
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

G11a. In those 12 months, about how often did you use a condom or "rubber" when you had anal intercourse with the (man/men)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

G12. To the best of your knowledge, had any man you had anal intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G13. To the best of your knowledge, had any man you had anal intercourse with in those 12 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G14. At any time in the 12 months before admission, did anyone give you money or drugs to have (vaginal/anal) intercourse?

01 YES

02 NO

G15. At any time in the 12 months before admission, did you have intercourse with anyone who you thought or knew had tested positive for the AIDS virus or who had AIDS?

01 YES

02 NO → **GO TO SECTION H**

G15a. During that period, how many people did you have intercourse with who you thought or knew had tested positive for the AIDS virus or who had AIDS?

01 1 PERSON

02 2 TO 4 PEOPLE

03 5 OR MORE PEOPLE

SKIP: GO TO SECTION H.

G16. I want to ask you about your sexual experiences with men in the 12 months before admission. In those months, about how many different men did you have vaginal intercourse with? [**PROBE "NONE."**]

00 NEVER HAD VAGINAL INTERCOURSE WITH A MAN → **GO TO G17**

01 NONE → **GO TO G17**

02 1 MAN

03 2 TO 4 MEN

04 5 TO 9 MEN

05 10 TO 20 MEN

06 21 TO 99 MEN

07 100 OR MORE MEN

G16a. In those 12 months, about how often did the (man/men) you had intercourse with use a condom or "rubber" while you were having vaginal intercourse? Would you say . . .

01 never

02 sometimes

03 usually

04 every time

G17. In the 12 months before admission, about how many different men did you have anal intercourse with? [**PROBE "NONE."**]

00 NEVER HAD ANAL INTERCOURSE WITH A MAN → **GO TO SKIP BEFORE G18**

01 NONE → **GO TO SKIP BEFORE G18**

02 1 MAN

03 2 TO 4 MEN

04 5 TO 9 MEN

05 10 TO 20 MEN

06 21 TO 99 MEN

07 100 OR MORE MEN

G17a. In those 12 months, about how often did the (man/men) you had intercourse with use a condom or "rubber" while you were having anal intercourse? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

SKIP: IF G16= 00 OR 01 AND G17= 00 OR 01, GO TO SECTION H.

G18. In those 12 months, did you have (vaginal/anal) intercourse with a man who you think has had intercourse with both men and women?

- 01 YES
- 02 NO

G19. To the best of your knowledge, had any man you had (vaginal/anal) intercourse with in those 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

G20. At any time in the 12 months before admission, did any man give you money or drugs to have (vaginal/anal) intercourse?

- 01 YES
- 02 NO

G21. To the best of your knowledge, did any man you had (vaginal/anal) intercourse with in those 12 months ever use a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

G22. At any time in the 12 months before admission, did you have (vaginal/anal) intercourse with any man who you thought or knew had tested positive for the AIDS virus or who had AIDS?

- 01 YES
- 02 NO → **GO TO SECTION H**

G22a. During that period, how many men did you have (vaginal/anal) intercourse with who you thought or knew had tested positive for the AIDS virus or who had AIDS?

- 01 1 MAN
- 02 2 TO 4 MEN
- 03 5 OR MORE MEN

**SECTION H.
BEHAVIORAL PROBLEMS**

--

H1. Now, I'd like to ask you about your life as a child before you were 15 years old. Not counting times you were sick, did you ever have a problem with wetting the bed when you were older than 5?

01 YES 02 NO

H2. Were you unusually shy as a child or teenager?

01 YES 02 NO

H3. Before you were 15, did you often get into physical fights that you had started?

01 YES 02 NO → **GO TO H4**

H3a. How old were you the first time you started a physical fight?

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

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

H4. Did you more than once use a weapon in a fight or threaten someone with a weapon before you were 15?

01 YES 02 NO → **GO TO H5**

H4a. How old were you when you first used a weapon in a fight or threatened someone with a weapon?

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

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

H5. Before you were 15, did you sometimes try to physically hurt anyone? [IF H3=01: This could include starting a fight with them because you wanted to hurt them.]

01 YES

02 NO → GO TO H6

H5a. How old were you when you first tried to physically hurt someone?

AGE

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

H6. Did you ever hurt or kill an animal on purpose before you were 15? Do not count hunting, fishing, or exterminating rats, mice, or insects.

01 YES

02 NO → GO TO H7

H6a. How old were you the first time you tried to hurt or kill an animal on purpose?

AGE

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

H7. Of course, no one tells the truth all the time, but did you tell a lot of lies when you were a child or teenager?

01 YES

02 NO → GO TO H8

H7a. How old were you when you first told a lot of lies?

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK NEXT TO AGE BOX.**

H8. When you were a child, did you more than once swipe (or steal) things from a store or from other children or steal from your parents or from anyone else? [DO NOT COUNT STEALING CANDY.]

01 YES

02 NO → GO TO H9

H8a. How old were you when you first stole things?

AGE

IF DK, ASK: Do you think it was before you were 15 or later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK NEXT TO AGE BOX.**

H9. Before you were 15, did you ever rob or mug anyone or snatch a purse or threaten to hurt anyone if they didn't give you money or jewelry?

01 YES

02 NO → GO TO H10

H9a. How old were you the first time?

AGE

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

START USING TALLY SHEET H.

H10. Before you were 15, did you ever intentionally damage someone's car or do anything else to destroy or severely damage someone else's property?

01 YES

02 NO → GO TO H10b

H10a. How old were you when you first did that?

AGE

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

H10b. What about later, at age 15 or after, did you intentionally set any fires or try to destroy something that belonged to someone else?

01 YES → TALLY

02 NO

H11. Before you were 15, did you intentionally start any fires? Don't count fires that you were supposed to start like bonfires or fires in stoves or fireplaces.

01 YES

02 NO → GO TO H12

H11a. How old were you when you first did that?

AGE

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

H12. Have you ever spanked or hit any child, hard enough so that the child had bruises or had to stay in bed or see a doctor?

01 YES → TALLY

02 NO → GO TO H13

H12a. How many times in the past year did you hit or spank a child hard?

TIMES

H13. Since age 15, have you been in more than one fight that came to swapping blows (other than fights with your spouse(s)/partner(s))?

01 YES → TALLY

02 NO → GO TO H14

IF RESPONDENT VOLUNTEERS "ONLY AS REQUIRED BY JOB," CODE 02 IN H13.

H13a. How many times in the past year have you been in such a fight?

TIMES

H14. Since you were 15, have you ever used a weapon like a stick, knife, or gun in a fight?

01 YES → TALLY

02 NO → GO TO H15

**IF RESPONDENT SAYS "WIELDED BUT MISSED," CODE 01 IN H14.
IF RESPONDENT SAYS "ONLY AS REQUIRED BY JOB," CODE 02 IN H14.**

H14a. How many times in the past year have you used a weapon?

--	--	--

 TIMES

H15. Since you were 15, have you ever physically attacked anyone (other than while fighting)?

01 YES → **TALLY** 02 NO → **GO TO H16**

H15a. How many times in the past year have you been in such a fight?

--	--	--

 TIMES

H16. IS H10b (DAMAGED OTHERS' PROPERTY) OR H15 (PHYSICALLY ATTACKED SOMEONE) TALLIED?

01 YES 02 NO → **GO TO H18**

H17. You mentioned [READ TALLIED RESPONSES FROM H10b AND H15]. Did you ever feel that doing (that/those things) was okay because you had been mistreated or the person deserved it?

01 YES
02 NO
03 FELT BAD ABOUT SOME, NOT OTHERS

H18. Have you ever been sued for a bad debt or had things you bought taken back because you didn't meet the payments?

01 YES → **TALLY** 02 NO → **GO TO H19**

H18a. Did this happen more than twice?

01 YES, MORE THAN TWICE → **TALLY** 02 NO

H19. Since you were 15, have you stolen anything or robbed or threatened anyone?

01 YES → **TALLY** 02 NO → **GO TO H20**

H19a. How many times in the past year have you done these things (stolen anything, robbed, or threatened anyone)?

--	--	--

 TIMES

H19b. Did you ever feel that doing that was okay because you have been mistreated or the person deserved it?

01 YES
02 NO
03 FELT BAD ABOUT SOME, NOT OTHERS

H20. Have you ever made money illegally by selling drugs?

01 YES → TALLY

02 NO

H20a. Have you made money illegally in any other way such as buying or selling stolen goods or being part of a gambling or betting operation?

01 YES → TALLY

02 NO

H21. Have you ever been paid for having sex with someone? [INCLUDES HOMOSEXUAL OR HETEROSEXUAL.]

01 YES → TALLY

02 NO

H22. Have you ever made money by finding customers for male or female prostitutes?

01 YES → TALLY

02 NO

H23. Have you ever used an alias or an assumed name?

IF RESPONDENT VOLUNTEERS ONLY PEN OR STAGE NAME, CODE 02.

01 YES → TALLY

02 NO

H24. Have you thought that you lied pretty often since you have been an adult?

01 YES → TALLY

02 NO

H25. HAVE ANY RESPONSES BEEN TALLIED ON TALLY SHEET H STARTING WITH H10b?

01 YES

02 NO → GO TO SECTION J

H26. You mentioned that you [READ TALLIED RESPONSES FROM TALLY SHEET H]. When is the first time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

H26a. When is the last time you did (this/any of these)?

01 WITHIN THE MONTH BEFORE ADMISSION

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

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

SKIP: IF H26 OR H26a IS BETWEEN AGES 18 AND 25, GO TO H27; OTHERWISE, CONTINUE.

H26b. IF R OVER 25, ASK: Did you do (this/any of these) between 18 and 25?

[IF RESPONDENT IS BETWEEN AGES 18 AND 25, ASK: Did you do this since you were 18?]

01 YES

02 NO

H27. HAVE 3 OR MORE RESPONSES BEEN TALLIED STARTING WITH H10b?

01 YES

02 NO → GO TO SECTION J

H28. Did you ever talk to a doctor about any of these things you did like [READ TALLIED RESPONSES]?

01 YES

02 NO

H29. IS H26 OR H26a BETWEEN 18 AND 25 OR DOES H26b EQUAL 01 (YES)?

01 YES → GO TO SECTION J

02 NO

H30. 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)?

01 YES, NO OPPORTUNITY

02 NO, HAD OPPORTUNITY

**SECTION J.
PSYCHOLOGICAL DISTRESS**

HAND RESPONDENT SHOW CARD 8.

J1. Now, I am going to read a list of problems and experiences that people sometimes have. Please listen to each one carefully, then tell me how distressed (bothered) you were by this problem or experience in the month before you entered this program. In the month before admission, how much were you distressed (bothered) by. . . (PROBLEM)?

[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
a. nervousness or shakiness inside	00	01	02	03	04
b. trembling	00	01	02	03	04
c. suddenly being scared for no reason	00	01	02	03	04
d. feeling fearful	00	01	02	03	04
e. heart pounding or racing	00	01	02	03	04
f. feeling tense or keyed up.	00	01	02	03	04
g. spells of terror or panic.	00	01	02	03	04
h. feeling so restless you couldn't sit still	00	01	02	03	04
i. the feeling that something bad was going to happen.	00	01	02	03	04
j. thoughts and images of a frightening nature.	00	01	02	03	04

SKIP: IF J1a-j ARE ALL CODED "00" OR "01," GO TO J3.

J2. In that month, would you say that none, some, or most of these problems were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

HAND RESPONDENT SHOW CARD 8.

J3. In the month before admission, how much were you distressed (bothered) by. . . (PROBLEM)?
[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
a. loss of sexual interest or pleasure	00	01	02	03	04
b. feeling low in energy or slowed down.	00	01	02	03	04
c. crying easily.	00	01	02	03	04
d. feelings of being trapped or caught.	00	01	02	03	04
e. blaming yourself for things	00	01	02	03	04
f. feeling lonely	00	01	02	03	04
g. feeling blue	00	01	02	03	04
h. worrying too much about things	00	01	02	03	04
i. feeling no interest in things.	00	01	02	03	04
j. feeling hopeless about the future	00	01	02	03	04
k. feeling everything is an effort	00	01	02	03	04
l. feeling worthless	00	01	02	03	04
m. feeling guilty for things which may not be your fault	00	01	02	03	04
n. thoughts of ending your life	00	01	02	03	04

SKIP: IF J3a-n ARE ALL CODED "00" OR "01," GO TO J5.

J4. In that month, would you say that none, some, or most of the problems I've just described, such as [READ UP TO 3 ITEMS CODED "02" OR HIGHER], were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

HAND RESPONDENT SHOW CARD 8.

J5. In the month before admission, how much were you distressed (bothered) by. . . (PROBLEM)?
[REPEAT ABOVE PHRASE AS OFTEN AS NEEDED.]

PROBLEM	NOT	A		QUITE	
	AT	LITTLE	MODER-	A	EXTREMELY
	ALL	BIT	ATELY	BIT	
a. feeling easily annoyed or irritated.	00	01	02	03	04
b. temper outbursts that you could not control	00	01	02	03	04
c. having urges to beat, injure, or harm someone	00	01	02	03	04
d. having urges to break or smash things.	00	01	02	03	04
e. getting into frequent arguments	00	01	02	03	04
f. shouting or throwing things	00	01	02	03	04

SKIP: IF J5a-f ARE ALL CODED "00" OR "01," GO TO J7.

J6. In that month, would you say that none, some, or most of the problems I've just described, such as [READ UP TO 3 ITEMS CODED "02" OR HIGHER], were the direct result of your drug or alcohol use?

- 00 NONE
- 01 SOME
- 02 MOST

J7. Next, I am going to read a series of statements to you. Please listen to each statement carefully and decide whether this statement is true for you or whether it is false for you now. **[REPEAT AS OFTEN AS NEEDED: Would you say this statement is true for you or false for you?]**

	TRUE	FALSE
a. My home life was always happy.	01	02
b. Most of the time I feel happy	01	02
c. I have often gone against my parents' wishes	01	02
d. I seem to do things that I regret more often than other people do.	01	02
e. People often talk about me behind my back.	01	02
f. As a child in school, I used to give the teachers lots of trouble	01	02
g. If the pay were right, I would like to travel with a circus or carnival	01	02

**SECTION K.
MOTIVATION AND READINESS FOR TREATMENT**

--

Now, I am going to read a series of statements that people sometimes make when they enter treatment. Carefully consider each of these statements, and tell me how closely they describe your own thoughts and feelings at the present time.

HAND RESPONDENT SHOW CARD 9.

Please tell me if you agree with each statement not at all, somewhat, or very much.

	NOT AT ALL	AGREE SOMEWHAT	VERY MUCH AGREE	NOT APPLICABLE
K1. I have too many outside problems that will prevent me from completing treatment	01	02	03	99
K2. I really don't need treatment; I'm here because of pressure on me (family, legal)	01	02	03	99
K3. My drug use is a very serious problem in my life	01	02	03	99
K4. My drug use has caused problems in most areas of my life	01	02	03	99
K5. I have to stay off all drugs in order to do what I want to in life	01	02	03	99
K6. I know I have to make real changes in myself to get my life together	01	02	03	99
K7. I feel that my drug use and the way I've been living have hurt a lot of people.	01	02	03	99
K8. It is more important to me than anything else that I stop using drugs	01	02	03	99
K9. I need help with other problems too, not just with my drug use	01	02	03	99
K10. I don't really believe that I have to be in treatment to stop using drugs; I can stop any time I want	01	02	03	99
K11. I came to this program because I really felt that I am ready to deal with myself in treatment	01	02	03	99
K12. I'll do whatever I have to do to get my life straightened out	01	02	03	99
K13. The only thing that will help me now is some kind of treatment	01	02	03	99
K14. If I can't get help here I will try some other treatment program	01	02	03	99
K15. I am really tired of using drugs and want to change.	01	02	03	99
K16. I know I can't stop using drugs on my own	01	02	03	99
K17. I am willing to stop seeing some people I know for a while if it will help me in treatment	01	02	03	99

[CONTINUED]

SECTION L.
INTERVIEWER OBSERVATIONS

[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]

L1. HOW IS RESPONDENT'S GROOMING, NEATNESS OF APPEARANCE, AND PERSONAL CLEANLINESS?

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

L2. HOW IS RESPONDENT'S SPEECH, THAT IS, HOW CLEAR AND UNDERSTANDABLE IS IT TO MOST PEOPLE?

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

L3. DID THE RESPONDENT USE MADE-UP OR MEANINGLESS WORDS?

- 01 YES → [RECORD EXAMPLES BELOW.]
- 02 NO

EX: _____

L4. DID THE RESPONDENT ANSWER QUESTIONS IN A WAY THAT SHOWED A LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION?

- 01 YES → [RECORD EXAMPLES BELOW.]
- 02 NO

EX: _____

L5. DID THE RESPONDENT SHOW ANY EMOTION DURING THE INTERVIEW SUCH AS SMILING, SADNESS, IRRITABILITY?

01 YES → **[RECORD EXAMPLES BELOW.]** 02 NO

EX: _____

L6. DID IT SEEM THAT THE RESPONDENT WAS HALLUCINATING (BEHAVING AS IF HEARING VOICES OR SEEING VISIONS, LIPS MOVING WITHOUT MAKING ANY SOUND)?

01 YES 02 NO

L7. DOES RESPONDENT HAVE ANY OF THE FOLLOWING ABNORMALITIES? **[CIRCLE ALL THAT APPLY.]**

- 01 GROSSLY OBESE
- 02 VERY THIN, SKELETON-LIKE
- 03 SPEECH IMPEDIMENT (ENOUGH TO IMPAIR COMMUNICATION)
- 04 BLIND
- 05 DEAF
- 06 OTHER PHYSICAL HANDICAP
 - a. PART OF BODY: _____
 - b. HOW SEVERE: **[CIRCLE ONE.]**
 - 01 VERY SEVERE
 - 02 MODERATELY SEVERE
 - 03 NOT SEVERE
- 07 OTHER APPARENT ILLNESS
 - a. TYPE OF ILLNESS: _____
- 08 DISFIGUREMENT
 - a. TYPE: _____
 - b. HOW SEVERE: **[CIRCLE ONE.]**
 - 01 VERY SEVERE
 - 02 MODERATELY SEVERE
 - 03 NOT SEVERE

L8. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES 02 NO

L9. DID THE RESPONDENT UNDERSTAND ALL OF THE QUESTION(S) THAT WERE ASKED?

01 YES → GO TO L11

02 NO

L9a. HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

--	--	--

QUESTIONS

L9b. WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

Q. _____ Q. _____

Q. _____ THROUGH Q. _____

Q. _____ THROUGH Q. _____

L10. WHY DO YOU THINK THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS?

[CIRCLE ALL THAT APPLY.]

- 01 INTELLECTUALLY UNABLE

HOW SEVERE WOULD YOU SAY THE INTELLECTUAL DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

- 02 LANGUAGE BARRIER

HOW SEVERE WOULD YOU SAY THE LANGUAGE BARRIER WAS?

01 MILD

02 MODERATE

03 EXTREME

- 03 PHYSICALLY UNABLE

HOW SEVERE WOULD YOU SAY THE PHYSICAL DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

- 04 OTHER (SPECIFY) _____

HOW SEVERE WOULD YOU SAY THIS DIFFICULTY WAS?

01 MILD

02 MODERATE

03 EXTREME

L11. WAS THE INTERVIEW A BREAK-OFF?

01 YES

02 NO → GO TO L12

L11a. WHAT WAS THE REASON FOR THE BREAK-OFF? [CIRCLE ALL THAT APPLY.]

- 01 INTERVIEWER EMERGENCY
- 02 RESPONDENT EMERGENCY
- 03 RESPONDENT TIRED, BORED
- 04 RESPONDENT ANGRY ABOUT QUESTIONS
- 05 RESPONDENT UPSET ABOUT QUESTIONS
- 06 OTHER (SPECIFY) _____

L11b. WHAT WAS LAST QUESTION ANSWERED BY THE RESPONDENT?

Q. _____

L12. WHAT WAS THE RESPONDENT'S RESPONSE TO A POSSIBLE FUTURE INTERVIEW?

01 EAGER

02 RECEPTIVE

03 NO REACTION

04 RELUCTANT

05 REFUSED

06 NOT DISCUSSED

L13. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

01 YES

02 NO → GO TO L14

L13a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED THE FIRST TIME?

--	--

HOURS

--	--

MINUTES

L13b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?

Q. _____

L14. PSYCHOLOGICALLY, WAS THE RESPONDENT **[CIRCLE ONE]** . . . ?

01 ESSENTIALLY NORMAL

02 A LITTLE ABNORMAL

03 VERY ABNORMAL

L15. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:

**SECTION M.
MINIMENTAL STATUS EXAM**

--

[THIS SECTION IS TO BE ADMINISTERED ONLY IF YOU HAVE REASON TO QUESTION THE RESPONDENT'S ALERTNESS OR MENTAL FUNCTIONING OR IF RESPONDENT FAILS THE TRAILS TEST(S) IN SECTION C.]

M1. Now, I'd like to ask about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?

01 YES 02 NO

Let me ask you a few questions to check your concentration and memory.

[RECORD ANSWER AND THEN CODE.]

		RECORD ANSWERS	CORRECT	ERROR/ CAN'T DO/ REFUSE
M2. What is the year?	YEAR: _____		01	05
M3. What season of the year is it?	SEASON: _____		01	05
M4. What is the date?	DATE: _____		01	05
M5. What is the day of the week?	DAY: _____		01	05
M6. What is the month?	MONTH: _____		01	05
M7. Can you tell me where we are right now? For instance, what State are we in?	STATE: _____		01	05
M8. What (county/parish) are we in?	COUNTY/ PARISH: _____		01	05
M9. What (city/town) are we in?	CITY: _____		01	05
M10. A. What floor of the building are we on?	FLOOR: _____		01	05
	[DO NOT RECORD ADDRESS!!! CHECK AGAINST CONTROL FORM.]			
B. What is this address (IF INSTITUTIONALIZED) or name of this place?			01	05

M11. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. The objects are . . . **[READ OBJECTS SLOWLY.]**

“Apple” “Table” “Penny”

Could you repeat the 3 items for me? **[SCORE FIRST TRIAL.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE	01	05
b. TABLE	01	05
c. PENNY.	01	05

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

M12. Would you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

[COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. THIS QUESTION WILL NOT BE COUNTED FOR M21.]

	RESPONSE	CORRECT	ERROR	SAYS CAN'T DO	REFUSE
a. (93)	___	01	05	07	-7
b. (86)	___	01	05	07	-7
c. (79)	___	01	05	07	-7
d. (72)	___	01	05	07	-7
e. (65)	___	01	05	07	-7

[STOP]

M13. Now, I am going to spell a word forwards and I want you to spell it backwards. The word is “WORLD,” W-O-R-L-D. Spell “world” backwards. **[REPEAT SPELLING IF NECESSARY, BUT NOT AFTER RESPONDENT BEGINS SPELLING. THIS QUESTION WILL NOT BE COUNTED FOR M21.]**

[PRINT LETTERS]:

_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
D	L	R	O	W	
[CIRCLE NUMBER OF ERRORS:					OR REFUSED]
00	01	02	03	04	05
					-7

M14. Now, what were the 3 objects I asked you to remember?

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE	01	05
b. TABLE	01	05
c. PENNY.	01	05

	CORRECT	ERROR/ CAN'T DO/ REFUSE	HANDICAP	CAN'T READ (ENGLISH)
M15. [SHOW WRIST WATCH] What is this called? a. WATCH	01	05	06	—
[SHOW PENCIL] What is this called? b. PENCIL	01	05	06	—
M16. I'd like you to repeat a phrase after me. The phrase is . . . "No if's, and's or but's."	01	05	06	—
[ALLOW ONLY 1 TRIAL. CODE "01" REQUIRES AN ACCURATELY ARTICULATED REPETITION.]				
M17. Read the words on this page and then do what it says. [HAND "CLOSE YOUR EYES" CARD TO RESPONDENT. CODE "01" IF RESPONDENT CLOSES EYES.]	01	05	06	07

[THANK RESPONDENT AND TAKE BACK "CLOSE YOUR EYES" CARD.]

M18. **[READ FULL STATEMENT BEFORE HANDING PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]**

I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. **[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT AGAIN.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE	HANDICAP
a. TAKES PAPER IN RIGHT HAND	01	05	06
b. FOLDS PAPER IN HALF.	01	05	06
c. PUTS PAPER DOWN ON LAP	01	05	06

M19. Write any complete sentence on that piece of paper for me. **[SPELLING AND GRAMMATICAL ERRORS ARE ALLOWED.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP
- 07 CAN'T WRITE (ENGLISH)

[TAKE BACK "CLOSE YOUR EYES" CARD.]

M20. Here's a drawing. Please copy the drawing on the same paper. **[HAND RESPONDENT "PENTAGONS" CARD. CODE "01" IF RESPONDENT DRAWS 2 CONVEX 5-SIDED FIGURES, AND INTERSECTION MAKES A 4-SIDED FIGURE.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP

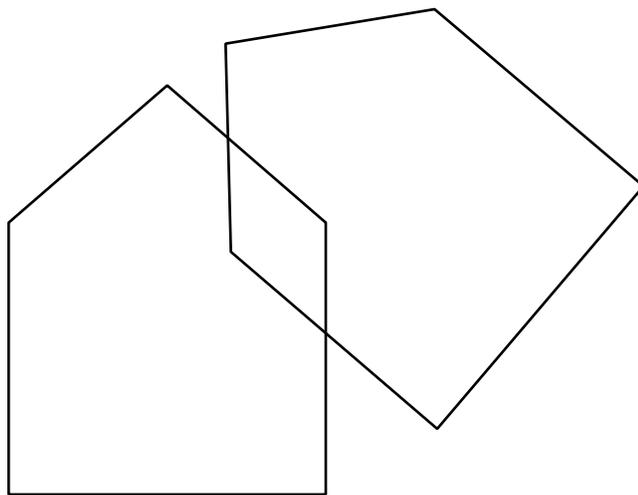
[TAKE BACK "PENTAGONS" CARD.]

M21. ARE 12 OR MORE "05's" CODED IN M2-M11 AND M14-M20?

- 01 YES → **THANK RESPONDENT FOR DOING INTERVIEW → COMPLETE TIME CHECKPOINT BELOW.**
- 02 NO → **RETURN TO LAST QUESTION ASKED BEFORE SKIPPING AND CONTINUE, BUT NOT MORE THAN 3 HOURS TOTAL.**

TIME CHECKPOINT			
DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MONTH	DAY	
TIME:	<input type="text"/>	<input type="text"/>	AM / PM (CIRCLE ONE)
	HOUR	MINUTE	

**CLOSE YOUR
EYES**



PENTAGONS

ONSET/REGENCY

Within the month before admission

Within the past 12 months

More than 1 year ago

Drug Abuse Treatment Outcome Study



INTAKE 2 INTERVIEW SHOW CARDS

October 1992

THERE IS NO CARD 1

IN THE INTAKE 2 SET.

CARD 2

Not at all

Less than once a week

At least once a week

Almost daily

CARD 3

Never or rarely

Some of the time

Almost always

CARD 4

None

One or a few

Many

CARD 5

Very poorly

Somewhat poorly

A little less than average

Average or good

CARD 6

Never

Less than once a month

About once a month

2 to 3 times a month

Once a week

More than once a week

CARD 7

Strongly disagree

Disagree

Agree

Strongly agree

CARD 8

Not at all

A little bit

Moderately

Quite a bit

Extremely

CARD 9

Not at all

Agree somewhat

Very much agree

ONSET/REGENCY

Within the month before admission

Within the past 12 months

More than 1 year ago

Client ID: _____

Drug Abuse Treatment Outcome Study



INTAKE 2 INTERVIEW TALLY SHEETS

October 1992

Intake 2 Interview

TALLY SHEET X

PART A

- A2 Age: _____
- A4 Residence code: _____
- A10 Marital status: _____
- A10e How long (marital status): _____
- A13 Number of times married: _____
- A16 Lived with: _____
- A27 Had children: _____
- A28 Raised children: _____

PART B

- A8 _____ traveled around without arrangements
- A9 _____ had no regular place to live for a month
- A19 _____ walked out on (spouse(s)/partner(s))
- A20 _____ hit or threw things at your (spouse(s)/partner(s))
- A40 _____ left children home alone
- A41 _____ had someone else care for a child
- A42 _____ had someone say your child wasn't being given enough to eat, being kept clean, or being given medical care
- A43 _____ ran out of money for your family because you spent food money on yourself
- A44 _____ did not provide financial support for (a child/children)

Intake 2 Interview

TALLY SHEET E

- E2a ___ being short of breath
- E2b ___ feeling your heart pounding
- E2c ___ feeling dizzy
- E2d ___ having tightness, pain, or discomfort in your chest or stomach
- E2e ___ tingling or numbness in your fingers or feet
- E2f ___ feeling like you were choking or have difficulty swallowing
- E2g ___ feeling faint
- E2h ___ sweating
- E2i ___ trembling or shaking
- E2j ___ having hot flashes or chills
- E2k ___ having things seem unreal
- E2l ___ being afraid you might die
- E2m ___ being afraid you might act in a crazy way
- E2n ___ having nausea
- E2o ___ having belly pain
- E2p ___ feeling like you were smothering
- E2q ___ having a dry mouth

Intake 2 Interview

TALLY SHEET F

E11 _____ Different worries on your mind

F1 _____ Had 2 weeks of feeling sad, blue, or depressed

F3	_____	lost your appetite
F4	_____	lost weight
F5	_____	had increased appetite
F6	_____	your eating increased

F7	_____	trouble falling asleep
F8	_____	trouble staying asleep
F9	_____	trouble waking up early
F10	_____	sleeping too much

F11	_____	feeling tired out all the time
F12	_____	feeling bad upon waking up but better later

F13	_____	talked or moved more slowly than normal
F14	_____	had to be moving all the time

F15	_____	had less interest in sex
F16	_____	lost interest in things like work or hobbies

F17	_____	felt worthless
F17a	_____	felt sinful
F17b	_____	felt guilty

F19	_____	felt inferior
F20	_____	little self-confidence

F21	_____	had a lot more trouble concentrating
F22	_____	your thoughts came slowly or seemed mixed up
F23	_____	being unable to make up your mind

F24	_____	thinking a lot about death
F25	_____	feeling as though you wanted to die
F26	_____	thinking of committing suicide
F27	_____	attempting suicide

F30d Depression more than year ago _____

F31d Feeling low, gloomy, or uninterested in everything more than a year ago _____

F32 Longest spell _____

F34 Number of spells _____

Intake 2 Interview

TALLY SHEET H

- H10b _____ set fires or damaged others' property
- H12 _____ hit a child hard
- H13 _____ got into physical fights
- H14 _____ used a weapon in a fight
- H15 _____ physically attacked someone
- H18 _____ were sued or had things taken back
- H18a _____ have been sued more than twice
- H19 _____ stole something or robbed or threatened someone
- H20 _____ made money illegally by selling drugs
- H20a _____ made money illegally by other means
- H21 _____ were paid for having sex
- H22 _____ made money by finding customers for prostitutes
- H23 _____ used an alias
- H24 _____ lied pretty often