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Section A: BACKGROUND

PREAMBLE
RESPONDENT BOOKLET PAGE 1 to be read to all respondents

This is a federally funded project to collect information about how some American Indians feel about their lives. During this interview, I will ask you questions about all parts of your life. This will include questions about when you were growing up, your family history, your education and employment, your use of health services (including traditional healers) and your relationships with other people.

Some of these questions may be difficult to answer or may make you remember events and feelings from a time in your life that you haven't thought about for a while. Some of these memories may make you feel uncomfortable or even upset. This sort of reaction is normal. If at any time you would like to take a break, please tell me. You can even let me know if you want to stop the interview altogether.

Do you have any questions?

I have a large number of questions to ask you. Many of these can be answered with a simple "YES" or "NO." Others are more complicated, for these we have typed out the possible answers in the Booklet you have in front of you. I realize that some of these answers may not exactly match how you would answer the questions, but ask that you choose the answer that is closest to the way you feel.

Let me give you some examples of questions and how you might answer them:

EXAMPLE 1: DO YOU HAVE ANY PARTICULAR PROBLEMS WITH YOUR HEALTH?

If you do not have a page in the Booklet for a question like this one, I am usually looking for a simple "YES" or "NO" answer. "YES" or "NO" may not be the exact answer you would give, perhaps "SOMETIMES" or "OFF AND ON" would be better, however, I ask that you decide if overall you think you have problems with your health (YES or NO). Often it is best to give the first answer that comes to your mind.

EXAMPLE 2: COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?

HAND RESPONDENT EXAMPLE CARD. The responses I would like you to use for this question are:

1. Much worse than one year ago
2. Somewhat worse than one year ago
3. About the same as one year ago
4. Somewhat better now than one year ago
5. Much better now than one year ago
Again, please choose the answer that is closest to how you think you might answer this question.

I realize that answering these questions may seem awkward at first. I think you will find that it goes smoothly after a while. I need to ask the questions this way so that we can combine everyone's answers and provide an overall summary of how the people in your community feel about the things we will talk about today. Again I want to assure you that this interview is completely voluntary and if there is something you prefer not to answer, please tell me and I will go to the next question.

Before we begin, do you have any questions?

BEFORE INTERVIEW:

Interviewer ID: __ __ __ __

Respondent ID: __ __ __ __

Site: NP 1 SW 4 SW 7
NP 2 SW 5
SW 3 SW 6

Note person's date of birth from the rolls:

_____ _____ / _____ _____ / ___ ___ ___ ___
(Month) (Day) (Year)

Gender:

Male 0
Female 1

Note current date:

_____ _____ / _____ _____ / ___ ___ ___ ___
(Month) (Day) (Year)

Note current time:

____ ____ / ____ ____ 1= am
(Hour) (Minute) 2= pm

October 9, 2000
Thank you for agreeing to participate in this project. I would like to begin by asking some questions about yourself.

A1 Are you currently (insert calculated age) years old?

NO ..................................................... 0 --> GO BACK AND CLARIFY DATES

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

A3_0 This question is about your dating or romantic relationships, have you ever had an exclusive relationship with someone that lasted at least one year?

NO ..................................................... 0

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

A3 Are you currently married, separated, divorced, widowed or never married?

Married .............................................. 1 --> GO TO A3a

Separated ........................................... 2 --> GO to A3a1

Divorced ............................................ 3 --> GO TO A3a1

Widowed ........................................... 4 --> GO TO A3b

Never Married ................................... 5 --> GO TO A3b

A3a Does your [husband/wife] currently live here with you or does [he/she] live somewhere else?

lives here ........................................... 1 --> GO TO A4

lives elsewhere ................................. 2 --> GO TO A3a1

A3a1 Are you currently living with someone else in a steady marriage-like relationship?

NO ..................................................... 0 --> GO TO A4

YES ................................................... 1 --> GO TO A4

A3b Are you currently living with someone in a steady marriage-like relationship?

NO ..................................................... 0 --> GO TO E1

YES ................................................... 1 --> GO TO E1
A4 How many times have you been married (including your current marriage)?
    Enter # of times ................................ __________

A5 How many times (if any) have you been divorced?
    Enter # of times ....................................... _________
EDUCATION

E1   What is the highest grade in school you attended? .......... ______ ______

If age <18 and E1 <12 GO TO E4
If age >=18 and E1 <12 GO TO E2a

CODE AS:

  00 = none --if none, skip to F1
  01-11 = some school --> GO TO E2a
  12 = senior year
  13 = 1 year of college --> GO TO E3
  14 = 2 years of college --> GO TO E3
  15 = 3 years of college --> GO TO E3
  16 = college graduate --> GO TO E3
  17+ = graduate/professional --> GO TO E3
  31 = 1 year vocational school
  32 = 2 years vocational school
  33 = 3 years vocational school
  34 = 4 years vocational school
  88 = other (specify)

E1_t  _____________________________________________________

E2   Did you graduate from high school?

  NO ........................................................... 0
  YES ................................................... 1 --> GO TO E3
  CURRENTLY A HIGH SCHOOL STUDENT .. 2 --> GO TO E3

E2a  Did you pass a high school equivalency test or GED?

  NO ....................................................... 0
  YES .................................................... 1
E3 Have you ever attended any of the following types of schools?

IF YES: Are you currently attending this school? And, did you receive a degree or certificate from this school?

<table>
<thead>
<tr>
<th>Type of School</th>
<th>EVER ATTEND</th>
<th>CURRENTLY ATTEND</th>
<th>DEGREE OR CERTIFICATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>adult basic education classes (for GED)</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>technical or trade school</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>military occupational training</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>junior or community college (e.g., for an Associate degree)</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>four-year college or university (e.g., for a Bachelor degree)</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>graduate or professional school (e.g., medical or law school)</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>Other type of school not previously mentioned</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
<td>NO . . . . 0</td>
</tr>
<tr>
<td></td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td>g_t. (Please write in.)</td>
<td>E3g_t_ev</td>
<td>E3g_t_cu</td>
<td>E3g_t_de</td>
</tr>
</tbody>
</table>

E3h NONE

E4 Did you ever attend a boarding school?

NO ..................................................... 0 --> GO TO E5
YES ................................................... 1
E4a  Was the school government-operated, parochial (church-operated)?

   GOVERNMENT ................................. 1
   PAROCHIAL ................................. 2
   OTHER......................................... 3

E4b  How old were you when you first attended boarding school?

   _____ _____ YRS.

E4c  Did your parents or legal guardian send you willingly, or against their will?

   PARENTS WILLING .......................... 0
   AGAINST PATENTS' WILL .................. 1

E4d  Did you go to boarding school willingly or against your will?

   WILLINGLY ................................. 0
   AGAINST WILL................................ 1

E4e  About how many miles was the boarding school from your home?

   ___ ___ ___ ___miles

E4f  How much time during the school year were you able to spend with your family? Would you say . . .

   You saw them very rarely or not at all  1
   You saw them once in a while...........  2
   You had regular visits, or ..............  3
   You saw them very often or as often as
   you wanted ..................................  4

E4g  When you were in boarding school, were you forced to go to church?

   NO ............................................. 0
   YES ............................................ 1

E4h  Were you punished for using your Indian language?

   NO ............................................. 0
   YES ............................................ 1
E4i Did you feel that you could practice your culture and traditions?

NO ..................................................... 0
YES ................................................... 1

E4j During which grades did you attend boarding school?

<table>
<thead>
<tr>
<th>Grade</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2ND</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3RD</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11TH</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12TH</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

E5 Did either of your parents or someone who raised you go to boarding school?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MOTHER</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OTHER MALE</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OTHER FEMALE</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NONE</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

E6 Did you ever leave school before you graduated?

NO ..................................................... 0  --> GO TO F1
YES ................................................... 1
E6a Did you leave school before you graduated because . . .

<table>
<thead>
<tr>
<th>Reason</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>you thought you didn't need school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got married</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got pregnant or got someone pregnant</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got a job</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you needed to make money</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you didn't fit in socially</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>the work was too difficult</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>school was too far from home</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>school took too much time</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>school made it difficult to participate in ceremonies</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you didn't like school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you were lonely</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you were homesick</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got sick</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>your teachers were prejudiced</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you weren't encouraged by your teachers or the school to stay in school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you weren't encouraged by your family to stay in school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>your family life was too difficult</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>your family members partied too much</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got into alcohol or drugs</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>your friends made it difficult because they were into partying</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you felt the school wasn't good enough to make going to school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you got into too much trouble at school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you didn't get good enough grades</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>you had to help out at home or take care of children</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Reason not previously mentioned</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>background, October 9, 2000</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
OCCUPATION

Next we would like to find out about your past and present employment.

F1 Are you working now, unemployed, retired, a student, or something else? CODE ALL THAT APPLY.

| Definition: | Whether an individual is currently bringing in money should be the determining factor of whether they should be considered to be employed. Self-employed (e.g., crafts and rodeoing) should be coded as working. |

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1a WORKING FULL-TIME NOW ..............................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1b WORKING PART-TIME NOW ..............................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1c WORKING ON AND OFF ........................................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1d UNEMPLOYED OR PERMANENT LAYOFF .......................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1e RETIRED ........................................................................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1f GOING TO SCHOOL OR TRAINING PROGRAM ..............0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1g DISABLED (UNABLE TO WORK) ..............................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1h NEVER WORKED FOR PAY .......................................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1i OTHER (SPECIFY) .......................................................0 .............1</td>
<td></td>
</tr>
<tr>
<td>F1i_t ______________________________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

IF ONLY ONE MARKED ON THE PREVIOUS QUESTION, CODE THAT AS PRIMARY.
IF TWO OR MORE, ASK:

F2 Which is your main activity? CODE ONE ACTIVITY.

WORKING FULL-TIME NOW ......................... 01
WORKING PART-TIME NOW ....................... 02  --> GO TO F10
WORKING ON AND OFF .............................. 03  --> GO TO F10
UNEMPLOYED OR PERMANENT LAYOFF 04  --> GO TO F19
RETIRED 05 ........................................ 09  --> GO TO ET1
GOING TO SCHOOL OR TRAINING PROGRAM ........ 06  --> GO TO F36
DISABLED (UNABLE TO WORK) ..................... 07  --> GO TO F42
NEVER WORKED FOR PAY ........................... 08  --> GO TO F49
PRIMARY ACTIVITY: WORKING FULL-TIME NOW

F3_mo  How long have you had your current job? ........................ _____ _____ months

F3_yr  .............................................................................. _____ _____ years

F4  Is your current job temporary or permanent?

    TEMPORARY .................................. 1
    PERMANENT ................................. 2

F5  How much do you like your work these days?

    not at all ............................................. 0
    some, or ............................................. .... 1
    a lot.................................................... 2

F6  Could you get a better job if you moved away from here?

    NO ..................................................... 0
    YES .................................................... 1

F7  What kind of work are you doing?  Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse.  What is your job called?

____________________________________________________________________

____________________________________________________________________

F8  What are your most important activities or duties?  Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving.  Tell me a little more about what you actually do in your job.

____________________________________________________________________

____________________________________________________________________
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F9_mo / _____ _____ F9_yr
(MONTHS)                 (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F9a_mo / _____ _____ F9a_yr --> GO TO ET1
(MONTHS)                  (YEARS)
**PRIMARY ACTIVITY: WORKING PART-TIME OR ON-AND-OFF NOW**

F10_mo  How long have you had your current job? ....................... _____ _____ Months

F10_yr   ........................................................................... _____ _____ Years

F11  Is your job temporary or permanent?

    TEMPORARY .................................. 1
    PERMANENT .................................. 2

F12  Is it seasonal?

    NO ..................................................... 0
    YES .................................................. 1

F13  How much do you like your work these days?

    not at all............................................. 0
    some, or ............................................. .... 1
    a lot.................................................... 2

F14  If you could work full-time, would you?

    NO ..................................................... 0
    YES .................................................. 1

F15  Could you get a better job if you moved away from here?

    NO ..................................................... 0
    YES .................................................. 1

F16  What kind of work are you doing? Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse. What is your job called?

    ____________________________________________________________________
    ____________________________________________________________________

F17  What are your most important activities or duties? Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving. Tell me a little more about what you actually do in your job.

    ____________________________________________________________________
    ____________________________________________________________________
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F18_mo / _____ _____ F18_yr
(MONTHS) (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F18a_mo/_____ _____ F18a_yr -->GO TO ET1
(MONTHS) (YEARS)
PRIMARY ACTIVITY: UNEMPLOYED OR PERMANENTLY LAID OFF

F19_mo  How long have you been unemployed? .....................  _____ _____ Months

F19_yr  .........................................................  _____ _____ Years

F20  How much does it bother you not to have a job right now?

not at all ............................................. 0
some, or ............................................. 1
a lot .................................................... 2

F21  Are you doing any work for pay at the present time?

NO ..................................................... 0
YES ................................................... 1

F22  Are you looking for work now?

NO ..................................................... 0
YES ................................................... 1 --> GO TO F25

F23  Even though your are not looking now, do you want a permanent job, either full- or part-time?

NO ..................................................... 0
YES ................................................... 1

F24  A lot of people would like to work but have lost hope that they can find a good job. Some lose hope so much they stop looking for work. Is this true for you?

NO ..................................................... 0
YES ................................................... 1

F25  Could you get a job if you moved away from here?

NO ..................................................... 0
YES ................................................... 1
Now I have some questions about your last main job.

F26 What kind of work did you do? Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse. What was your job called?
____________________________________________________________________
____________________________________________________________________

F27 What were your most important activities or duties? Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving. Tell me a little more about what you actually did in your job.
____________________________________________________________________
____________________________________________________________________

F28 Why did you leave that job—did the employer go out of business, were you laid off, did you quit, go back to school, retire, or something else?

CHECK ONLY ONE REASON

RESPONDENT BOOKLET PAGE 5

COMPANY WENT OUT OF BUSINESS ........ 01
LAID OFF OR FIRED ........................................ .... 02
QUIT ............................................................ 03
SEASONAL JOB COMPLETED ....................... .... 04
TEMPORARY (NONSEASONAL) JOB COMPLETED ................................................... 05
LEFT JOB FOR MEDICAL REASONS ........... .... 06
BACK TO SCHOOL ............................................. 07
ENLISTED OR DRAFTED IN MILITARY SERVICE ............................................................ .... 08
RETIRED 09
SELF OR FAMILY EMPLOYMENT ............. .... 10
OTHER (SPECIFY) ............................................. 11

F28_t__________________________________________________________
____________________________________________________________________
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F29_mo / _____ _____ F29_yr
(MONTHS) (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F29a_mo / _____ _____ F29a_yr -->GO TO E1
(MONTHS) (YEARS)
**PRIMARY ACTIVITY: RETIRED**

F30_mo  How long have you been retired? ......................................  _____ _____ Months

F30_yr  .....................................................................................  _____ _____ Years

F31    How much does it bother you not to have a job right now?

   not at all............................................. 0
   some, or ............................................. .... 1
   a lot.................................................... 2

F32    Are you doing **any** work for pay at the present time?

   NO ..................................................... 0
   YES ................................................... 1

Now I have some questions about your last main occupation or job title.

F33    What kind of work did you do? Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse. What was your main job called?

____________________________________________________________________
____________________________________________________________________

F34    What were your most important activities or duties? Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving. Tell me a little more about what you actually did in your job.

____________________________________________________________________
____________________________________________________________________
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F35_mo / _____ _____ F35_yr
(MONTHS) (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F35a_mo / __________ F35a_yr
(MONTHS) (YEARS) --> GO TO ET1
**PRIMARY ACTIVITY: IN SCHOOL**

F36_mo  How long have you been in school? .......................... _____ _____ Months

F36_yr  ..................................................................... _____ _____ Years

F37 Are you doing any work for pay at the present time?

   NO ................................................................. 0  --> GO TO F39
   YES .............................................................. 1  --> GO TO F39

F38 How much does it bother you not to have a job right now?

   not at all................................................... 0
   some, or.................................................... ... 1
   a lot......................................................... 2

F38a Have you ever worked for pay?

   NO ............................................................. 0  --> GO TO ET1
   YES ............................................................ 1

Now I have some questions about your last main/current occupation or job title.

F39 What kind of work [are you doing/did you do]? Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse. What [is/was] your job called?

____________________________________________________________________
____________________________________________________________________

F40 What (are/were) your most important activities or duties? Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving. Tell me a little more about what you actually (do/did) in your job.

____________________________________________________________________
____________________________________________________________________
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F41_mo / _____ _____ F41_yr
(MONTHS) (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F41a_mo / _________ F41a_yr
(MONTHS) (YEARS) --> GO TO ET1
PRIMARY ACTIVITY: DISABLED

F42_mo  How long have you been disabled? ........................................... _____ _____ Months

F42_yr  ............................................................................................ _____ _____ Years

F43  Are you doing any work for pay at the present time?

   NO ..................................................... 0
   YES ................................................... 1

F44  How much does it bother you not to have a job right now?

   not at all ............................................. 0
   some, or ............................................. .... 1
   a lot .................................................... 2

Now I have some questions about your last main job.

F45  What kind of work did you do? Some examples would be farmer, rancher, seasonal worker, craftsman/woman, teacher, or nurse. What was your job called?

................................................................................................................................................
................................................................................................................................................

F46  What were your most important activities or duties? Some examples would be teaching, herding sheep or cattle, building houses, nursing, beadwork, or rug weaving. Tell me a little more about what you actually did in your job.

................................................................................................................................................
................................................................................................................................................
Now I'd like to ask you some questions about your work history.

What is the longest period of time, since you stopped going to school, that you held a job with the same employer?

RECORD NUMBER _____ _____ F47_mo / _____ _____ F47_yr
(MONTHS)                 (YEARS)

What is the longest period of time, since you stopped going to school, that you were unemployed when you wanted to have a job?

RECORD NUMBER _____ _____ F47a_mo / ___________ F47a_yr
(MONTHS)                 (YEARS) --> GO TO ET1
**PRIMARY ACTIVITY: NEVER WORKED**

F49   How much does it bother you not to have a job right now?

   not at all............................................. 0
   some, or............................................. 1
   a lot.................................................... 2

F50   Are you looking for work now?

   NO ..................................................... 0
   YES ................................................... 1 --> GO TO ET1

F51   Even though you are not looking now, do you want a permanent job, either full-or part-time?

   NO..................................................... 0
   YES ................................................... 1

F52   A lot of people would like to work but have lost hope that they can find a good job. Some lose hope so much they stop looking for work. Is this true for you?

   NO ..................................................... 0
   YES ................................................... 1
ET1 I would like to ask some questions about your ethnic background. In particular I will ask the race and ethnicity of your parents and your spouse.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>White</th>
<th>Black</th>
<th>American Indian</th>
<th>Asian</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>ET1 Mother</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
</tr>
<tr>
<td></td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If YES, which</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>tribe___ ET01b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ET2 Father</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
</tr>
<tr>
<td></td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If YES, which</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>tribe___ ET02b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF MARRIED)</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
<td>NO...0</td>
</tr>
<tr>
<td>ET3 Your spouse</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
<td>YES..1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If YES, which</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>tribe___ ET03b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ET4 What is your blood quantum?

___ ___ ___ ___

ET5 Some families have special activities or traditions that take place every year at particular times -- such as holiday gatherings, special meals or giveaways, religious activities, healing ceremonies, or honoring powwows. How many of these special activities or traditions does your family take part in that are based on . . .

RESPONDENT BOOKLET PAGE 6 (TOP)

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>A FEW</th>
<th>A SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ET5a Your tribal culture</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ET5b Other Indian cultures</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ET5c White culture</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
ET6 Some people talk about living life in traditional ways. To what extent do you follow . . .

RESPONDENT BOOKLET PAGE 6 (BOTTOM)

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ET6a</td>
<td>The tribal way of life</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ET6b</td>
<td>The White-American way of life</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

ET7 How well do you speak your tribal language? . . .

RESPONDENT BOOKLET PAGE 7

I don’t speak my tribal language ........... 0
I speak it a little, but not very well .......... 1
I speak it moderately well.................... 2
I speak my tribal language very well ...... .. 3

ET8 How many of your close friends are . . .

RESPONDENT BOOKLET PAGE 8

<table>
<thead>
<tr>
<th>NONE</th>
<th>SOME OF THEM</th>
<th>MOST OF THEM</th>
<th>ALL OR NEARLY ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ET8a</td>
<td>from your tribe</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ET8b</td>
<td>White</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ET8c</td>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ET8d_t</td>
<td>Please specify name of cultural group</td>
<td>________________________________</td>
<td></td>
</tr>
</tbody>
</table>
ET9  How important is it to you that you maintain . . .

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME WHAT</th>
<th>VERY MUCH</th>
</tr>
</thead>
</table>

ET9a  your tribal identity, and your tribes’ values and practices?

| 0 | 1 | 2 | 3 |

ET9b  a White identity, and White values and practices?

| 0 | 1 | 2 | 3 |

ET10 How important is it to you that members of your immediate family maintain . . .

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME WHAT</th>
<th>VERY MUCH</th>
</tr>
</thead>
</table>

ET10a  your tribes’ identities, values, and practices?

| 0 | 1 | 2 | 3 |

ET10b  White identities, values, and practices

| 0 | 1 | 2 | 3 |

ET11 How different do you think your tribal culture is from White culture?

- there are no differences ................. 0
- there are only small differences .......... 1
- there are big differences .................. 2
INCOME

ININTRO Please look at RESPONDENT BOOKLET PAGE 9 and tell me which number best represents the total income before taxes of all persons living in your household in the calendar year of 1996. What was the total income for all your family combined that year? By family, I mean, those who share your house or camp.

READ AS PROBE IF NECESSARY: This should include not only wages, salaries, tips, and commissions, but also net income per capita payments from a business or farm, social security, pensions, unemployment or disability compensation, alimony or child support, welfare, dividends, interest, rent or sale of property, and any other money income received by all family members--by you or anyone else in the family living with you.

IF DON'T KNOW, PROBE ONCE: [Give me your best estimate.]

RESPONDENT BOOKLET PAGE 9

I1   NOTHING, OR LOSS................................. 01
     LESS THAN 1,000............................... ... 02
     $1,000 - 4,999.................................. 03
     $5,000 - 9,999................................... 04
     $10,000 - 14,999................................... 05
     $15,000 - 19,999................................... 06
     $20,000 - 29,999................................... 07
     $30,000 - 39,999................................... 08
     $40,000 - 49,999................................... 09
     $50,000 - OR MORE ............................ ... 10
     DON'T KNOW..................................... 99

I1a  What was the total monthly income for all persons living in your house for the past month?

     TOTAL $........................................... _____

I1b  Was this more, the same, or less than usual?

     MORE............................................... 1
     ABOUT THE SAME......................... ... 2
     LESS............................................... 3
Let me return to asking you about annual income. Remember we are asking about before tax income. How much of this annual household income was earned or brought in by you personally in 1996?

IF DON'T KNOW, PROBE ONCE: [Give me your best estimate.]

RESPONDENT BOOKLET PAGE 9

| Nothing, Or Loss | 01 |
| Less Than 1,000 | 02 |
| $1,000 - 4,999 | 03 |
| $5,000 - 9,999 | 04 |
| $10,000 - 14,999 | 05 |
| $15,000 - 19,999 | 06 |
| $20,000 - 29,999 | 07 |
| $30,000 - 39,999 | 08 |
| $40,000 - 49,999 | 09 |
| $50,000 - Or More | 10 |
| Don't Know | 99 |

I2a What was your total monthly income for the past month?

TOTAL $ _______________________

I2b Was this more, the same, or less than usual?

MORE .................................................. 1
ABOUT THE SAME .................... 2
LESS.................................................. 3
13. How often do you have . . .

RESPONDENT BOOKLET PAGE 10

<table>
<thead>
<tr>
<th></th>
<th>ALMOST ALWAYS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>ALMOST NEVER</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I3a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enough food to eat?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I3b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enough health care?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I3c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enough clothes?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I3d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a decent place to live?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

I4 How often are you able to save some money for an emergency? . . .

very often | 4
often | 3
sometimes | 2
almost never | 1
never | 0

I5 Are you in debt?

not at all | 0
some | 1
very much | 2
Are you presently receiving . . .

RESPONDENT BOOKLET PAGE 11

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I6a</td>
<td>AFDC, general assistance or other welfare benefits</td>
</tr>
<tr>
<td>I6b</td>
<td>Social Security Income (SSI--for disability)</td>
</tr>
<tr>
<td>I6c</td>
<td>Social Security Retirement benefits</td>
</tr>
<tr>
<td>I6d</td>
<td>pension</td>
</tr>
<tr>
<td>I6e</td>
<td>child support</td>
</tr>
<tr>
<td>I6f</td>
<td>scholarships</td>
</tr>
<tr>
<td>I6g</td>
<td>food stamps or an EBT card</td>
</tr>
<tr>
<td>I6h</td>
<td>financial help or aid from relatives</td>
</tr>
<tr>
<td>I6i</td>
<td>unemployment benefits</td>
</tr>
<tr>
<td>I6j</td>
<td>disability benefits from pension, VA, or retirement funds</td>
</tr>
<tr>
<td>I6k</td>
<td>per capita payments</td>
</tr>
<tr>
<td>I6l</td>
<td>lease payments or royalties</td>
</tr>
<tr>
<td>I6m</td>
<td>any other type of financial assistance not previously mentioned?</td>
</tr>
<tr>
<td>I6n</td>
<td>NONE</td>
</tr>
<tr>
<td>I6_t</td>
<td>specify</td>
</tr>
</tbody>
</table>
We're interested in the traditional ways people in this community contribute to their households.

I7    Do you contribute to your household by . . .

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I7a</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I7b</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I7c</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I7d</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I7e</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I7_t</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I7a  hunting or fishing ................................................................. 0 ....................... 1
I7b  planting or farming ............................................................... 0 ....................... 1
I7c  herding raising sheep or cattle .............................................. 0 ....................... 1
I7d  craftwork such as beadwork, quiltwork, weaving, silversmithing ............................................... 0 ....................... 1
I7e  any other type of contribution not previously mentioned? ................................................ 0 ....................... 1

I7_t  Specify _______________________________________________________
D2  Who currently lives in the same house as you? Please tell me each person's first name, relationship to you, gender, and age.

1  Spouse
2  Son
3  Daughter
4  Mother
5  Father
6  Grandmother
7  Grandfather
8  Aunt
9  Uncle
10 Cousin
11 Niece
12 Nephew
13 Granddaughter
14 Grandson
15 Friend
16 Sibling
17 Girlfriend/boyfriend
18 Other
19 N/A  --> SKIP D2a

<table>
<thead>
<tr>
<th></th>
<th>What is the next person's first name</th>
<th>What is (his/her) relationship to you</th>
<th>Male or female?</th>
<th>Age?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>What is the next person's first name</td>
<td>What is (his/her) relationship to you</td>
<td>Male or female?</td>
<td>Age?</td>
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</table>

D2a  How many children do you have? ________ --> IF 0 GO TO D4

D3  (Does this child/do any of these children) live away from home?

   NO ..................................................... 0 --> GO TO D4
   YES ................................................... 1

D3a  In all, how many children do you have that no longer live at home?

   ____ / ____ children

D4  Have you ever raised or acted as parent for children who were not your own natural children (such as adopted children, foster children, or stepchildren)?

   NO ..................................................... 0 --> GO TO D5
   YES ................................................... 1

D4a  In all, how many children have you raised that were not your own or acted as a parent for?

   ____ / ____ children
Now I'm going to ask about military service.

D5 Have you ever been on active-duty military service in the Armed Forces or ever been in the Reserves or National Guard?

NO ............................................................................. 0  --> GO TO FAMILY HISTORY SECTION

Yes, now on active duty ...................... 1
Yes, on active duty in past,
but not now............................................... 2
Yes, service in Reserves or
Guard only................................................. 3

Was active duty during . . .

RESPONDENT BOOKLET PAGE 12

NO YES
D5a1 Desert Storm, Desert Shield ......................... 0 .......... 1
D5a2 Anytime since September 1980 .................... 0 .......... 1
D5a3 May 1975 to August 1980 ......................... 0 .......... 1
D5a4 Vietnam era (August 1964–April 1975) ......... 0 .......... 1
D5a5 February 1955 - July 1964 ......................... 0 .......... 1
D5a6 Korean conflict (June 1950-January 1955) .... 0 .......... 1
D5a7 World War II (September 1940 - July 1947) .... 0 .......... 1
D5a8 Any other time ............................................ 0 .......... 1

D5b In total, how many years of active-duty military service did you have?

____ ____ years

D6 In which branch of the military did you serve while on active duty?

NO YES
D6a1 ARMY ............................................................. 0 .......... 1
D6a2 NAVY ............................................................ 0 .......... 1
D6a3 AIR FORCE ...................................................... 0 .......... 1
D6a4 MARINE CORPS ........................................ 0 .......... 1
D6a5 COAST GUARD .................................................. 0 .......... 1

D7 How would you generally describe your exposure to combat while on active duty?

NONE ................................................................. 1
LIGHT ............................................................... .... 2
MODERATE ...................................................... 3
HEAVY .............................................................. 4
Section B: FAMILY HISTORY

Source Documents:

AIVVP Family History
VOICES items 12 and 13, pg. 3

Added Items: After AIVVP G21: Did parents divorce or stop living together?

IF YES - How old were you when it happened?

Notes: Add Ilena's and Joan's items on history of child physical and sexual abuse, and neglect.

For ASPD Assessment, add to social section on current marriage/partnerships

1) how long
2) any other marriages/partnerships
   IF YES--> 2a) how long for each

October 9, 2000
CHILDHOOD AND FAMILY HISTORY

Natal Family

We've spent time discussing the details of your present life. Let's go back now and talk about life when you were a child.

The next set of questions are about the people who were mother and father to you.

FH1 First, who was the man most responsible for raising you while you were growing up?

RESPONDENT BOOKLET PAGE 13

CHECK ONE ONLY

- NO MAN RESPONSIBLE [E.G., ORPHANAGE, INSTITUTION, RAISED ONLY BY FEMALES] ................. 01 --> GO TO FH2
- BIOLOGICAL FATHER ........................................ 02
- ADOPTIVE FATHER .......................................... 03
- STEPFATHER .................................................. 04
- BROTHER, STEP BROTHER ................................. 05
- BROTHER-IN-LAW .......................................... 06
- UNCLE ............................................................ 07
- GRANDFATHER ............................................... 08
- FOSTER FATHER ............................................... 09
- OTHER MALE RELATIVE ................................. 10
- OTHER MALE NON-RELATIVE ......................... 11

FH1a Did your [father/father phrase] ever serve in the Armed Forces?

- NO ............................................................ 0
- YES ......................................................... 1

RESPONDENT BOOKLET PAGE 14

FH1b Overall, while you were growing up, how was your relationship with your [father/father phrase]? Just read me the number on this page.

- POOR ...................................................... 1
- FAIR ...................................................... 2
- AVERAGE .................................................. 3
- GOOD ..................................................... 4
- EXCELLENT ............................................. 5
FH1g While you were growing up, was your [father/father phrase] mostly:

- Working full time ......................... 1
- Working part time ............................ 2
- Working on and off ......................... 3
- Unemployed .................................... 4
- Retired ........................................... 5
- Disabled ........................................... 6
- Never worked for pay ...................... 7
- OTHER (SPECIFY) ............................. 8

FH1g_t ___________________________________________________

FH1h What is the highest grade your [father/father phrase] completed?

CODE AS:

- 00 = none
- 01 - 11 = some school (code higher if grade attended)
- 12 = high school graduate
- 13 = 1 year college
- 14 = 2 years college
- 15 = 3 years college
- 16 = college graduate
- 17 = graduate/professional
- 31 = 1 year vocational
- 32 = 2 years vocational
- 33 = 3 years vocational
- 34 = 4 years vocational
- 88 = other
FH2  Who was the woman most responsible for raising you while you were growing up?

CHECK ONE ONLY

NO WOMAN RESPONSIBLE [E.G., ORPHANAGE, INSTITUTION, RAISED ONLY BY MALES] ........................... 01  --> GO TO FH3
BIOLOGICAL MOTHER ................................... .... 02
ADOPTIVE MOTHER ................................................... .... 03
STEPMOTHER................................................... .... 04
SISTER; STEPSISTER....................................... 05
SISTER-IN-LAW .................................................... 06
AUNT .................................................................. 07
GRANDMOTHER.............................................. .... 08
FOSTER MOTHER.................................................. 09
OTHER FEMALE RELATIVE .......................... .... 10
OTHER FEMALE NON-RELATIVE .......... 11

FH2a Overall, while you were growing up, how was your relationship with your [mother/mother phrase]? Just read me the number on this page.

POOR ................................................ 1
FAIR ................................................... .... 2
AVERAGE ........................................ 3
GOOD ............................................... .... 4
EXCELLENT ........................................... 5

FH2f While you were growing up, was your [mother/mother phrase] mostly:

Working full time ......................... 1
Working part time ......................... .... 2
Working on and off ......................... 3
Unemployed ......................................... 4
Retired ............................................. 5
Disabled ............................................. 6
Never worked for pay ..................... 7
OTHER (SPECIFY) ..................... 8

FH2f_t
FH2g  What is the highest grade your [mother/mother phrase] completed?

CODE AS:

00 = none
01 - 11 = some school (code higher if grade attended)
12 = high school graduate
13 = 1 year college
14 = 2 years college
15 = 3 years college
16 = college graduate
17 = graduate/professional
31 = 1 year vocational
32 = 2 years vocational
33 = 3 years vocational
34 = 4 years vocational
88 = other

FH3  How many other children were there in your household while you were growing up?

_____ _____ CHILDREN  --> IF 0, GO TO FH4

FH3a  How many of these were your natural brothers and sisters? Do not include step-siblings, foster siblings, or adopted siblings.

_____ _____ BROTHERS AND SISTERS

FH3b  Do you have brothers or sisters who served in the Armed Forces?
[Include natural and any other siblings].

NO ......................................................... 0  --> GO TO FH4
YES ...................................................... 1

FH3b_1 How many of your brothers and sisters have served in the Armed Forces?

_____ _____ SERVED IN ARMED FORCES
Think about the house you lived in when you were six. Apart from perhaps going to school did you move from this house before you were 16?

NO ..................................................... 0  --&gt; GO TO FH5
YES ................................................... 1

FH4a How many houses did you live in between the ages of 6 and 16?

_____ _____ HOUSES

FH4b How many times [if any] did you have to change schools because you had moved?

_____ _____ SCHOOL CHANGES
HOUSING AND RESERVATION LIFE

FH5 Now I would like to ask you some questions about how much you have lived on the reservation, near the reservation. During your lifetime:

FH5a How many years have you lived on the reservation? _____ years
FH5b How many years have you lived near the reservation? _____ years
FH5c How many years have you lived far away from the reservation? _____ years

FHa+FH5b+FH5c should equal age; if not, clarify.

FH5d What was the longest period of time . . . _____ years

How long have you personally lived in this community?

RECORD NUMBER _____ _____ FH6_mo / _____ _____ FH6_yr
MONTHS YEARS

FH6a IF FH6 = 10 OR MORE YEARS --> GO TO FH7

FH6b How many different communities have you lived in the last 10 years even if only for a short period of time?

NUMBER _____ _____

How long have you lived in the place where you are living now [that is, how many years and months]? By place I mean your house.

RECORD NUMBER _____ _____ FH7_mo / _____ _____ FH7_yr
MONTHS YEARS

FH7a IF FH7 > 10 YEARS, GO TO FH8

FH7b Altogether, how many different houses have you lived in during the last 10 years, even if only for a short period of time?

NUMBER _____ _____
FH8  Which best describes the building you live in? . . .

    a mobile home or trailer ...................... 01
    a one-family house detached
      from any other house ...................... 02
    a one-family house attached
      to one or more houses .................... 03
    a building with apartments ................. 04

FH8a  Is this house . . .

    owned by you or someone in this
    household, with a mortgage or loan? ............. 1

    owned by you or someone in this
    household, free and clear --
    without a mortgage? .................................. 2

    rented for cash rent?, or........................ 3

    do you live without payment of
    cash rent ............................................... 4  --> GO TO FH8c

SW ONLY:

FH8_1  Do you have a traditional dwelling on the property?

    NO ......................................................... 0
    YES ....................................................... 1
    NOT APPLICABLE .......................... 8
FH8b  How much do you pay each month for your housing?

NONE .................................................. 00
LESS THAN $80 ................................. 01
$80 to $99 ............................................ 02
$100 to $124 ........................................ 03
$125 to $149 ........................................ 04
$150 to $174 ................................. 05
$175 to $199 ........................................ 06
$200 to $224 ........................................ 07
$225 to $249 ........................................ 08
$250 to $274 ........................................ 09
$275 to $299 ........................................ 10
$300 to $324 ........................................ 11
$325 to $349 ........................................ 12
$350 to $374 .................................... 13
$375 to $399 ........................................ 14
$400 to $424 ....................................... 15
$425 to $449 ........................................ 16
$450 to $474 ........................................ 17
$475 to $499 ........................................ 18
$500 to $524 ....................................... 19
$525 to $549 ........................................ 20
$550 to $599 .................................... 21
$600 to $649 ........................................ 22
$650 to $699 .................................... 23
$700 to $749 ........................................ 24
$750 to $999 ...................................... 25
$1,000 or more .................................. 26

FH8c  How many bedrooms do you have; that is, how many bedrooms would you list if this home were on the market for sale or rent?

no bedroom ........................................ 0
1 bedroom ........................................ 1
2 bedrooms ...................................... 2
3 bedrooms ...................................... 3
4 bedrooms ...................................... 4
5 or more bedrooms .......................... 5

FH8d  Do you have complete plumbing facilities in this home? That is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?

NO .............................................. 0
YES .............................................. 1
FH8e  Do you have **complete** kitchen facilities? That is, 1) a sink with piped water, 2) a working range or cookstove, and 3) a working refrigerator?

NO ........................................................................ 0
YES ................................................................. 1

FH8f  Do you have a working telephone in your home?

NO ........................................................................ 0
YES ................................................................. 1

FH8g  Which **fuel** is used most for heating this house or apartment?

- gas: from underground pipes serving the neighborhood .......... 1
- gas: bottled, tank, or LP........................................... .... 2
- electricity.......................................................... 3
- fuel oil, kerosene, etc........................................... .... 4
- coal or coke .................................................... .... 5
- wood.................................................................... .... 6
- solar energy ..................................................... 7
- other fuel.......................................................... .... 8
- don’t know ....................................................... .... 9
- no fuel used ...................................................... .... 0

FH8h  Do you get water from . . .

<table>
<thead>
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<th>NO</th>
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<tr>
<td>FH8ha a public system (i.e., city water department, or private company?) (Piped?) .......................................................... 0 ................. 1</td>
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<tr>
<td>FH8hb an individual drilled well? ........................................... 0 ................. 1</td>
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</tr>
<tr>
<td>FH8hc an individual dug well? .................................................. 0 ................. 1</td>
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</tr>
<tr>
<td>FH8hd some other source such as a spring creek, river, cistern, etc.? .................................................. 0 ................. 1</td>
<td></td>
</tr>
</tbody>
</table>

FH8i  Is this building connected to a public sewer?

NO ........................................................................ 0
YES ................................................................. ... 1
FH9   How many **working** automobiles, vans, or trucks are kept at home for use by members of your household?

none ................................................... 0
1............................................................ 1
2............................................................ 2
3............................................................ 3
4............................................................ 4
5............................................................ 5
6............................................................ 6
7 or more .................................................... 7
## RELIGION AND LANGUAGES

**FH10** What was your religious and spiritual background when you were growing up?  
*[Anything else?]* CODE ALL RESPONSES.

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<tr>
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<tr>
<td>FH10b CATHOLIC</td>
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<td>1</td>
</tr>
<tr>
<td>FH10c MORMON</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>FH10d NATIVE AMERICAN CHURCH</td>
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<td>1</td>
</tr>
<tr>
<td>FH10e TRADITIONAL INDIAN BELIEF</td>
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<td>1</td>
</tr>
<tr>
<td>FH10f OTHER (SPECIFY)</td>
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<td>1</td>
</tr>
<tr>
<td>FH10g NONE, NO RELIGION</td>
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<td>1</td>
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</tbody>
</table>

**FH11** How much was *[your tribal language]* spoken in your house when you were growing up? . . .

- Not at all ......................... 0  
- A little ............................... 1  
- A lot .................................. 2  
- Most or all the time .............. 3

**FH12** How much was *English* spoken *[in your house when you were growing up]*?

- Not at all ......................... 0  
- A little ............................... 1  
- A lot .................................. 2  
- Most or all the time .............. 3

**FH13** How much was *Spanish* spoken?

- Not at all ......................... 0  
- A little ............................... 1  
- A lot .................................. 2  
- Most or all the time .............. 3
FH14  Were any other languages spoken in your house when you were growing up?

NO ..................................................... 0  --> GO TO FH15
YES ................................................................... 1

FH14a_t  What language(s) was/were those?

______________________________________________________________

______________________________________________________________
MILITARY AND WARRIOR

FH15  How important was it to your family to serve in the military? . . .

   Not at all important ............................................. 0
   A little important ................................................ 1
   Moderately important ......................................... 2
   Very important..................................................... 3

FH16  Did your fathers, uncles, or grandfathers talk about various battles and their
       experiences in wars as a part of their lives?

   NO ........................................................................ 0
   YES ...................................................................... 1
   THEY DIDN'T SERVE IN MILITARY ..................... 2

IF GENDER = MALE GO TO FH17   IF GENDER = FEMALE GO TO FHTRANS

FH17  When growing up, did you want to become a warrior?

   NO ................................................................. 0
   YES ............................................................... 1
Now I'm going to ask about problems different family members other than you might have had when you were growing up, such as someone committing suicide, having problems with alcohol or drugs, or violent behavior. We're interested in things that happened before you were 18 years old.

**EMOTIONAL**

**FH18** While you were growing up, did anyone in your family or household commit suicide or try to commit suicide?

NO ..................................................... 0 --> GO TO FH19
YES ................................................... 1

**FH18_1** Who was that? Tell me all that apply.

*Did anyone else try to commit suicide? Who was that?*

**RESPONDENT BOOKLET PAGE 18**

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<thead>
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<th></th>
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<td>STEPMOTHER</td>
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</table>

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Family History, October 9, 2000
FH18_2 While you were growing up, did anyone in the family talk to a doctor or counselor [psychiatrist, psychologist or other mental health professional] about this suicide problem?

NO ..................................................... 0
YES ................................................... 1

FH18_3 Did anyone in the family talk to a traditional healer or medicine man about this suicide problem while you were growing up?

NO ..................................................... 0
YES ................................................... 1
FH19 While you were growing up, did anyone in your family or household suffer from depression -- that is, felt very sad or lonely for weeks or months, to the point of barely eating, working, or doing things they usually did?

<p>| | |</p>
<table>
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<td>NO</td>
<td>0 --&gt; GO TO FH20</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

FH19_1 Who was that? Tell me all that apply.

*Did anyone else have a serious problem with depression?*

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<tr>
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<tr>
<td>STEPSISTER</td>
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<tr>
<td>OTHER (SPECIFY)</td>
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</table>

FH19_t ____________________________

______________________________
FH19_2 While you were growing up, did anyone in the family talk to a doctor or counselor [*psychiatrist, psychologist or other mental health professional*] about this serious problem with depression?

NO ..................................................... 0
YES ................................................... 1

FH19_3 Did anyone in the family talk to a traditional healer or medicine man about this serious problem with depression while you were growing up?

NO ..................................................... 0
YES ................................................... 1
FH20 While you were growing up, did anyone in your family or household, not including yourself, have a problem with violent behavior?

NO ..................................................... 0.. GO TO FH21
YES ................................................... 1

FH20_1 Who was that? Tell me all that apply.

Did anyone else have a problem with violent behavior?

RESPONDENT BOOKLET PAGE 18

<table>
<thead>
<tr>
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<tbody>
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FH20_t _____________________________________________________________
_______________________________________________________________

FH20_2 While you were growing up, did anyone in the family talk to a doctor or counselor [psychiatrist, psychologist or other mental health professional] about this violent behavior problem?

NO ..................................................... 0
YES ................................................... 1
FH20_3 Did anyone in the family talk to a traditional healer or medicine man about this violent behavior problem while you were growing up?

NO ......................................................... 0
YES ...................................................... 1

FH21 Has anyone in your family ever seen a doctor or counselor [psychiatrist, psychologist, or other mental health specialist] for an emotional problem?

NO ......................................................... 0
YES ...................................................... 1

FH22 Has anyone in your family ever seen a traditional healer or medicine man about an emotional problem?

NO ......................................................... 0
YES ...................................................... 1

FH22_1 Did anyone in your family or household ever spank or hit you hard enough that you had to stay in bed, stay away from school, or see a doctor?

DO NOT COUNT CHILDHOOD FIGHTS BETWEEN SIBLINGS

NO ......................................................... 0
YES ...................................................... 1
FH22_1a Who was that? RESPONDENT BOOKLET PAGE 18

TELL ME ALL THAT APPLY.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATURAL MOTHER</td>
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</tr>
<tr>
<td>NATURAL FATHER</td>
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FH22_at _____________________________________________________________

_______________________________________________________________
ALCOHOL/DRUGS

FH23 While you were growing up, did anyone in your family or household drink so much that it became a problem? [By problem, I mean, did anyone drink so much that they got into fights with other people or started to beat the kids or lost a job?]

NO ..................................................... 0 --> GO TO FH25
YES ................................................... 1

RESPONDENT BOOKLET PAGE 18

Who was that? Tell me all that apply.

FH24_1 Did anyone else drink so much that they got into fights with other people or started to beat the kids or lost a job?

NO YES

NATURAL MOTHER......................................................0 ....................... 1
NATURAL FATHER .......................................................0 ....................... 1
STEPMOTHER.................................................................0 ....................... 1
STEPFATHER..................................................................0 ....................... 1
OTHER MOTHER SUBSTITUTE...................................0 ....................... 1
OTHER FATHER SUBSTITUTE ....................................0 ....................... 1
BROTHER ........................................................................0 ....................... 1
SISTER..............................................................................0 ....................... 1
STEPBROTHER...............................................................0 ....................... 1
STEPSISTER ....................................................................0 ....................... 1
OTHER (SPECIFY)..........................................................0 ....................... 1

FH24_t  ______________________________________________________________
_______________________________________________________________
FH24_2  While you were growing up, did anyone in the family talk to a doctor or counselor [*psychiatrist, psychologist or other mental health professional*] about this drinking problem?

NO ......................................................... 0
YES ..................................................... 1

FH24_3  Did anyone in the family talk to a traditional healer or medicine man about this drinking problem while you were growing up?

NO .......................................................... 0
YES .......................................................... 1
While you were growing up, did anyone in your family or household have a problem with hard or illegal drugs [heroin, cocaine, speed, or uppers and downers], prescription drugs, or with huffing or inhaling?

NO ................................................................. 0  --> GO TO FH26
YES ............................................................ 1

Who was that? Tell me all that apply.

Did anyone else have a problem with hard or illicit drugs, prescription drugs, or with huffing or inhaling?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NATURAL FATHER</td>
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<td>OTHER (SPECIFY)</td>
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</table>

FH25_t _______________________________

________________________________________
FH25_2 While you were growing up, did anyone in the family talk to a doctor or counselor [*psychiatrist, psychologist or other mental health professional*] about this drug problem?

NO ..................................................... 0
YES ................................................... 1

FH25_3 Did anyone in the family talk to a traditional healer or medicine man about this drug problem while you were growing up?

NO .................................................................. 0
YES .............................................................. 1
FINANCIAL STRAINS

FH26 When you were growing up, did your family ever have a hard time making ends meet - that is, making a living, or buying or trading for food, clothes or other things the family needed?

NO ..................................................... 0 --> GO TO FH27A
YES ................................................... 1

FH26a Did they have a hard time making ends meet often, sometimes, or rarely?

OFTEN ............................................... 1
SOMETIMES ......................................... 2
RARELY .............................................. 3

When you were growing up, how often did your family have . . .

RESPONDENT BOOKLET PAGE 19

<table>
<thead>
<tr>
<th>ALMOST</th>
<th>ALWAYS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>ALMOST</th>
<th>NEVER</th>
<th>NEVER</th>
</tr>
</thead>
</table>

FH27a enough food for everyone to eat? ................................ 4 ....... 3 .......... 2 .......... 1 ......... 0

FH27b enough health care? .................................................. 4 ....... 3 .......... 2 .......... 1 ......... 0

FH27c enough clothes? ...................................................... 4 ....... 3 .......... 2 .......... 2 ......... 0

FH27d a decent place to live................................................ 4 ....... 3 .......... 2 .......... 1 ......... 0

FH28 How often was your family able to save some money for an emergency?

RESPONDENT BOOKLET PAGE 20

very often.................................................. 4
often............................................................ 3
sometimes..................................................... 2
almost never ............................................... 1
never ............................................................ 0
POSITIVE INFLUENCES AND ROLE MODELS

FH29 Here are some questions about adults you may have especially looked up to or felt close to while you were growing up.

When you were growing up, who is the person you admired most?

- Mother, stepmother ............................................. 1
- Father, stepfather ................................................. 2
- Grandmother........................................................ 3
- Grandfather.......................................................... 4
- Sibling ........................................................... 5
- Other close family member ................................. 6
- Other relative....................................................... 7
- Close friend ......................................................... 8
- Acquaintance ......................................................... 9
- Teacher ........................................................... 10
- Priest or Minister................................................. 11
- Police ........................................................... 12
- Someone else....................................................... 13
- Not applicable...................................................... 14
FH30 When you were growing up, did any adult take a special interest in you and your activities?

NO ..................................................... 0 --> GO TO FH31
YES ................................................... 1

FH30_1 Who was that?

Mother, stepmother ......................... 1
Father, stepfather ............................ 2
Grandmother....................................... 3
Grandfather......................................... 4
Sibling ................................................. 5
Other close family member ............... 6
Other relative....................................... 7
Close friend ....................................... 8
Acquaintance ...................................... 9
Teacher ............................................... 10
Priest or Minister.......................... 11
Police ................................................ 12
Someone else...................................... 13
FH31 Was there an adult you felt you could talk to if you had a problem?

NO ..................................................... 0 --> GO TO FH32
YES ................................................... 1

FH31_1 Who was that?

Mother, stepmother ......................... 1
Father, stepfather ............................. 2
Grandmother ................................. 3
Grandfather ..................................... 4
Sibling ............................................ 5
Other close family member .............. 6
Other relative ................................. 7
Close friend .................................... 8
Acquaintance ................................. 9
Teacher .......................................... 10
Priest or Minister ......................... 11
Police ............................................ 12
Someone else .................................... 13
**FH32**  When you were younger, was there one particular person you hoped you would be like when you grew up?

<p>| | |</p>
<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>NO</td>
<td>0 → GO TO PRTRANS</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

**FH32_1** Who was that?

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<td>Other relative</td>
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<tr>
<td>Close friend</td>
<td>8</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>9</td>
</tr>
<tr>
<td>Teacher</td>
<td>10</td>
</tr>
<tr>
<td>Priest or Minister</td>
<td>11</td>
</tr>
<tr>
<td>Police</td>
<td>12</td>
</tr>
<tr>
<td>Someone else</td>
<td>13</td>
</tr>
</tbody>
</table>
Section C: HEALTH

Source Documents:

Medical History. Medical conditions drawn from ________________________________.
Nested questions developed by NCAIANMHR, based on work by Dedra Buchwald, University
of Washington Medical Center, Scientific Advisory Group for the project.

Medical Outcomes Study, SF-36. All items retained intact. Includes the following subscales:
physical functioning, role physical, bodily pain, general health perceptions, vitality, social
functioning, role emotional, mental health, reported change.

Amplification Scale. Items 1-5, no adjustments.


Health Service Use. Behavioral Risk Factors Study (Colorado/CDC), questions 9-12 and 14
Fresno CIDI, Section N, N59a-N59k, N61, N63.

AIVVP, Services Section, S4.

October 9, 2000
PRTRANS Now I would like to ask you some questions about your health.

Please remember that some of these may not apply to you.

PR1 When was the last time you had your cholesterol checked? [Cholesterol is fat in the blood.]

within the past year
[in the last 12 months].......................... 1
within the past 2 years
[between 1 year ago and
2 years ago]................................. 2
within the past 5 years
[2 years ago up to 5 years ago]......... 3
5 or more years ago
[5+ years ago]............................... 4
HAD CHOLESTEROL CHECKED,
CAN'T RECALL WHEN............... 7
NEVER.............................. 8

PR2 When was the last time you had your blood pressure checked?

within the past year
[in the last 12 months]....................... 1
within the past 2 years
[between 1 year ago and
2 years ago]................................. 2
within the past 5 years
[2 years ago up to 5 years ago]......... 3
5 or more years ago
[5+ years ago]............................... 4
HAD BLOOD PRESSURE CHECKED,
CAN'T RECALL WHEN............... 7
NEVER.............................. 8
PR3  When was the last time you had your blood sugar level checked [for diabetes]?

within the past year
  [in the last 12 months].............................. 1
within the past 2 years
  [between 1 year ago and 2 years ago]............................ 2
within the past 5 years
  [2 years ago up to 5 years ago].............. 3
5 or more years ago
  [5+ years ago]........................................... 4
HAD BLOOD SUGAR CHECKED,
  CAN'T RECALL WHEN.......................... 7
NEVER...................................................... 8

PR4  When was the last time a doctor or nurse or some other health care provider talked with you about the risks of smoking or being around smokers? Please do not include family or friends that you would be talking to.

within the past year
  [in the last 12 months].............................. 1
within the past 2 years
  [between 1 year ago and 2 years ago]............................ 2
within the past 5 years
  [2 years ago up to 5 years ago].............. 3
5 or more years ago
  [5+ years ago]........................................... 4
TALKED ABOUT SMOKING,
  CAN'T RECALL WHEN.......................... 7
NEVER...................................................... 8
When was the last time a doctor or nurse or some other health care provider talked with you about the risks of HIV infection or AIDS?

within the past year
  [in the last 12 months] ...................... 1
within the past 2 years
  [between 1 year ago and 2 years ago] .................... 2
within the past 5 years
  [2 years ago up to 5 years ago] ............ 3
5 or more years ago
  [5+ years ago] ............................. 4
TALKED ABOUT HIV/AIDS,
  CAN'T RECALL WHEN ................. 7
NEVER ........................................ 8
When was the last time you had a PAP smear?

within the past year
[in the last 12 months].......................... 1
within the past 2 years
[between 1 year ago and 2 years ago].......................... 2
within the past 5 years
[2 years ago up to 5 years ago]........ 3
5 or more years ago
[5+ years ago].................................. 4
HAD A PAP SMEAR, BUT
CAN'T RECALL WHEN............... 7
NEVER........................................... 8

When was the last time you had a mammogram [A mammogram is an x-ray of your breasts; it's not the same as a chest x-ray].

within the past year
[in the last 12 months].......................... 1
within the past 2 years
[between 1 year ago and 2 years ago].......................... 2
within the past 5 years
[2 years ago up to 5 years ago]........ 3
5 or more years ago
[5+ years ago].................................. 4
HAD A MAMMOGRAM, BUT
CAN'T RECALL WHEN............... 7
NEVER........................................... 8
TOBACCO USE

Next are some questions about tobacco use. For this part, I will only be asking about non-ceremonial tobacco use.

PR8 Have you smoked at least 5 packs of cigarettes [100 cigarettes] in your entire life?

NO ..................................................... 0 --> GO TO PR15
YES ................................................... 1

PR9 Do you smoke cigarettes now?

NO ..................................................... 0 --> GO TO PR13
YES ................................................... 1

PR10 Thinking over the last 30 days, including today, how many days in this time did you smoke?

DAYS SMOKED THIS MONTH _____ _____

PR11* About how many cigarettes a day do you now smoke?
IF ONLY OCCASIONAL SMOKER, CODE "0".

NUMBER OF CIGARETTES ........... _____ _____
(1 PACK = 20 CIGARETTES)

About how many years have you been smoking?

PR12_yr ____ ____ YEARS AND PR12_mo ____ ____ MONTHS

PR13 About how long has it been since you last smoked cigarettes regularly daily? . . .

NEVER SMOKED DAILY ............... 0
up to 1 month ago ...................... 1
1 month up to 3 months ago ........... 2
3 months up to 6 months ago .......... 3
6 months up to 1 yr ago ............... 4
1 year up to 5 years ago ............... 5
Five or more years ago ............... 6

PR14 About how many years did you smoke, in total?

PR14_yr _____ _____ YEARS AND PR14_mo _____ _____ MONTHS
PR15 Have you ever used chewing tobacco?

NO ..................................................... 0  --> GO TO HH1a_ev
YES ................................................... 1

PR16 Do you use chewing tobacco now?

NO ..................................................... 0  --> GO TO PR20
YES ................................................... 1

PR17 About how often do you use chewing tobacco? . . .

every day ........................................... 5
several days a week ............................. 4
about or twice once a week ................. 3
less than once a week, or .................... 2
only on rare occasions ....................... 1

PR18 About how many tins or pouches of chewing tobacco do you use in a week?

Specify __________________________________

PR18a  TINS (= CANS) .................. 1
POUCHES ........................................... 2

PR19 About how many years have you been chewing tobacco?

PR19_yr _____ _____ YRS & PR19_mo _____ _____ MOS->GO TO HH1a_ev

PR20 About how long has it been since you last chewed tobacco daily?

NEVER CHEWED DAILY ............................. 0  --> GO TO HH1a_ev
up to 1 month ago.................................. 1
1 month up to 3 months ago ................. 2
3 month up to 6 months ago .................. 3
6 months up to 1 yr ago .......................... 4
1 year up to 5 years ago ......................... 5
Five or more years ago .......................... 6

PR21 About how many years did you use chewing tobacco in total?

PR21_yr _____ _____ YEARS AND PR21_mo _____ _____ MONTHS
Record all health problems respondent has ever had. For any NO response, put a "0" in the EVER column. For any YES response put a "1" in the EVER column, then ask . . .

. . . Have you had this problem in the last 12 months? . . . Did a doctor, medicine man, or other health care professional ever tell you that you had this problem?

Code any YES response by putting a "1" in the appropriate box. Code any NO response by putting a "0" in the appropriate box.

This part of the interview is about any health problems you may have had.

HH1 Have you ever had . . .

<table>
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<tr>
<th></th>
<th>HH1a_ev</th>
<th>HH1a_yr</th>
<th>HH1a_dg</th>
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<tbody>
<tr>
<td>a.</td>
<td>serious or repeated pneumonia</td>
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<tr>
<td>b.</td>
<td>other lung problems, such as asthma, emphysema, or bronchitis</td>
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<tr>
<td>c.</td>
<td>tuberculosis</td>
<td></td>
<td></td>
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<tr>
<td>d.</td>
<td>arthritis</td>
<td></td>
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</tr>
<tr>
<td>e.</td>
<td>diabetes</td>
<td></td>
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</tr>
<tr>
<td>f.</td>
<td>high blood pressure</td>
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<tr>
<td>g.</td>
<td>heart disease</td>
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<tr>
<td>h.</td>
<td>stomach problems or ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>bleeding from your stomach--either throwing up blood or blood in your stool</td>
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<tr>
<td>j.</td>
<td>kidney problems</td>
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<tr>
<td>k.</td>
<td>back pain</td>
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<tr>
<td>l.</td>
<td>bad headaches or migraines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n. high cholesterol</td>
<td>o. liver problems--these might be an inflamed liver, or cirrhosis or hepatitis</td>
<td>p. pancreatitis--an inflammation of the pancreas</td>
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<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td>q.</td>
<td>thyroid problems</td>
<td>r. anemia</td>
<td>s. seizures or epilepsy</td>
</tr>
<tr>
<td>t.</td>
<td>the &quot;DTs&quot;</td>
<td>u. serious or repeated ear infections</td>
<td>v. other serious problems with your hearing</td>
</tr>
<tr>
<td>w.</td>
<td>serious problems with vision</td>
<td>x. serious dental problems, such as gum disease</td>
<td>y. gall bladder disease or gallstones</td>
</tr>
<tr>
<td>z.</td>
<td>[WOMEN: gynecological problems/ MEN: prostate problems]</td>
<td>aa. bladder or urinary problems [MEN: other than prostate problems]</td>
<td>bb. serious or long-lasting strains or sprains</td>
</tr>
<tr>
<td></td>
<td>cc. broken bones or fractures</td>
<td>dd. head injuries, concussion</td>
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</tbody>
</table>
ee. cancer IF YES: What kind?

SPECIFY
HH1ee_t. ____________________________
__________________________________
__________________________________
__________________________________
The next questions are about medicines people sometimes take.

Are you taking any drugs prescribed by a doctor?

NO ..................................................... 0 --> GO TO MS3
YES ................................................... 1

What drugs are you taking?

MS1t  _______________________________________________________________

Who prescribed these medicines?  Tell me all that apply.  Was it . . .

NO YES

MS2a a family doctor .................................................... 0..................... 1

MS2b someone else from a clinic, like a nurse practitioner or a physician assistant ............... 0..................... 1

MS2c A psychiatrist ...................................................... 0..................... 1

MS2d Someone else (MD, NOT SPECIFIED).............. 0..................... 1

Just to make sure I haven't missed anything, I'd like to check these medications to see if you have taken any of them in the past 12 months.

Have you ever taken any sleeping pills or other sedatives?  For example, Halcion or Dalmane?

NO ..................................................... 0 --> GO TO MS4
YES ................................................... 1

In the past twelve months, have you taken sleeping pills or other sedatives?

NO ..................................................... 0 --> GO TO MS4
YES ................................................... 1
MS3a Who prescribed them?

- A general practitioner or family physician .................. 1
- A psychiatrist, or ..................................... 2
- Another medical doctor ............................... 3

MS4 Have you ever taken any anti-depressant medications--for example, Prozac, Elavil, Zoloft, or Pamelor?

NO ..................................................... 0 --> GO TO MS5
YES ................................................... 1

MS4_1 In the past twelve months, have you taken any anti-depressant medications?

NO ..................................................... 0 --> GO TO MS5
YES ................................................... 1

MS4a Who prescribed them? . . .

- A general practitioner or family physician .................. 1
- A psychiatrist, or ..................................... 2
- Another medical doctor ............................... 3
- No one ............................................... 4

MS5 Have you ever taken any other tranquilizers--for example, Librium, Valium, Ativan, or Xanax?

NO ..................................................... 0 --> GO TO MS6
YES ................................................... 1

MS5_1 In the past twelve months, have you taken any other tranquilizers?

NO ..................................................... 0 --> GO TO MS6
YES ................................................... 1

MS5a Who prescribed them?

- A general practitioner or family physician .................. 1
- A psychiatrist, or ..................................... 2
- Another medical doctor ............................... 3
- No one ............................................... 4
Have you ever taken any amphetamines or other stimulants? For example, Ritalin or Dextroamphetamine.

NO ..................................................... 0 --> GO TO MS7
YES ..................................................... 1

In the past twelve months, have you taken any amphetamines or other stimulants?

NO ..................................................... 0 --> GO TO MS7
YES ..................................................... 1

Who prescribed them?

A general practitioner or family physician .................. 1
A psychiatrist, or ..................................... .2
Another medical doctor ......................... 3
No one ............................................. 4

Have you ever taken any analgesics or painkillers? For example, Tylenol with Codeine or Darvon.

NO ..................................................... 0 --> GO TO MS8
YES ..................................................... 1

In the past twelve months, have you taken any analgesics or painkillers?

NO ..................................................... 0 --> GO TO MS8
YES ..................................................... 1

Who prescribed them?

A general practitioner or family physician .................. 1
A psychiatrist, or ..................................... .2
Another medical doctor ......................... 3
No one ............................................. 4

Have you ever taken any anti-psychotic medications? For example, Haldol, Mellaril, Resperidol, or Prolixin.

NO ..................................................... 0 --> GO TO MS9
YES ..................................................... 1
MS8_1 In the past twelve months, have you taken any anti-psychotic medications?

NO ..................................................... 0 --> GO TO MS9
YES ................................................... 1

MS8a Who prescribed them?

A general practitioner or
family physician ......................... 1
A psychiatrist, or ............................. 2
Another medical doctor .................. 3
No one ............................................... 4

MS9 Have you ever taken any mood stabilizers, like Lithium, Tegretol or Depakote?

NO ..................................................... 0 --> GO TO MS10
YES ................................................... 1

MS9_1 In the past twelve months, have you taken any mood stabilizers?

NO ..................................................... 0 --> GO TO MS9_t
YES ................................................... 1

MS9a Who prescribed them?

A general practitioner or
family physician ......................... 1
A psychiatrist, or ............................. 2
Another medical doctor .................. 3
No one ............................................... 4

MS9_t In the last 12 months have you taken any other drug not mentioned?

Specify ________________________________________________________

MS10 Is there a pharmacy you can use that is conveniently located for you?

NO ..................................................... 0
YES ................................................... 1

MS11 Is the pharmacy you use good enough for what you need?

NO ..................................................... 0
YES ................................................... 1
SCO READ SLOWLY. This part of the interview asks about your emotional well-being.

In the next questions I will sometimes say things differently from the way most people would talk about them. For example, many questions use the word "period" to talk about a time that has a definite beginning and end, such as "a period of at least 2 days when you felt nervous." If I use a word that is unfamiliar to you, please ask me about it.

The first group of questions will be about a lot of different ways of feeling. It's like a checklist of different emotions. Some of them ask about different time periods, so if it gets confusing, let me know.

**INTERVIEWER: PAUSE AT DOUBLE LINES FOR CLARITY.**

<table>
<thead>
<tr>
<th>INTERVIEWER: MARK INTERVIEWER REFERENCE CARD WITH SC1*-SC12* RESPONSES. (READ SLOWLY)</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC1* (301) Have you ever in your life had an attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC1_1* Have you ever in your life had a time when all of a sudden, out of the blue, you felt nervous or scared when most people would not be nervous or scared?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC1_2* Have you ever had an attack when your heart suddenly began racing, you felt faint, or you couldn't get your breath, but you were not having a heart attack?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC2 (302) Have you ever had a period of one month or more when most of the time you felt worried or anxious?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC2_1 Were you worried, or anxious, or both? 1 = WORRIED</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC2_2 2 = ANXIOUS</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3 = BOTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC2a (304) What is the longest period you have had of feeling worried or anxious?</td>
<td></td>
<td>YEARS</td>
</tr>
<tr>
<td>SC2b (303) AND</td>
<td></td>
<td>MONTHS</td>
</tr>
<tr>
<td>SC2c (305) INTERVIEWER QUERY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**INTERVIEWER:** MARK INTERVIEWER REFERENCE CARD WITH SC1*-SC12* RESPONSES. (READ SLOWLY)

<table>
<thead>
<tr>
<th>WAS LONGEST PERIOD IN SC2a AND SC2b SIX MONTHS OR LONGER?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**IF AGE <18 GO TO SC3Y ELSE GO TO SC3**

**SC3 (306)** Have you ever had a continuous period lasting two years or more when you felt depressed or sad most days (PAUSE), even if you felt O.K. sometimes?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**SC3a (307)** Did a period like that ever last two years without being interrupted by your feeling O.K. for two months in a row?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**SC3aQ ** During the two years or more when you felt sad or depressed most days, did you ever feel OK for at least two months in a row?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SC3Y (306)** IF NO AND AGE <18: Have you ever had a continuous period lasting **one year** or more when you felt depressed or sad most days (PAUSE), even if you felt O.K. sometimes?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**SC3aY (307)** Did a period like that ever last one year without being interrupted by your feeling O.K. for two months in a row?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SC3aYQ ** During the one year or more when you felt sad or depressed most days, did you ever feel OK for at least two months in a row?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**SC3 1** Have you ever felt **low or gloomy** most days for two years or more, even

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>if you felt OK sometimes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SC3_1a</strong> Did a period like that ever last two years without being</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>interrupted by your feeling OK for two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SC3_1aQ</strong> Did during the two years or more when you felt low or</td>
<td>(1)</td>
<td>(5)</td>
</tr>
<tr>
<td>gloomy most days, did you ever feel OK for at least two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC3_1Y* IF NO AND AGE &lt;18: Have you ever felt low or gloomy most days for one year or more, even if you felt OK sometimes?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC3_1aY Did a period like that ever last one year without being</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>interrupted by your feeling OK for two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SC3_1aQ</strong> Did during the one year or more when you felt low or</td>
<td>(1)</td>
<td>(5)</td>
</tr>
<tr>
<td>gloomy most days, did you ever feel OK for at least two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC2* Have you ever felt irritable most days for two years or more (PAUSE), even if you felt OK sometimes?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>SC3_2a</strong> During the two years or more when you felt irritable most</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>days, did you ever feel OK for at least two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SC3_2Y</strong> IF NO AND IF AGE &lt;18: Have you ever felt irritable most days for one year or more (PAUSE), even if you felt OK sometimes?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>SC3_2aY</strong> During the one year or more when you felt irritable most</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>days, did you ever feel OK for at least two months in a row?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC4 (308) In your lifetime, have you ever had two weeks or more when</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>nearly every day you felt sad, blue, or depressed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Responses are marked with SC1*-SC12*.
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC4_1 (309) Have you ever had 2 weeks or more when nearly every day you felt down in the dumps, low, or gloomy?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC4_2* Have you ever had 2 weeks or more when nearly every day you felt irritable?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC4_3* Have you ever had 2 weeks or more when nearly every day you felt empty?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC5* (310) Has there ever been two weeks or more when you lost interest in most things like work, school, hobbies, or things you usually liked to do for fun?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC5a (311) Did you ever completely lose all interest in things like work, or school, or hobbies, or things you usually like to do for fun?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC6 Has there ever been a period of at least 2 days when you were so happy or excited that . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC6a* (312) . . . you got into trouble?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC6b* (312) . . . your family or friends worried about you?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC6c* (312) . . . your doctor told you that you were manic?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC7 (313) Has there ever been a period of several days when you were so irritable that you threw or broke things, started arguments, shouted at people, or hit someone?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC8* Did your thoughts ever get so confused that your family was worried about you?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC9* Did you ever hear voices or have visions that your family was worried about because they were not typical for your family?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC10* Have you ever heard voices from inside your head telling you to do bad things?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC11* Were you ever in a psychiatric hospital because you were having unusual experiences, such as hearing voices, or believing someone was reading your mind or following you?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SC12* Have you ever been told by a mental health specialist that you have</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
CF1  Are you currently suffering from extreme tiredness, or exhaustion that has been going on for a period of **one month or longer**?

   NO ......................................................... 0  --> GO TO CF7
   YES .................................................... 1

CF2  When did this tiredness or exhaustion begin? *If you cannot remember specific dates, estimate to the best of your ability.*  [IF R GIVES SEASON, USE MIDPOINT MONTH: WINTER = JANUARY, SPRING = APRIL, SUMMER = JULY, FALL = OCTOBER.]

   MONTH ............................................ __________
   YEAR................................................ __________

CF3  How many months or years has this been going on? *If you can't tell me exactly, tell me your best estimate.*

   CF3_yr _____ _____ YEARS AND CF3_mo _____ _____ MONTHS

   NO    YES

CF4  Do you believe that your tiredness or exhaustion is the result of your current work or other activities?

   ..........................................................0 .............1

CF5  Does rest make you feel **a lot** less tired?

   ..........................................................0 .............1

CF6  Has your tiredness caused you to reduce your work, personal, social, or other activities **a lot**?

   ..........................................................0 .............1
I am going to read you a list of symptoms that you might have experienced during the past four weeks that is the last month. Please tell me whether or not these symptoms have bothered you a lot.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF7a</td>
<td>Sore throat?</td>
<td>0</td>
</tr>
<tr>
<td>CF7b</td>
<td>Tender glands?</td>
<td>0</td>
</tr>
<tr>
<td>CF7c</td>
<td>Muscle aches or muscle pain?</td>
<td>0</td>
</tr>
<tr>
<td>CF7d</td>
<td>Pain in joints?</td>
<td>0</td>
</tr>
<tr>
<td>CF7e</td>
<td>Problems going to sleep or staying asleep?</td>
<td>0</td>
</tr>
<tr>
<td>CF7f</td>
<td>Bad headaches?</td>
<td>0</td>
</tr>
<tr>
<td>CF7g</td>
<td>Forgetfulness or memory problems?</td>
<td>0</td>
</tr>
<tr>
<td>CF7h</td>
<td>Difficulty thinking or concentrating?</td>
<td>0</td>
</tr>
<tr>
<td>CF7i</td>
<td>More tired after physical activity?</td>
<td>0</td>
</tr>
</tbody>
</table>
FS1 In general, would you say your health is . . .

RESPONDENT BOOKLET #21

excellent ............................................ 5
very good........................................... .... 4
good................................................... 3
fair ..................................................... .... 2
poor.................................................... 1

FS2 Compared to one year ago, how would you rate your health in general now? . . .

RESPONDENT BOOKLET #22

much better now than one year ago ..................... 5
somewhat better now than one year ago .............. .... 4
about the same ..................................................... 3
somewhat worse than one year ago ..................... .... 2
much worse than one year ago ............................ 1

RESPONDENT BOOKLET #21

FS2a How would you rate your mental health?

excellent ............................................ 5
very good........................................... .... 4
good................................................... 3
fair ..................................................... .... 2
poor.................................................... 1
The following questions are about activities you might do during a typical day.

**Instructions:** Ask "Does your health limit you in these activities?" and then list activities a-j.

If the response is **NO** or **NOT AT ALL**, circle 0 and go on to the next activity.

If the response is **YES**, ask, "Would you say it limits you a little or a lot?"
Code A LITTLE by circling 1. If A LOT, circle 2. Then go on to next activity.

<table>
<thead>
<tr>
<th></th>
<th>Does your health limit you in . . .</th>
<th>NO</th>
<th>A LITTLE</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS3a</td>
<td><strong>Vigorous activities</strong>, such as running, lifting heavy objects, participating in strenuous sports.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3b</td>
<td><strong>Moderate activities</strong>, such as moving a table, mopping, sweeping, or horseback riding.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3c</td>
<td>Lifting or carrying groceries.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3d</td>
<td>Climbing a steep hill.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3e</td>
<td>Walking up one floor of stairs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3f</td>
<td>Bending or kneeling.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3g</td>
<td>Walking <strong>more than a mile</strong>.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3h</td>
<td>Walking <strong>several hundred yards</strong>.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3i</td>
<td>Walking <strong>one hundred yards</strong>.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FS3j</td>
<td>Bathing and dressing yourself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
FS4a  During the past 4 weeks have you cut down on the amount of time you spent on work or other activities (such as taking care of the house, garden, or livestock) as a result of your physical health?........................................0 ..........1

FS4b  During the past 4 weeks have you accomplished less than you would like as a result of your physical health?...............................................0 ..........1

FS4c  During the past 4 weeks were you limited in the kind of work or other activities you could do as a result of your physical health?..........................0 ..........1

FS4d  During the past 4 weeks have you had difficulty performing work or other activities--for example, it took extra effort as a result of your physical health.................................0 ..........1

FS5  During the past 4 weeks, how much has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? . . .

RESPONDENT BOOKLET #23
not at all............................................... 0
slightly.................................................. ....1
moderately ............................................ 2
quite a bit.............................................. ...3
extremely............................................... 4

FS6a  During the past 4 weeks have you cut down on the amount of time you spent on work or other activities (such as taking care of the house, garden, or livestock) as a result of emotional problems such as feeling depressed or anxious? .................................................................0 ..........1

FS6b  During the past 4 weeks have you accomplished less than you would like as a result of any emotional problem, such as feeling depressed or anxious? .................................................................0 ..........1

FS6c  During the past 4 weeks have you not done work or other activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious .................................................................0 ..........1
FS7  During the past 4 weeks, how much have emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

RESPONDENT BOOKLET #23

not at all............................................... 0
slightly................................................. ....1
moderately ........................................... 2
quite a bit............................................. ....3
extremely............................................. 4

FS8  How much bodily pain have you had during the past 4 weeks? . . .

RESPONDENT BOOKLET #24

none ..................................................... 0 --&gt; GO TO FS9
very mild.............................................. ....1
mild...................................................... 2
moderate .............................................. ....3
severe, or ............................................. 4
very severe.......................................... ....5

FS8a  During the past 4 weeks, how much did pain interfere with your normal work, including work both outside the home and housework? . . .

RESPONDENT BOOKLET #25

not at all............................................... 0
a little bit............................................. ....1
moderately ........................................... 2
quite a bit, or ...................................... ....3
extremely............................................. 4
These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling . . .

RESPONDENT BOOKLET PAGE #26

How much during the past month . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>All</th>
<th>Most</th>
<th>Bit</th>
<th>Some</th>
<th>Little</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS9a  did you feel full of pep?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9b  have you been a very nervous person?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9c  have you felt so down in the dumps</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9d  have you felt calm and peaceful?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9e  did you have a lot of energy?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9f  have you felt downhearted and blue?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9g  did you feel worn out?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9h  have you been a happy person?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9i  did you feel tired?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FS9j  has your health limited your social activities--like visiting with friends or close relatives?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
FS10 Please choose the answer that best describes how **true** or **false** each of the following statements is for you . . .

<table>
<thead>
<tr>
<th></th>
<th>DEF</th>
<th>MOST</th>
<th>NOT</th>
<th>MOST</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRUE</td>
<td>TRUE</td>
<td>SURE</td>
<td>FALSE</td>
<td>FALSE</td>
</tr>
</tbody>
</table>

**FS10a** I seem to get sick a little easier than other people ....................................... 5 ........... 4 ........... 3 ........... 2 ........... 1

**FS10b** I am as healthy as anybody I know ................................. 5 ........... 4 ........... 3 ........... 2 ........... 1

**FS10c** My health is excellent ........................................... 5 ........... 4 ........... 3 ........... 2 ........... 1
SECTION D: HEALTH SERVICES

The next questions are about the different places you may go for health care, and your experiences with the services provided by them. Your answers to these questions, when combined with others in the interview, will enable us to identify common health problems in the community, services needing to be improved, and new services that should be added to those already available.

HS1 When you are sick or need advice about your health, where do you usually go for help? Do you usually go to:

<table>
<thead>
<tr>
<th>NOT VA</th>
<th>ELIGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS1a . . an IHS clinic ............................................... 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1b . . an IHS emergency room or hospital ........ 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1c . . a VA clinic .................................................. 0.............. 1 ................... 8</td>
<td></td>
</tr>
<tr>
<td>&gt;&gt;&gt; GO TO HS1e</td>
<td></td>
</tr>
<tr>
<td>HS1d . . a VA emergency room or hospital ........... 0.............. 1 ............... 8</td>
<td></td>
</tr>
<tr>
<td>HS1e . . a Private doctor ........................................... 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1f . . an Other medical professional .............. 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1g . . an Other clinic, not IHS or VA .............. 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1h . . an Other emergency room or hospital ........ 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1i . . a Traditional healer ........................................... 0.............. 1</td>
<td></td>
</tr>
<tr>
<td>HS1j . . Friends or family .............................................. 0.............. 1</td>
<td></td>
</tr>
</tbody>
</table>
INDIAN HEALTH SERVICE

HS2 In the past year, that is, the 12 months prior to this interview, have you ever gone to the Indian Health Service for health care of any kind? This includes help with a physical health problem, a drug or alcohol problem, or an emotional problem.

NO ........................................ 0
YES....................................... 1

HS3 Just to be clear, in the past year, did you receive any kind of service for a physical health problem, drug or alcohol problem, or an emotional problem from the IHS programs, clinics, or hospitals?

NO ........................................ 0
YES....................................... 1

IF R ANSWERS NO TO HS2 AND HS3, THEN SKIP TO HS21. IF R ANSWERS YES TO EITHER HS2 OR HS3 CONTINUE WITH HS3Sa/HS3Na.

NO

YES

GO TO HS21
Southwest

Did you go to . . .

Specific locations are listed in the Survey instrument.

NO YES

Northern Plains

Did you go to . . .

Specific locations are listed in the Survey instrument.

HS4  In the past year, was any of the care you received from the IHS for a **physical health problem**?

   NO ........................................ 0  --> SKIP TO HS21
   YES....................................... 1  --> CONT. WITH HS5

HS5  In the past year, when you went to the IHS for the care of a physical health problem, how many of these times involved visiting an emergency room?

   Number of times: __________

   IF NONE, SKIP TO HS9
   IF ONE OR MORE, CONTINUE WITH HS6

HS6  Overall, how would you rate the quality of the care you received from the IHS emergency room (this time/these times)?

   Excellent ......................... 4
   Good ................................. 3
   Fair, or .............................. 2
   Poor ................................. 1

HS7  Overall, how much did the care you received from the IHS emergency room (this time/these times) help with your physical health problem(s)? Would you say . . .

   Very much ......................... 2
   Somewhat, or ...................... 1
   Not at all ........................... 0
HS8  Overall, how satisfied are you with the care you received from the IHS emergency room (this time/these times)?

   Very satisfied..................... 2
   Somewhat satisfied, or......... 1
   Not satisfied...................... 0

HS9  In the past year, when you went to the IHS for the care of a physical health problem, how many of these times did you stay at least one night in an IHS hospital?

   Number of times: __________

   IF NONE, SKIP TO HS13
   IF ONE OR MORE, CONTINUE WITH HS10

HS10 Overall, how would you rate the quality of the care you received when you stayed at least overnight at the IHS hospital (this time/these times)?

   Excellent........................... 4
   Good .................................. 3
   Fair, or .............................. 2
   Poor ................................. 1

HS11 Overall, how much did the care you received when you stayed at the IHS hospital (this time/these times) help with your physical health problem(s)? Would you say . . .

   Very much ......................... 2
   Somewhat, or ...................... 1
   Not at all .......................... 0
HS12 Overall, how satisfied are you with the care you received when you stayed at the IHS hospital (this time/these times)?

   Very satisfied .................. 2
   Somewhat satisfied, or .......... 1
   Not satisfied .................... 0

HS13 In the past year, when you received care from the IHS for a physical health problem, how many of these times involved **outpatient services**? By outpatient services, I mean times when you may have seen a community health nurse, or been seen at a clinic by a nurse or doctor. None of these would have involved the IHS emergency room or staying overnight in the hospital.

   Number of times: __________

   IF NONE, SKIP TO HS17
   IF ONE OR MORE, CONTINUE WITH HS14

HS14 Overall, how would you rate the quality of the care you received from IHS outpatient services (this time/these times)?

   Excellent ......................... 4
   Good ................................ 3
   Fair, or ............................ 2
   Poor ................................. 1

HS15 Overall, how much did the care you received from IHS outpatient services (this time/these times) help with your physical health problem(s)? Would you say . . .

   Very much .......................... 2
   Somewhat, or ........................ 1
   Not at all ............................ 0

HS16 Overall, how satisfied are you with the care you received from IHS outpatient services (this time/these times)?

   Very satisfied ..................... 2
   Somewhat satisfied, or .......... 1
   Not satisfied ....................... 0
HS17  Now I'd like you to think back over **all** of the care you received from the IHS for your physical health problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the IHS for your physical health problem(s)?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>traditional healer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health or human service provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

HS18  Would **you** recommend the IHS to a relative, friend, or co-worker who had a similar physical health problem and was eligible for such care?

NO ........................................ 0  
YES...................................... 1

---

HS19  Did you experience any concerns or difficulties when you went to the IHS for the care of your physical health problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS19a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS19b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS19c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS19d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS19e</td>
<td>You were concerned about what others might think .............................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19f</td>
<td>You were worried about racial prejudice or discrimination ................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19g</td>
<td>You did not have transportation to get there ..................................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19h</td>
<td>It would interfere with your duties at home, work, or school ................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19i</td>
<td>You thought the problem was not serious enough, or it would get better by itself ....</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19j</td>
<td>You wanted to solve the problem on your own ....................................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19k</td>
<td>You preferred to go somewhere else for care ....................................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19l</td>
<td>You thought treatment there probably would not help .........................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19m</td>
<td>The quality of medical care is poor at that/those facilities ................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19n</td>
<td>You went to that/those facilities in the past, but it did not help ........................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19o</td>
<td>There is too long of a wait and too much red tape ............................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19p</td>
<td>The kind of care you needed was not available ..................................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19q</td>
<td>You and the staff had problems understanding one another ..................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19r</td>
<td>Was there some other concern or difficulty? .....................................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS19r_t</td>
<td>Describe:  ...........................................................................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HS20  In the past year, did any of these concerns or difficulties keep you from seeking additional care from the IHS for your physical health problem(s)?

   NO ........................................... 0  --> GO TO HS23
   YES........................................ 1  --> GO TO HS23

HS21  You indicated that you didn't receive care from the IHS for a **physical health problem** during the last year. However, have you ever experienced problems when you went to the IHS for the care of physical health problems at some point in your life?

   NO ........................................... 0  --> GO TO HS23
   YES........................................... 1

I am going to read you a list of some problems that other people sometimes have experienced when seeking care from the IHS. Please tell me if any of these have ever been a problem for you by answering yes or not to each.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS21a</td>
<td>You were not eligible for services</td>
<td>O</td>
<td>1</td>
</tr>
<tr>
<td>HS21b</td>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21c</td>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your health problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21g</td>
<td>You did not have transportation to get there</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS21j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
NO YES NA

HS21k You preferred to go somewhere else for care...... 0.............1
HS21l You thought treatment there probably
         would not help............................................. 0.............1
HS21m The quality of medical care is poor
         at that/those facilities................................. 0.............1
HS21n You went to that/those facilities in the
         past, but it did not help.................................. 0.............1
HS21o There is too long of a wait and too
         much red tape .............................................. 0.............1
HS21p The kind of care you needed was not
         available ...................................................... 0.............1
HS21q You and the staff had problems understanding
         one another .................................................. 0.............1
HS21r Was there some other concern or difficulty?...... 0.............1
HS21r_t Describe: ________________________________________________
         ________________________________________________________

HS22 Did any of these concerns or difficulties keep you from seeking care from the IHS for
         your physical health problem(s) during the past year?
         NO ........................................ 0
         YES ....................................... 1

HS23 Have you ever had a problem with drugs or alcohol?
         NO ........................................ 0  --> GO TO HS42
         YES ....................................... 1  --> GO TO HS23a
HS23a In the past year, was any of the care you received from the IHS for a drug or alcohol problem?

NO ........................................ 0 --> GO TO HS40
YES....................................... 1 --> CONTINUE WITH HS24

HS24 In the past year, when you went to the IHS for the care of a drug or alcohol problem, how many of these times involved visiting an emergency room?

Number of times: __________

IF NONE, SKIP TO HS28
IF ONE OR MORE, CONTINUE WITH HS25

HS25 Overall, how would you rate the quality of the care you received from the IHS emergency room (this time/these times)?

Excellent ......................... 4
Good ................................. 3
Fair, or .............................. 2
Poor ................................... 1

HS26 Overall, how much did the care you received from the IHS emergency room (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

Very much .......................... 2
Somewhat, or ....................... 1
Not at all ............................ 0

HS27 Overall, how satisfied are you with the care you received from the IHS emergency room (this time/these times)?

Very satisfied ........................ 2
Somewhat satisfied, or......... 1
Not satisfied ....................... 0

HS28 In the past year, when you went to the IHS for the care of a drug or alcohol problem, how many of these times did you stay at least one night in an IHS hospital?

Number of times: __________

IF NONE, SKIP TO HS32
IF ONE OR MORE, CONTINUE WITH HS29
Overall, how would you rate the quality of the care you received when you stayed at least overnight at the IHS hospital (this time/these times)?

- Excellent ......................... 4
- Good ............................... 3
- Fair, or ............................. 2
- Poor ................................. 1

Overall, how much did the care you received when you stayed at the IHS hospital (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

- Very much ...................... 2
- Somewhat, or .................... 1
- Not at all ........................... 0

Overall, how satisfied are you with the care you received when you stayed at the IHS hospital (this time/these times)?

- Very satisfied .................... 2
- Somewhat satisfied, or ........ 1
- Not satisfied ........................ 0

In the past year, when you received care from the IHS for a drug or alcohol problem, how many of these times involved outpatient services? By outpatient services, I mean times when you may have seen a community health nurse, or been seen at a clinic by a nurse or doctor. None of these would have involved the IHS emergency room or staying overnight in the hospital.

Number of times: __________

IF NONE, SKIP TO HS36
IF ONE OR MORE, CONTINUE WITH HS33

Overall, how would you rate the quality of the care you received from IHS outpatient services (this time/these times)?

- Excellent ......................... 4
- Good ............................... 3
- Fair, or ............................. 2
- Poor ................................. 1
HS34 Overall, how much did the care you received from IHS outpatient services (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ....................... 1
Not at all .............................. 0

HS35 Overall, how satisfied are you with the care you received from IHS outpatient services (this time/these times)?

Very satisfied ...................... 2
Somewhat satisfied, or ......... 1
Not satisfied ....................... 0

HS36 Now I'd like you to think back over all of the care you received from the IHS for your drug or alcohol problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the IHS for your drug or alcohol problem(s)?

| NO | YES |
|-----------------------------------------------|
| spouse/partner................................. 0.............. 1 |
| parent................................................. 0.............. 1 |
| other relative, friend, co-worker................ 0.............. 1 |
| traditional healer.................................... 0.............. 1 |
| health or human service provider .............. 0.............. 1 |
| other..................................................... 0.............. 1 |
| none ..................................................... 0.............. 1 |
| not applicable ....................................... 0.............. 1 |

HS37 Would you recommend the IHS to a relative, friend, or co-worker who had a similar drug or alcohol problem and was eligible for such care?

NO ................................. 0
YES................................... 1
Did you experience any concerns or difficulties when you went to the IHS for the care of your drug or alcohol problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>HS38</th>
<th>Description</th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS38a</td>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>HS38b</td>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>HS38c</td>
<td>You did not trust the staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS38d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38g</td>
<td>You did not have transportation to get there</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38k</td>
<td>You preferred to go somewhere else for care</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38l</td>
<td>You thought treatment there probably would not help</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38n</td>
<td>You went to that/those facilities in the past, but it did not help</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS38o</td>
<td>There is too long of a wait and too much red tape</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
The kind of care you needed was not available ............................................................. 0................1

You and the staff had problems understanding one another ......................................................... 0.............. 1

Was there some other concern or difficulty?........ 0.............. 1

Describe: ______________________________________________________________________
  ____________________________________________________________________________

In the past year, did any of these concerns or difficulties keep you from seeking additional care from the IHS for your drug or alcohol problem(s)?

NO ........................................ 0  --> GO TO HS42
YES....................................... 1  --> GO TO HS42

You indicated that you didn't receive care from the IHS for a drug or alcohol problem during the last year. However, have you EVER experienced problems when you went to the IHS for the care of a drug or alcohol problem at some point in your life?

NO ........................................ 0  --> GO TO HS42
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking health care from the IHS. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

You were not eligible for services......................... 0............... 1 ............. NA

You were concerned about the cost......................... 0............... 1 ............. NA

You did not trust the staff................................. 0............... 1

You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems................................. 0............... 1

You were concerned about what others might think ......................................................... 0............... 1
<table>
<thead>
<tr>
<th>HS40f</th>
<th>You were worried about racial prejudice or discrimination</th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS40g</td>
<td>You did not have transportation to get there</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40j</td>
<td>You wanted to solve the problem on your own</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40k</td>
<td>You preferred to go somewhere else for care</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40l</td>
<td>You thought treatment there probably would not help</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>HS40m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
</tbody>
</table>

| HS40n | You went to that/those facilities in the past, but it did not help | NO | YES | NA |
| HS40o | There is too long of a wait and too much red tape          | NO | YES | NA |
| HS40p | The kind of care you needed was not available               | NO | YES | NA |
| HS40q | You and the staff had problems understanding one another   | NO | YES | NA |
| HS40r | Was there some other concern or difficulty?                | NO | YES | NA |
| HS40r_t| Describe: ________________________________________________ |    |     |    |
HS41 Did any of these concerns or difficulties keep you from seeking care from the IHS for a drug or alcohol problem(s) during the past year?

   NO ........................................ 0
   YES....................................... 1

HS42 Have you ever experienced an emotional problem?

   NO ........................................ 0  --> GO TO HS60s
   YES....................................... 1  --> GO TO HS42a

HS42a In the past year, was any of the care you received from the IHS for an emotional problem?

   NO ........................................ 0  --> GO TO HS59
   YES....................................... 1  --> CONTINUE WITH HS43

HS43 In the past year, when you went to the IHS for the care of an emotional problem, how many of these times involved visiting an emergency room?

   Number of times: __________

   IF NONE, SKIP TO HS47
   IF ONE OR MORE, CONTINUE WITH HS44

HS44 Overall, how would you rate the quality of the care you received from the IHS emergency room (this time/these times)?

   Excellent.............................. 4
   Good ................................. 3
   Fair, or .............................. 2
   Poor..................................... 1

HS45 Overall, how much did the care you received from the IHS emergency room (this time/these times) help with your emotional problem(s)? Would you say . . .

   Very much ......................... 2
   Somewhat, or .................... 1
   Not at all ........................... 0
HS46  Overall, how satisfied are you with the care you received from the IHS emergency room (this time/these times)?

Very satisfied ....................... 2
Somewhat satisfied, or .......... 1
Not satisfied ......................... 0

HS47  In the past year, when you went to the IHS for the care of an emotional problem, how many of these times did you stay at least one night in an IHS hospital?

Number of times: __________

IF NONE, SKIP TO HS51
IF ONE OR MORE, CONTINUE WITH HS48

HS48  Overall, how would you rate the quality of the care you received when you stayed at least overnight at the IHS hospital (this time/these times)?

Excellent ......................... 4
Good .................................. 3
Fair, or ............................. 2
Poor .................................. 1

HS49  Overall, how much did the care you received when you stayed at the IHS hospital (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ........................ 1
Not at all ............................. 0

HS50  Overall, how satisfied are you with the care you received when you stayed at the IHS hospital (this time/these times)?

Very satisfied ....................... 2
Somewhat satisfied, or .......... 1
Not satisfied ......................... 0
HS51 In the past year, when you received care from the IHS for an emotional problem, how many of these times involved **outpatient services**? By outpatient services, I mean times when you may have seen a community health nurse, or been seen at a clinic by a nurse or doctor. None of these would have involved the IHS emergency room or staying overnight in the hospital.

Number of times: __________

IF NONE, SKIP TO HS55
IF ONE OR MORE, CONTINUE WITH HS52

HS52 Overall, how would you rate the quality of the care you received from IHS outpatient services (this time/these times)?

Excellent ......................... 4
Good ................................. 3
Fair, or .............................. 2
Poor ................................ 1

HS53 Overall, how much did the care you received from IHS outpatient services (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ...................... 1
Not at all ........................... 0

HS54 Overall, how satisfied are you with the care you received from IHS outpatient services (this time/these times)?

Very satisfied ..................... 2
Somewhat satisfied, or ......... 1
Not satisfied ........................ 0
HS55  Now I’d like you to think back over **all** of the care you received from the IHS for your emotional problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the IHS for your emotional problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>other</td>
<td>0</td>
</tr>
<tr>
<td>none</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

HS56  Would **you** recommend the IHS to a relative, friend, or co-worker who had a similar emotional problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS57  Did you experience any concerns or difficulties when you went to the IHS for the care of your emotional problem(s) this past year? I’m going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS57a</td>
<td>You were not eligible for services</td>
<td>0</td>
</tr>
<tr>
<td>HS57b</td>
<td>You were concerned about the cost</td>
<td>0</td>
</tr>
<tr>
<td>HS57c</td>
<td>You did not trust the staff</td>
<td>0</td>
</tr>
<tr>
<td>HS57d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your emotional problems</td>
<td>0</td>
</tr>
<tr>
<td>HS57e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
</tr>
</tbody>
</table>
HS57f You were worried about racial prejudice or discrimination ................................................ 0................1

HS57g You did not have transportation to get there ........ 0................1

HS57h It would interfere with your duties at home, work, or school ................................................... 0................1

HS57i You thought the problem was not serious enough, or it would get better by itself .................... 0................1

HS57j You wanted to solve the problem on your own... 0................1

HS57k You preferred to go somewhere else for care ...... 0................1

HS57l You thought treatment there probably would not help ................................................................. 0................1

HS57m The quality of medical care is poor at that/ those facilities ...................................................... 0................1

HS57n You went to that/those facilities in the past, but it did not help ................................................... 0................1

HS57o There is too long of a wait and too much red tape ................................................................. 0................1

HS57p The kind of care you needed was not available ........................................................................... 0................1

HS57q You and the staff had problems understanding one another .................................................... 0................1

HS57r Was there some other concern or difficulty?....... 0................1

HS57r_t Describe: ___________________________________________________________________________________

HS58 In the past year, did any of these concerns or difficulties keep you from seeking additional care from the IHS for your emotional problem(s)?

NO ........................................ 0 --> GO TO HS61

YES ....................................... 1 --> GO TO HS61
You indicated that you didn't receive care from the IHS for an emotional problem during the last year. However have you EVER experienced problems when you went to the IHS for the care of an emotional problem(s) at some point in your life?

NO ........................................ 0 --> GO TO HS60s
YES ..................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care from the IHS. Please tell me if any of these have been a problem for you by answering yes or no to each.

NO YES NA

HS59a You were not eligible for services......................... 0............. 1 .......... NA
HS59b You were concerned about the cost....................... 0............. 1 .......... NA
HS59c You did not trust the staff...................................... 0............. 1
HS59d You feared a lack of privacy, or that staff would talk to other people about your emotional problems............................................ 0............. 1
HS59e You were concerned about what others might think ................................................................. 0............. 1
HS59f You were worried about racial prejudice or discrimination .......................................................... 0............. 1
HS59g You did not have transportation to get there ........ 0............. 1
HS59h It would interfere with your duties at home, work, or school.................................................. 0............. 1
HS59i You thought the problem was not serious enough, or it would get better by itself.................. 0............. 1
HS59j You wanted to solve the problem on your own.... 0............. 1
HS59k You preferred to go somewhere else for care...... 0............. 1
HS59l You thought treatment there probably would not help........................................................... 0............. 1
HS59m The quality of medical care is poor at that/those facilities..................................................... 0............. 1
<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS59n You went to that/those facilities in the past, but it did not help</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HS59o There is too long of a wait and too much red tape</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HS59p The kind of care you needed was not available</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HS59q You and the staff had problems understanding one another</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HS59r Was there some other concern or difficulty?</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HS59r_t Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HS60 Did any of these concerns or difficulties keep you from seeking care from the IHS for an emotional problem(s) during the past year?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

VETERANS ADMINISTRATION

HS60s IF HS1c = 8 GO TO HS120. Are you eligible for VA benefits?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS61 In the past year, that is, the 12 months prior to this interview, have you ever gone to the VA--Veterans Administration-- for health care of any kind? This includes help with a physical health problem, or drug or alcohol problem, or an emotional problem.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOT VA ELIGIBLE</th>
<th>8</th>
</tr>
</thead>
</table>

--> GO TO HS120
HS62  Just to be clear, in the past year, did you receive any kind of service for a physical health problem, drug or alcohol problem, or an emotional problem from VA programs, clinics, or hospitals?

NO --> GO TO HS80
YES --> CONT WITH HS62Sa OR HS62Na

Southwest  Where did you go for these services?

NO       YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

Southwest (Cont.)

NO       YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

Northern Plains  Where did you go for these services?

NO       YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

HS63  In the past year, was any of the care you received from the VA for a **physical health problem**?

NO ........................................ 0  --> SKIP TO HS80
YES ...................................... 1  --> CONT. WITH HS64

HS64  In the past year, when you went to the VA for the care of a physical health problem, how many of these times involved visiting an emergency room?

Number of times: __________

IF NONE, SKIP TO HS68
IF ONE OR MORE, CONTINUE WITH HS65

HS65  Overall, how would you rate the quality of the care you received from the VA emergency room (this time/these times)?

Excellent .................................. 4
Good ....................................... 3
Fair, or .................................... 2
Poor ........................................ 1
HS66  Overall, how much did the care you received from the VA emergency room (this time/these times) help with your physical health problem(s)? Would you say . . .

Very much ............................ 2
Somewhat, or ....................... 1
Not at all ............................ 0

HS67  Overall, how satisfied are you with the care you received from the VA emergency room (this time/these times)?

Very satisfied ....................... 2
Somewhat satisfied, or .......... 1
Not satisfied ....................... 0

HS68  In the past year, when you went to the VA for the care of a physical health problem, how many of these times did you stay at least one night in a VA hospital?

Number of times: __________

IF NONE, SKIP TO HS72
IF ONE OR MORE, CONTINUE WITH HS69

HS69  Overall, how would you rate the quality of the care you received when you stayed at least overnight at the VA hospital (this time/these times)?

Excellent ....................... 4
Good .............................. 3
Fair, or ............................ 2
Poor ............................... 1

HS70  Overall, how much did the care you received when you stayed at the VA hospital (this time/these times) help with your physical health problem(s)? Would you say . . .

Very much ............................ 2
Somewhat, or ....................... 1
Not at all ............................ 0

HS71  Overall, how satisfied are you with the care you received when you stayed at the VA hospital (this time/these times)?

Very satisfied ....................... 2
Somewhat satisfied, or .......... 1
Not satisfied ....................... 0
HS72  In the past year, when you received care from the VA for a physical health problem, how many of these times involved outpatient services? By outpatient services, I mean times when you may have been seen by a VA outreach health worker, mobile van or been seen at a Vet Center or VA clinic by a nurse or doctor. None of these would have involved the VA emergency room or staying overnight in the hospital.

Number of times: __________
IF NONE, SKIP TO HS76
IF ONE OR MORE, CONTINUE WITH HS73

HS73  Overall, how would you rate the quality of the care you received from VA outpatient services (this time/these times)?

   Excellent.............................. 4
   Good ..................................... 3
   Fair, or .................................. 2
   Poor....................................... 1

HS74  Overall, how much did the care you received from VA outpatient services (this time/these times) help with your physical health problem(s)? Would you say . . .

   Very much ............................ 2
   Somewhat, or ......................... 1
   Not at all ............................. 0

HS75  Overall, how satisfied are you with the care you received from VA outpatient services (this time/these times)?

   Very satisfied ........................ 2
   Somewhat satisfied, or ............ 1
   Not satisfied .......................... 0
Now I'd like you to think back over all of the care you received from the VA for your physical health problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the VA for your physical health problem(s)?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>none</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Would you recommend the VA to a relative, friend, or co-worker who had a similar physical health problem and was eligible for such care?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Did you experience any concerns or difficulties when you went to the VA for the care of your physical health problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people about your health problems</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
HS78e You were concerned about what others might think ................................................................. 0.................. 1
HS78f You were worried about racial prejudice or discrimination ................................................................. 0.................. 1
HS78g You did not have transportation to get there ................................................................. 0.................. 1
HS78h It would interfere with your duties at home, work, or school ................................................................. 0.................. 1
HS78i You thought the problem was not serious enough, or it would get better by itself .................. 0.................. 1
HS78j You wanted to solve the problem on your own ................................................................. 0.................. 1
HS78k You preferred to go somewhere else for care ................................................................. 0.................. 1
HS78l You thought treatment there probably would not help ................................................................. 0.................. 1
HS78m The quality of medical care is poor at that/ those facilities ................................................................. 0.................. 1
HS78n You went to that/those facilities in the past, but it did not help ................................................................. 0.................. 1
HS78o There is too long of a wait and too much red tape ................................................................. 0.................. 1
HS78p The kind of care you needed was not available ................................................................. 0.................. 1
HS78q You and the staff had problems understanding one another ................................................................. 0.................. 1
HS78r Was there some other concern or difficulty? ................................................................. 0.................. 1
HS78r_t Describe:  ____________________________________________________________________________
___________________________________________________________________________________________
In the past year, did any of these concerns or difficulties keep you from seeking additional care from the VA for your physical health problem(s)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
</tbody>
</table>

You indicated that you didn't receive care from the VA for a physical health problem during the last year. However, have you EVER experienced problems when you went to the VA for the care of a physical health problem(s) at some point in your life?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

I am going to read you a list of some problems that other people have experienced when seeking health care from the VA. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people</td>
<td>0</td>
</tr>
<tr>
<td>You were concerned about what others might think</td>
<td>0</td>
</tr>
<tr>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
</tr>
<tr>
<td>You did not have transportation to get there</td>
<td>0</td>
</tr>
<tr>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
</tr>
<tr>
<td>You thought the problem was not serious enough, or it would get better</td>
<td>0</td>
</tr>
<tr>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
</tr>
</tbody>
</table>
HS80k You preferred to go somewhere else for care...... 0............ 1
HS80l You thought treatment there probably would not help.................................................... 0............ 1
HS80m The quality of medical care is poor at that/ those facilities..................................................... 0............ 1
HS80n You went to that/those facilities in the past, but it did not help............................................. 0............ 1
HS80o There is too long of a wait and too much red tape ................................................................. 0............ 1
HS80p The kind of care you needed was not available ......................................................................... 0............ 1
HS80q You and the staff had problems understanding one another .................................................. 0............ 1
HS80r Was there some other concern or difficulty?....... 0............ 1
HS80r_t Describe: ____________________________________________________________________________
__________________________________________________________________________________________

HS81 Did any of these concerns or difficulties keep you from seeking care from the VA for a physical health problem(s) during the past year?

NO ........................................ 0
YES....................................... 1

HS82 If NO to HS23 --> GO TO HS101
If YES to HS23 --> GO TO HS82a

HS82a In the past year, was any of the care you received from the VA for a drug or alcohol problem?

NO ........................................ 0 --> GO TO HS99
YES....................................... 1 --> CONTINUE WITH HS83
HS83  In the past year, when you went to the VA for the care of a drug or alcohol problem, how many of these times involved visiting an emergency room?

   Number of times: __________

   IF NONE, SKIP TO HS87
   IF ONE OR MORE, CONTINUE WITH HS84

HS84  Overall, how would you rate the quality of the care you received from the VA emergency room (this time/these times)?

   Excellent ......................... 4
   Good ............................... 3
   Fair, or ......................... 2
   Poor.................................. 1

HS85  Overall, how much did the care you received from the VA emergency room (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

   Very much ......................... 2
   Somewhat, or .................... 1
   Not at all .......................... 0

HS86  Overall, how satisfied are you with the care you received from the VA emergency room (this time/these times)?

   Very satisfied ..................... 2
   Somewhat satisfied, or .......... 1
   Not satisfied ...................... 0

HS87  In the past year, when you went to the VA for the care of a drug or alcohol problem, how many of these times did you stay at least one night in an IHS hospital?

   Number of times: __________

   IF NONE, SKIP TO HS91
   IF ONE OR MORE, CONTINUE WITH HS88

HS88  Overall, how would you rate the quality of the care you received when you stayed at least overnight at the VA hospital (this time/these times)?

   Excellent .......................... 4
   Good ............................... 3
   Fair, or ............................ 2
   Poor................................. 1
HS89  Overall, how much did the care you received when you stayed at the VA hospital (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

Very much .................................. 2
Somewhat, or ............................ 1
Not at all ................................. 0

HS90  Overall, how satisfied are you with the care you received when you stayed at the VA hospital (this time/these times)?

Very satisfied ............................ 2
Somewhat satisfied, or ............ 1
Not satisfied ............................. 0

HS91  In the past year, when you received care from the VA for a drug or alcohol problem, how many of these times involved outpatient services? By outpatient services, I mean times when you may have seen a VA outreach health worker, readjustment counselor, mobile van, or been seen at a Vet Center or VA clinic by a substance abuse counselor, nurse or doctor. None of these would have involved the VA emergency room or staying overnight in the hospital.

Number of times: __________

IF NONE, SKIP TO HS95
IF ONE OR MORE, CONTINUE WITH HS92

HS92  Overall, how would you rate the quality of the care you received from VA outpatient services (this time/these times)?

Excellent .................................. 4
Good ........................................ 3
Fair, or .................................... 2
Poor.......................................... 1

HS93  Overall, how much did the care you received from VA outpatient services (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

Very much ................................. 2
Somewhat, or............................ 1
Not at all ................................. 0
Overall, how satisfied are you with the care you received from VA outpatient services (this time/these times)?

Very satisfied ................... 2
Somewhat satisfied, or ........ 1
Not satisfied .................... 0

Now I'd like you to think back over all of the care you received from the VA for your drug or alcohol problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the VA for your drug or alcohol problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

Would you recommend the VA to a relative, friend, or co-worker who had a similar drug or alcohol problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Did you experience any concerns or difficulties when you went to the VA for the care of your drug or alcohol problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>HS97d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>NO</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>HS97e</td>
<td>You were concerned about what others might think</td>
<td>NO</td>
</tr>
<tr>
<td>HS97f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>NO</td>
</tr>
<tr>
<td>HS97g</td>
<td>You did not have transportation to get there</td>
<td>NO</td>
</tr>
<tr>
<td>HS97h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>NO</td>
</tr>
<tr>
<td>HS97i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>NO</td>
</tr>
<tr>
<td>HS97j</td>
<td>You wanted to solve the problem on your own</td>
<td>NO</td>
</tr>
<tr>
<td>HS97k</td>
<td>You preferred to go somewhere else for care</td>
<td>NO</td>
</tr>
<tr>
<td>HS97l</td>
<td>You thought treatment there probably would not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS97m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>NO</td>
</tr>
<tr>
<td>HS97n</td>
<td>You went to that/those facilities in the past, but it did not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS97o</td>
<td>There is too long of a wait and too much red tape</td>
<td>NO</td>
</tr>
<tr>
<td>HS97p</td>
<td>The kind of care you needed was not available</td>
<td>NO</td>
</tr>
<tr>
<td>HS97q</td>
<td>You and the staff had problems understanding one another</td>
<td>NO</td>
</tr>
<tr>
<td>HS97r</td>
<td>Was there some other concern or difficulty?</td>
<td>NO</td>
</tr>
<tr>
<td>HS97r_t</td>
<td>Describe:</td>
<td>--</td>
</tr>
</tbody>
</table>

---

33
In the past year, did any of these concerns or difficulties keep you from seeking additional care from the VA for your drug or alcohol problem(s)?

NO ........................................ 0 --> GO TO HS101
YES....................................... 1 --> GO TO HS101

You indicated that you didn't receive care from the VA for a drug or alcohol problem during the last year. However, have you EVER experienced problems when you went to the VA for the care of a drug or alcohol problem(s) at some point in your life?

NO ........................................ 0 --> GO TO HS101
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care for drug or alcohol problems from the VA. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS99a</td>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99b</td>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99c</td>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99f</td>
<td>You were worried about racial prejudice or discrimination</td>
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<td>1</td>
</tr>
<tr>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS99j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
NO YES NA

HS99k You preferred to go somewhere else for care........0...........1
HS99l You thought treatment there probably
would not help....................................................0...........1
HS99m The quality of medical care is poor
at that/those facilities........................................0...........1
HS99n You went to that/those facilities in the
past, but it did not help.......................................0...........1
HS99o There is too long of a wait and too
much red tape .....................................................0...........1
HS99p The kind of care you needed was not
available .............................................................0...........1
HS99q You and the staff had problems understanding
one another .........................................................0...........1
HS99r Was there some other concern or difficulty?........0...........1
HS99r_t Describe: ________________________________________________________________

HS100 Did any of these concerns or difficulties keep you from seeking care from the VA for a
drug or alcohol problem(s) during the past year?

NO ........................................ 0
YES....................................... 1

HS101 If NO to HS42 --> GO TO HS120
If YES to HS42 --> GO TO HS101a

HS101a In the past year, was any of the care you received from the VA for an
emotional problem?

NO ........................................ 0 --> GO TO HS118
YES....................................... 1 --> CONTINUE WITH HS102
HS102  In the past year, when you went to the VA for the care of an emotional problem, how many of these times involved visiting an emergency room?

Number of times: __________

IF NONE, SKIP TO HS106
IF ONE OR MORE, CONTINUE WITH HS103

HS103  Overall, how would you rate the quality of the care you received from the VA emergency room (this time/these times)?

Excellent ....................... 4
Good ............................... 3
Fair, or ............................ 2
Poor ............................... 1

HS104  Overall, how much did the care you received from the VA emergency room (this time/these times) help with your emotional problem(s)? Would you say? . . .

Very much ....................... 2
Somewhat, or .................... 1
Not at all ......................... 0

HS105  Overall, how satisfied are you with the care you received from the VA emergency room (this time/these times)?

Very satisfied .................... 2
Somewhat satisfied, or .... 1
Not satisfied ..................... 0

HS106  In the past year, when you went to the VA for the care of an emotional problem, how many of these times did you stay at least one night in a VA hospital?

Number of times: __________

IF NONE, SKIP TO HS110
IF ONE OR MORE, CONTINUE WITH HS107

HS107  Overall, how would you rate the quality of the care you received when you stayed at least overnight at the VA hospital (this time/these times)?

Excellent ....................... 4
Good ............................... 3
Fair, or ............................ 2
Poor ............................... 1
HS108 Overall, how much did the care you received when you stayed at the VA hospital (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ....................... 1
Not at all ............................. 0

HS109 Overall, how satisfied are you with the care you received when you stayed at the VA hospital (this time/these times)?

Very satisfied ....................... 2
Somewhat satisfied, or .......... 1
Not satisfied ......................... 0

HS110 In the past year, when you received care from the VA for an emotional problem, how many of these times involved outpatient services? By outpatient services, I mean times when you may have seen a VA outreach health worker, readjustment counselor, mobile van or been seen at a Vet Center or VA clinic by a substance abuse counselor, nurse or doctor. None of these would have involved the VA emergency room or staying overnight in the hospital.

Number of times: __________

IF NONE, SKIP TO HS114
IF ONE OR MORE, CONTINUE WITH HS111

HS111 Overall, how would you rate the quality of the care you received from VA outpatient services (this time/these times)?

Excellent ............................ 4
Good ..................................... 3
Fair, or ................................. 2
Poor ....................................... 1

HS112 Overall, how much did the care you received from VA outpatient services (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ............................ 2
Somewhat, or ........................ 1
Not at all ............................... 0
HS113 Overall, how satisfied are you with the care you received from VA outpatient services (this time/these times)?

Very satisfied ...................... 2
Somewhat satisfied, or ......... 1
Not satisfied ..................... 0

HS114 Now I'd like you to think back over all of the care you received from the VA for your emotional problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from the VA for your emotional problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
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<td>traditional healer</td>
<td>0</td>
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<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

HS115 Would you recommend the VA to a relative, friend, or co-worker who had a similar emotional problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS116 Did you experience any concerns or difficulties when you went to the VA for the care of your emotional problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
HS116d  You feared a lack of privacy, or that staff would talk to other people about your emotional problems............................................ 0............ 1

HS116e  You were concerned about what others might think ......................................................... 0............ 1

HS116f  You were worried about racial prejudice or discrimination ................................................ 0............ 1

HS116g  You did not have transportation to get there ...... 0............ 1

HS116h  It would interfere with your duties at home, work, or school................................................. 0............ 1

HS116i  You thought the problem was not serious enough, or it would get better by itself.............. 0............ 1

HS116j  You wanted to solve the problem on your own.... 0............ 1

HS116k  You preferred to go somewhere else for care...... 0............ 1

HS116l  You thought treatment there probably would not help.................................................... 0............ 1

HS116m  The quality of medical care is poor at that/those facilities..................................................... 0............ 1

HS116n  You went to that/those facilities in the past, but it did not help............................................ 0............ 1

HS116o  There is too long of a wait and too much red tape .............................................................. 0............ 1

HS116p  The kind of care you needed was not available ...................................................................... 0............ 1

HS116q  You and the staff had problems understanding one another .................................................. 0............ 1

HS116r  Was there some other concern or difficulty?....... 0............ 1

HS116r_t  Describe:  _____________________________________________________

____________________________________________________________
HS117 In the past year, did any of these concerns or difficulties keep you from seeking additional care from the VA for your emotional problem(s)?

NO ........................................ 0 --> GO TO HS120
YES....................................... 1 --> GO TO HS120

HS118 You indicated that you didn't receive care from the VA for an emotional problem during the last year. However, have you EVER experienced problems when you went to the VA for the care of an emotional problem(s) at some point in your life?

NO ........................................ 0 --> GO TO HS120
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care for an emotional problem from the VA. Please tell me if any of these have been a problem for you by answering yes or no to each.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS118a</td>
<td>You were not eligible for services</td>
<td>0</td>
</tr>
<tr>
<td>HS118b</td>
<td>You were concerned about the cost</td>
<td>0</td>
</tr>
<tr>
<td>HS118c</td>
<td>You did not trust the staff</td>
<td>0</td>
</tr>
<tr>
<td>HS118d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your emotional problems</td>
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<tr>
<td>HS118e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
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<tr>
<td>HS118f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
</tr>
<tr>
<td>HS118g</td>
<td>You did not have transportation to get there</td>
<td>0</td>
</tr>
<tr>
<td>HS118h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
</tr>
<tr>
<td>HS118i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
</tr>
<tr>
<td>HS118j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
</tr>
<tr>
<td>HS118k</td>
<td>You preferred to go somewhere else for care</td>
<td>0</td>
</tr>
</tbody>
</table>
HS118l  You thought treatment there probably would not help .................................................... 0 ............. 1

HS118m  The quality of medical care is poor at that/ those facilities ..................................................... 0 ............. 1

HS118n  You went to that/those facilities in the past, but it did not help ........................................... 0 ............. 1

HS118o  There is too long of a wait and too much red tape ............................................................. 0 ............. 1

HS118p  The kind of care you needed was not available ................................................................. 0 ............. 1

HS118q  You and the staff had problems understanding one another ............................................. 0 ............. 1

HS118r  Was there some other concern or difficulty? ................................................................. 0 ............. 1

HS118r_t  Describe: ______________________________________________________
                                                      ______________________________________________________

HS119   Did any of these concerns or difficulties keep you from seeking care from the VA for an emotional problem(s) during the past year?

          NO ........................................ 0
          YES ..................................... 1

TRIBAL PROGRAMS AND FACILITIES

HS120   In the past year, besides the VA or the IHS, have you ever gone to Tribal programs or facilities such as ACHR for health care of any kind? This includes help with a physical health problem, a drug or alcohol problem, or an emotional problem.

          NO ........................................ ... 0
          YES ..................................... 1
          NOT APPLICABLE ............. .... 8  --> GO TO HS155
HS121 Just to be clear, in the past year, did you receive any kind of service for a physical health problem, drug or alcohol problem, or an emotional problem from Tribal programs, clinics, or facilities?

   NO --> GO TO HS131
   YES --> CONT WITH HS121Sa OR HS121Na

Southwest

 Did you go to . . .

   NO   YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

Southwest (Cont.)

   NO   YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

Northern Plains

 Did you go to . . .

   NO   YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

 Did you go to . . .

   NO   YES

Specific locations are listed in the Survey instrument for Southwest and Northern Plains.

HS122 In the past year, was any of the care you received from Tribal programs for a physical health problem?

   NO ........................................ 0  --> SKIP TO HS131
   YES....................................... 1  --> CONT. WITH HS123
HS123  From what Tribal programs did you receive care for your physical health problem(s)?

NAME OF PROGRAM:

HS123a ______________________________ # OF TIMES: _____ HS123a1

HS123b ______________________________ # OF TIMES: _____ HS123b1

HS123c ______________________________ # OF TIMES: _____ HS123c1

HS123d ______________________________ # OF TIMES: _____ HS123d1

HS124  Overall, how would you rate the quality of the care you received from Tribal programs (this time/these times)?

Excellent ......................... 4
Good .............................. 3
Fair, or ........................... 2
Poor ............................... 1

HS125  Overall, how much did the care you received from Tribal programs (this time/these times) help with your physical health problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ...................... 1
Not at all .......................... 0

HS126  Overall, how satisfied are you with the care you received from Tribal programs (this time/these times)?

Very satisfied ...................... 2
Somewhat satisfied, or .......... 1
Not satisfied ...................... 0
Now I'd like you to think back over all of the care you received from Tribal programs for your physical health problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from Tribal programs for your physical health problem(s)?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
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<td>1</td>
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<tr>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Would you recommend Tribal programs to a relative, friend, or co-worker who had a similar physical health problem and was eligible for such care?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Some people experienced concerns or difficulties when they went to Tribal programs for the care of physical health problem(s). I'm going to read you a list of some concerns or difficulties other people have experienced. Please tell me if you have had any of these concerns or difficulties in the past year.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people about your health problems</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>HS129f You were worried about racial prejudice or discrimination</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129g You did not have transportation to get there</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129h It would interfere with your duties at home, work, or school</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129i You thought the problem was not serious enough, or it would get</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>better by itself</td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129j You wanted to solve the problem on your own</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129k You preferred to go somewhere else for care</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129l You thought treatment there probably would not help</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129m The quality of medical care is poor at that/those facilities</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129n You went to that/those facilities in the past, but it did not</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>help</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129o There is too long of a wait and too much red tape</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129p The kind of care you needed was not available</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129q You and the staff had problems understanding one another</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129r Was there some other concern or difficulty?</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS129r_t Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS130 In the past year, did any of these concerns or difficulties keep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you from seeking additional care from Tribal programs for your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>physical health problem(s)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO .............................. 0 --&gt; GO TO HS133</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES.............................. 1 --&gt; GO TO HS133</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HS131 You indicated that you didn't receive care from Tribal programs for a physical health problem during the last year. However, have you EVER experienced problems when you went to Tribal programs for the care of a physical health problem(s) at some point in your life?

NO ........................................ 0  --> GO TO HS133
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking health care from Tribal Programs. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people about your</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>health problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You did not have transportation to get there</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You preferred to go somewhere else for care</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>You thought treatment there probably would not help</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
The quality of medical care is poor at that/those facilities ..................................................... 0 ............ 1
You went to that/those facilities in the past, but it did not help ................................................. 0 ............ 1
There is too long of a wait and too much red tape ................................................................. 0 ............ 1
The kind of care you needed was not available ........................................................................ 0 ............ 1
You and the staff had problems understanding one another ................................................... 0 ............ 1
Was there some other concern or difficulty? ....... 0 ............ 1
Describe: ____________________________________________________________________________

Did any of these concerns or difficulties keep you from seeking care from Tribal programs for a physical health problem(s) during the past year?

NO ........................................ 0
YES....................................... 1

If NO to HS23 --> GO TO HS144
If YES to HS23 --> GO TO HS133a

In the past year, was any of the care you received from Tribal programs for a drug or alcohol problem?

NO ........................................ 0 -- GO TO HS142
YES....................................... 1 -- CONTINUE WITH HS134
HS134 From what Tribal programs did you receive care for your drug or alcohol problem(s)?

NAME OF PROGRAM:

HS134a ______________________________ # OF TIMES: _____ HS134a1

HS134b ______________________________ # OF TIMES: _____ HS134b1

HS134c ______________________________ # OF TIMES: _____ HS134c1

HS134d ______________________________ # OF TIMES: _____ HS134d1

HS135 Overall, how would you rate the quality of the care you received from Tribal programs (this time/these times)?

   Excellent............................. 4
   Good ..................................... 3
   Fair, or .................................. 2
   Poor....................................... 1

HS136 Overall, how much did the care you received from Tribal programs (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

   Very much ............................ 2
   Somewhat, or ......................... 1
   Not at all ............................... 0

HS137 Overall, how satisfied are you with the care you received from Tribal programs (this time/these times)?

   Very satisfied.......................... 2
   Somewhat satisfied, or.............. 1
   Not satisfied............................ 0
HS138 Now I'd like you to think back over all of the care you received from Tribal programs for your drug or alcohol problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from Tribal programs for your drug or alcohol problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

HS139 Would you recommend Tribal programs to a relative, friend, or co-worker who had a similar drug or alcohol problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS140 Did you experience any concerns or difficulties when you went to Tribal programs for the care of your drug or alcohol problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS140a You were not eligible for services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS140b You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS140c You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS140d You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HS140e</td>
<td>You were concerned about what others might think</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140g</td>
<td>You did not have transportation to get there</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140j</td>
<td>You wanted to solve the problem on your own</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140k</td>
<td>You preferred to go somewhere else for care</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140l</td>
<td>You thought treatment there probably would not help</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140n</td>
<td>You went to that/those facilities in the past, but it did not help</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140o</td>
<td>There is too long of a wait and too much red tape</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140p</td>
<td>The kind of care you needed was not available</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140q</td>
<td>You and the staff had problems understanding one another</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140r</td>
<td>Was there some other concern or difficulty?</td>
<td>0...........1</td>
</tr>
<tr>
<td>HS140r_t</td>
<td>Describe:</td>
<td></td>
</tr>
</tbody>
</table>
In the past year, did any of these concerns or difficulties keep you from seeking additional care from Tribal programs for your drug or alcohol problem(s)?

NO ........................................ 0  --> GO TO HS144
YES....................................... 1  --> GO TO HS144

You indicated that you didn't receive care from Tribal programs for a drug or alcohol problem during the last year. However, have you EVER experienced problems when you went to Tribal programs for the care of a drug or alcohol problem(s) at some point in your life?

NO ........................................ 0 --> GO TO HS144
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care for a drug or alcohol problem from Tribal programs. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS142a</td>
<td>You were not eligible for services</td>
<td>0</td>
</tr>
<tr>
<td>HS142b</td>
<td>You were concerned about the cost</td>
<td>0</td>
</tr>
<tr>
<td>HS142c</td>
<td>You did not trust the staff</td>
<td>0</td>
</tr>
<tr>
<td>HS142d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>0</td>
</tr>
<tr>
<td>HS142e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
</tr>
<tr>
<td>HS142f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
</tr>
<tr>
<td>HS142g</td>
<td>You did not have transportation to get there</td>
<td>0</td>
</tr>
<tr>
<td>HS142h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
</tr>
<tr>
<td>HS142i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
</tr>
<tr>
<td>HS142j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
</tr>
<tr>
<td>HS142k</td>
<td>You preferred to go somewhere else for care</td>
<td>NO</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>HS142l</td>
<td>You thought treatment there probably would not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS142m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>NO</td>
</tr>
<tr>
<td>HS142n</td>
<td>You went to that/those facilities in the past, but it did not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS142o</td>
<td>There is too long of a wait and too much red tape</td>
<td>NO</td>
</tr>
<tr>
<td>HS142p</td>
<td>The kind of care you needed was not available</td>
<td>NO</td>
</tr>
<tr>
<td>HS142q</td>
<td>You and the staff had problems understanding one another</td>
<td>NO</td>
</tr>
<tr>
<td>HS142r</td>
<td>Was there some other concern or difficulty?</td>
<td>NO</td>
</tr>
<tr>
<td>HS142r_t</td>
<td>Describe:</td>
<td></td>
</tr>
</tbody>
</table>

HS143 Did any of these concerns or difficulties keep you from seeking care from Tribal programs for a drug or alcohol problem(s) during the past year?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS144 If NO to HS42 --> GO TO HS155
If YES to HS42 --> GO TO HS144a

HS144a In the past year, was any of the care you received from Tribal programs for an emotional problem?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

52
From what Tribal programs did you receive care for your emotional problem(s)?

NAME OF PROGRAM:

HS145a ______________________________ # OF TIMES: _____ HS145a1
HS145b ______________________________ # OF TIMES: _____ HS145b1
HS145c ______________________________ # OF TIMES: _____ HS145c1
HS145d ______________________________ # OF TIMES: _____ HS145d1

Overall, how would you rate the quality of the care you received from Tribal programs (this time/these times)?

Excellent ......................... 4
Good ................................. 3
Fair, or .............................. 2
Poor ................................ 1

Overall, how much did the care you received from Tribal programs (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ..................... 1
Not at all ............................ 0

Overall, how satisfied are you with the care you received from Tribal programs (this time/these times)?

Very satisfied ..................... 2
Somewhat satisfied, or ....... 1
Not satisfied ...................... 0
HS149  Now I'd like you to think back over all of the care you received from Tribal programs for your emotional problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from Tribal programs for your emotional problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

HS150  Would you recommend Tribal programs to a relative, friend, or co-worker who had a similar emotional problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

HS151  Did you experience any concerns or difficulties when you went to Tribal programs for the care of your emotional problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS151a</td>
<td>You were not eligible for services</td>
<td>0</td>
</tr>
<tr>
<td>HS151b</td>
<td>You were concerned about the cost</td>
<td>0</td>
</tr>
<tr>
<td>HS151c</td>
<td>You did not trust the staff</td>
<td>0</td>
</tr>
<tr>
<td>HS151d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your emotional problems</td>
<td>0</td>
</tr>
<tr>
<td>HS151e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
</tr>
<tr>
<td>HS151f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>NO</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>HS151g</td>
<td>You did not have transportation to get there</td>
<td>NO</td>
</tr>
<tr>
<td>HS151h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>NO</td>
</tr>
<tr>
<td>HS151i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>NO</td>
</tr>
<tr>
<td>HS151j</td>
<td>You wanted to solve the problem on your own</td>
<td>NO</td>
</tr>
<tr>
<td>HS151k</td>
<td>You preferred to go somewhere else for care</td>
<td>NO</td>
</tr>
<tr>
<td>HS151l</td>
<td>You thought treatment there probably would not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS151m</td>
<td>The quality of medical care is poor at that/those facilities</td>
<td>NO</td>
</tr>
<tr>
<td>HS151n</td>
<td>You went to that/those facilities in the past, but it did not help</td>
<td>NO</td>
</tr>
<tr>
<td>HS151o</td>
<td>There is too long of a wait and too much red tape</td>
<td>NO</td>
</tr>
<tr>
<td>HS151p</td>
<td>The kind of care you needed was not available</td>
<td>NO</td>
</tr>
<tr>
<td>HS151q</td>
<td>You and the staff had problems understanding one another</td>
<td>NO</td>
</tr>
<tr>
<td>HS151r</td>
<td>Was there some other concern or difficulty?</td>
<td>NO</td>
</tr>
<tr>
<td>HS151r_t</td>
<td>Describe:</td>
<td>NO</td>
</tr>
</tbody>
</table>

---

55
HS152 In the past year, did any of these concerns or difficulties keep you from seeking additional care from Tribal programs for your emotional problem(s)?

   NO ........................................ 0
   YES ....................................... 1

HS153 You indicated that you didn't receive care from Tribal programs for an emotional problem during the last year. However, have you EVER experienced problems when you went to Tribal programs for the care of an emotional problem at some point in your life?

   NO ........................................ 0 --> GO TO HS155
   YES ....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care for an emotional problem from Tribal Programs. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

   NO  YES  NA

HS153a You were not eligible for services........................ 0.............1 ............. NA
HS153b You were concerned about the cost...................... 0.............1 ............. NA
HS153c You did not trust the staff..................................... 0.............1
HS153d You feared a lack of privacy, or that staff would talk to other people about your emotional problems............................................ 0.............1
HS153e You were concerned about what others might think ............................................. 0.............1
HS153f You were worried about racial prejudice or discrimination ............................................. 0.............1
HS153g You did not have transportation to get there ...... 0.............1
HS153h It would interfere with your duties at home, work, or school................................................... 0.............1
HS153i You thought the problem was not serious enough, or it would get better by itself............ 0.............1
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS153j</td>
<td>You wanted to solve the problem on your own...</td>
<td>1</td>
</tr>
<tr>
<td>HS153k</td>
<td>You preferred to go somewhere else for care...</td>
<td>1</td>
</tr>
<tr>
<td>HS153l</td>
<td>You thought treatment there probably would not help...</td>
<td>1</td>
</tr>
<tr>
<td>HS153m</td>
<td>The quality of medical care is poor at that/those facilities...</td>
<td>1</td>
</tr>
<tr>
<td>HS153n</td>
<td>You went to that/those facilities in the past, but it did not help...</td>
<td>1</td>
</tr>
<tr>
<td>HS153o</td>
<td>There is too long of a wait and too much red tape...</td>
<td>1</td>
</tr>
<tr>
<td>HS153p</td>
<td>The kind of care you needed was not available...</td>
<td>1</td>
</tr>
<tr>
<td>HS153q</td>
<td>You and the staff had problems understanding one another...</td>
<td>1</td>
</tr>
<tr>
<td>HS153r</td>
<td>Was there some other concern or difficulty?...</td>
<td>1</td>
</tr>
<tr>
<td>HS153r_t</td>
<td>Describe:</td>
<td></td>
</tr>
</tbody>
</table>

**HS154** Did any of these concerns or difficulties keep you from seeking care from Tribal programs for an emotional problem(s) during the past year?

- **NO** ........................................ 0
- **YES** ....................................... 1
OTHER HEALTH CARE PROVIDERS, PROGRAMS, AND FACILITIES

HS155 In the past year, besides the IHS, VA, or Tribal programs already discussed, have you gone to any other providers, programs, or facilities for health care of any kind? This includes help with a physical health problem, a drug or alcohol problem, or an emotional problem.

NO ........................................ 0 --> GO TO HS164
YES....................................... 1 --> GO TO HS156

HS156 From what other providers, programs, or facilities did you receive care for your physical health problem(s) in the past year?

NAME OF PROGRAM:

HS156a ______________________________ # OF TIMES: _____ HS156a1
HS156b ______________________________ # OF TIMES: _____ HS156b1
HS156c ______________________________ # OF TIMES: _____ HS156c1
HS156d ______________________________ # OF TIMES: _____ HS156d1

HS157 Overall, how would you rate the quality of the care you received from these other providers, programs, or facilities (this time/these times)?

Excellent ......................... 4
Good ................................. 3
Fair, or .............................. 2
Poor ................................. 1

HS158 Overall, how much did the care you received from other providers, programs, or facilities (this time/these times) help with your physical health problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or ..................... 1
Not at all ......................... 0

HS159 Overall, how satisfied are you with the care you received from these other providers, programs, or facilities (this time/these times)?

Very satisfied ..................... 2
Somewhat satisfied, or ........ 1
Not satisfied ..................... 0
HS160 Now I'd like you to think back over all of the care you received from these other providers, programs, or facilities for your physical health problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from other providers, programs, or facilities for your physical health problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

HS161 Would you recommend these other providers, programs, or facilities to a relative, friend, or co-worker who had a similar physical health problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS162 Did you experience any concerns or difficulties when you went to these other providers, programs, or facilities for the care of your physical health problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people about your health problems</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
HS162e  You were concerned about what others might think ................................................................. 0.................. 1

HS162f  You were worried about racial prejudice or discrimination ................................................................. 0.................. 1

HS162g  You did not have transportation to get there ................................................................. 0.................. 1

HS162h  It would interfere with your duties at home, work, or school ................................................................. 0.................. 1

HS162i  You thought the problem was not serious enough, or it would get better by itself ................................................................. 0.................. 1

HS162j  You wanted to solve the problem on your own ................................................................. 0.................. 1

HS162k  You preferred to go somewhere else for care ................................................................. 0.................. 1

HS162l  You thought treatment there probably would not help ................................................................. 0.................. 1

HS162m  The quality of medical care is poor at that/ those facilities ................................................................. 0.................. 1

HS162n  You went to that/those facilities in the past, but it did not help ................................................................. 0.................. 1

HS162o  There is too long of a wait and too much red tape ................................................................. 0.................. 1

HS162p  The kind of care you needed was not available ................................................................. 0.................. 1

HS162q  You and the staff had problems understanding one another ................................................................. 0.................. 1

HS162r  Was there some other concern or difficulty? ................................................................. 0.................. 1

HS162r_t  Describe:  _____________________________________________________

________________________________________________________________________

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HS163  In the past year, did any of these concerns or difficulties keep you from seeking additional care from these other providers, programs, or facilities for your physical health problem(s)?

NO ........................................ 0 --> GO TO HS166
YES ....................................... 1 --> GO TO HS166

HS164  You indicated that you didn't receive care from these other providers, programs, or facilities for a physical health problem during the last year. However, have you EVER experienced problems when you went to these other providers, programs, or facilities for the care of a physical health problem(s) at some point in your life?

NO ........................................ 0 --> GO TO HS166
YES ....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking health care from other providers. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

NO YES NA

HS164a  You were not eligible for services..................... 0 ................. 1 ........ NA

HS164b  You were concerned about the cost...................... 0 ................. 1 ........ NA

HS164c  You did not trust the staff..................................... 0 ................. 1

HS164d  You feared a lack of privacy, or that staff would talk to other people about your health problems. ................................................. 0 ................. 1

HS164e  You were concerned about what others might think ................................................. 0 ................. 1

HS164f  You were worried about racial prejudice or discrimination ................................................. 0 ................. 1

HS164g  You did not have transportation to get there ...... 0 ................. 1

HS164h  It would interfere with your duties at home, work, or school ................................................. 0 ................. 1

HS164i  You thought the problem was not serious enough, or it would get better by itself ................. 0 ................. 1
HS164j You wanted to solve the problem on your own... 0..............1
HS164k You preferred to go somewhere else for care...... 0..............1
HS164l You thought treatment there probably would not help.................................................... 0..............1
HS164m The quality of medical care is poor at that/ those facilities..................................................... 0..............1
HS164n You went to that/those facilities in the past, but it did not help....................................... 0..............1
HS164o There is too long of a wait and too much red tape ..................................................... 0..............1
HS164p The kind of care you needed was not available ............................................................. 0..............1
HS164q You and the staff had problems understanding one another ......................................................... 0..............1
HS164r Was there some other concern or difficulty?........ 0..............1
HS164r_t Describe: ____________________________________________________________________________

HS165 Did any of these concerns or difficulties keep you from seeking care from these other providers, programs, or facilities for a physical health problem(s) during the past year?

NO ........................................ 0
YES....................................... 1

HS166 If NO to HS23 --> GO TO HS177
If YES to HS23 --> GO TO HS166a

HS166a In the past year, was any of the care you received from these other providers, programs, or facilities for a drug or alcohol problem?

NO ........................................ 0 --> GO TO HS175
YES....................................... 1 --> CONTINUE WITH HS167
HS167 From what other providers, programs, or facilities did you receive care for your drug or alcohol problem(s)?

NAME OF PROGRAM:

HS167a ______________________________ # OF TIMES: _____ HS167a1

HS167b ______________________________ # OF TIMES: _____ HS167b1

HS167c ______________________________ # OF TIMES: _____ HS167c1

HS167d ______________________________ # OF TIMES: _____ HS167d1

HS168 Overall, how would you rate the quality of the care you received from these other providers, programs, or facilities (this time/these times)?

   Excellent ......................... 4
   Good .................................. 3
   Fair, or ................................ 2
   Poor................................. 1

HS169 Overall, how much did the care you received from these other providers, programs, or facilities (this time/these times) help with your drug or alcohol problem(s)? Would you say . . .

   Very much ......................... 2
   Somewhat, or ..................... 1
   Not at all .......................... 0

HS170 Overall, how satisfied are you with the care you received from these other providers, programs, or facilities (this time/these times)?

   Very satisfied .................... 2
   Somewhat satisfied, or .......... 1
   Not satisfied ..................... 0
Now I'd like you to think back over **all** of the care you received from these other providers, programs, or facilities for your drug or alcohol problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from these other providers, programs, or facilities for your drug or alcohol problem(s)?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
</tr>
</tbody>
</table>

Would you recommend these other providers, programs, or facilities to a relative, friend, or co-worker who had a similar drug or alcohol problem and was eligible for such care?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Did you experience any concerns or difficulties when you went to these other providers, programs, or facilities for the care of your drug or alcohol problem(s) this past year? I’m going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were not eligible for services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You were concerned about the cost</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
HS173e You were concerned about what others might think ......................................................... 0.............1
HS173f You were worried about racial prejudice or discrimination ................................................ 0.............1
HS173g You did not have transportation to get there ....... 0.............1
HS173h It would interfere with your duties at home, work, or school .............................................. 0.............1
HS173i You thought the problem was not serious enough, or it would get better by itself................. 0.............1
HS173j You wanted to solve the problem on your own.... 0.............1
HS173k You preferred to go somewhere else for care...... 0.............1
HS173l You thought treatment there probably would not help ....................................................... 0.............1
HS173m The quality of medical care is poor at that/ those facilities.................................................. 0.............1
HS173n You went to that/those facilities in the past, but it did not help ............................................. 0.............1
HS173o There is too long of a wait and too much red tape ............................................................. 0.............1
HS173p The kind of care you needed was not available ................................................................. 0.............1
HS173q You and the staff had problems understanding one another ................................................ 0.............1
HS173r Was there some other concern or difficulty?....... 0.............1
HS173r_t Describe: ____________________________________________________________________________
HS174  In the past year, did any of these concerns or difficulties keep you from seeking additional care from these other providers, programs, or facilities for your drug or alcohol problem(s)?

   NO ........................................ 0  --> GO TO HS177
   YES ....................................... 1  --> GO TO HS177

HS175  You indicated that you didn't receive care from these other providers, programs, or facilities for a drug or alcohol problem during the last year. However, have you EVER experienced problems when you went to these other providers, programs, or facilities for the care of a drug or alcohol problem(s) at some point in your life?

   NO ........................................ 0 --> GO TO HS177
   YES ....................................... 1

I am going to read you a list of some problems other people have experienced when seeking care for an alcohol or drug problem from other providers. Please tell me if these have ever been a problem for you by answering yes or no to each.

   NO     YES     NA

HS175a  You were not eligible for services.................... 0.............1 ............. NA
HS175b  You were concerned about the cost.................... 0.............1 ............. NA
HS175c  You did not trust the staff................................. 0.............1
HS175d  You feared a lack of privacy, or that staff would talk to other people about your drug or alcohol problems................................. 0.............1
HS175e  You were concerned about what others might think ........................................ 0.............1
HS175f  You were worried about racial prejudice or discrimination ........................................ 0.............1
HS175g  You did not have transportation to get there ........ 0.............1
HS175h  It would interfere with your duties at home, work, or school........................................ 0.............1
HS175i  You thought the problem was not serious enough, or it would get better by itself............ 0.............1
HS175j  You wanted to solve the problem on your own.... 0.............1
HS175k  You preferred to go somewhere else for care...... 0............1
HS175l  You thought treatment there probably
         would not help.................................................... 0............1
HS175m  The quality of medical care is poor at that/
         those facilities..................................................... 0............1
HS175n  You went to that/those facilities in the
         past, but it did not help....................................... 0............1
HS175o  There is too long of a wait and too
         much red tape ..................................................... 0............1
HS175p  The kind of care you needed was not
         available .................................................................. 0............1
HS175q  You and the staff had problems understanding
         one another ......................................................... 0............1
HS175r  Was there some other concern or difficulty?....... 0............1
HS175r_t  Describe: _____________________________________________________
                                                                                   _____________________________________________________
HS176   Did any of these concerns or difficulties keep you from seeking care from these other
         providers, programs, or facilities for a drug or alcohol problem(s) during the past year?
         NO ........................................ 0
         YES....................................... 1
HS177   If NO to HS42 --GO TO HS188
         If YES to HS42 -- GO TO HS177a
HS177a  In the past year, was any of the care you received from other providers,
         programs, or facilities for an emotional problem?
         NO .............................................. 0 -- GO TO HS186
         YES............................................. 1 -- CONTINUE WITH HS178
HS178 From what other providers, programs, or facilities did you receive care for your emotional problem(s)?

NAME OF PROGRAM:

HS178a ______________________________ # OF TIMES: _____ HS178a1
HS178b ______________________________ # OF TIMES: _____ HS178b1
HS178c ______________________________ # OF TIMES: _____ HS178c1
HS178d ______________________________ # OF TIMES: _____ HS178d1

HS179 Overall, how would you rate the quality of the care you received from these other providers, programs, or facilities (this time/these times)?

Excellent ......................... 4
Good ................................. 3
Fair, or ............................... 2
Poor ................................. 1

HS180 Overall, how much did the care you received from these other providers, programs, or facilities (this time/these times) help with your emotional problem(s)? Would you say . . .

Very much ............................ 2
Somewhat, or ......................... 1
Not at all ............................. 0

HS181 Overall, how satisfied are you with the care you received from these other providers, programs, or facilities (this time/these times)?

Very satisfied .......................... 2
Somewhat satisfied, or ............... 1
Not satisfied .......................... 0
HS182 Now I'd like you to think back over all of the care you received from these other providers, programs, or facilities for your emotional problem(s) in the past year.

Did any of the following individuals recommend that you seek this care from these other providers, programs, or facilities for your emotional problem(s)?

<table>
<thead>
<tr>
<th>Individual</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS183 Would you recommend these other providers, programs, or facilities to a relative, friend, or co-worker who had a similar emotional problem and was eligible for such care?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HS184 Did you experience any concerns or difficulties when you went to these other providers, programs, or facilities for the care of your emotional problem(s) this past year? I'm going to read you a list of some concerns or difficulties other people say they may experience. We can use this list to help answer the question.

<table>
<thead>
<tr>
<th>Concern or Difficulty</th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>you were not eligible for services</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>you were concerned about the costs</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>you did not trust the staff</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>you feared a lack of privacy, or that staff would talk to other people about your emotional problems</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
HS184e You were concerned about what others might think ......................................................... 0 ............ 1
HS184f You were worried about racial prejudice or discrimination ................................................ 0 ............ 1
HS184g You did not have transportation to get there .......................................................... 0 ............ 1
HS184h It would interfere with your duties at home, work, or school .................................................. 0 ............ 1
HS184i You thought the problem was not serious enough, or it would get better by itself .................. 0 ............ 1
HS184j You wanted to solve the problem on your own ........................................................ 0 ............ 1
HS184k You preferred to go somewhere else for care ........................................................... 0 ............ 1
HS184l You thought treatment there probably would not help ................................................... 0 ............ 1
HS184m The quality of medical care is poor at that/ those facilities .................................................. 0 ............ 1
HS184n You went to that/those facilities in the past, but it did not help ........................................... 0 ............ 1
HS184o There is too long of a wait and too much red tape ......................................................... 0 ............ 1
HS184p The kind of care you needed was not available .......................................................... 0 ............ 1
HS184q You and the staff had problems understanding one another .............................................. 0 ............ 1
HS184r Was there some other concern or difficulty? .................................................................. 0 ............ 1
HS184r_t Describe: ____________________________________________________________________________
In the past year, did any of these concerns or difficulties keep you from seeking additional care from these other providers, programs, or facilities for your emotional problem(s)?

NO ........................................ 0 --> GO TO HS188
YES....................................... 1 --> GO TO HS188

You indicated that you didn't receive care from these other providers, programs, or facilities for an emotional problem during the last year. However, have you EVER experienced problems when you went to these other providers, programs, or facilities for the care of an emotional problem at some point in your life?

NO ........................................ 0 --> GO TO HS188
YES....................................... 1

I am going to read you a list of some problems that other people have experienced when seeking care for an emotional problem from other providers. Please tell me if any of these have ever been a problem for you by answering yes or no to each.

<table>
<thead>
<tr>
<th>HS186a</th>
<th>You were not eligible for services</th>
<th>0</th>
<th>1</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS186b</td>
<td>You were concerned about the costs</td>
<td>0</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>HS186c</td>
<td>You did not trust the staff</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186d</td>
<td>You feared a lack of privacy, or that staff would talk to other people about your emotional problems</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186e</td>
<td>You were concerned about what others might think</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186f</td>
<td>You were worried about racial prejudice or discrimination</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186g</td>
<td>You did not have transportation to get there</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186h</td>
<td>It would interfere with your duties at home, work, or school</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186i</td>
<td>You thought the problem was not serious enough, or it would get better by itself</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HS186j</td>
<td>You wanted to solve the problem on your own</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
HS186k  You preferred to go somewhere else for care...... 0.............. 1
HS186l  You thought treatment there probably would not help.................................................... 0.............. 1
HS186m  The quality of medical care is poor at that/those facilities..................................................... 0.............. 1
HS186n  You went to that/those facilities in the past, but it did not help....................................... 0.............. 1
HS186o  There is too long of a wait and too much red tape ..................................................... 0.............. 1
HS186p  The kind of care you needed was not available ............................................................. 0.............. 1
HS186q  You and the staff had problems understanding one another ......................................................... 0.............. 1
HS186r  Was there some other concern or difficulty?....... 0.............. 1
HS186r_t  Describe:  _____________________________________________________

HS187  Did any of these concerns or difficulties keep you from seeking care from these other providers, programs, or facilities for an emotional problem(s) during the past year?

    NO ........................................ 0
    YES....................................... 1
MEDICINE MEN, TRADITIONAL HEALERS, AND CEREMONIES

HS188 In the past year, have you been to see a medicine man, traditional healer, or had a ceremony performed for your health and well-being? This may include help for a physical health problem, a drug or alcohol problem, or an emotional problem.

NO ........................................ 0
YES ....................................... 1

HS188_1 Just to be clear, in the past year did you receive any kind of help for a physical health problem, drug or alcohol problem, or an emotional problem from a medicine man, traditional healer, or a ceremonial performed for you?

NO ........................................ 0 IF NO TO HS188 AND HS188_1
                                              GO TO HSINST
                                          ELSE GO TO HS189

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

HS189 How many times have you been to see a medicine man or traditional healer in the past year?

Number of times: _____ _____

HSINST Next I will ask you about ceremonies you may have gone to for problems such as physical health, a drug or alcohol problem, or an emotional problem. However, I will not ask any details about a ceremony, why it was held, or what happened during the ceremony. Our purpose in asking these questions is to be able to describe the importance of such ceremonials as part of the health practices in your community.

NORTHERN PLAINS:

A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS191
HS192
HS193
HS194
A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS196

HS196_t

HS196a

If NO to HS188 and HS188_1 and NO to HS190; HS191; HS192; HS193; HS194; HS195; and HS196 --> GO TO HS221

If YES to HS188 or HS188_1 and NO to HS190; HS191; HS192; HS193; HS194; HS195 and HS196 --> GO TO HS218

If NO to HS188 or HS188_1 and YES to HS190a or HS191a or HS192a or HS193a or HS194a or HS195a or HS196a --> GO TO HS218

A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS197

HS198

HS199

HS200

HS201

A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS202

HS203

HS204

HS205

HS206
A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS207

HS208

HS209

HS210

A list of ceremonies is included in the Survey instrument for Southwest and Northern Plains.

HS217

HS217SKP If NO to HS188 and HS188_1 and NO to HS197; HS198; HS199; HS200; HS201; HS202; HS203; HS204; HS205; HS206; HS207; HS208; HS209; HS210; and HS217 --> GO TO HS221

If YES to HS188 or HS188_1 and NO to HS197; HS198; HS199; HS200; HS201; HS202; HS203; HS204; HS205; HS206; HS208; HS209; HS210 and HS217 GO TO --> HS218

If NO to HS188 or HS188_1 and YES to HS197a or HS198a or HS199a or HS200a or HS210a or HS217a --> GO TO HS218

HS218 In the past year, when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, did it involve help for a physical health problem?

NO ........................................ 0 --> GO TO HS223
YES....................................... 1 --> CONTINUE WITH HS219

HS219 How much did it help with your physical health problem(s) when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf? Would you say . . .

Very much ......................... 2
Somewhat, or....................... 1
Not at all ............................ 0
HS220  Overall, how satisfied are you with the help you received when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf for your physical health problem?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat satisfied, or...</td>
<td>1</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>0</td>
</tr>
</tbody>
</table>

HS221  Now I'd like you to think back over your lifetime when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, for help with a physical health problem.

Did any of the following individuals recommend that you seek this kind of help for this physical health problem(s)?

<table>
<thead>
<tr>
<th>Individual</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0, 1</td>
</tr>
<tr>
<td>parent</td>
<td>0, 1</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0, 1</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0, 1</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0, 1</td>
</tr>
<tr>
<td>other</td>
<td>0, 1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0, 1</td>
</tr>
</tbody>
</table>

HS222  Would you recommend these medicine men, traditional healers, or ceremonies to a relative, friend, or co-worker who had a similar physical health problem and for whom it would be appropriate?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>
HS223  Sometimes people feel they would like to have a ceremony or go to a medicine man or traditional healer for help with a physical health problem, but they don't for some reason.

In the past year, was there ever a time when you had a physical health problem, and thought that it would be appropriate to see a medicine man/traditional healer or have a ceremony, but you didn't for some reason?

NO ........................................ 0
YES....................................... 1

IF YES:  What were the main reasons you didn't?

HS223a_t _________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

HS224  If NO to HS23 --> GO TO HS230
If YES to HS23 and HS189 is greater than 0 --> GO TO HS224a
If YES to HS23 and HS189 = 0 --> GO TO HS229

HS224a  In the past year, when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, did (this time/these times) involve help for a drug or alcohol problem?

NO ........................................ 0  --> GO TO HS229
YES....................................... 1  --> CONTINUE WITH HS225

HS225  How much did (this time/these times), when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, help with your drug or alcohol problem(s)? Would you say . . .

Very much ............................ 2
Somewhat, or ........................ 1
Not at all ............................. 0
Overall, how satisfied are you with the help you received (this time/these times), when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf for your drug or alcohol problem?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat satisfied, or</td>
<td>1</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>0</td>
</tr>
</tbody>
</table>

Now I'd like you to think back over your lifetime, when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, for help with a drug or alcohol problem.

Did any of the following individuals recommend that you seek this kind of help for this drug or alcohol problem(s)?

<table>
<thead>
<tr>
<th>Individual</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Would you recommend these medicine men, traditional healers, or ceremonies to a relative, friend, or co-worker who had a similar drug or alcohol problem and for whom it would be appropriate?

<table>
<thead>
<tr>
<th>Recommendation Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>
Sometimes people feel they would like to have a ceremony or go to a medicine man or traditional healer for help with a drug or alcohol problem, but they don't for some reason.

In the past year, was there ever a time when you had a drug or alcohol problem, and thought that it would be appropriate to see a medicine man/traditional healer or have a ceremony, but you didn't for some reason?

NO ........................................ 0
YES....................................... 1

IF YES:  What were the main reasons you didn't?

HS229a_t _________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If NO to HS42 --> GO TO HS236a_t
If YES to HS42 and HS189 is > 0 --> GO TO HS230a
If YES to HS42 and HS189 = 0 --> GO TO HS235

In the past year, when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, did (this time/these times) involve help for an emotional problem?

NO ........................................ 0  --> GO TO NEXT SECTION
YES....................................... 1  --> CONTINUE WITH HS231

How much did (this time/these times), when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, help with your emotional problem(s)? Would you say . . .

Very much ......................... 2
Somewhat, or .................... 1
Not at all ........................... 0
Overall, how satisfied are you with the help you received (this time/these times), when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf for your emotional problem?

- Very satisfied ...................... 2
- Somewhat satisfied, or ........... 1
- Not satisfied ....................... 0

Now I'd like you to think back over your lifetime, when you either saw a medicine man/traditional healer or participated in a ceremony held on your behalf, for help with an emotional problem.

Did any of the following individuals recommend that you seek this kind of help for this emotional problem(s)?

<table>
<thead>
<tr>
<th>Individual</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>parent</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other relative, friend, co-worker</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>traditional healer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>health or human service provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>not applicable</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Would you recommend these medicine men, traditional healers, or ceremonies to a relative, friend, or co-worker who had a similar emotional problem and for whom it would be appropriate?

- NO ........................................ 0
- YES ..................................... 1
Sometimes people feel they would like to have a ceremony or go to a medicine man or traditional healer for help with an emotional problem, but they don't for some reason.

In the past year, was there ever a time when you had an emotional problem, and thought that it would be appropriate to see a medicine man/traditional healer or have a ceremony, but you didn't for some reason?

NO ........................................ 0
YES....................................... 1

IF YES:  What were the main reasons you didn't?

HS235a_t _________________________________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

HS236a_t What kinds of health care services do you think should be available in your community, but are not available to the people who live here? [Pick the one service you most wish were available in your community, that your community does not have right now.]

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________________________________________________
**SECTION E**

SC0  READ SLOWLY. This part of the interview asks about your emotional well-being.

In the next questions I will sometimes say things differently from the way most people would talk about them. For example, many questions use the word "period" to talk about a time that has a definite beginning and end, such as "a period of at least 2 days when you felt nervous." If I use a word that is unfamiliar to you, please ask me about it.

The first group of questions will be about a lot of different ways of feeling. It's like a checklist of different emotions. Some of them ask about different time periods, so if it gets confusing, let me know.

**INTERVIEWER:** PAUSE AT DOUBLE LINES FOR CLARITY.

<table>
<thead>
<tr>
<th>PANIC 2ND SCREENERS</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCPN1 (301)</strong> Have you ever in your life had an attack when <strong>all of sudden</strong> you felt frightened, anxious or very uneasy in situations when most other people would <strong>not</strong> be afraid or anxious?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>SCPN1_1</strong> Have you ever in your life had a time when all of a sudden, out of the blue, you felt <strong>nervous or scared</strong> when most people would not be nervous or scared?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>SCPN1_2</strong> Have you ever had an attack when your heart suddenly began racing, you felt faint, or you couldn't get your breath, but you were not having a heart attack?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
Earlier I asked you questions about having attacks, when all of a sudden, out of the blue, your heart started to race, or you felt frightened, anxious, nervous or scared. People talk about these experiences in different ways. In the next questions, I will refer to these times as an "attack" or "attacks of feeling frightened or uneasy." When you had an attack like this,

PN1* (609) Did you feel frightened, anxious, nervous, or scared when you were not in danger?

1. YES  0. NO  9. DK

PN1_1* (609) Did it happen when you were not the center of attention?

1. YES  0. NO  9. DK

PN1_2* (609) INTERVIEWER CHECKPOINT

DID R SAY "YES" TO EITHER PN1 OR PN1_1*?

1. YES  0. NO --GO TO NEXT SECTION

PN1a* Could you tell me about where you were and what was going on when you had one of these attacks? (IF EXAMPLE IS OF A SITUATION WHERE RESPONDENT WAS IN DANGER OR THE CENTER OF ATTENTION, PROBE: Could you tell me about an example when you were not in danger or not the center of attention?)

FIRST EXAMPLE ______________________________________________
______________________________________________________________
______________________________________________________________

SECOND EXAMPLE ___________________________________________
______________________________________________________________
______________________________________________________________
PN2* Please think about one of your worst attacks of suddenly feeling very frightened or very uneasy.

**TURN TO REFERENCE CARD #1. FOR EACH "YES" RESPONSE, CIRCLE CORRESPONDING ITEM IN BOOKLET AS IT IS ANSWERED**

<table>
<thead>
<tr>
<th>During that attack . . .</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN2a (610) . . . were you short of breath or having trouble catching your breath?</td>
<td>(1) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2b (611) . . . did your heart pound?</td>
<td>(2) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2c (612) . . . were you dizzy or lightheaded?</td>
<td>(3) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2d (613) . . . did you have tightness, pain or discomfort in your chest or stomach?</td>
<td>(4) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2e (614) . . . did your fingers or feet tingle or feel numb?</td>
<td>(5) 1</td>
<td>0</td>
</tr>
</tbody>
</table>

During that attack . . .

<table>
<thead>
<tr>
<th>During that attack . . .</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN2f (615) . . . did you feel like you were choking, or having difficulty swallowing? [Did you have trouble swallowing or feel like someone was choking you?]</td>
<td>(6) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2g (616) . . . did you feel faint?</td>
<td>(7) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2h (617) . . . did you sweat?</td>
<td>(8) 1</td>
<td>0</td>
</tr>
</tbody>
</table>

During that attack . . .

<table>
<thead>
<tr>
<th>During that attack . . .</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN2i (618) . . . did you tremble or shake?</td>
<td>(9) 1</td>
<td>0</td>
</tr>
<tr>
<td>PN2j (619) . . . did you have hot flashes or chills?</td>
<td>(10) 1</td>
<td>0</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>During that attack . . . did you, or things around you, seem unreal? [Did you feel unreal? Did things around you seem unreal?]</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2l (621) . . . did it seem like time was passing much more quickly or much more slowly than usual?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2m (622) . . . were you afraid that you might die?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2n* (623) . . . were you afraid that you might act improperly or like you were crazy?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2o (624) . . . did you have nausea? [Did you feel like you might vomit?]</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>During that attack . . . did you have stomach or belly pain?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2q(626) . . . did you feel like you were smothering? [Did you feel like you were being smothered?]</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PN2r (627) . . . did you have a dry mouth?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
1. TWO OR MORE "YES" RESPONSES IN PN2 SERIES

0. ALL OTHERS ---> GO TO NEXT SECTION

PN3_1* (636) About how many attacks of suddenly feeling frightened or very uneasy have you had in your lifetime? ACCEPT A RANGE RESPONSE

__________ # ATTACKS

PN4* (629) During [that attack/several of those attacks] of feeling very frightened or very uneasy, you said you felt things like [WAS CIRCLED ON REFERENCE CARD #1]. Did some of these things begin suddenly and then get worse within the first few minutes of the attack?

1. YES 0. NO
PN5* (630) When was the first time you had a sudden attack of feeling frightened or very uneasy and had at least two of these other things at the same time--was it in the past month, past six months, past year, or more than a year ago?

PN5Q* QXQ: Think about the times when you had a sudden attack and also had at least two of these other feelings at the same time. When was the first time this happened? Was it in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

↓
GO TO PN8

↓
GO TO PN7

PN6* (631) Can you remember your exact age the first time [you had a sudden attack of feeling frightened or very uneasy and had at least two of these other things at the same time]? IF R GIVES YEAR, REPEAT QUESTION.

1. YES
2. NO

↓

PN6a (632) (How old were you?)

_________ YEARS OLD
(47-48)

PN6b (632) About how old were you [the first time you had one of these attacks]? ACCEPT A RANGE RESPONSE.

_________ YEARS OLD (49-50)

PN6c (633) What is the earliest age you can clearly remember having an attack? (ACCEPT A RANGE RESPONSE.)

_________ YEARS OLD (51-52)
PN7* (634) When was the last time [you had an attack and had at least two of these other things at the same time—in the past month, past six months, past year, or more than a year ago]?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

PN7a (634) How old were you the last time?

________ YEARS OLD

PN8 (637) INTERVIEWER CHECKPOINT

SEE PN3_1

1. THREE OR FEWER ATTACKS IN PN3_1—> GO TO PN10

0. ALL OTHERS—> GO TO PN9
PN9* (638)  Did you ever have four or more attacks within a four-week period?

**PN9Q*  OXQ:  Did you ever have four or more attacks within a month's time?**

<table>
<thead>
<tr>
<th>1. YES</th>
<th>0. NO</th>
<th>---&gt; GO TO PN10</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PN9a (639)  Can you remember your **exact** age the **first** time you had four or more attacks in a four-week period?  IF R GIVES YEAR, REPEAT QUESTION.

<table>
<thead>
<tr>
<th>1. YES</th>
<th>0. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td>↓</td>
</tr>
</tbody>
</table>

PN9b (640)  (How old were you?)

__________ YEARS OLD (59-60)

PN9c (640)  **About** how old were you (the first time you had four or more attacks in a four-week period)?  
(ACCEPT A RANGE RESPONSE.)

__________ YEARS OLD (61-62)

PN9d (641)  What is the earliest age you can **clearly remember** having four or more attacks in a four-week period?  
(ACCEPT A RANGE RESPONSE.)

__________ YEARS OLD (63-64)
PN10* (642) After having an attack, did you ever have a month or more when you were **constantly afraid** that you might have another attack?

1. YES  
2. NO  --> GO TO PN10_1*

↓

↓

PN10a (643) Can you remember your **exact** age the **first time** [you had a month or more when you were **constantly afraid** of having another attack]? IF R GIVES YEAR, REPEAT QUESTION.

1. YES  
2. NO

↓

↓

PN10b (644) (How old were you?)

______ YEARS OLD

(67-68)

PN10c (644) **About** how old were you (the first time you had a month or more when you were **constantly afraid** of having another attack)? (ACCEPT A RANGE RESPONSE.)

______ YEARS OLD (69-70)

PN10d (645) What is the earliest age you can **clearly remember** having a month or more when you were **constantly afraid** of having another attack? (ACCEPT A RANGE RESPONSE.)

______ YEARS OLD (71-72)

GO TO PN11
PN10_1* After having an attack, did you ever have a month or more when you were worried that the attacks might lead to something terrible happening, like dying, losing control, or going crazy?

1. YES  
0. NO  --> GO TO PN10_2*

↓

↓

PN10_1a Can you remember your exact age the first time [you had a month or more when you were worried that the attack might lead to something terrible happening]? IF R GIVES YEAR, REPEAT QUESTION.

1. YES  
0. NO  

↓

↓

PN10_1b [How old were you?]

________ YEARS OLD
(67-68)

PN10_1c About how old were you [the first time you had a month or more when you were worried that the attacks might lead to something terrible happening]?

(ACCEPT A RANGE RESPONSE.)

________ YEARS OLD (69-70)

PN10_1d What is the earliest age you can clearly remember having a month or more when you were worried that the attacks might lead to something terrible happening?

(ACCEPT A RANGE RESPONSE.)

________ YEARS OLD (71-72)

GO TO PN11
PN10_2* After having an attack, did you ever have a month or more when you changed your everyday activities because of fear of the attacks?

1. YES  
0. NO  ---> GO TO PN11*

↓  
↓  

PN10_2a Can you remember your exact age the first time you had a month or more when you changed your everyday activities because of fear of having another attack? IF R GIVES YEAR, REPEAT QUESTION.

1. YES  
0. NO  

↓  
↓  

PN10_2b (How old were you?)

________ YEARS OLD  
(67-68)

PN10_2c About how old were you (the first time you had a month or more when you changed your everyday activities because of fear of having another attack)? (ACCEPT A RANGE RESPONSE.)

________ YEARS OLD (69-70)

PN10_2d What is the earliest age you can clearly remember having a month or more when you changed your everyday activities because of fear of having another attack? (ACCEPT A RANGE RESPONSE.)

________ YEARS OLD (71-72)
PN11 INTERVIEWER CHECKPOINT

SEE PN9 AND PN10

1. YES RESPONSE IN PN9 or PN10 --> GO TO PN12

0. ALL OTHERS GO TO PN11a

↓

PN11a INTERVIEWER CHECKPOINT

SEE PN10, PN10_1 AND PN10_2

1. YES RESPONSE TO PN10, PN10_1 OR PN10_2 ---> GO TO PN12

0. ALL OTHERS ---> GO TO SCGD1
PN12* (717) Were your attacks ever due to physical illness or injury?

**PN12Q OXQ:** Were your attacks ever caused by physical illness or injury?

1. YES
0. NO ---GO TO PN13_9

PN12a IF YES TO PN12 OR PN12Q, ASK: What was the illness or injury?

__________________________________________________________

__________________________________________________________

PN13* (718) Were the attacks **always** due to [illness/injury]?

1. YES ---GO TO PN14_9
0. NO

PN13_9* (719) [When they were not due to (illness/injury)] Were the attacks ever due to taking medications, drugs, or alcohol?

1. YES
0. NO ---GO TO PN 14_9

PN14* Were they **always** due to taking medications, drugs, or alcohol?

1. YES
0. NO
PN14_9  Did your attacks ever happen at times in your life when you were drinking **heavily** or using a lot of drugs?

1. YES  
2. NO  
6. NEVER DRANK OR USED DRUGS  
   [IF VOL.]  
   --->GO TO IPN

PN15* (720)  Did your attacks ever occur at times in your life when you were drinking alcohol or using drugs **more than usual**?

**DEFINITION:** "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

1. YES  
2. NO

PN15_1* INTERVIEWER CHECKPOINT

DID R ANSWER "YES" TO EITHER PN14_9 OR PN15?

1. YES  
2. NO  
   --->GO TO PN16

PN15a* (721)  Did these attacks **always** happen when you were drinking **heavily** or using a lot of drugs, OR when you were drinking or using drugs **more than usual**?

1. YES  
2. NO

PN15b* (722)  When you had these attacks and you **were** drinking or using drugs, which would start first--the attacks OR the drinking or drug use?

1. ATTACKS  
2. DRINKING/DRUG USE  
3. BOTH AT SAME TIME [IF VOL.]
4. IT VARIES [IF VOL.]
PN16* (723) Did you ever drink heavily or more than usual to help you feel better during the attacks?

1. YES  
0. NO  ---GO TO IPN

PN16a (724) Did this help you feel better?

1. YES  
2. SOMETIMES  
3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]  
0. NO

IPN We've been talking a lot about the details of attacks of feeling frightened or uneasy, but now I'd like to ask you about what these meant to you, and some things you might have done.

NOT AT ALL   SOME   A LOT

IPN1 How much did your attacks of feeling frightened or uneasy ever bother or upset you? Would you say not at all, some, or a lot? .............................................................0 ....................1 .................. 2

IPN2 How much did your attacks of feeling frightened or uneasy ever interfere with your life or activities ............................................0 ....................1 .................. 2

IPN3 How much did they interfere with work or school? ..............................................0 .................1 .............. 2

IPN4 How much did your attacks of feeling frightened or uneasy cause you difficulty with your relatives? .................................0 .................1 .............. 2

IPN5 How much did they cause you difficulty with your friends? ..............................................0 .................1 .............. 2

IPN6 How much did they interfere with how you took care of yourself? ..............................................0 .................1 .............. 2
Now, just thinking over the past 12 months . . .

IPN7
How much were you bothered or upset by your attacks of feeling frightened or uneasy? ...................................................0 ........................ 1 .......................... 2

IPN8
How much did your attacks of feeling frightened or uneasy interfere with your life or activities in the past 12 months? .................................................................0 ........................... 1 .......................... 2

SPN1
Whether you actually did or not, has anyone ever suggested that you seek help of any kind for your attacks of feeling frightened or uneasy?

1. YES  
0. NO
SPN2  Did you ever talk to a friend or family member about your attacks of feeling frightened or uneasy?

NO ..................................................... 0  --> GO TO SPN3
YES ................................................... 1

SPN2a  Did you talk to any of these people about your attacks in the past year?

NO ..................................................... 0
YES ................................................... 1

SPN3  Did you ever talk to a mental health specialist about your attacks of feeling frightened or uneasy? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO ..................................................... 0  --> GO TO SPN4
YES ................................................... 1

SPN3a  Did you talk to one of these people about your attacks in the past year?

NO ..................................................... 0
YES ................................................... 1

SPN4  Did you ever talk to a medical person about your attacks of feeling frightened or uneasy? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO ..................................................... 0  --> GO TO SPN5
YES ................................................... 1

SPN4a  Did you talk to one of these people about your attacks in the past year?

NO ..................................................... 0
YES ................................................... 1
SPN5  Did you ever talk to a healer or spiritual or religious leader about your attacks of feeling frightened or uneasy? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SPN6
YES..................................................... 1

SPN5a  Did you talk to one of these people about your attacks in the past year?

NO...................................................... 0
YES..................................................... 1

SPN6  Did you ever receive treatment that was related to your attacks of feeling frightened or uneasy?

1. YES  0. NO  --> GO TO SPN8_ev

SPN6a_ev  Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SPN6b_ev
YES..................................................... 1

SPN6a_yr  Was this in the past year?

NO...................................................... 0
YES..................................................... 1

SPN6b_ev  Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SPN7_ev
YES..................................................... 1

SPN6b_yr  Was this in the past year?

NO...................................................... 0
YES..................................................... 1

SPN7_ev  Were you ever treated for your attacks of feeling frightened or uneasy as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SPN8_ev
YES..................................................... 1

SPN7_yr  Were you treated there in the past year?

NO...................................................... 0
YES..................................................... 1
People sometimes use different kinds of medicines when they have attacks of feeling frightened or uneasy.

SPN8_ev Did you ever take any medicine that was prescribed by a doctor for your attacks?

NO............................................ 0 --> GO TO SPN9_ev
YES.......................................... 1

SPN8_yr In the past year?

NO............................................ 0
YES.......................................... 1

SPN9_ev Did you ever take medicine you got in a store without a prescription for your attacks?

NO............................................ 0 --> GO TO SPN10_ev
YES.......................................... 1

SPN9_yr In the past year?

NO............................................ 0
YES.......................................... 1

SPN10_ev Did you ever take medicine that was given to you or recommended by a medicine man or woman for your attacks?

NO............................................ 0 --> GO TO SPN11_ev
YES.......................................... 1

SPN10_yr In the past year?

NO............................................ 0
YES.......................................... 1

SPN11_ev Did you ever take any other herbs, roots, or remedies like these for your attacks?

NO............................................ 0 --> GO TO SPN12_ev
YES.......................................... 1

SPN11_yr In the past year?

NO............................................ 0
YES.......................................... 1
SPN12_ev Did you ever take OTHER MEDICINE for your attacks?

NO...................................................... 0  --> GO TO SPN13_ev*
YES.................................................... 1

SPN12_yr In the past year?

NO...................................................... 0
YES.................................................... 1

SPN13_ev* Did you ever have a ceremony performed for this problem?

NO...................................................... 0  --> GO TO NEXT SECTION
YES.................................................... 1

SPN13_t* What was it? _____________________________________________________________
GAD Second Screeners

SCGD1 (302) Have you ever had a period of one month or more when most of the time you felt worried or anxious?  1  5 GO TO SCDY1

SCGD1_1 Were you worried, or anxious, or both? .........................
1=WORRIED
2 = ANXIOUS
3 = BOTH

SCGDa (304) What is the longest period you have had of feeling worried or anxious?

SCGDb (303) ___|___ YEARS AND ___|___ MONTHS

SCGDc (305) INTERVIEWER QUERY

WAS THE LONGEST PERIOD IN SCGDa AND SCGDb SIX MONTHS OR LONGER?  -->  1  5 GO TO SCDY1

GD1 (803) Earlier you mentioned you have had periods of six months or more of feeling worried or anxious. During one of those periods, did you worry about things that were not likely to happen?

1. YES  0. NO

GD1a (804) Did you worry a great deal over things that were not really serious?

1. YES  0. NO

GO TO GD2

21
GD2 (805)  During any of those periods of worry or anxiety, did you ever have different worries on your mind at the same time?

1. YES  0. NO  --->GO TO GD3*

GD2a (806)  Were any of your worries about what other people might do or what might happen to them?

1. YES  --->GO TO GD3*

0. NO  --->GD2b  What sorts of things did you worry about?

GD2b_____________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

GD2c (807)  INTERVIEWER CHECKPOINT

1. WORRIES IN PREVIOUS QUESTION ARE ENTIRELY ABOUT ONE OR MORE OF THE FOLLOWING:
   - R's MENTAL HEALTH
   - R's PHYSICAL HEALTH
   - R's WEIGHT PROBLEM
   --->GO TO SCDY1

0. ALL OTHERS--->GO TO ChK

0 = NO
1 = YES
INTERVIEWER NOTE:
INTERVIEWER TURN TO REFERENCE CARD #2. CIRCLE THE NUMBERS ON REFERENCE CARD #2 NEXT TO EACH "YES" RESPONSE THAT IS GIVEN IN GD3.

REFERENCE CARD 2 (GD3a - GD3w)

GD3* The next few questions are about some reactions you might have had when you were worried or anxious. We are only interested in the ones that cannot be explained entirely by physical illness or injury.

<table>
<thead>
<tr>
<th>When you were worried or anxious, were you also</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GD3a (808) ...easily startled?</td>
<td>(#1)</td>
<td>1</td>
</tr>
<tr>
<td>GD3b (809) ...trembly or shaky?</td>
<td>(#2)</td>
<td>1</td>
</tr>
<tr>
<td>GD3c (810) ...restless?</td>
<td>(#3)</td>
<td>1</td>
</tr>
<tr>
<td>GD3c_1: Were you unable to relax?</td>
<td>(#3)</td>
<td>1</td>
</tr>
<tr>
<td>GD3d (811) ...bothered by tense, sore, or aching muscles?</td>
<td>(#4)</td>
<td>1</td>
</tr>
<tr>
<td>GD3e (812) ...keyed up or on edge?</td>
<td>(#5)</td>
<td>1</td>
</tr>
<tr>
<td>GD3f (813) ...particularly irritable?</td>
<td>(#6)</td>
<td>1</td>
</tr>
<tr>
<td>GD3g (814) ...aware of your heart pounding or racing?</td>
<td>(#7)</td>
<td>1</td>
</tr>
<tr>
<td>GD3h (815) ...short of breath or felt like you were smothering?</td>
<td>(#8)</td>
<td>1</td>
</tr>
<tr>
<td>GD3hq: Were you short of breath or did you feel like you were being smothered?</td>
<td>(#8)</td>
<td>1</td>
</tr>
<tr>
<td>GD3i (816) ...easily tired?</td>
<td>(#9)</td>
<td>1</td>
</tr>
<tr>
<td>GD3j (817) ...cold and clammy hands?</td>
<td>(#10)</td>
<td>1</td>
</tr>
<tr>
<td>GD3k (818) ...a dry mouth?</td>
<td>(#11)</td>
<td>1</td>
</tr>
<tr>
<td>GD3l (819) ...nausea or diarrhea?</td>
<td>(#12)</td>
<td>1</td>
</tr>
<tr>
<td>GD3lq Have diarrhea or feel like vomiting?</td>
<td>(#12)</td>
<td>1</td>
</tr>
<tr>
<td>GD3m (820) ...difficulty concentrating because of worry?</td>
<td>(#13)</td>
<td>1</td>
</tr>
<tr>
<td>GD3n (821) ...hot flashes or chills?</td>
<td>(#14)</td>
<td>1</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>GD3o (822) ...trouble swallowing?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>GD3p (823) ...trouble falling asleep or staying asleep?</td>
<td>#16</td>
<td>1</td>
</tr>
<tr>
<td>GD3q (824) ...discomfort or pain in your stomach?</td>
<td>#17</td>
<td>1</td>
</tr>
<tr>
<td>GD3r (825) ...a lot of trouble keeping your mind on what you were doing?</td>
<td>#18</td>
<td>1</td>
</tr>
<tr>
<td>GD3s (826) Did you have to urinate too frequently?</td>
<td>#19</td>
<td>1</td>
</tr>
<tr>
<td>GD3t (827) Did you feel dizzy or light headed?</td>
<td>#20</td>
<td>1</td>
</tr>
<tr>
<td>GD3tq Did you feel dizzy?</td>
<td>#20</td>
<td>1</td>
</tr>
<tr>
<td>GD3u (828) Did you feel faint or unreal?</td>
<td>#21</td>
<td>1</td>
</tr>
<tr>
<td>GD3v* (829) Did you feel like you might lose control or go crazy?</td>
<td>#22</td>
<td>1</td>
</tr>
<tr>
<td>GD3w (830) Did you sweat a lot?</td>
<td>#23</td>
<td>1</td>
</tr>
</tbody>
</table>

**GD4 (831) INTERVIEWER CHECKPOINT**

**SEE GD3a-w**

1. **FOUR OR MORE "YES" RESPONSES IN GD3 SERIES**

   ↓

   0. **ALL OTHERS---GO TO SCDY1**

   ↓

   **CHECK "QUALIFIERS" GD4 BOX ON REFERENCE CARD**
GD5* (901) Could any of these reactions like (POINT TO REFERENCE CARD #2) have been due entirely to medications, drugs, or alcohol?

1. YES  0. NO --->GO TO GD6

GD5a Which of these reactions were always caused by medications, drugs, or alcohol during your periods of anxiety or worry? Just tell me the numbers. (Any others?) (CHECK ALL MENTIONED.)

GD5a1 through GD5a23 (902 - 924)

<table>
<thead>
<tr>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
</tr>
</thead>
<tbody>
<tr>
<td>06</td>
<td>07</td>
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<td>09</td>
<td>10</td>
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<td>12</td>
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<td>14</td>
<td>15</td>
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<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>22</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GD6* (925)  Think now about the times when you have been worried or anxious most of the time for six months or more and had some of these reactions (POINT TO REFERENCE CARD #2). When was the first time this happened? Was it in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  
2. PAST SIX MONTHS  
3. PAST YEAR  
4. MORE THAN A YEAR AGO

GO TO GD8

GD7 (926)  Can you remember what your exact age was?

1. YES  

↓

GD7a (927)  How old were you?

__________ YEARS OLD  
(35-36)

↓

GD7b (927)  About how old were you [the first time a period of this sort started]?  
ACCEPT A RANGE RESPONSE.

__________ YEARS OLD  
(37-38)

GD7c (927)  What is the earliest age you can clearly remember having a period of worry or anxiety lasting six months or more?  
ACCEPT A RANGE RESPONSE.

__________ YEARS OLD  
(39-40)

Training Note: If R gives year, repeat question.
GD8 (929)  When was the last time you were in a period of this sort [when you were worried or anxious or afraid most of the time for at least six months and had some of these reactions]—in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

GD8a (930)  How old were you the last time?

________ YEARS OLD

GD8_9  Did your worry or anxiety ever happen at times in your life when you were drinking heavily or using a lot of drugs?

1. YES  0. NO

6. NEVER DRINK OR USE DRUGS  →GO TO IGD

[IF VOL.]

GD9 (944)  Did your worry or anxiety ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION:  "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

1. YES  0. NO

GD9_1 INTERVIEWER CHECKPOINT

DID R SAY YES TO EITHER GD8_9 OR GD9?

1. YES  →GO TO GD9a
0. NO  →GO TO GD10
GD9a* (945)  Did your worry or anxiety always happen at times in your life when you were drinking heavily or using a lot of drugs, OR when you were drinking or using drugs more than usual?

1. YES  
0. NO

GD9b* (946)  When you were worried or anxious and you were drinking or using drugs, which would start first—the worry or anxiety or the drinking or drug use?

1. WORRY/ANXIETY  
2. DRINKING/DRUG USE  
3. BOTH AT SAME TIME [IF VOL.]
4. IT VARIES [IF VOL.]

GD10* (947)  Did you ever drink heavily or more than usual to help you feel better during your periods of worry or anxiety?

1. YES  
0. NO  ---GO TO GD10_1

GD10a (948)  Did this help you feel better?

1. YES  
0. NO  
3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]
GD10_1* (947) Did you ever use drugs not prescribed for you by a doctor to help you feel better during your periods of worry or anxiety?

1. YES  0. NO --->GO TO GD10_2

↓

GD10_1a* (948) Did this help you feel better?

1. YES  0. NO  3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]

GD10_2* (948) Did you ever use prescription drugs in greater amounts than prescribed to help you feel better during your periods of worry or anxiety?

1. YES  0. NO --> GO TO IGD SECTION

↓

GD10_2a* (948) Did this help you feel better?

1. YES  0. NO  3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]
GAD Impairment/Services

IGD

We've been talking a lot about the details of your periods of feeling worried or anxious, but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGD1 How much did your periods of feeling worried or anxious ever bother or upset you? Would you say not at all, some, or a lot?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IGD2 How much did your periods of feeling worried or anxious ever interfere with your life or activities?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IGD3 How much did these periods interfere with work or school?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IGD4 How much did your periods of feeling worried or anxious cause you difficulty with your relatives?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IGD5 How much did they cause you difficulty with your friends?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IGD6 How much did they interfere with how you took care of yourself?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Now, just thinking over the past 12 months . . .

IGD7 How much were you bothered or upset by your periods of feeling worried or anxious? | 0          | 1    | 2     |

IGD8 How much did your periods of feeling worried or anxious interfere with your life or activities in the past 12 months? | 0          | 1    | 2     |
SGD1 Whether you actually did or not, has anyone ever suggested that you seek help of any kind for your periods of feeling worried or anxious?

1. YES  0. NO

SGD2 Did you ever talk to a friend or family member about your periods of feeling worried or anxious?

NO ..................................................... 0  -->GO TO SGD3
YES ................................................... 1

SGD2a Did you talk to any of these people about your periods of feeling worried or anxious in the past year?

NO ..................................................... 0
YES ................................................... 1

SGD3 Did you ever talk to a mental health specialist about your periods of feeling worried or anxious? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO ..................................................... 0  -->GO TO SGD4
YES ................................................... 1

SGD3a Did you talk to one of these people about your periods of feeling worried or anxious in the past year?

NO ..................................................... 0
YES ................................................... 1

SGD4 Did you ever talk to a medical person about your periods of feeling worried or anxious? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO ..................................................... 0  -->GO TO SGD5
YES ................................................... 1

SGD4a Did you talk to one of these people about your periods of feeling worried or anxious in the past year?

NO ..................................................... 0
YES ................................................... 1
SGD5 Did you ever talk to a healer or spiritual or religious leader about your periods of feeling worried or anxious? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SGD6
YES.................................................... 1

SGD5a Did you talk to one of these people about your periods of feeling worried or anxious in the past year?

NO...................................................... 0
YES.................................................... 1

SGD6 Did you ever receive treatment that was related to your periods of feeling worried or anxious?

1. YES
0. NO  --> GO TO SGD8_ev

SGD6a_ev Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SGD6b_ev
YES.................................................... 1

SGD6a_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SGD6b_ev Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SGD7_ev
YES.................................................... 1

SGD6b_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SGD7_ev Were you ever treated for your periods of feeling worried or anxious as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SGD8_ev
YES.................................................... 1
People sometimes use different kinds of medicines when they have periods of feeling worried or anxious.

SGD7_yr Were you treated there in the past year?

   NO...................................................... 0
   YES.................................................... 1

SGD8_ev Did you ever take any medicine that was prescribed by a doctor for your feelings of worry or anxiety?

   NO...................................................... 0  --> GO TO SGD9_ev
   YES.................................................... 1

SGD8_yr Have you taken this medicine in the past year?

   NO...................................................... 0
   YES.................................................... 1

SGD9_ev Did you ever take medicine you got in a store without a prescription for your feelings of worry or anxiety?

   NO...................................................... 0  --> GO TO SGD10_ev
   YES.................................................... 1

SGD9_yr In the past year?

   NO...................................................... 0
   YES.................................................... 1

SGD10_ev Did you ever take medicine that was given to you or recommended by a medicine man or woman for your feelings of worry or anxiety?

   NO...................................................... 0  --> GO TO SGD11_ev
   YES.................................................... 1

SGD10_yr In the past year?

   NO...................................................... 0
   YES.................................................... 1

SGD11_ev Did you ever take any other herbs, roots, or remedies like these for your feelings of worry or anxiety?

   NO...................................................... 0  --> GO TO SGD12_ev
   YES.................................................... 1
<table>
<thead>
<tr>
<th>SGD11_yr</th>
<th>In the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO................................. 0</td>
<td></td>
</tr>
<tr>
<td>YES.................................... 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SGD12_ev</th>
<th>Did you ever take OTHER MEDICINE for your feelings of worry or anxiety?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO................................. 0 --&gt; GO TO SGD13_ev*</td>
<td></td>
</tr>
<tr>
<td>YES.................................... 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SGD12_yr</th>
<th>In the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO................................. 0</td>
<td></td>
</tr>
<tr>
<td>YES.................................... 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SGD13_ev*</th>
<th>Did you ever have a ceremony performed for this problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO................................. 0 --&gt; GO TO SCDY1</td>
<td></td>
</tr>
<tr>
<td>YES.................................... 1</td>
<td></td>
</tr>
</tbody>
</table>

| SGD13_t* | What was it? ___________________________________________ |

---

### Depression/Dysthymia Second Screeners

<table>
<thead>
<tr>
<th>SCDY1</th>
<th>IF AGE &lt; 18 GO TO SCDY1_y ELSE GO TO SCDY1_n</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCDY1_n (306)</td>
<td>Have you ever had a continuous period lasting two years or more when you felt depressed or sad most days (PAUSE), even if you felt O.K. sometimes?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>GO TO SCDY1_1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCDY1a (307)</th>
<th>Did a period like that ever last two years without being interrupted by your feeling O.K. for two months in a row?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>GO TO SCDY1_1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCDY1aQ</th>
<th>During the two years or more when you felt sad or depressed most days, did you ever feel OK for at least two months in a row?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>GO TO SCDY1_1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCDY1Y</th>
<th>IF NO AND AGE &lt;18: Have you ever had a continuous period lasting one year or more when you felt depressed or sad most days (PAUSE), even if you felt O.K. sometimes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>GO TO SCDY1_1y</td>
<td></td>
</tr>
<tr>
<td>Depression/Dysthymia Second Screeners</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>SCDY1  IF AGE &lt; 18 GO TO SCDY1y ELSE GO TO SCDY1n</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(1)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
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<tbody>
<tr>
<td>SCDY1aY  Did a period like that ever last one year without being interrupted by your feeling O.K. for two months in a row?</td>
<td>(1)GO TO SCDY1_1y</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>SCDY1aYQ During the one year or more when you felt sad or depressed most days, did you ever feel OK for at least two months in a row?</td>
<td>(1)GO TO SCDY1_1y</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>SCDY1_1* Have you ever felt low or gloomy most days for two years or more, even if you felt OK sometimes?</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>SCDY1_1a Did a period like that ever last two years without being interrupted by your feeling OK for two months in a row?</td>
<td>1 GO TO SCDY1_2</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>SCDY11aQ During the two years or more when you felt low or gloomy most days, did you ever feel OK for at least two months in a row?</td>
<td>(1)GO TO SCDY1_2</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>QXQ SCDY1_1Y IF NO AND AGE &lt;18: Have you ever felt low or gloomy most days for one year or more, even if you felt OK sometimes?</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SCDY11aY Did a period like that ever last one year without being interrupted by your feeling OK for two months in a row?</td>
<td>1 GO TO SCDY1_2y</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SCDY11YQ During the one year or more when you felt low or gloomy most days, did you ever feel OK for at least two months in a row?</td>
<td>(1)GO TO SCDY1_2y</td>
</tr>
<tr>
<td><strong>Depression/Dysthymia Second Screeners</strong></td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>SCDY1 IF AGE &lt; 18 GO TO SCDY1y ELSE GO TO SCDY1n</td>
<td></td>
</tr>
<tr>
<td>SCDY1_2 Have you ever felt <strong>irritable</strong> most days for two years or more (PAUSE), even if you felt OK sometimes?</td>
<td>1</td>
</tr>
<tr>
<td>SCDY1_2a During the two years or more when you felt irritable most days, did you ever feel OK for at least two months in a row?</td>
<td>1 GO TO SCDP1</td>
</tr>
<tr>
<td>SCDY1_2Y IF NO AND IF AGE &lt;18: Have you ever felt irritable most days for <strong>one year</strong> or more (PAUSE), even if you felt OK sometimes?</td>
<td>1</td>
</tr>
<tr>
<td>SCDY12aY During the one year or more when you felt irritable most days, did you ever feel OK for at least two months in a row?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP1 (308) In your lifetime, have you ever had two weeks or more when nearly every day you felt sad, blue, or depressed?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP1_1 (309) Have you ever had 2 weeks or more when nearly every day you felt down in the dumps, low, or gloomy?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP1_2* Have you ever had 2 weeks or more when nearly every day you felt irritable?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP1_3* Have you ever had 2 weeks or more when nearly every day you felt empty?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP2 (310) Has there ever been two weeks or more when you lost interest in most things like work, school, hobbies, or things you usually liked to do for fun?</td>
<td>1</td>
</tr>
<tr>
<td>SCDP2a (311) Did you ever completely lose all interest in things like work, or school, or hobbies, or things you usually like to do for fun?</td>
<td>1</td>
</tr>
</tbody>
</table>
SEE REFERENCE CARD, "SCREENERS" SCDY1a-SCDY2
INTERVIEWER: MARK FIRST CHECKPOINT OPTION THAT APPLIES

1. "YES" RESPONSE TO SCDY1a (SC3a) OR SCDY1ay (SC3ay) OR SCDY1_1a (SC3_1a) OR SCDY11ay (SC3_1ay) ---> GO TO SECTION DY

2. "NO" RESPONSE TO SCDY1aq (SC3_1a) OR SCDY1ayq (SC3ayq) OR SCDY11aq (SC3_1aq) OR SCDY11ayq (SC3_1ayq) OR SCDY1_2a (SC3_2a) OR SCDY12ay (SC3_2ay) ---> GO TO SECTION DY

3. "YES" RESPONSE TO SCDP1 (SC4) OR SCDP1_1 (SC4_1) OR SCDP1_2 (SC4_2) OR SCDP1_3 (SC4_3) ---> GO TO SECTION DP

4. "YES" RESPONSE TO SCDP2 (SC5) ---> GO TO DP2, SECTION DP

5. ALL OTHERS ---> GO TO SECTION AL
SECTION DYSTHYMIA = DY: ONGOING SADNESS

DYINTRO

Earlier I asked you questions about feeling depressed, sad, gloomy, down in the dumps or empty. People talk about these feelings in a lot of different ways. In the next questions I will be referring to these times or periods as "depressed or sad."

<table>
<thead>
<tr>
<th>CATEGORY #1</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DY1 Think now about all the times in your life when you felt depressed or sad most days for two years or more, even if you felt OK sometimes. During one of those times . . .</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DY1Y for age &lt;18</strong> Think now about all the times in your life when you felt depressed or sad most days for one year or more, even if you felt OK sometimes. During one of those times . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DY1a (1003)</strong> ...were you often in tears?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DY1a_1</strong> ...did you often feel like crying?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DY1b (1004)</strong> ...did you frequently feel hopeless?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DY1c (1005)</strong> ...did you often feel that you could not cope with your everyday life and responsibilities?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DY1d (1006)</strong> ...did you feel that your life had always been bad and was not going to get any better?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**DY1e INTERVIEWER: IF ANY "YES" RESPONSE IN DY1a-DY1d**
DY2 (1007) Can you remember your **exact** age the first time you had a period lasting two years or longer when you felt depressed or sad most days?

**OR**

DY2Y for age <18 Can you remember your exact age the first time you had a period lasting one year or longer when you felt depressed or sad most days?

1. YES

   ↓

   DY2a (1008) How old were you when that period started?

   _______ YEARS OLD 
   (9-10)

   ↓

   SKP DY3

0. NO

   ↓

   DY2b (1008) **About** how old were you the first time a period of this sort started?

   ACCEPT A RANGE RESPONSE.

   _______ YEARS OLD (11-12)

   ↓

   DY2c (1009) What is the earliest age you can **clearly remember** having a period of this sort? ACCEPT A RANGE RESPONSE.

   _______ YEARS OLD (13-14)

   ↓

   SKP DY3
DY3 (1010) Since that time, has the depression been a fairly constant thing in your life or something that comes and goes?

1. FAIRLY CONSTANT  --> SKIP TO DY4   2. COMES AND GOES

How long do the periods of depression usually last?

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</thead>
<tbody>
<tr>
<td>1. DAYS</td>
<td>2. WEEKS</td>
<td>3. MONTHS</td>
<td>4. YEARS</td>
</tr>
</tbody>
</table>

How much time usually goes on between the end of one period of depression and the beginning of the next?

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</thead>
<tbody>
<tr>
<td>1. DAYS</td>
<td>2. WEEKS</td>
<td>3. MONTHS</td>
<td>4. YEARS</td>
</tr>
</tbody>
</table>
When was the last time you were in a period of depression lasting two years or longer—in the past month, past six months, past year, or more than a year ago?

DY4 (1015)

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

NEXT SECTION DPINTRO

DY4a (1016) How old were you the last

______________ YEARS OLD

NEXT SECTION DP
SECTION DEPRESSION = DP: SADNESS

DPINTRO    REFERENCE CARD 3

INSTRUCTION: TURN TO REFERENCE CARD #3. CIRCLE THE NUMBER CORRESPONDING TO EACH YES RESPONSE IN DP2-DP50 AS RESPONDENT ANSWERS THE QUESTIONS

### CATEGORY #2

**DP1** SEE REFERENCE CARD, "SCREENERS" SCDP1, SCDP1_1, SCDP1_2*, OR SCDP1_3

IF "YES" RESPONSE IN SCDP1, SCDP1_1, SCDP1_2, OR SCDP1_3*

---

**CATEGORY #3**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DP2 (1101)</strong> Has there ever been a period of 2 weeks or longer when you lost your appetite?</td>
<td>#1</td>
<td>0 GO TO DP4</td>
</tr>
<tr>
<td><strong>DP3 (1102)</strong> During any of these periods did you <strong>completely</strong> lose your appetite?</td>
<td>#2</td>
<td>1 0</td>
</tr>
<tr>
<td><strong>DP4 (1103)</strong> Have you ever lost weight without trying to - as much as 2 pounds a week for several weeks, - or as much as 10 pounds altogether?</td>
<td>#3</td>
<td>1 0 GO TO DP6</td>
</tr>
<tr>
<td><strong>DP5 (1104)</strong> During any of these periods, how much weight did you lose?</td>
<td></td>
<td># POUNDS</td>
</tr>
<tr>
<td><strong>DP6 (1105)</strong> Has there ever been at least 2 weeks when you had an increase in appetite, other than when you were growing?</td>
<td>#4</td>
<td>1 0</td>
</tr>
<tr>
<td>CATEGORY #3</td>
<td>YES (1)</td>
<td>NO (0)</td>
</tr>
<tr>
<td>-------------</td>
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</tr>
<tr>
<td><strong>DP7 (1106)</strong></td>
<td>Have you ever had a period when your eating increased so much that:</td>
<td>1</td>
</tr>
<tr>
<td>- you gained as much as 2 pounds a week for several weeks,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- or 10 pounds altogether?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DP8 (1107)</strong></td>
<td>What is the most you ever gained in one of these periods?</td>
<td></td>
</tr>
<tr>
<td>_________________ # POUNDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DP9</strong></td>
<td>INTERVIEWER: IF ANY</td>
<td>YES</td>
</tr>
<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>DP10 (1108) Have you ever had 2 weeks or more when nearly every night you had trouble falling asleep?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP11 (1109) Have you ever had 2 weeks or more when nearly every night it took you at least 2 hours to fall asleep?</td>
<td>0 OR 7</td>
<td></td>
</tr>
<tr>
<td>DP11q QXQ: Did it ever take you at least 2 hours to fall asleep nearly every night, for 2 weeks or more?</td>
<td>1 0</td>
<td></td>
</tr>
<tr>
<td>DP12 (1110) Have you ever had 2 weeks or more when nearly every night you had trouble staying asleep?</td>
<td>1 0 OR 7</td>
<td></td>
</tr>
<tr>
<td>DP12q QXQ: Have you ever had trouble staying asleep nearly every night for 2 weeks or more?</td>
<td>1 0</td>
<td></td>
</tr>
<tr>
<td>DP13 (1111) Did you ever have 2 weeks or more when nearly every night you lay awake more than one hour?</td>
<td>1 0 OR 7</td>
<td></td>
</tr>
<tr>
<td>DP13q QXQ: Did it ever take you more than an hour to fall back to sleep nearly every night for 2 weeks or more?</td>
<td>1 0</td>
<td></td>
</tr>
<tr>
<td>DP14 (1112) Have you ever had 2 weeks or more when nearly every morning you woke up too early?</td>
<td>1 0</td>
<td></td>
</tr>
<tr>
<td>DP15q QXQ: Did you ever wake up at least 2 hours before you wanted to nearly every morning for 2 weeks or more?</td>
<td>1 0</td>
<td></td>
</tr>
<tr>
<td><strong>CATEGORY #4</strong></td>
<td>YES (1)</td>
<td>NO (0)</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>DP16 (1114)     Have you ever had 2 weeks or longer when nearly every day you were sleeping too much?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DP17 INTERVIEWER: IF ANY</strong></td>
<td><strong>YES</strong></td>
<td>RESPONSE IN DP10, DP12, DP12q, DP14, DP16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CATEGORY #5</strong></th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP18 (1115)     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?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP19 (1116)     Have you ever been completely without energy for 2 weeks or more?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP20 (1117)     Did you ever have 2 weeks or more when you felt very bad when you got up, but felt better later in the day?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DP21 INTERVIEWER: IF ANY</strong></td>
<td><strong>YES</strong></td>
<td>RESPONSE IN DP18 OR DP20</td>
</tr>
<tr>
<td>CATEGORY #6</td>
<td>YES (1)</td>
<td>NO (0)</td>
</tr>
<tr>
<td>-------------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>DP22 (1118)</td>
<td>Has there ever been 2 weeks or more when nearly every day you talked or moved more slowly than is normal for you?</td>
<td>(#16) 1</td>
</tr>
<tr>
<td></td>
<td>By &quot;moved more slowly,&quot; I mean as if in slow motion.</td>
<td></td>
</tr>
<tr>
<td>DP23 (1119)</td>
<td>During [this/one of these] period(s) did anyone else notice that you were talking or moving more slowly?</td>
<td>(#17) 1</td>
</tr>
<tr>
<td>DP24 (1120)</td>
<td>Has there ever been 2 weeks or more when nearly every day you had to be moving all the time - that is, you could not sit still and paced up and down?</td>
<td>(#18) 1</td>
</tr>
</tbody>
</table>

DP25 INTERVIEWER: IF ANY YES RESPONSE IN DP22 OR DP24
<table>
<thead>
<tr>
<th>CATEGORY #7</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DP26 (1121)</strong> SEE REFERENCE CARD, &quot;SCREENERS&quot; SCDP2</td>
<td>1</td>
<td>5 GO TO DP28</td>
</tr>
<tr>
<td><strong>INTERVIEWER:</strong> ENTER &quot;YES&quot; OR &quot;NO&quot; RESPONSE FROM &quot;SCREENERS&quot; SCDP2 HERE</td>
<td>(#19)</td>
<td></td>
</tr>
<tr>
<td><strong>DP27 (1122)</strong> SEE REFERENCE CARD, &quot;SCREENERS&quot; SCDP2a</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>INTERVIEWER:</strong> ENTER &quot;YES&quot; OR &quot;NO&quot; RESPONSE FROM SCDP2a HERE</td>
<td>(#20)</td>
<td></td>
</tr>
<tr>
<td><strong>DP28 (1123)</strong> Have you ever had 2 weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DP29 (1124)</strong> Has there ever been a period of several weeks when your interest in sex was a lot less than usual?</td>
<td>1</td>
<td>0 GO TO DP31</td>
</tr>
<tr>
<td><em><em>DP30</em> (1125)</em>* Did you ever completely lose your interest in sex for two weeks or more?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DP31</strong> INTERVIEWER: IF ANY YES RESPONSE IN DP26, DP28, DP29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## CATEGORY #8

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP32 (1126) Has there ever been 2 weeks or more when nearly every day you felt worthless?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP33* (1127) Did you ever feel completely worthless for two weeks or more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP34 (1128) Has there ever been 2 weeks or more when nearly every day you felt sinful?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP35 (1129) Has there ever been 2 weeks or more when nearly every day you felt guilty?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP36 (1130) Has there ever been a period of 2 weeks or longer when you felt that you were not as good as other people or inferior?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP37* (1131) Has there ever been 2 weeks or more when you had so little self-esteem that you had trouble believing in yourself?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DP38* (1132) Did you ever have 2 weeks or more when you had so little self-esteem that you couldn't believe in yourself at all?</td>
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<td></td>
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</tbody>
</table>

**DP39** INTERVIEWER: IF ANY YES RESPONSE IN DP32 OR DP34-DP37*
<table>
<thead>
<tr>
<th>CATEGORY #9</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DP40 (1133)</strong> Has there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?</td>
<td></td>
<td>0 GO TO DP42</td>
</tr>
<tr>
<td>(An example of trouble concentrating would be not being able to keep your mind on reading the newspaper.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DP41 (1134)</strong> Has there ever been 2 weeks or more when you were unable to read things that usually interest you or watch television or movies you usually like, because you could not pay attention to them?</td>
<td>1</td>
<td>0 OR 7</td>
</tr>
<tr>
<td><strong>DP41q QXQ:</strong> Has there ever been 2 weeks or more when you were unable to pay attention to things such as reading or watching TV?</td>
<td></td>
<td>1 0</td>
</tr>
<tr>
<td><strong>DP42 (1135)</strong> Have you ever had 2 weeks or more when nearly every day your thoughts came much slower than usual or seemed mixed up?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>DP43 (1136)</strong> 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?</td>
<td></td>
<td>0 GO TO DP45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DP44 (1137)</strong> Has there ever been a period of two weeks or more when you were completely unable to make up your mind about things you ordinarily have no trouble deciding about?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>DP45 INTERVIEWER:</strong> IF ANY YES RESPONSE IN DP40, DP42, DP43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49
<table>
<thead>
<tr>
<th>CATEGORY #10</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP46 (1141)</td>
<td>Has there ever been a period of 2 weeks or more when you thought a lot about death? By this I mean . . .</td>
<td></td>
</tr>
<tr>
<td>DP46a (1141)</td>
<td>Did you think about your own death?</td>
<td>1</td>
</tr>
<tr>
<td>DP46b (1141)</td>
<td>[Did you think] about someone else’s death?</td>
<td>1</td>
</tr>
<tr>
<td>DP46c (1141)</td>
<td>[Did you think] about death in general?</td>
<td>1</td>
</tr>
<tr>
<td>INTERVIEWER CHECKPOINT</td>
<td>*DP46d (1141) * DID R SAY &quot;YES&quot; TO ANY OF DP46a-c?</td>
<td>(36)</td>
</tr>
<tr>
<td>DP47 (1142)</td>
<td>Has there ever been a period of 2 weeks or more when you felt like you wanted to die?</td>
<td>(37)</td>
</tr>
<tr>
<td>DP48 (1143)</td>
<td>Have you ever felt so low you thought about committing suicide?</td>
<td>(38)</td>
</tr>
<tr>
<td>DP49 (1144)</td>
<td>Have you ever attempted suicide?</td>
<td>(39)</td>
</tr>
<tr>
<td>DP50</td>
<td>INTERVIEWER: IF ANY RESPONSE IN DP46-DP49</td>
<td>YES</td>
</tr>
</tbody>
</table>

50
SEE REFERENCE CARD, "SADNESS"

☐ 1. TWO OR MORE CATEGORIES #3-#10 CHECKED IN "SADNESS" ON REF. CARD

☐ 0. ALL OTHERS ---> GO TO SECTION AL

✔

GO TO DP52
DP52 INTERVIEWER CHECKPOINT

SEE REFERENCE CARD, "SCREENERS" SC3a, SC3ay, SC4

☐ 1. "YES RESPONSE IN SC3a (SCDY1A), SC3ay (SCDY1AY), OR SC4 (SCDP1), OR

"NO" RESPONSE IN SCaq (SCDY1) or SC3ayq (SCDY1AYQ) (SAD OR DEPRESSED)

☐ 2. ALL OTHERS

KEY

DO NOT

DP53. INTERVIEWER CHECKPOINT

SEE REFERENCE CARD, "SCREENERS" SC3_1*, SC3_1a, SCDY1_1a,

☐ 1. "YES" RESPONSE IN SC3_1a (SCDY1_1a),

☐ 2. ALL OTHERS

SC3_1ay (SCDP1_1), OR SC4_1 OR "NO"

RESPONSE IN SC3_1aq (SCDY11AQ) OR

SC3_1ayq (SCDY11YQ) (LOW OR GLOOMY)

DP54

SEE REFERENCE CARD, "SCREENERS" SC4.2, SC3.2a, SC3.2ay

☐ 1. "NO" RESPONSE IN SC3.2a OR SC3.2ay

☐ 2. ALL

OR "YES" RESPONSE IN SC4.2 (IRRITABLE)

DP52a

SEE REFERENCE CARD "SCREENERS" SC5*

☐ 1. "YES" RESPONSE

☐ 2. ALL

IN SC5*

OTHERS

Interviewer: check "KEY PHRASE ONE", option "A" on Ref. Card, and use "sad, blue or no interest in things"

DP53a

SEE REFERENCE CARD "SCREENERS" SC5*

☐ 1. YES RESPONSE

☐ 2. ALL

IN SC5*

OTHERS

Interviewer: check "KEY PHRASE ONE", option "B" on Ref. Card, and use "sad or blue"

DP54a

SEE REFERENCE CARD "SCREENERS" SC5*

☐ 1. YES RESPONSE

☐ 2. ALL

IN SC5*

OTHERS

Interviewer: check "KEY PHRASE ONE", option "C" on Ref. Card, and use "low or gloomy or no interest in things"

Interviewer: check "KEY PHRASE ONE", option "D" on Ref. Card, and use "low or gloomy"

Interviewer: check "KEY PHRASE ONE", option "E" on Ref. Card and use "irritable or no interest in things"

Interviewer: check "KEY PHRASE ONE", option "F" on Ref. Card and use "irritable"
1. "YES" RESPONSE IN SC4_3
2. ALL (EMPTY)
OTHERS

1. YES RESPONSE
2. ALL IN SC5*
OTHERS

Interviewer: check "KEY PHRASE ONE" option "G" on Ref. Card and use "empty or no interest in things"

Interviewer: check "KEY PHRASE ONE" option "H" on Ref. Card and use "empty"

Interviewer: check "KEY PHRASE ONE" option "I" on Ref. Card and use "empty"
DP56 (1205)  (STILL ON REFERENCE CARD 3) You said you had a period in your life when you felt [KEY PHRASE ONE] and also said you have had the other problems circled on Page 3. Has there ever been a time when the period(s) of feeling [KEY PHRASE ONE] and some of these other problems circled on Page 3 occurred together--that is, within the same month?

1. YES  --> SKIP TO DEPII  
0. NO  --> GO TO DP56a (1206)  
7. PROBE

DP56Q QXQ:  Think now about the different times over your life when you felt [KEY PHRASE ONE]. When you were feeling [KEY PHRASE ONE] did you have any of the problems circled on page 3 at the same time, that is, within the same month?

1. YES  --> GO TO DEPII  
0. NO  
9. DON'T KNOW  --> GO TO SECTION  
ALINTRO

✓

DP56a*  Let me make sure I understand. There has never been a period when you felt [KEY PHRASE ONE] at the same time you were having some of these other problems on REFERENCE CARD 3. Is this correct?

1. YES  --> GO TO ALINTRO  
0. NO

DEPII We've been talking a lot about the details of your periods of feeling [KEY PHRASE], but now I'd like to ask you about what these meant to you, and some things you might have done.

NOT AT ALL  SOME  A LOT

IDP1 How much did your periods of feeling [KEY PHRASE] ever bother or upset you? Would you say not at all, some, or a lot?

0 1 2

IDP2 How much did your periods of feeling [KEY PHRASE] ever interfere with your life or activities?

0 1 2

IDP3 How much did these periods interfere with work or school?

0 1 2
IDP4    How much did your periods of feeling [KEY PHRASE] cause you difficulty with your relatives? ...............................0 .................. 1 .................. 2

IDP4a (1220) Was any period of feeling [KEY PHRASE ONE] so bad that it kept you from working or from seeing friends or relatives?

1. YES    0. NO

IDP5    How much did these periods cause you difficulty with your friends? ...............................0 .................. 1 .................. 2

IDP6    How much did these periods interfere with how you took care of yourself? ...............................0 .................. 1 .................. 2

Now, just thinking over the past 12 months . . .

IDP7    How much were you bothered or upset by your periods of feeling [KEY PHRASE]? ...............................0 .................. 1 .................. 2

IDP8    How much did your periods of feeling [KEY PHRASE] interfere with your life or activities in the past 12 months? ...............................0 .................. 1 .................. 2

SDP1    Whether you actually did or not, has anyone ever suggested that you seek help of any kind for your periods of feeling [KEY PHRASE]?

1. YES    0. NO
SDP2 Did you ever talk to a friend or family member about your periods of feeling [KEY PHRASE]?  

NO ..................................................... 0  --> GO TO SDP3  
YES ..................................................... 1  

SDP2a Did you talk to any of these people about your periods of feeling [KEY PHRASE] in the past year?  

NO ..................................................... 0  
YES ..................................................... 1  

SDP3 Did you ever talk to a mental health specialist about your periods of feeling [KEY PHRASE]? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.  

NO ..................................................... 0  --> GO TO SDP4  
YES ..................................................... 1  

SDP3a Did you talk to one of these people about your periods of feeling [KEY PHRASE] in the past year?  

NO ..................................................... 0  
YES ..................................................... 1  

SDP4 Did you ever talk to a medical person about your periods of feeling [KEY PHRASE]? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.  

NO ..................................................... 0  --> GO TO SDP5  
YES ..................................................... 1  

SDP4a Did you talk to one of these people about your periods of feeling [KEY PHRASE] in the past year?  

NO ..................................................... 0  
YES ..................................................... 1
SDP5  Did you ever talk to a healer or spiritual or religious leader about your periods of feeling [KEY PHRASE]? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0 --> GO TO SDP6
YES.................................................... 1

SDP5a  Did you talk to one of these people about your periods of feeling [KEY PHRASE] in the past year?

NO...................................................... 0
YES.................................................... 1

SDP6  Did you ever receive treatment that was related to your periods of feeling [KEY PHRASE]?

1. YES
0. NO --> GO TO SDP8_ev

SDP6a_ev  Was this as a patient in residential treatment?

NO...................................................... 0 --> GO TO SDP6b_ev
YES.................................................... 1

SDP6a_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SDP6b_ev  Were you treated as an outpatient?

NO...................................................... 0 --> GO TO SDP7_ev
YES.................................................... 1

SDP6b_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

Were you ever treated for your periods of feeling [KEY PHRASE] as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

SDP7_ev  NO...................................................... 0 --> GO TO SDP8_ev
YES.................................................... 1
SDP7_yr  Were you treated there in the past year?

NO...................................................... 0
YES.................................................... 1

People sometimes use different kinds of medicines when they have periods of feeling [KEY PHRASE].

SDP8_ev  Did you ever take any medicine that was prescribed by a doctor for your periods of feeling [KEY PHRASE]?

NO...................................................... 0 --> GO TO SDP9_ev
YES.................................................... 1

SDP8_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SDP9_ev  Did you ever take medicine you got in a store without a prescription for your periods of feeling [KEY PHRASE]?

NO...................................................... 0 --> GO TO SDP10_ev
YES.................................................... 1

SDP9_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SDP10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your periods of feeling [KEY PHRASE]?

NO...................................................... 0 --> GO TO SDP11_ev
YES.................................................... 1

SDP10_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1
SDP11_ev Did you ever take any other herbs, roots, or remedies like these for your periods of feeling [KEY PHRASE]?

NO...................................................... 0 --> GO TO SDP12_ev
YES.................................................... 1

SDP11_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SDP12_ev Did you ever take OTHER MEDICINE?

NO...................................................... 0 --> GO TO SDP13_ev*
YES.................................................... 1

SDP12_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SDP13_ev* Did you have a ceremony performed for these problems?

NO...................................................... 0 --> GO TO DP57*
YES.................................................... 1

SDP13_t* What ceremony was it? ____________________________________________________
DP57* (1224) (REFERENCE CARD 3) Think now about the different times in your life when you have felt [KEY PHRASE ONE] and also had some of the other problems circled on Page 3. How many times like these have you had that lasted 2 weeks or more?

**DEFINITION:** PERIODS SHOULD BE COUNTED SEPARATELY IF THE RECOVERY TIME BETWEEN THEM IS TWO MONTHS OR MORE.

00. NONE  
01. ONE  
MORE THAN ONE: _____  

---GO TO  
NUMBER  
DP63*

TURN TO  
SECTION ALINTRO

---

DP58 (1225) When did that period start--in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  
2. PAST SIX MONTHS  
3. PAST YEAR  
4. MORE THAN A YEAR AGO

GO TO DP60

---

---GO TO DP59
DP59 (1226)  Can you remember your **exact** age when this period started?

1. YES  0. NO

↓

DP59a (1227) (How old were you?)

__________ YRS OLD

↓

DP59b (1227) **About** how old were you (when this period started)?

(ACCEPT A RANGE RESPONSE.)

__________ YRS OLD

GO TO DP60

DP60 (1228)  Did that period of feeling **[KEY PHRASE ONE]** occur just after someone close to you died?

1. YES  0. NO --->

DP60a (1229) Was there anything else going on in your life at that time which might have caused you to feel **[KEY PHRASE ONE]**?

1. YES  0. NO --->

GO TO DP61

DP60at  (Briefly, what was going on?)

__________________________________

__________________________________

__________________________________

__________________________________

DP61 (1230)  (REFERENCE CARD 3) Has that period of feeling **[KEY PHRASE ONE]** and having some of the other problems circled on Page 3 **ended** or is it still going on?

1. ENDED  2. STILL GOING ON --->

GO TO DP62

GO TO DP61a
DP61a (1231) When did it end (in the past month, past six months, past year, or more than a year ago)?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

GO TO DP62

DP61b (1232) Can you remember your exact age when it ended?

1. YES
0. NO

DP61c (1233) How old were you?

________ YRS OLD

GO TO DP62

DP61d (1233) About how old were you [when this period ended]? (ACCEPT A RANGE RESPONSE.)

________ YRS OLD

GO TO DP62

DP62 (1234) How long did this period last [before it ended/so far]?

DP62_1 (1235)

__________ # OF
1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

GO TO DP80a
DP63* (1236) (REFERENCE CARD 3) Think now about the times you had a period of two weeks or more when you had some of these problems circled on page 3 and also felt [KEY PHRASE ONE].

When was the first time this happened? Was it in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO
5. NEVER [IF VOL.]

GO TO DP66

GO TO DP65

GO TO SECTION ALINTRO

DP64 (1237) Can you remember your exact age the first time you had a period of two weeks or more when you had some of these problems circled on Page 3 and also felt [KEY PHRASE ONE]?

QXQ: Can you remember how old you were the first time it happened?

1. YES
2. NO

DP64a (1238) How old were you?

__________ YEARS OLD (32-33)

GO TO DP65

DP64b (1238) About how old were you [the first time you had a period of this sort lasting two weeks or more]? ACCEPT A RANGE RESPONSE.

__________ YEARS OLD (34-35)

DP64c (1239) What is the earliest age you can clearly remember having a period of this sort lasting two weeks or more?

__________ YEARS OLD (36-37)

Training Note: If R gives year, repeat question.
DP65 (1240)  (REFERENCE CARD 3) When was the last time you had a period of two weeks or more when you had some of these problems circled on Page 3 and also felt [KEY PHRASE ONE]-was it in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

DP65a (1241) How old were you the last time (you had a period of this sort)?

_______ YEARS OLD

GO TO DP67
DP66 (1242)  How many periods of feeling [KEY PHRASE ONE] lasting two weeks or longer have you had in the past 12 months?

01. ONE

MORE THAN ONE: __________

NUMBER

↓

↓

In what month and year did this period start?

DP66a

MONTH (1243)/YEAR (1244)
(43-46)

DP66b (1245) Has this period of feeling [KEY PHRASE ONE] ended or is it still going on?

1. ENDED
2. STILL GOING ON

(47)

How long did this period last [so far]?

DP66c1 (1246) __________ #

OF (48-49)

DP66c2 (1247)

1. DAYS 2. WEEKS 3. MONTHS 4. YEARS

(50)

DP67  INTERVIEWER QUERY

SEE DP57*

# OF PERIODS IN DP57* IS __________
DP68 (1301) You have had [NUMBER FROM DP67] periods of feeling [KEY PHRASE ONE] in your lifetime. Between [any of] these periods were you feeling O.K. at least for some months?

1. YES  
0. NO  --->GO TO DP69

DP68a* (1302) Between [any of] these periods were you fully able to work, enjoy being with other people, or able to go about your normal daily activities?

1. YES  
0. NO  --->GO TO DP69

DP68b* (1303) Did that period [when you were fully able to work, enjoy being with other people, or go about your normal activities] ever last at least 6 months?

1. YES  --->GO TO DP69  
0. NO

DP68c (1304) Did it ever last at least 2 months?

1. YES  
0. NO
DP69 (1305) Did any of these periods of feeling [KEY PHRASE ONE] occur just after someone close to you died?

1. YES
0. NO --> GO TO DP71

DP69a (1306) (REFERENCE CARD 3) Did you ever have a period of feeling [KEY PHRASE ONE] along with some of these other problems circled on Page 3 at times when it was not just after a death?

1. YES
0. NO --> GO TO DP71

DP70 (1307) What about your most recent period of feeling [KEY PHRASE ONE]? Was that due to someone close to you dying?

1. YES
0. NO

DP71 (1308) Did most of your periods of feeling [KEY PHRASE ONE] begin in the same month or the same time of year?

1. YES
0. NO --> GO TO DP73

DP71a (1309-1320) (In what months?) (ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON. IF R MENTIONS SEASON, PROBE: What months would that be?)

DP71ajan..........................DP71adec

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

DP71b About how many of your [NUMBER FROM DP67] periods of feeling [KEY PHRASE ONE] began in this time frame? ACCEPT NUMBER OR PERCENT

DP71bnum (1321) ___________ # OF PERIODS OR
DP71bper (1322) ___________ % OF PERIODS

DP71c (1323) Did you ever have two years in a row when a period of feeling [KEY PHRASE ONE] started in [TIME FROM DP71a]?

1. YES
0. NO
DP72 (1324) Did most of these periods end in the same month or the same time of year?

1. YES  0. NO ---GO TO DP73

DP72a (1325-1336) [In what months?] ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON. IF R MENTIONS SEASON, PROBE: What months would that be?

DP72ajan.....................................................................................................DP72adec

DP72b About how many of the periods of feeling [KEY PHRASE ONE] that began in [TIME FROM DP71a] ended in [TIME FROM DP72a]? ACCEPT NUMBER OR PERCENT

DP72bnum (1337) _______________ # OF PERIODS OR
DP7Sbper (1338) _______________ % OF PERIODS

DP72c (1339) When you came out of these periods of feeling [KEY PHRASE ONE] in (TIME FROM DP72a), were your mood and energy back to normal or were they much better than normal?

1. BACK TO NORMAL  2. MUCH BETTER THAN NORMAL  3. LESS THAN NORMAL [IF VOL.]

DP73 (REFERENCE CARD 3) What is the longest period you ever had when you felt [KEY PHRASE ONE] and had several of these other problems circled on Page 3 at the same time?

DP73_1 (1340)

____ ____ 1. DAYS

____ ____ 2. WEEKS

____ ____ 3. MONTHS

____ ____ 4. YEARS
INTERVIEWER: MARK 1ST CHECKPOINT OPTION WHICH APPLIES

1. "YES" IN "SCREENERS" SC3a or SC3ay or SC3_1a or SC3_1ay, SC3_2y, SCDY1AY, SCDY1_1a, SCDY11AY OR "NO" IN "SCREENERS" SC3aq or SC3ayq or SC3_1aq or SC3_1ayq or SC3_2a or SC3_2ay or SCDY1aq or SCDY1ayq or SCDY11aq or SCDY11yq or SCDY1_2a or SCDY12ay

2. TWO YEARS OR LONGER IN DP73/DP73_1

3. IF <18 YEARS OLD, ONE YEAR OR LONGER IN DP73_1/DP73_2

IF YES TO 1 OR 2 OR 3, CONTINUE ON WITH DP75 OR DP75y

4. ALL OTHERS---GO TO DP77

DP75 (1343) (REFERENCE CARD 3) Can you remember your exact age the first time you had two years [one year (if <18 years old)] or more when you felt [KEY PHRASE ONE] and had some of the problems circled on Page 3 at the same time?
DP75Y if <18 years old (REFERENCE CARD 3) Can you remember your exact age the first time you had one year or more when you felt [KEY PHRASE ONE] and had some of the problems circled on Page 3 at the same time?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>0. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP75a (1344) How old were you when that period started?</td>
<td>DP75b (1344) About how old were you the first time a period of this sort started? ACCEPT A RANGE RESPONSE.</td>
</tr>
<tr>
<td>__________ YEARS OLD (43-44)</td>
<td>__________ YEARS OLD (45-46)</td>
</tr>
<tr>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>SKIP TO DP76</td>
<td></td>
</tr>
</tbody>
</table>

DP75c (1345) What is the earliest age you can clearly remember having a period of this sort? ACCEPT A RANGE RESPONSE. 

| __________ YEARS OLD (47-48) |
DP76 (1346) (REFERENCE CARD 3) What about the last time you had two years or more when you felt [KEY PHRASE ONE] and had some of these other problems circled on Page 3. Was this going on in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

GO TO DP77

DP76a (1347) How old were you the last time [you had a period of this sort lasting two years or longer]?

_______ YEARS OLD

DP77 (1348) (REFERENCE CARD 3) How old were you when you felt [KEY PHRASE ONE] for at least two weeks and had the largest number of these other problems circled on Page 3 at the same time?

_______ YEARS OLD

GO TO DP79

88. "ALL EPISODES ALIKE" OR "NO ONE EPISODE WITH MOST" [IF VOLUNTEERED BY R]

GO TO DP78
**DP78 (1349)**  Can you think of a particularly bad one?

1. YES  
0. NO  

**DP78a (1350)**  How old were you when that period occurred?

__________ YRS OLD  

**DP78b (1350)**  Then think of your most recent period. How old were you *when it occurred*?

__________ YRS OLD

**DP79 (1351)**  Was there anything going on in your life at that time which caused you to feel [KEY PHRASE ONE]?

1. YES  
0. NO  -->GO TO DP80  

**DP79t**  Briefly, what was going on?

______________________________________________________________  

______________________________________________________________  

______________________________________________________________  

GO TO DP80
SEE DP77 or DP78
AGE MARKED IN DP77 OR DP78 is ______. --> GO TO DP80b

**ONE PERIOD IN LIFETIME**

<table>
<thead>
<tr>
<th>DP80a</th>
<th>DP80b</th>
</tr>
</thead>
<tbody>
<tr>
<td>(REFERENCE CARD 3)</td>
<td>(REFERENCE CARD 3)</td>
</tr>
<tr>
<td>Now, take your time to carefully review the list of problems circled on Page 3, and tell me the numbers of all the problems you had during that period of feeling [KEY PHRASE ONE]. PROBE: Any others? CHECK ALL MENTIONED.</td>
<td>Now, take your time to carefully review the list of problems circled on Page 3, and tell me the numbers of all the problems you had during that period of feeling [KEY PHRASE ONE] [when you were AGE FROM DP80]. PROBE: Any others? CHECK ALL MENTIONED.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>CATEGORY #3:</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
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<td>08</td>
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<td>10</td>
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<tr>
<td>CATEGORY #8:</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
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<tr>
<td>CATEGORY #9:</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
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<tr>
<td>CATEGORY #10:</td>
<td>36</td>
<td>37</td>
<td>38</td>
<td>39</td>
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</tr>
</tbody>
</table>

...DP80_39
DP81 (1442)  INTERVIEWER CHECKPOINT

SEE DP80_3

[ ] 1. YES TO DP80_3 (DP4)
[ ] 0. ALL OTHERS--->GO TO DP82

DP81a (1443) During this period of feeling [KEY PHRASE ONE] how much weight did you lose?

_______________ # POUNDS

DP82 (1444)  INTERVIEWER CHECKPOINT

SEE DP80_5

[ ] 1. YES TO DP80_5 (DP6)
[ ] 0. ALL OTHERS--->GO TO DP83

DP82a (1445) During this period of feeling [KEY PHRASE ONE] how much weight did you gain?

_______________ # POUNDS

DP83 (1500)  (REFERENCE CARD 3). Could any of these problems circled on Page 3 have been due entirely to medications, drugs, alcohol, physical illness or injury?

[ ] 1. YES  [ ] 0. NO --->GO TO DP84

DP83a (1501-1536)  REFERENCE CARD 3. Which of these problems circled on Page 3 were caused by medications, drugs, alcohol, physical illness or injury during period(s) of feeling [KEY PHRASE ONE]? Just tell me the numbers. Any others? CHECK ALL MENTIONED.

DP83a_1 01 02 03 04 05 06 07 08 09 10
   11 12 13 14 15 16 17 18 19 20
   21 22 23 24 25 26 27 28 29 30

DP83a_36 31 32 33 34 35 36 37 38 39
DP84 (1540) INTERVIEWER CHECKPOINT

SEE DP57*

☐ 1. "ONE" RESPONSE IN DP57* (ONE PERIOD IN LIFETIME)

☐ 0. ALL OTHERS--->GO TO DP89

DP84_9* Did it happen at a time in your life when you were drinking heavily or using a lot of drugs?

1. YES 0. NO

6. NEVER DRINK OR USE DRUGS --->GO TO

DP87

DP85* (1541) (ONE PERIOD IN LIFETIME) Think now about your period of [KEY PHRASE ONE] when you had some of the problems circled on Page 3. Did it occur at a time in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "Drugs" include prescription drugs used without a doctor's prescription or more than prescribed, as well as illegal drugs.

1. YES 0. NO

DP85_1* INTERVIEWER CHECKPOINT

DID R SAY "YES" TO EITHER DP84_9* OR DP85*?

1. YES 0. NO --->GO TO DP86*

↓

GO TO

DP85a*

DP85a* (1542) Which started first--the period of feeling [KEY PHRASE ONE] or the drinking or drug use?

1. FEELING 2. DRINKING/DRUG USE 3. BOTH AT SAME TIME [IF VOL.] 4. IT VARIES [IF VOL.]
DP86* (1543) Did you drink heavily or more than usual to help you feel better during your period of feeling [KEY PHRASE ONE]?

1. YES 0. NO --->GO TO DP86_1*

↓

DP86a (1554) Did this help you feel better?

1. YES 0. NO 3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]

DP86_1* (1543) Did you use drugs not prescribed for you by a doctor to help you feel better during your period of feeling [KEY PHRASE ONE]?

1. YES 0. NO --->GO TO DP86_2*

↓

DP86_1a* (1544) Did this help you feel better?

1. YES 0. NO 3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]

DP86_2* (1543) Did you use prescription drugs in greater amounts then prescribed to help you feel better during your period of feeling [KEY PHRASE ONE]?

1. YES 0. NO --->GO TO DP87

↓

DP86_2a* (1544) Did this help you feel better?

1. YES 0. NO 3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]
DP87 (1545) INTERVIEWER CHECKPOINT

SEE GD4

1. IF > 0 GD4 BOX CHECKED ON REFERENCE CARD

0. ALL OTHERS ---> GO TO SECTION ALINTRO

DP88 (1546) Earlier you told me that you had periods lasting six months or more when you were worried or anxious. Did one of these periods of worry occur during the time when you had a period of feeling [KEY PHRASE ONE]?

1. YES  0. NO ---> GO TO SECTION ALINTRO

DP88a (1547) Which one started first--the worry or the period of feeling [KEY PHRASE ONE]?

1. WORRY  2. FEELING  3. BOTH AT THE SAME TIME [IF VOL.]  4. IT VARIATES [IF VOL.]

DP88b (1548) Which one went away first--the worry or the period of feeling [KEY PHRASE ONE]?

1. WORRY  2. FEELING  3. BOTH AT THE SAME TIME [IF VOL.]  4. IT VARIATES [IF VOL.]

DP88_1 (1549) Did your periods of worry **always** occur during a time when you were also having a period of feeling [KEY PHRASE ONE]?

1. YES  0. NO

GO TO SECTION ALINTRO
MORE THAN ONE PERIOD IN LIFETIME

DP89 You just described your worst or most recent period of feeling [KEY PHRASE ONE]. During any of your other periods, did you have as many of the problems circled on Page 3 as you did in your worst or most recent period of feeling [KEY PHRASE ONE]?

1. YES 0. NO

DP89_9* Did any of them happen at times in your life when you were drinking heavily or using a lot of drugs?

1. YES 0. NO

6. NEVER DRINK OR USE DRUGS ---GO T0 [IF VOL.] DP92

DP90* (1550) (REFERENCE CARD 3) Think now about all of your periods of feeling [KEY PHRASE ONE] when you also had some of the other problems circled on Page 3. Did any of them happen at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: “Drugs” include prescription drugs used without a doctor’s prescription or more than prescribed, as well as illegal drugs.

1. YES 0. NO

DP90_1* INTERVIEWER CHECKPOINT

DID R SAY "YES" TO EITHER DP89_9* OR DP90*?

1. YES 0. NO ---GO TO DP91*

↓

GO TO DP90a*
DP90a* (1551) Did your periods of feeling [KEY PHRASE ONE] **always** happen at times in your life when you were drinking **heavily** or using a lot of drugs, OR when you were drinking or using drugs **more than usual**?

1. YES

0. NO

DP90b* (1552) When you were feeling [KEY PHRASE ONE] and you were drinking or using drugs, which one would start first—feeling [KEY PHRASE ONE], OR the drinking or drug use?

1. FEELING

2. DRINKING/ DRUG USE

3. BOTH AT SAME TIME [IF VOL.]

4. IT VARIES [IF VOL.]

DP91* (1553) Did you ever drink heavily or more than usual to help you feel better during your periods of feeling [KEY PHRASE ONE]?

1. YES

0. NO --->GO TO DP91_1

DP91a (1554) Did this help you feel better?

1. YES

0. NO

3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]
DP91_1* (1553) Did you ever use drugs not prescribed for you by a doctor to help you feel better during your periods of feeling [KEY PHRASE ONE]? 

1. YES  
0. NO  --->GO TO DP91_2* 

DP91_1a* (1554) Did this help you feel better? 

1. YES  
0. NO  3. YES AT FIRST, BUT NOT LATER ON [IF VOL.] 

DP91_2* (1553) Did you ever use prescription drugs in greater amounts than prescribed to help you feel better during your periods of feeling [KEY PHRASE ONE]? 

1. YES  
0. NO  --->GO TO DP92 

DP91_2a* (1554) Did this help you feel better? 

1. YES  
0. NO  3. YES AT FIRST, BUT NOT LATER ON [IF VOL.]
DP92 (1555) INTERVIEWER CHECKPOINT

**SEE "QUALIFIERS" GD4**

- 1. IF > 0 GD4 BOX CHECKED ON REFERENCE CARD

- 0. ALL OTHERS--->GO TO SECTION ALINTRO

---

DP93 (1556) Earlier you told me that you had periods lasting six months or more when you were worried or anxious. Have these periods of worry ever occurred during a time when you were also having a period of feeling [KEY PHRASE ONE]?

1. YES  
0. NO  --> GO TO SECTION ALINTRO

---

DP93a (1557) Did your periods of worry **always** occur during a time when you were also having a period of feeling [KEY PHRASE ONE]?

- 1. YES  
- 0. NO

DP93b (1558) During times you had both, which one would **start first**--the worry or the period of feeling [KEY PHRASE ONE]?

- 1. WORRY  
- 2. FEELING  
- 3. BOTH AT THE SAME TIME [IF VOL]  
- 4. IT VARIES [IF VOL.]

DP93c (1559) Which would **go away first**--[the worry or the period of feeling [KEY PHRASE ONE]]?

- 1. WORRY  
- 2. FEELING  
- 3. BOTH AT THE SAME TIME [IF VOL]  
- 4. IT VARIES [IF VOL.]
GO TO SECTION AL
SECTION AL: ALCOHOL

ALINTRO Next are a few questions about use of alcoholic beverages. GIVE DRINKS CHART TO R. Page 28, Respondent Booklet. Sometimes it's hard to count drinks, so here is a chart to show you what I mean. REVIEW CHART WITH R: READ IF NECESSARY.

One whole can of beer = 1 drink
A whole six-pack of beer = 6 drinks
A glass of wine = 1 drink
A shot or gulp of straight hard liquor, like whisky = 1 drink
A full glass of a mixed drink, like everclear in punch = 1 drink

AL1 (1801) About how old were you the very first time you had more than just a sip of beer, wine or liquor?
_____ _____ YEARS OLD 96 = NEVER --->GO TO SECTION MD

AL2 (1802) In any one year period of your entire life, did you have at least 12 drinks of any kind of alcoholic beverage? IF R QUESTIONS WHAT A "DRINK" MEANS, SHOW CHART.
NO ........................................ 0 --> GO TO SECTION MD
YES....................................... 1 --> CIRCLE "DRUGS" OPTION
ALCOHOL ON DEMOGRAPHICS CARD SIDE 1.

AL3 In the past month, how many days did you drink alcohol?
DAYS _____ _____ -->IF 0, GO TO AL8

AL4 On those days during the past month when you drank alcohol, about how many drinks did you normally have each day?
DRINKS PER DAY _____ _____

AL5 During the past month, what was the most you had to drink in any one day? [Use the chart to help you count.]
NUMBER DRINKS _____ _____

AL6 During the past month, have you gotten drunk? That is, you drank enough so that you were sick, staggering, lost control, or passed out?
NO ........................................ 0--> GO TO AL8
YES....................................... 1

AL6a How many times?
TIMES DRUNK _____ _____
AL7 In the past **month** did you go on a binge of drinking or a drinking spree where you stayed drunk for two whole days or more?

NO ........................................ 0
YES....................................... 1

AL8 (1803) During the past **year** [the last 12 months, including this past month], what was the **most** you had to drink in any one day? [Use the chart to help you count.]

Most drinks in day within last year _____ _____ --> IF 0, GO TO AL11

AL9 During the past **year**, how often did you get **drunk**? That is, you drank enough so that you were sick, staggering, lost control, or passed out?

TIMES DRUNK _____ _____ --> IF 0 GO TO AL11

AL10 In the past **year** did you go on a binge of drinking or a drinking spree where you stayed drunk for two whole days or more?

NO ........................................ 0
YES....................................... 1

AL11 (1812) Think about the period in your life when you were drinking most. How old were you when your first began that period?

YEARS OLD _____ _____

AL12 During your heaviest drinking, how much did you usually drink?

A little, but not enough to feel it ............... 1
Enough to feel it a bit .................................... .... 2
Enough to feel it a lot .................................... 3
Until I really get drunk--that is, sick, staggering, lose control, or pass out ............. .... 4

AL13 Have you ever had blackouts while drinking, that is, where you drank enough so that you couldn't remember the next day what you had said or done?

NO ........................................ 0
YES....................................... 1

AL14 Do you think you have ever had a problem with alcohol?

NO ........................................ 0
YES....................................... 1
AL15 Did anyone else think you had a problem with alcohol?

NO ........................................ 0
YES ........................................ 1

AL16 These days, do you think of yourself as a non-drinker, a light drinker, a moderate drinker, or a heavy drinker?

non-drinker ........................................ 1 --> IF NO TO AL14 and AL15
light drinker ....................................... 2 --> IF NO TO AL14 OR AL15
moderate drinker ............................... 3
heavy drinker ..................................... 4

AL17 When you drink alcohol now, how much do you usually drink?

A little, but not enough to feel it ............... 1
Enough to feel it a bit .............................. 2
Enough to feel it a lot .............................. 3
Until I really get drunk--that is, sick,
staggering, lose control, or pass out .......... 4

AL18 Have you had blackouts while drinking in the past 12 months, [that is, where you drank enough so that you couldn't remember the next day what you had said or done?]

NO ........................................ 0
YES ........................................ 1

AL19 Do you think you have a problem with alcohol now?

NO ........................................ 0
YES ........................................ 1

AL20 Does anyone else think you have a problem with alcohol now?

NO ........................................ 0
YES ........................................ 1

AL21 Compared to the times when you drank the most, do you drink about the same now or less?

SAME ................................... 0 --> GO TO AL25
LESS ....................................... 1 --> GO TO AL23
AL22 If you were to drink again, do you think you could control the amounts you drank?

NO ........................................ 0
YES ........................................ 1

AL23 What helped you cut down or stop drinking?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

AL24 When you wanted to drink but didn’t, what did you do instead?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

AL25 Would you say you crave alcohol a lot, some, or not at all?

NOT AT ALL ....................... 0
SOME ................................. .... 1
A LOT ................................. 2
The next questions are about your use of prescription-type drugs. We are interested in the nonmedical use of these drugs. By nonmedical we mean either:

**One,** taking these drugs without having your own prescription from a doctor, or

**Two,** taking more of these drugs than prescribed, for example taking 4 pills when you were supposed to take only one, or

**Three,** taking these drugs more often than prescribed, for example, taking pills 6 times a day when you were supposed to take them only twice a day, or

**Four,** taking these drugs for any reasons other than a doctor said you should take them--such as for kicks, to get high, to feel good, or wanting to find out what effect the pill might have on you.

I will be asking you separate questions about your nonmedical use of different categories of drugs. In particular, I will ask you about your use of sedatives, tranquilizers, stimulants and analgesics. Often, people don’t know which category a certain drug that they have taken fits into. So we have included on Page 29 through 45 listings of the names of different drugs that show what category each fits into.
MD1 (1807)  (RESPONDENT BOOKLET, P.30) The first question is about sedatives, including barbiturates and sleeping pills. They are sometimes called "downers." People sometimes take barbiturates and other sedatives to help them go to sleep or to stay calm during the day. On Page 30 of your booklet is a list of commonly used sedatives to help you remember if you might have used anything like this. Have you ever used a sedative on your own or nonmedically--that is, either without a doctor's prescription or in greater amounts or more often than prescribed or for a reason other than a doctor said you should use them?

1. YES  0. NO  --> MD1g (1818) Have you ever used a sedative that a doctor prescribe for you?

1. YES  0. NO  -->GO TO MD2

↓  ↓

MD1h (1819) Was your use ever so regular that you could not stop or felt dependent?

QXQ: Did you ever feel that taking sedatives had become a habit that you couldn't stop or that you were dependent on them?

1. YES  0. NO  --> GO TO MD2

↓  ↓

INCLUDE "NONMED" REASON CLAUSE IN MD1a-MD1e

OMIT "NONMED" REASON CLAUSE IN MD1a-MD1e

MD1a (1820) How old were you the first time you took a sedative [for any nonmedical reason]?

_____ _____ YEARS OLD
MD1b (1821) (RESPONDENT BOOKLET, PAGE 31) Altogether, about how many times in your life have you taken sedatives for any nonmedical reason? Just tell me the letter from Part A.

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

↓

MD1c CIRCLE "YES" FOR SEDATIVES ON DEMOGRAPHICS CARD SIDE ONE

MD1d (1822) When was the last time you took any sedative for nonmedical reasons--in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD1e (1823) (RESPONDENT BOOKLET, STILL ON NEXT PAGE) About how often in the past 12 months did you take any sedative for nonmedical reasons? Just tell me the letter from Part B on the bottom of the page.

________________ LETTER

MD1f (1824) How old were you the last time?

________ YEARS OLD
MD2 (1825)  (RESPONDENT BOOKLET, P. 32) This is a list of commonly used tranquilizers. People sometimes take tranquilizers to help calm down or to relax their muscles or to relieve depression. They are sometimes called "nerve pills." Have you ever used a tranquilizer on your own, or nonmedically--that is, either without a doctor's prescription or in greater amounts or more often than prescribed or for a reason other than a doctor said you should use them?

1. YES  0. NO  --->

MD2g (1826) Have you ever used a tranquilizer that a doctor prescribed for you?

1. YES  0. NO  --->GO TO MD3

↓  ↓

MD2h (1827) Was your use ever so regular that you could not stop or felt dependent?

QXQ: Did you ever feel that taking tranquilizers had become a habit that you couldn't stop, or that you were dependent on them?

1. YES  0. NO  --->GO TO MD3

↓  ↓

INCLUDE "NONMED" REASON CLAUSE IN MD2a-MD2e

OMIT "NONMED" REASON CLAUSE IN MD2a-MD2e

MD2a (1828) How old were you the first time you took a tranquilizer (for any nonmedical reason)?

_____ _____ YEARS OLD
MD2b (1829) (RESPONDENT BOOKLET, STILL ON P. 32) Altogether, about how many times in your life have you taken tranquilizers [for any nonmedical reason]?
Just tell me the letter from Part A.

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

CIRCLE "YES" FOR TRANQUILIZERS ON DEMOGRAPHICS CARD, SIDE ONE

MD2d (1830) When was the last time you took any tranquilizer [for nonmedical reasons]--in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD2e (1831) (RESPONDENT BOOKLET, STILL ON P. 32) About how often in the past 12 months did you take any tranquilizer [for nonmedical reasons]? Just tell me the letter from Part B.

__________________ LETTER __________________

MD2f (1832) How old were you the last time?

__________________ YEARS OLD __________________
MD3* (1833) (RESPONDENT BOOKLET, P. 34) Turn to page 34. This is a list of commonly used amphetamines and other stimulants. People sometimes take stimulants to help them lose weight, stay awake, or to feel high. They are sometimes called "uppers" or "speed." Have you ever used a stimulant on your own, or nonmedically—that is, either without a doctor's prescription or in greater amounts or more often than prescribed or for a reason other than a doctor said you should use them?

1. YES 0. NO --->

MD3g (1835) Have you ever used a stimulant that a doctor prescribed for you?

1. YES 0. NO --->GO TO MD4

↓
↓

MD3h (1841) Was your use ever so regular that you could not stop or felt dependent?

QXQ: Did you ever feel that taking amphetamines had become a habit that you couldn't stop, or that you were dependent on them?

1. YES 0. NO --->GO TO MD4

↓
↓

INCLUDE "NONMED" REASON CLAUSE IN MD3a-MD3e

OMIT "NONMED" REASON CLAUSE IN MD3a-MD3e

MD3a (1836) How old were you the first time you took an amphetamine or other stimulant for any nonmedical reason?

_____ _____ YEARS OLD
MD3b (1837) (RESPONDENT BOOKLET, P. 35) Altogether, about how many times in your life have you taken amphetamines or other stimulants for any nonmedical reason? Just tell me the letter from Part A.

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

↓

CIRCLE "YES" FOR STIMULANTS ON DEMOGRAPHICS CARD, SIDE ONE

↓

↓

MD3d (1838) When was the last time you took any amphetamine or other stimulant for nonmedical reasons—in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD3e (1839) (RESPONDENT BOOKLET, STILL ON P. 35) About how often in the past 12 months did you take any amphetamine or other stimulant for nonmedical reasons? (Just tell me the letter from Part B.)

LETTER

MD3f (1840) How old were you the last time?

YEARS OLD
MD4 (1941)  (RESPONDENT BOOKLET, P. 36) Turn to Page 36. This is a list of commonly used analgesics. Analgesics are usually taken as painkillers, but people sometimes use them for other reasons. Have you ever used an analgesic on your own, or nonmedically—i.e., either without a doctor's prescription or in greater amounts or more often than prescribed or for a reason other than a doctor said you should use them?

1. YES  0. NO  --->

MD4g (1842) Have you ever used an analgesic that a doctor prescribed for you?

1. YES  0. NO  --->GO TO MD5

↓

MD4h (1843) Was your use ever so regular that you could not stop or felt dependent?

QXQ: Did you ever feel that taking analgesics had become a habit that you couldn't stop, or that you were dependent on them?

1. YES  0. NO  --->GO TO MD5

↓

INCLUDE "NONMED" REASON CLAUSE IN MD4a-MD4e

OMIT "NONMED" REASON CLAUSE IN MD4a-MD4e

MD4a (1844) How old were you the first time you took an analgesic [for any nonmedical reason]?

_____ _____ YEARS OLD
MD4b (1845)  (RESPONDENT BOOKLET, PAGE 37) Altogether, about how many times in your life have you taken analgesics [for any nonmedical reason]? (Just tell me the letter from Part A.)

A  (1)  B  (2)  C  (3)  D  (4)  E  (5)  F  (6)  G  (7)

↓

CIRCLE "YES" FOR ANALGESICS ON DEMOGRAPHICS CARD, SIDE ONE

↓

MD4d (1846)  When was the last time you took an analgesic [for nonmedical reasons]--in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD4e (1847)  (RESPONDENT BOOKLET, STILL ON P. 37) About how often in the past 12 months did you take any analgesic [for nonmedical reasons]? (Just tell me the letter from Part B.)

________________ LETTER

MD4f (1848)  How old were you the last time?

________________ YEARS OLD
MD5 (1901)  (RESPONDENT BOOKLET, PAGE 38) This is a list of commonly used inhalants that people sniff or breathe in, to get high or to make them feel good. Have you ever sniffed or inhaled or "huffed" any of these inhalants for kicks or to get high?

1. YES        0. NO  --->GO TO MD6

MD5a (1902) How old were you the first time (you sniffed or inhaled or "huffed" an inhalant for kicks or to get high)?

_____________ YEARS OLD

MD5b (1903) (RESPONDENT BOOKLET, PAGE 39) About how many times in your life have you used an inhalant to get high or for kicks? (Just tell me the letter from Part A.)

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

↓
CIRCLE "YES" FOR INHALANTS ON DEMOGRAPHICS CARD, SIDE ONE

↓

MD5d (1904) When was the last time (you used an inhalant - that is, sniffed or inhaled something to get high or for kicks) -- in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD5e (1905) (RESPONDENT BOOKLET, PAGE 39) About how often in the past 12 months did you sniff or inhale any substance to get high or for kicks? (Just tell me the letter from Part B.)

________________ LETTER

MD5f (1906) How old were you the last time?

_____ _____ YEARS OLD
The next question is about marijuana and hashish.

**MD6 (1907)** Have you ever used either marijuana or hashish, even once?

1. YES  
0. NO  ---> GO TO MD7

**MD6a (1908)** How old were you the first time (you used marijuana or hashish)?

_____ _____ YEARS OLD

**MD6b (1909)** (RESPONDENT BOOKLET, P. 40) About how many times in your life have you used marijuana or hashish? (Just tell me the letter from Part A.)

A (1)  
B (2)  
C (3)  
D (4)  
E (5)  
F (6)  
G (7)  

↓

CIRCLE "YES" FOR MARIJUANA ON DEMOGRAPHICS CARD, SIDE ONE

↓

**MD6d (1910)** When was the last time (you used marijuana or hashish)--(in the past month, past six months, past year, or more than a year ago)?

1. PAST MONTH  
2. PAST SIX MONTHS  
3. PAST YEAR  
4. MORE THAN A YEAR AGO

↓

**MD6e (1911)** (RESPONDENT BOOKLET, P. 40) On the average how often in the past 12 months have you used marijuana or hashish? (Just tell me the letter from Part B.)

________________ LETTER

**MD6f (1912)** How old were you the last time?

________________ YEARS OLD
MD7 (1913) The next question is about cocaine, including all different forms of cocaine such as powder, crack, free base, and coca paste. Have you ever used cocaine, in any form, even once?

1. YES 0. NO ---GO TO MD8*

MD7a (1914) How old were you the first time (you used cocaine, crack, free base or coca paste)?

_______________ YEARS OLD

MD7b (1915) (RESPONDENT BOOKLET, PAGE 41) About how many times have you used cocaine, crack, free base, or coca paste in your life? (Just tell me the letter from Part A.)

A (1) B (2) C (3) D (4) E (5) F (6) G (7)

CIRCLE "YES" FOR COCAINE ON DEMOGRAPHICS CARD, SIDE ONE

MD7d (1916) When was the last time (you used cocaine in any form)---(in the past month, past six months, past year, or more than a year ago)?

1. PAST MONTH 2. PAST SIX MONTHS 3. PAST YEAR 4. MORE THAN A YEAR AGO

MD7e (1917) (RESPONDENT BOOKLET, P. 41) On the average how often in the past 12 months have you used cocaine? (Just tell me the letter from Part B.)

_________ LETTER

MD7f (1918) How old were you the last time?

_________ YEARS OLD
MD8* (1919) The next question is about LSD and other hallucinogens such as PCP or "angel dust," and mescaline (MES-KA-LIN). Have you ever used a hallucinogen, even once?

1. YES  
0. NO  --->GO TO MD8_1*

MD8a (1920) How old were you the first time (you used a hallucinogen)?

______________ YEARS OLD

MD8b (1921) (RESPONDENT BOOKLET, PAGE 43) How many times in your life have you used a hallucinogen? (Use Part A on this page.)

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

↓

circle "YES" for hallucinogens on demographics card, side one

↓

MD8d (1922) When was the last time (you used a hallucinogen--in the past month, past six months, past year, or more than a year ago)?

1. PAST MONTH  
2. PAST SIX MONTHS  
3. PAST YEAR  
4. MORE THAN A YEAR AGO

MD8e (1923) (RESPONDENT BOOKLET, STILL ON P. 43) On the average how often in the past 12 months have you used a hallucinogen? (Just tell me the letter from Part B.)

________________ LETTER

MD8f (1924) How old were you the last time?

________________ YEARS OLD
MD8_1* Peyote has an important role in the spiritual lives of many Indian people. However, like prescription drugs, there may be times that it is misused. Have you ever used peyote on your own, other than for religious purposes?

1. YES  0. NO  ---GO TO MD9

MD8_1a* How old were you the first time you used peyote for other than religious purposes?

____________ YEARS OLD

MD8_1b* (RESPONDENT BOOKLET, PAGE 44) How many times in your life have you used peyote for other than religious purposes? (Just tell me the letter from Part A.)

A (1) B (2) C (3) D (4) E (5) F (6) G (7)

↓
CIRCLE "YES" FOR PEYOTE OF DEMOGRAPHICS CARD, SIDE ONE

↓
↓

MD8_1d* When was the last time (you used peyote for other than religious purposes)--in the past month, past six months, past year, or more than a year ago?)?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

MD8_1e* (RESPONDENT BOOKLET, STILL ON P. 44) About how often in the past 12 months did you use peyote for other than religious purposes? Just tell me the letter from Part B.

________________ LETTER

MD8_1f. How old were you the last time?

__________ YEARS OLD
MD9 (1925) Have you ever used heroin, even once?

1. YES
0. NO --->GO TO MD10

MD9a (1926) How old were you the first time [you used heroin]?

______________ YEARS OLD

MD9b (1927) (RESPONDENT BOOKLET, PAGE 45) How many times in your life have you used heroin? (Use Part A P.45)

A (1)  B (2)  C (3)  D (4)  E (5)  F (6)  G (7)

↓
CIRCLE "YES" FOR HEROIN ON DEMOGRAPHICS CARD, SIDE ONE

↓

MD9d (1928) When was the last time (you used heroin)--(in the past month, past six months, past year, or more than a year ago)?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

MD9e (1929) (RESPONDENT BOOKLET, STILL ON P. 45) On the average how often in the past 12 months have you used heroin? (Just tell me the letter from Part B.)

________________ LETTER

MD9f (1930) How old were you the last time?

________________ YEARS OLD
MD10 (1931) INTERVIEWER CHECKPOINT

SEE REFERENCE CARD SIDE 2, "DRUGS" LIST

☐ 1. ONE OR MORE DRUGS CIRCLED ON "DRUGS" LIST ON DEMOGRAPHICS CARD

☐ 0. ALL OTHERS ---> GO TO SECTION MD10b

INTERVIEWER: REFER TO DRUG LIST ON DEMOGRAPHICS CARD

MD10b INTERVIEWER CHECKPOINT

WAS ALCOHOL CIRCLED?

1. YES 0. NO

MD10c INTERVIEWER CHECKPOINT  MD10d INTERVIEWER CHECKPOINT

WERE ANY DRUGS CIRCLED?

1. NO 2. ONE TYPE ONLY 3. MORE THAN ONE TYPE

INTERVIEWER: CHECK "KEY PHRASE TWO" OPTION "A" ON REF. CARD AND USE "ALCOHOL"

INTERVIEWER: CHECK "KEY PHRASE TWO" OPTION "B" ON REF. CARD AND USE "ALCOHOL OR (SPECIFIC DRUG)"

INTERVIEWER: CHECK "KEY PHRASE TWO" OPTION "C" ON REF. CARD AND USE "ALCOHOL OR OTHER SUBSTANCES"

INTERVIEWER: CHECK "KEY PHRASE TWO" OPTION "D" ON REF. CARD AND USE "ANY SUBSTANCES CIRCLED"

HOW MANY DRUGS CIRCLED?

2. ONE TYPE ONLY 3. MORE THAN ONE TYPE

INTERVIEWER: CHECK "KEY PHRASE TWO" OPTION "E" ON REF. CARD AND USE "ANY SUBSTANCES CIRCLED"
In answering the next questions, please think about all the substance(s) just circled.

MD11* (2001) Have you often been high or hung over while at work or school or taking care of children, or while doing other important activities that you are responsible for?

NO ........................................ 0 --> GO TO MD12*

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

<table>
<thead>
<tr>
<th>MD11a CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.) MD11a1 - MD11k1</th>
<th>How old were you the first time this happened because of using (alcohol/DRUG)? MD11a2-MD11k2</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)? MD11a3 - MD11k3</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)? MD11a4 - MD11k4</th>
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<tbody>
<tr>
<td>ALCOHOL (2002-2005)</td>
<td>a2</td>
<td>a3 1. MONTH</td>
<td>2. 6 MOS</td>
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<tr>
<td>SEDATIVES (2006-2009)</td>
<td>b2</td>
<td>b3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>TRANQUILIZERS (2010-2013)</td>
<td>c2</td>
<td>c3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>STIMULANTS (2014-2017)</td>
<td>d2</td>
<td>d3 1. MONTH</td>
<td>2. 6 MOS</td>
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<tr>
<td>ANALGESICS (2018-2021)</td>
<td>e2</td>
<td>e3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>INHALANTS (2022-2025)</td>
<td>f2</td>
<td>f3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>MARIJUANA (2026-2029)</td>
<td>g2</td>
<td>g3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>COCAINE (2030-2033)</td>
<td>h2</td>
<td>h3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>HALLUCINOGENS (2034-2037)</td>
<td>i2</td>
<td>i3 1. MONTH</td>
<td>2. 6 MOS</td>
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<tr>
<td>PEYOTE</td>
<td>j2</td>
<td>j3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
<tr>
<td>HEROIN (2038-2041)</td>
<td>k2</td>
<td>k3 1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
</tbody>
</table>
HAS YOUR USE OF [KEY PHRASE] OFTEN KEELED YOU FROM WORKING, GOING TO SCHOOL, OR TAKING CARE OF CHILDREN?

NO ........................................ 0 --> GO TO MD13*

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

MD12a
CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK:
Which substances did you use?
(CHECK ALL MENTIONS.)

MD12a1 - MD12k1

How old were you the first time this happened because of using (alcohol/DRUG)?

MD12a2 - MD12k2

When was the last time this happened because of using (alcohol/DRUG)--in the past month, past six months, past year, or more than a year ago?

MD12a3 - MD12k3

IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?

MD12a4 - MD12k4

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<thead>
<tr>
<th>MD12a</th>
<th>MD12a1</th>
<th>MD12a2</th>
<th>MD12a3</th>
<th>MD12a4</th>
</tr>
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<tbody>
<tr>
<td>CHECK CATEGORY</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>OR IF MORE THAN ONE CATEGORY ASK:</td>
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<tr>
<td>Which substances did you use?</td>
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<tr>
<td>(CHECK ALL MENTIONS.)</td>
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<tr>
<td>MD12a1</td>
<td>MD12a2</td>
<td>MD12a3</td>
<td>MD12a4</td>
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<tr>
<td>(ALCOHOL (2102-2105))</td>
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<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<tr>
<td>0. NO --&gt; GO TO b1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>SEDATIVES (2106-2109)</td>
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<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<tr>
<td>0. NO --&gt; GO TO c1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<tr>
<td>0. NO --&gt; GO TO d1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>STIMULANTS (2114-2117)</td>
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<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<td>0. NO --&gt; GO TO e1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>ANALGESICS (2118-2121)</td>
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<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<tr>
<td>0. NO --&gt; GO TO f1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>INHALANTS (2122-2125)</td>
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<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO g1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>MARIJUANA (2126-2129)</td>
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<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<tr>
<td>0. NO --&gt; GO TO h1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>COCAINE (2130-2133)</td>
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<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<tr>
<td>0. NO --&gt; GO TO i1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>HALLUCINOGENS (2134-2137)</td>
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<tr>
<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<tr>
<td>0. NO --&gt; GO TO j1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<tr>
<td>PEYOTE</td>
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<tr>
<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO k1</td>
<td>1. MONTH</td>
<td>YRS</td>
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<td>HEROIN (2138-2141)</td>
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<td>1. YES</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td></td>
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<tr>
<td>0. NO --&gt; GO TO MD13*</td>
<td>1. MONTH</td>
<td>YRS</td>
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</table>
MD13* (2201)  Did [KEY PHRASE] ever cause you **considerable** problems with your family, friends, at work, or at school?

| NO ........................................ 0 --> GO TO MD13_1* | YES ....................................... 1 |

**MD13a**  
CHECK CATEGORY **OR IF**  
MORE THAN ONE CATEGORY  
ASK: Which substances did you use? (CHECK ALL MENTIONS.)  
MD13a1 - MD13k1

| How old were you the **first** time this happened because of using (alcohol/DRUG)?  
MD13a2 - MD13k2 | When was the **last time** this happened because of using (alcohol/DRUG)--(in the **past month, past six months, past year, or more than a year ago**)?  
MD13a3 - MD13k3 | IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?  
MD13a4 - MD13k4 | Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?  
MD13a5 - MD13k5 |

| **a1** ALCOHOL (2202-2206)  
1. YES  
0. NO --> GO TO b1 | **a2**  
1.  ____ ____ YRS | **a3**  
1. 1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE > | **a4**  
1.  ____ ____ YRS --> | **a5**  
1. YES  
0. NO |

| **b1** SEDATIVES (2207-2211)  
1. YES  
0. NO --> GO TO c1 | **b2**  
1.  ____ ____ YRS | **b3**  
1. 1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE > | **b4**  
1.  ____ ____ YRS --> | **b5**  
1. YES  
0. NO |

| **c1** TRANQUILIZERS (2212-2216)  
1. YES  
0. NO --> GO TO d1 | **c2**  
1.  ____ ____ YRS | **c3**  
1. 1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE > | **c4**  
1.  ____ ____ YRS --> | **c5**  
1. YES  
0. NO |

| **d1** STIMULANTS (2217-2221)  
1. YES  
0. NO --> GO TO e1 | **d2**  
1.  ____ ____ YRS | **d3**  
1. 1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE > | **d4**  
1.  ____ ____ YRS --> | **d5**  
1. YES  
0. NO |
How old were you the first time this happened because of using (alcohol/DRUG)?

When was the last time this happened because of using (alcohol/DRUG)—(in the past month, past six months, past year, or more than a year ago)?

IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?

Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
<th>Column 6</th>
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<tbody>
<tr>
<td>e1 ANALGESICS (2222-2226)</td>
<td>1. YES</td>
<td>__ ____ YRS</td>
<td>e2</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
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<tr>
<td>f1 INHALANTS (2227-2231)</td>
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<td>__ ____ YRS</td>
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<td>1. MONTH</td>
<td>2. 6 MOS</td>
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<td>g1 MARIJUANA (2232-2236)</td>
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<td>__ ____ YRS</td>
<td>g2</td>
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<td>2. 6 MOS</td>
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<tr>
<td>h1 COCAINE (2237-2241)</td>
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<td>__ ____ YRS</td>
<td>h2</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
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<tr>
<td>i1 HALLUCINOGENS (2242-2246)</td>
<td>1. YES</td>
<td>__ ____ YRS</td>
<td>i2</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
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<td>MD13a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.) MD13a1 - MD13k1</td>
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<td>j1</td>
<td>PEYOTE</td>
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<td>0. NO --&gt;GO TO k1</td>
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<td>k1</td>
<td>HEROIN (2247-2251)</td>
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<td>0. NO--&gt;GO TO MD14</td>
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<th>How old were you the first time this happened because of using (alcohol/DRUG)? MD13a2 - MD13k2</th>
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<td>j2</td>
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<tr>
<td>___ ___ YRS</td>
<td>1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
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<td>j5</td>
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<td>1. YES 0. NO --&gt;GO TO j5</td>
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<tr>
<td>k2</td>
<td>k3</td>
</tr>
<tr>
<td>___ ___ YRS</td>
<td>1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
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<td>k5</td>
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<td>1. YES 0. NO</td>
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<th>MD13a5 - MD13k5</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
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<tr>
<td>j4</td>
<td>j5</td>
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<tr>
<td>___ ___ YRS</td>
<td>1. YES 0. NO --&gt;GO TO j5</td>
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</table>

<table>
<thead>
<tr>
<th>MD13a5 - MD13k5</th>
<th>Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>j5</td>
<td>j5</td>
</tr>
<tr>
<td></td>
<td>1. YES 0. NO</td>
</tr>
</tbody>
</table>

| k5              |                                                                                             |
|                 |                                                                                             |
|                 | 1. YES 0. NO                                                                                  |
MD13_1* Did [KEY PHRASE] ever cause you **considerable** problems with the police?

| NO ........................................ 0 --> GO TO MD14* |
| YES ....................................... 1 |

**MD13_1a**

CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.)

<table>
<thead>
<tr>
<th>a1</th>
<th>ALCOHOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
<td>1. YES</td>
</tr>
</tbody>
</table>

| a5 | 1. YES | 0. NO |

---

**MD13_1a2**

How old were you the **first time** this happened because of using (alcohol/DRUG)?

| a2 | ____ ____ YRS |

---

**MD13_1a3**

When was the **last time** this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?

| a3 | 1. MONTH | 2. 6 MOS | 3. YEAR | 4. MORE --> |

---

**MD13_1a4**

IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?

| a4 | ____ YRS --> |

---

**MD13_1a5**

Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?

| a5 | 1. YES | 0. NO |

---

**MD13_1b**

**SEDATIVES**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --&gt; GO TO c1</td>
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**MD13_1c**

**TRANQUILIZERS**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO d1</td>
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**MD13_1d**

**STIMULANTS**

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<tr>
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<tr>
<td>1. YES</td>
<td>1. MONTH</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO e1</td>
<td>1. YES</td>
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107
<table>
<thead>
<tr>
<th>MD13_1a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD13_1a1 - MD13_1k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>MD13_1a3 - MD13_1k3</td>
<td>When was the last time this happened because of using (alcohol/DRUG)—(in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td>MD13_1a4 - MD13_1k4</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
</tr>
<tr>
<td>MD13_1a5 - MD13_1k5</td>
<td>Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?</td>
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<td>ANALGESICS</td>
<td>INHALANTS</td>
<td>MARIJUANA</td>
<td>COCAINE</td>
<td>HALLUCINOGENS</td>
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<tr>
<td>e1</td>
<td>f1</td>
<td>g1</td>
<td>h1</td>
<td>i1</td>
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<td>1. YES</td>
<td>1. YES</td>
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<tr>
<td>__ __ YRS</td>
<td>__ __ YRS</td>
<td>__ __ YRS</td>
<td>__ __ YRS</td>
<td>__ __ YRS</td>
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<tr>
<td>1. MONTH</td>
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<td>1. MONTH</td>
<td>1. MONTH</td>
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<tr>
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<td>2. 6 MOS</td>
<td>2. 6 MOS</td>
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<td>3. YEAR</td>
<td>3. YEAR</td>
<td>3. YEAR</td>
<td>3. YEAR</td>
<td>3. YEAR</td>
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<td>4. MORE</td>
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<tr>
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<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
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<td>______ YRS</td>
<td>______ YRS</td>
<td>______ YRS</td>
<td>______ YRS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
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<tr>
<td>MD13_1a</td>
<td>MD13_1b</td>
<td>MD13_1c</td>
<td>MD13_1d</td>
<td>MD13_1e</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.) MD13_1a - MD13_1k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)? MD13_1a2 - MD13_1k2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)? MD13_1a3 - MD13_1k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]? MD13_1a4 - MD13_1k4</td>
<td>Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems? MD13_1a5 - MD13_1k5</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>j1 PEYOTE</th>
<th>j2</th>
<th>j3</th>
<th>j4</th>
<th>j5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>___ ___ YRS</td>
<td>1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>____ YRS --&gt;</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO k1</td>
<td></td>
<td>GO TO j5</td>
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<table>
<thead>
<tr>
<th>k1 HEROIN</th>
<th>k2</th>
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<th>k4</th>
<th>k5</th>
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<tbody>
<tr>
<td>1. YES</td>
<td>___ ___ YRS</td>
<td>1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>____ YRS --&gt;</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO MD14</td>
<td></td>
<td>GO TO K5</td>
<td></td>
<td></td>
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</table>
### MD14* (2301)

Did your use of [KEY PHRASE] ever cause you to be expelled from school, or be demoted or fired from work?

<table>
<thead>
<tr>
<th>NO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**MD14a**

CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK:
Which substances did you use?
(CHECK ALL MENTIONS.)
MD14a1 - MD14k1

---

**MD14a1 - MD14k1**

<table>
<thead>
<tr>
<th>a1</th>
<th>ALCOHOL (2302-2305)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>a2</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a2</th>
<th>a3</th>
<th>a4</th>
<th>a5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>1. YES</td>
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</table>

**b1 SEDATIVES (2306-2309)**

<table>
<thead>
<tr>
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<th>SEDATIVES (2306-2309)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>b2</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO c1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b2</th>
<th>b3</th>
<th>b4</th>
<th>b5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>1. YES</td>
<td>0. NO</td>
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</table>

**c1 TRANQUILIZERS (2310-2313)**

<table>
<thead>
<tr>
<th>c1</th>
<th>TRANQUILIZERS (2310-2313)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>c2</td>
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<tr>
<td>0. NO --&gt;GO TO d1</td>
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</tr>
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<table>
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<tr>
<th>c2</th>
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<th>c5</th>
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</thead>
<tbody>
<tr>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>1. YES</td>
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**d1 STIMULANTS (2314-2317)**

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<tr>
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<th>STIMULANTS (2314-2317)</th>
</tr>
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<tbody>
<tr>
<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --&gt;GO TO e1</td>
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<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>1. YES</td>
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</tr>
<tr>
<td>Category</td>
<td>Question</td>
<td>Code 1</td>
<td>Code 2</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Analgesics (2318-2321)</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants (2322-2325)</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (2326-2329)</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (2330-2333)</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens (2334-2337)</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
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<tr>
<td>MD14a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.) MD14a1 - MD14k1</td>
<td>MD14a2 - MD14k2</td>
<td>MD14a3 - MD14k3</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>j1 PEYOTE</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
<td>When was the last time this happened because of using (alcohol/DRUG)? (in the past month, past six months, past year, or more than a year ago)?</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (alcohol/DRUG))?</td>
</tr>
<tr>
<td>j2</td>
<td>______ YRS</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
</tr>
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<td>1. YES</td>
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<tr>
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<tr>
<td>k1 HEROIN (2338-2341)</td>
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<tr>
<td>k2</td>
<td>______ YRS</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
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<td>0. NO --&gt;GO TO MD14</td>
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</table>
MD15* (2401) Have you often been under the effects of [KEY PHRASE] or feeling its after-effects in a situation which increased your chances of getting hurt - like driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?

NO ........................................ 0 --> GO TO MD16*
YES....................................... 1

QXQ

Have you often been high or hung over in situations where you could get hurt--like when you were driving a car, walking along the highway, climbing or swimming or using knives or guns or machinery?

<table>
<thead>
<tr>
<th>MD15a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD15a1 - MD15k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>MD15a2 - MD15k2</td>
<td>When was the last time this happened because of using (alcohol/DRUG) -- (in the past month, past six months, past year, or more than a year ago)?</td>
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<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</td>
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<td>MD15a4 - MD15k4</td>
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<td>Response Options</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Which substances were you using? (CHECK ALL MENTIONS.)</td>
<td></td>
</tr>
</tbody>
</table>
| How old were you the first time this happened because of using (alcohol/DRUG)? | h1 COCAINE (2430-2433)  
  1. YES  
  0. NO --> GO TO i1  
  ____ ____ YRS  
  h2  
  h3 1. MONTH  
  2. 6 MOS  
  3. YEAR  
  4. MORE -->  
  h4  
  i1 HALLUCINOGENS (2434-2437)  
  1. YES  
  0. NO --> GO TO j1  
  ____ ____ YRS  
  i2  
  i3 1. MONTH  
  2. 6 MOS  
  3. YEAR  
  4. MORE -->  
  i4  
  j1 PEYOTE  
  1. YES  
  0. NO --> GO TO k1  
  ____ ____ YRS  
  j2  
  j3 1. MONTH  
  2. 6 MOS  
  3. YEAR  
  4. MORE -->  
  j4  
  k1 HEROIN (2438-2441)  
  1. YES  
  0. NO --> GO TO MD16  
  ____ ____ YRS  
  k2  
  k3 1. MONTH  
  2. 6 MOS  
  3. YEAR  
  4. MORE -->  
  k4 |
| When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)? |                                                                                  |
| IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)? |                                                                                  |
MD16* (2500) Did you ever accidentally injure yourself when you have been under the influence of --like had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

NO ........................................ 0 --> GO TO MD18*
YES....................................... 1

MD17 (2501) Did you continue to use the substance after it caused the accident?

NO ........................................ 0 --> GO TO MD18*
YES....................................... 1

<table>
<thead>
<tr>
<th>MD17a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a1</td>
<td>ALCOHOL (2502-2503)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td></td>
<td>MD17a2 - MD17k1</td>
</tr>
<tr>
<td>a2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MD17a3 - MD17k3 When was the last time this happened because of using (alcohol/DRUG)? (in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td></td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
</tr>
<tr>
<td></td>
<td>MD17a4 - MD17k4</td>
</tr>
<tr>
<td>b1</td>
<td>SEDATIVES (2504-2505)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO c1</td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>c1</td>
<td>TRANQUILIZERS (2506-2507)</td>
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<tr>
<td>1. YES</td>
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<tr>
<td>0. NO --&gt; GO TO d1</td>
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<tr>
<td>d1</td>
<td>STIMULANTS (2508-2509)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO e1</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>e1</td>
<td>ANALGESICS (2510-2511)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO f1</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>f1</td>
<td>INHALANTS (2512-2513)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO g1</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>g1</td>
<td>MARIJUANA (2514-2515)</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO h1</td>
<td></td>
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<tr>
<td>MD17a CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</td>
<td>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>MD17a1 - MD17k1</strong></td>
<td><strong>MD17a2 - MD17k2</strong></td>
</tr>
</tbody>
</table>
| **h1 COCAINE (2516-2517)**  
1. YES  
0. NO --> GO TO i1 | h2  
___ ___ YRS | h3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> h4  
___ ___ YRS | **i1 HALLUCINOGENS (2518-2519)**  
1. YES  
0. NO --> GO TO j1 |
| **i2**  
___ ___ YRS | **i3**  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> i4  
___ ___ YRS | **j1 PEYOTE**  
1. YES  
0. NO --> GO TO k1 |
| **j2**  
___ ___ YRS | **j3**  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> j4  
___ ___ YRS | **k1 HEROIN (2520-2521)**  
1. YES  
0. NO --> GO TO MD16 |
| **k2**  
___ ___ YRS | **k3**  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> k4  
___ ___ YRS | |
Have you ever had any health problems as a result of using [KEY PHRASE]—such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses?

NO................................. 0 --> GO TO MD19
YES................................. 1

<table>
<thead>
<tr>
<th>MD18a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MD18a1 - MD18k1  How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td></td>
<td>MD18a2 - MD18k2  When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td></td>
<td>MD18a3 - MD18k3  IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td></td>
<td>MD18a4 - MD18k4  Did you ever continue to use [alcohol/DRUG] after you realized it was causing problems with your physical health?</td>
</tr>
</tbody>
</table>

|       | MD18a5 - MD18k5  Did you ever continue to use [alcohol/DRUG] after you realized it was causing problems with your physical health? |

| a1 ALCOHOL (2602-2605) | a2   a3 1. MONTH   2. 6 MOS   a4   a5 1. YES   0. NO |
|------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                 | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO b1     | | | | | |

| b1 SEDATIVES (2606-2609) | b2   b3 1. MONTH   2. 6 MOS   b4   b5 1. YES   0. NO |
|--------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                   | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO c1       | | | | | |

| c1 TRANQUILIZERS (2610-2613) | c2   c3 1. MONTH   2. 6 MOS   c4   c5 1. YES   0. NO |
|------------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO d1          | | | | | |

| d1 STIMULANTS (2614-2617)  | d2   d3 1. MONTH   2. 6 MOS   d4   d5 1. YES   0. NO |
|-----------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO e1          | | | | | |

| e1 ANALGESICS (2618-2621)  | e2   e3 1. MONTH   2. 6 MOS   e4   e5 1. YES   0. NO |
|-----------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO f1          | | | | | |

| f1 INHALANTS (2622-2625)   | f2   f3 1. MONTH   2. 6 MOS   f4   f5 1. YES   0. NO |
|-----------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO g1          | | | | | |

| g1 MARIJUANA (2626-2629)   | g2   g3 1. MONTH   2. 6 MOS   g4   g5 1. YES   0. NO |
|-----------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --> | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --> GO TO h1          | | | | | |

<p>| h1 COCAINE (2630-2633)     | h2   h3 1. MONTH   2. 6 MOS   h4   h5 1. YES   0. NO |
|-----------------------------|------|----------------|--------|------|------|------|------|
| 1. YES                      | _____YRS | 3. YEAR     4. MORE --&gt; | ____ ___ YRS | 1. YES | 0. NO |
| 0. NO --&gt; GO TO i1          | | | | | |</p>
<table>
<thead>
<tr>
<th>MD18a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD18a1 - MD18k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>MD18a2 - MD18k2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td>MD18a3 - MD18k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
</tr>
<tr>
<td>MD18a4 - MD18k4</td>
<td>Did you ever continue to use [alcohol/DRUG] after you realized it was causing problems with your physical health?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i1</th>
<th>HALLUCINOGENS (2634-2637)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --GO TO j1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i2</th>
<th></th>
</tr>
</thead>
</table>
| i3 | 1. MONTH 2. 6 MOS 3. YEAR 4. MORE-->
| i4 | 1. YES 0. NO

<table>
<thead>
<tr>
<th>j1</th>
<th>PEYOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td></td>
</tr>
<tr>
<td>0. NO --GO TO k1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j2</th>
<th></th>
</tr>
</thead>
</table>
| j3 | 1. MONTH 2. 6 MOS 3. YEAR 4. MORE-->
| j4 | 1. YES 0. NO

<table>
<thead>
<tr>
<th>k1</th>
<th>HEROIN (2638-2641)</th>
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</thead>
<tbody>
<tr>
<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --GO TO MD39</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>k2</th>
<th></th>
</tr>
</thead>
</table>
| k3 | 1. MONTH 2. 6 MOS 3. YEAR 4. MORE-->
| k4 | 1. YES 0. NO

<table>
<thead>
<tr>
<th>k5</th>
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</tr>
</thead>
</table>
MD19 (2701) Have you ever had any emotional or psychological problems from using [KEY PHRASE]--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>NO ................................................................ 0 --&gt; GO TO MD20*</td>
<td>YES....................................... 1</td>
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</table>

**MD19a CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)**

<table>
<thead>
<tr>
<th>MD19a1 - MD19k1</th>
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<tbody>
<tr>
<td>a1 ALCOHOL (2702-2705)</td>
<td>a2</td>
<td>a3</td>
<td>a4</td>
<td>a5</td>
</tr>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
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<tr>
<td>b1 SEDATIVES (2706-2709)</td>
<td>b2</td>
<td>b3</td>
<td>b4</td>
<td>b5</td>
</tr>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO c1</td>
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<tr>
<td>c1 TRANQUILIZERS (2710-2713)</td>
<td>c2</td>
<td>c3</td>
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<td>c5</td>
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<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO d1</td>
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<tr>
<td>d1 STIMULANTS (2714-2717)</td>
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<td>d5</td>
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<tr>
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<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO e1</td>
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<td>e1 ANALGESICS (2718-2721)</td>
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<td>e3</td>
<td>e4</td>
<td>e5</td>
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<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO f1</td>
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<td>f1 INHALANTS (2722-2725)</td>
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<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<td>0. NO --&gt; GO TO g1</td>
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<tr>
<td>g1 MARIJUANA (2726-2729)</td>
<td>g2</td>
<td>g3</td>
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<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<tr>
<td>0. NO --&gt; GO TO h1</td>
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<tr>
<td>h1 COCAINE (2730-2733)</td>
<td>h2</td>
<td>h3</td>
<td>h4</td>
<td>h5</td>
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<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<tr>
<td>0. NO --&gt; GO TO i1</td>
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<tr>
<td>MD19a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (CHECK ALL MENTIONS.)</td>
<td></td>
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<td>-------</td>
<td>---------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>MD19a1 - MD19k1</td>
<td>How old were you <strong>the first time</strong> this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MD19a2 - MD19k2</td>
<td>When was the <strong>last time</strong> this happened because of using (alcohol/DRUG)--(in the <strong>past month, past six months, past year, or more than a year ago</strong>)?</td>
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</tr>
<tr>
<td>MD19a3 - MD 19k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (alcohol/DRUG))?</td>
<td></td>
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<tr>
<td>MD19a4 - MD19k4</td>
<td>Did you ever continue to use [alcohol/DRUG] after you realized it was causing problems with your mental health?</td>
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<table>
<thead>
<tr>
<th>i1</th>
<th>HALLUCINOGENS (2734-2735)</th>
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<tr>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>j1</td>
<td>PEYOTE</td>
</tr>
<tr>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>k1</td>
<td>HEROIN (2738-2741)</td>
</tr>
<tr>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
</tr>
</tbody>
</table>
MD20* (2801) Did you ever use [KEY PHRASE] while taking medication you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?

NO ........................................ 0 --> GO TO MD21
YES....................................... 1

<table>
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<th>MD20a</th>
</tr>
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<tbody>
<tr>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.)</td>
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<table>
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<tr>
<th>MD20a1 - MD20k1</th>
<th>MD20a2 - MD20k2</th>
<th>MD20a3 - MD20k3</th>
<th>MD20a4 - MD20k4</th>
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<tbody>
<tr>
<td><strong>a1</strong> ALCOHOL (2802-2805)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How old were you the first time you continued to use (alcohol/DRUG) in such a situation?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>__ __ YRS</td>
<td></td>
<td></td>
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<tr>
<td><strong>a2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a3</strong> 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>__ __ YRS</td>
<td></td>
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</tr>
<tr>
<td><strong>a4</strong></td>
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</tr>
</tbody>
</table>

| **b1** SEDATIVES (2806-2809) |
| 1. YES |
| 0. NO --> GO TO c1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **b2** |
| **b3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **b4** |

| **c1** TRANQUILIZERS (2810-2813) |
| 1. YES |
| 0. NO --> GO TO d1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **c2** |
| **c3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **c4** |

| **d1** STIMULANTS (2814-2817) |
| 1. YES |
| 0. NO --> GO TO e1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **d2** |
| **d3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **d4** |

| **e1** ANALGESICS (2818-2821) |
| 1. YES |
| 0. NO --> GO TO f1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **e2** |
| **e3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **e4** |

| **f1** INHALANTS (2822-2825) |
| 1. YES |
| 0. NO --> GO TO g1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **f2** |
| **f3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **f4** |

| **g1** MARIJUANA (2826-2829) |
| 1. YES |
| 0. NO --> GO TO h1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| **g2** |
| **g3** 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> |
| __ __ YRS |
| **g4** |

<p>| <strong>h1</strong> COCAINE (2830-2833) |
| 1. YES |
| 0. NO --&gt; GO TO i1 |
| How old were you the first time you continued to use (alcohol/DRUG) in such a situation? |
| __ __ YRS |
| <strong>h2</strong> |
| <strong>h3</strong> 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; |
| __ __ YRS |
| <strong>h4</strong> |</p>
<table>
<thead>
<tr>
<th>MD20a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (CHECK ALL MENTIONS.)</th>
<th>MD20a1 - MD20k1</th>
<th>How old were you the first time you continued to use (alcohol/DRUG) in such a situation? MDk20a2 - MD20k2</th>
<th>When was the last time [you continued to use (alcohol/DRUG) in such a situation]–(in the past month, past six months, past year, or more than a year ago)? MD20a3 - MD20k3</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time [you continued to use (alcohol/DRUG) in such a situation]? MD20a4 - MD20k4</th>
</tr>
</thead>
<tbody>
<tr>
<td>i1</td>
<td>HALLUCINOGENS (2834-2837) 1. YES 0. NO --&gt;GO TO j1</td>
<td>i2</td>
<td>i3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; i4</td>
<td>j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
<td>j4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
</tr>
<tr>
<td>j1</td>
<td>PEYOTE 1. YES 0. NO --&gt;GO TO k1</td>
<td>j2</td>
<td>j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
<td>k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
<td>k4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
</tr>
<tr>
<td>k1</td>
<td>HEROIN (2838-2841) 1. YES 0. NO --&gt;GO TO MD21</td>
<td>k2</td>
<td>k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
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<td></td>
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</table>
MD21 (2901) Have you ever felt such a strong desire or urge to use [KEY PHRASE] that you could not resist it or could not think of anything else?

NO ........................................ 0 --> GO TO MD22
YES....................................... 1

QXQ Have you ever wanted or needed [KEY PHRASE] so badly that you couldn't turn it down or think of anything else?

<table>
<thead>
<tr>
<th>MD21a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused this strong urge? (CHECK ALL MENTIONS.)</th>
<th>MD21a1 - MD21k1</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>MD21a3 - MD21k3</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</th>
<th>MD21a4 - MD21k4</th>
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<tbody>
<tr>
<td>a1</td>
<td>ALCOHOL (2902-2905)</td>
<td>a2</td>
<td>a3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>a4</td>
<td>1.  YES 0. NO --&gt; GO TO b1</td>
<td>ALCOHOL (2902-2905)</td>
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<td></td>
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<td></td>
<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
<td></td>
<td>1.  YES 0. NO --&gt; GO TO b1</td>
<td>ALCOHOL (2902-2905)</td>
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<tr>
<td>b1</td>
<td>SEDATIVES (2906-2909)</td>
<td>b2</td>
<td>b3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>b4</td>
<td>1.  YES 0. NO --&gt; GO TO c1</td>
<td>SEDATIVES (2906-2909)</td>
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<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
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<td>1.  YES 0. NO --&gt; GO TO c1</td>
<td>SEDATIVES (2906-2909)</td>
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<tr>
<td>c1</td>
<td>TRANQUILIZERS (2910-2913)</td>
<td>c2</td>
<td>c3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>c4</td>
<td>1.  YES 0. NO --&gt; GO TO d1</td>
<td>TRANQUILIZERS (2910-2913)</td>
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<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
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<td>1.  YES 0. NO --&gt; GO TO d1</td>
<td>TRANQUILIZERS (2910-2913)</td>
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<tr>
<td>d1</td>
<td>STIMULANTS (2914-2917)</td>
<td>d2</td>
<td>d3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>d4</td>
<td>1.  YES 0. NO --&gt; GO TO e1</td>
<td>STIMULANTS (2914-2917)</td>
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<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
<td></td>
<td>1.  YES 0. NO --&gt; GO TO e1</td>
<td>STIMULANTS (2914-2917)</td>
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<tr>
<td>e1</td>
<td>ANALGESICS (2918-2921)</td>
<td>e2</td>
<td>e3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>e4</td>
<td>1.  YES 0. NO --&gt; GO TO f1</td>
<td>ANALGESICS (2918-2921)</td>
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<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
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<td>1.  YES 0. NO --&gt; GO TO f1</td>
<td>ANALGESICS (2918-2921)</td>
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<tr>
<td>f1</td>
<td>INHALANTS (2922-2925)</td>
<td>f2</td>
<td>f3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>f4</td>
<td>1.  YES 0. NO --&gt; GO TO g1</td>
<td>INHALANTS (2922-2925)</td>
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<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
<td></td>
<td>1.  YES 0. NO --&gt; GO TO g1</td>
<td>INHALANTS (2922-2925)</td>
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<tr>
<td>g1</td>
<td>MARIJUANA (2926-2929)</td>
<td>g2</td>
<td>g3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>g4</td>
<td>1.  YES 0. NO --&gt; GO TO h1</td>
<td>MARIJUANA (2926-2929)</td>
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<td></td>
<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
<td></td>
<td>1.  YES 0. NO --&gt; GO TO h1</td>
<td>MARIJUANA (2926-2929)</td>
</tr>
<tr>
<td>h1</td>
<td>COCAINE (2930-2933)</td>
<td>h2</td>
<td>h3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>h4</td>
<td>1.  YES 0. NO --&gt; GO TO i1</td>
<td>COCAINE (2930-2933)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.  ___ ___ YRS 4. MORE --&gt;</td>
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<td>1.  YES 0. NO --&gt; GO TO i1</td>
<td>COCAINE (2930-2933)</td>
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123
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<tr>
<th>MD21a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused this strong urge? (CHECK ALL MENTIONS.)</th>
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<tbody>
<tr>
<td>MD21a1 - MD21k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)? MD21a2 - MD21k2</td>
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<tr>
<td>MD21a3 - MD21k3</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
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<tr>
<td>MD21a4 - MD21k4</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
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**i1 HALLUCINOGENS (2934-2937)**
1. YES
0. NO --> GO TO j1

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<tr>
<th>i2</th>
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<td>___ YRS</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
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**j1 PEYOTE**
1. YES
0. NO --> GO TO k1

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<td>___ YRS</td>
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**k1 HEROIN (2938-2941)**
1. YES
0. NO --> GO TO MD22

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<tbody>
<tr>
<td>___ YRS</td>
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<td>2. 6 MOS</td>
</tr>
</tbody>
</table>
MD22 (3001) Did using [KEY PHRASE] ever become such a habit that when and how you used [KEY PHRASE] never changed no matter what you were doing or where you were?

| NO ........................................ 0 --> GO TO MD23 |
| YES....................................... 1 |

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<th>MD22a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</th>
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<tr>
<td>MD22a1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>MD22a2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
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<tr>
<td>MD22a3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
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<td>123 GHz</td>
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<tr>
<td>a2</td>
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<tr>
<td>1. MONTH</td>
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<td>2. 6 MOS</td>
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<td>3. YEAR</td>
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<td>4. MORE  --&gt;</td>
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<td>a3</td>
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<td>2. 6 MOS</td>
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<td>4. MORE  --&gt;</td>
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<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
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<tr>
<td>MD22a1 - MD22k1</td>
<td>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)? MD22a2 - MD22k2</td>
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<tr>
<td>MD22a3 - MD22k3</td>
<td>When was the <strong>last time</strong> this happened because of using (alcohol/DRUG)—(in the past month, past six months, past year, or more than a year ago)?</td>
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<tr>
<td>MD22a4 - MD22k4</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
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<tr>
<th>j1 PEYOTE</th>
<th>j2</th>
<th>j3 1. MONTH</th>
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<td>1. YES</td>
<td>___ ___ YRS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td>___ ___ YRS</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO k1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k1 HEROIN (3038-3041)</th>
<th>k2</th>
<th>k3 1. MONTH</th>
<th>2. 6 MOS</th>
<th>k4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>___ ___ YRS</td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
<td>___ ___ YRS</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO MD23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MD23 (3001)** Have you ever wanted or tried to stop or cut down on [KEY PHRASE] but found you could not?

NO ........................................ 0 --> GO TO MD24  
YES ....................................... 1

**MD23a**  
CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)

<table>
<thead>
<tr>
<th>MD23a1 - MD23k1</th>
<th>How old were you the first time this happened because of using (alcohol/DRUG)?</th>
<th>MD23a3 - MD23k3</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
</tr>
</thead>
</table>
| a1 ALCOHOL (3002-3005)  
1. YES  
0. NO --> GO TO b1 | a2  
____ ____ YRS | a3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | a4  
____ ____ YRS | MD23a4 - MD23k4 |
| b1 SEDATIVES (3006-3009)  
1. YES  
0. NO --> GO TO c1 | b2  
____ ____ YRS | b3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | b4  
____ ____ YRS | |
| c1 TRANQUILIZERS (3010-3013)  
1. YES  
0. NO --> GO TO d1 | c2  
____ ____ YRS | c3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | c4  
____ ____ YRS | |
| d1 STIMULANTS (3014-3017)  
1. YES  
0. NO --> GO TO e1 | d2  
____ ____ YRS | d3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | d4  
____ ____ YRS | |
| e1 ANALGESICS (3018-3021)  
1. YES  
0. NO --> GO TO f1 | e2  
____ ____ YRS | e3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | e4  
____ ____ YRS | |
| f1 INHALANTS (3022-3025)  
1. YES  
0. NO --> GO TO g1 | f2  
____ ____ YRS | f3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | f4  
____ ____ YRS | |
| g1 MARIJUANA (3026-3029)  
1. YES  
0. NO --> GO TO h1 | g2  
____ ____ YRS | g3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | g4  
____ ____ YRS | |
| h1 COCAINE (3030-3033)  
1. YES  
0. NO --> GO TO i1 | h2  
____ ____ YRS | h3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | h4  
____ ____ YRS | |
| i1 HALLUCINOGENS (3034-3037)  
1. YES  
0. NO --> GO TO j1 | i2  
____ ____ YRS | i3  
1. MONTH  
2. 6 MOS  
3. YEAR  
4. MORE --> | i4  
____ ____ YRS | |
MD23a
CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)

<table>
<thead>
<tr>
<th>MD23a1 - MD23k1</th>
<th>How old were you the first time this happened because of using (alcohol/DRUG)?</th>
<th>MD23a2 - MD23K2</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>j1 PEYOTE</td>
<td>j2</td>
<td>j3 1. MONTH</td>
<td>j4</td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td>__ __ YRS</td>
<td>2. 6 MOS</td>
<td>_____ _____ YRS</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO k1</td>
<td></td>
<td>3. YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k1 HEROIN (3038-3041)</td>
<td>k2</td>
<td>k3 1. MONTH</td>
<td>k4</td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td>__ __ YRS</td>
<td>2. 6 MOS</td>
<td>_____ _____ YRS</td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO MD24</td>
<td></td>
<td>3. YEAR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MD24 (3101) Have you often wanted to quit or cut down on [KEY PHRASE]?

<table>
<thead>
<tr>
<th>MD24a</th>
<th>MD24b</th>
<th>MD24c</th>
<th>MD24d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
<td>When was the last time this happened because of using (alcohol/DRUG) -- (in the past month, past six months, past year, or more than a year ago)?</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
<td></td>
</tr>
<tr>
<td>a1 ALCOHOL (3102-3105)</td>
<td>MD24a1 - MD24k1</td>
<td>MD24a2 - MD24k2</td>
<td>MD24a3 - MD24k3</td>
</tr>
<tr>
<td>b1 SEDATIVES (3106-3109)</td>
<td>c1 TRANQUILIZERS (3110-3113)</td>
<td>d1 STIMULANTS (3114-3117)</td>
<td>e1 ANALGESICS (3118-3121)</td>
</tr>
<tr>
<td>f1 INHALANTS (3122-3125)</td>
<td>g1 MARIJUANA (3126-3129)</td>
<td>h1 COCAINE (3130-3133)</td>
<td>i1 HALLUCINOGENS (3134-3137)</td>
</tr>
</tbody>
</table>

**MD24a**

**MD24b**

**MD24c**

**MD24d**

1. YES  
0. NO --> GO TO b1  
1. YES  
0. NO --> GO TO c1  
1. YES  
0. NO --> GO TO d1  
1. YES  
0. NO --> GO TO e1  
1. YES  
0. NO --> GO TO f1  
1. YES  
0. NO --> GO TO g1  
1. YES  
0. NO --> GO TO h1  
1. YES  
0. NO --> GO TO i1  
1. YES  
0. NO --> GO TO j1
<table>
<thead>
<tr>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK:</th>
<th>How old were you the first time this happened because of using (alcohol/DRUG)?</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD24a1 - MD24k1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j1 PEYOTE</td>
<td>j2</td>
<td>j3</td>
<td>j4</td>
</tr>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO k1</td>
<td>____ ____ YRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k1 HEROIN (3138-3141)</td>
<td>k2</td>
<td>k3</td>
<td>k4</td>
</tr>
<tr>
<td>1. YES</td>
<td>1. MONTH</td>
<td>2. 6 MOS</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO MD25</td>
<td>____ ____ YRS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MD25 (3201) Did you ever have a period of a month or more when you spent a great deal of time using [KEY PHRASE], getting it, or getting over its effects?

<table>
<thead>
<tr>
<th>NO ........................................ 0 --&gt; GO TO MD26</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES....................................... 1</td>
</tr>
</tbody>
</table>

**MD25a**
CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)

<table>
<thead>
<tr>
<th>MD25a1 - MD25k1</th>
<th>How old were you the <em>first time</em> this happened because of using (alcohol/DRUG)?</th>
<th>When was the <em>last time</em> this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a1 ALCOHOL (3202-3205)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO b1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b1 SEDATIVES (3206-3209)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO c1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c1 TRANQUILIZERS (3210-3213)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO d1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d1 STIMULANTS (3214-3217)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO e1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e1 ANALGESICS (3218-3221)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO f1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f1 INHALANTS (3222-3225)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO g1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g1 MARIJUANA (3226-3229)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO h1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h1 COCAINE (3230-3233)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO i1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i1 HALLUCINOGENS (3234-3237)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. NO --&gt; GO TO j1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD25a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD25a1 - MD25k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD25a2 - MD25k2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)–(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD25a3 - MD25k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD25a4 - MD25k4</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>j1 PEYOTE</th>
<th>j2</th>
<th>j3 1. MONTH</th>
<th>j4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>___ ___ YRS</td>
<td>1. MONTH</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO k1</td>
<td></td>
<td>6 MOS</td>
<td>4. MORE --&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k1 HEROIN (3238-3241)</th>
<th>k2</th>
<th>k3 1. MONTH</th>
<th>k4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>___ ___ YRS</td>
<td>1. MONTH</td>
<td>3. YEAR</td>
</tr>
<tr>
<td>0. NO --&gt;GO TO MD26</td>
<td></td>
<td>6 MOS</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. YEAR</td>
<td>4. MORE --&gt;</td>
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<p>| | | | |</p>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>132</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
MD26 (3301) Did you often use **much larger amounts** of [KEY PHRASE] than you intended to when you began, or did you use (it/them) for a **longer period** of time than you intended to?

**NO** ........................................ 0 --> **GO TO MD27**

**YES**....................................... 1

<table>
<thead>
<tr>
<th>MD26a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances?  (CHECK ALL MENTIONS.)</th>
<th>How old were you the first time this happened because of using (alcohol/DRUG)?</th>
<th>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a1</td>
<td>ALCOHOL (3302-3305) 1. YES 0. NO --&gt; GO TO b1</td>
<td>a2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>a4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>b1</td>
<td>SEDATIVES (3306-3309) 1. YES 0. NO --&gt; GO TO c1</td>
<td>b2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>b4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>c1</td>
<td>TRANQUILIZERS (3310-3313) 1. YES 0. NO --&gt; GO TO d1</td>
<td>c2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>c4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>d1</td>
<td>STIMULANTS (3314-3317) 1. YES 0. NO --&gt; GO TO e1</td>
<td>d2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>d4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>e1</td>
<td>ANALGESICS (3318-3321) 1. YES 0. NO --&gt; GO TO f1</td>
<td>e2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>e4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>f1</td>
<td>INHALANTS (3322-3325) 1. YES 0. NO --&gt; GO TO g1</td>
<td>f2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>f4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>g1</td>
<td>MARIJUANA (3326-3329) 1. YES 0. NO --&gt; GO TO h1</td>
<td>g2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>g4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>h1</td>
<td>COCAINE (3330-3333) 1. YES 0. NO --&gt; GO TO i1</td>
<td>h2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>h4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>i1</td>
<td>HALLUCINOGENS (3334-3337) 1. YES 0. NO --&gt; GO TO j1</td>
<td>i2 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td>i4 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</td>
<td></td>
</tr>
<tr>
<td>MD26a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD26a1 - MD26k1</td>
<td>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD26a2 - MD26k2</td>
<td>When was the <strong>last time</strong> this happened because of using (alcohol/DRUG)—(in the <strong>past month, past six months, past year, or more than a year ago</strong>)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD26a3 - MD26k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD26a4 - MD26k4</td>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>j1 PEYOTE</th>
<th>j2</th>
<th>j3</th>
<th>j4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>____ ____ YRS</td>
<td>1. MONTH</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO k1</td>
<td></td>
<td>3. YEAR</td>
<td>____ ____ YRS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k1 HEROIN (3338-3341)</th>
<th>k2</th>
<th>k3</th>
<th>k4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>____ ____ YRS</td>
<td>1. MONTH</td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO MD27</td>
<td></td>
<td>3. YEAR</td>
<td>____ ____ YRS</td>
</tr>
</tbody>
</table>
MD27 (3401) Did you often start using [KEY PHRASE] and find it difficult to stop before you became completely intoxicated or high?

NO ........................................ 0 --> GO TO MD28
YES....................................... 1

QXQ: Have you found it hard to stop using [KEY PHRASE] before you get high or drunk?

<table>
<thead>
<tr>
<th>MD27a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD27a1 - MD27k1</td>
<td>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)?</td>
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<tr>
<td>MD27a2 - MD27k2</td>
<td>When was the <strong>last time</strong> this happened because of using (alcohol/DRUG)---(in the <strong>past month, past six months, past year, or more than a year ago</strong>)?</td>
</tr>
<tr>
<td>MD27a3 - MD27k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
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<tr>
<td>MD27a4 - MD27k4</td>
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<thead>
<tr>
<th>a1</th>
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<td>1. YES</td>
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<td>0. NO --&gt; GO TO b1</td>
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<tr>
<th>b1</th>
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<td>1. YES</td>
<td>c2</td>
</tr>
<tr>
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<td>1. YES</td>
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<tr>
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<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --&gt; GO TO f1</td>
<td>3. 3. YEAR</td>
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<thead>
<tr>
<th>f1</th>
<th>INHALANTS (3422-3425)</th>
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</thead>
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<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --&gt; GO TO g1</td>
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<tr>
<th>g1</th>
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<tbody>
<tr>
<td>1. YES</td>
<td>g2</td>
</tr>
<tr>
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<thead>
<tr>
<th>h1</th>
<th>COCAINE (3430-3433)</th>
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<tr>
<td>1. YES</td>
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</tr>
<tr>
<td>0. NO --&gt; GO TO i1</td>
<td>3. 3. YEAR</td>
</tr>
<tr>
<td>MD27a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
</tr>
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<td>-------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>i1</td>
<td>HALLUCINOGENS (3434-3437)</td>
</tr>
<tr>
<td></td>
<td>1. YES</td>
</tr>
<tr>
<td></td>
<td>0. NO --&gt; GO TO j1</td>
</tr>
<tr>
<td>j1</td>
<td>PEYOTE</td>
</tr>
<tr>
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<td>1. YES</td>
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<tr>
<td></td>
<td>0. NO --&gt; GO TO k1</td>
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<tr>
<td>k1</td>
<td>HEROIN (3438-3441)</td>
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<tr>
<td></td>
<td>1. YES</td>
</tr>
<tr>
<td></td>
<td>0. NO --&gt; GO TO MD28</td>
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</tbody>
</table>
MD28 (3501) Did you ever find that you had to use **more** [KEY PHRASE] than usual to get the **same effect** or that the same amount had **less effect** on you than before?

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**MD28a**

CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)

**MD28a1 - MD28k1**

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<tr>
<th>a1</th>
<th>ALCOHOL (3502-3505)</th>
<th>a2</th>
<th>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)? MD28a2 - MD28k2</th>
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<tbody>
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<tr>
<td>0</td>
<td>NO --&gt; GO TO b1</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>b1</td>
<td>SEDATIVES (3506-3509)</td>
<td>b2</td>
<td>1. MONTH  2. 6 MOS  3. YEAR  4. MORE --&gt;</td>
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<tr>
<td>1</td>
<td>YES</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0</td>
<td>NO --&gt; GO TO c1</td>
<td></td>
<td>4. MORE --&gt;</td>
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<tr>
<td>c1</td>
<td>TRANQUILIZERS (3510-3513)</td>
<td>c2</td>
<td>1. MONTH  2. 6 MOS  3. YEAR  4. MORE --&gt;</td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0</td>
<td>NO --&gt; GO TO d1</td>
<td></td>
<td>4. MORE --&gt;</td>
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<tr>
<td>d1</td>
<td>STIMULANTS (3514-3517)</td>
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<tr>
<td>1</td>
<td>YES</td>
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<td>4. MORE --&gt;</td>
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<tr>
<td>0</td>
<td>NO --&gt; GO TO e1</td>
<td></td>
<td>4. MORE --&gt;</td>
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<tr>
<td>e1</td>
<td>ANALGESICS (3518-3521)</td>
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<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0</td>
<td>NO --&gt; GO TO f1</td>
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<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>f1</td>
<td>INHALANTS (3522-3525)</td>
<td>f2</td>
<td>1. MONTH  2. 6 MOS  3. YEAR  4. MORE --&gt;</td>
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<tr>
<td>1</td>
<td>YES</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0</td>
<td>NO --&gt; GO TO g1</td>
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<td>4. MORE --&gt;</td>
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<tr>
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<td>MARIJUANA (3526-3529)</td>
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<td>1. MONTH  2. 6 MOS  3. YEAR  4. MORE --&gt;</td>
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<tr>
<td>1</td>
<td>YES</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
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<td>NO --&gt; GO TO h1</td>
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<td>4. MORE --&gt;</td>
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<tr>
<td>h1</td>
<td>COCAINE (3530-3533)</td>
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<tr>
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<td>YES</td>
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<td>4. MORE --&gt;</td>
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<td>NO --&gt; GO TO i1</td>
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<td>4. MORE --&gt;</td>
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<tr>
<td>i1</td>
<td>HALLUCINOGENS (3534-3537)</td>
<td>i2</td>
<td>1. MONTH  2. 6 MOS  3. YEAR  4. MORE --&gt;</td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>0</td>
<td>NO --&gt; GO TO j1</td>
<td></td>
<td>4. MORE --&gt;</td>
</tr>
<tr>
<td>MD28a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
<td>MD28a1 - MD28k1</td>
<td>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)? MD28a2 - MD28k2</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------</td>
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<tr>
<td></td>
<td>j1 PEYOTE</td>
<td>j2</td>
<td>j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
</tr>
<tr>
<td></td>
<td>1. YES</td>
<td>___ ___ YRS</td>
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<td></td>
<td>0. NO --&gt; GO TO k1</td>
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<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
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<td></td>
<td></td>
<td>k4</td>
</tr>
</tbody>
</table>
**MD29 (3601)** Did stopping or cutting down on [KEY PHRASE] ever make you sick or cause you problems like those listed on page 13?

NO ........................................ 0 --> GO TO MD31
YES....................................... 1

<table>
<thead>
<tr>
<th>MD29a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</th>
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<tbody>
<tr>
<td>MD29a1 - MD29k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)? MD29a2 - MD29k2</td>
</tr>
<tr>
<td>MD29a3 - MD29k3</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td>MD29a4 - MD29k4</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)?</td>
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<th>a1</th>
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<tr>
<td>1. YES</td>
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<tr>
<td>a2</td>
<td>____ ____ YRS</td>
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<td>a3</td>
<td>1. MONTH 2. 6 MOS</td>
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<tr>
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<td>____ ____ YRS</td>
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<td>h3</td>
<td>1. MONTH 2. 6 MOS</td>
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<td>____ ____ YRS</td>
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<td>i2</td>
<td>____ ____ YRS</td>
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<tr>
<td>i3</td>
<td>1. MONTH 2. 6 MOS</td>
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<td>3. YEAR 4. MORE --&gt;</td>
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<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
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<tr>
<td>MD29a - MD29k1</td>
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<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
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<td>MD29a2 - MD29k2</td>
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<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
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<tr>
<td>MD29a3 - MD29k3</td>
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<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
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<tr>
<td>MD29a4 - MD29k4</td>
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<tr>
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<tbody>
<tr>
<td>1. YES</td>
</tr>
<tr>
<td>0. NO --&gt; GO TO k1</td>
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<tr>
<td>j2</td>
</tr>
<tr>
<td>1. MONTH</td>
</tr>
<tr>
<td>2. 6 MOS</td>
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<td>3. YEAR</td>
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<td>4. MORE --&gt;</td>
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<tr>
<td>j3</td>
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| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
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| 3. MORE |
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| 1. YEAR |
| 2. MORE |
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| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |

| 1. YEAR |
| 2. MORE |
| 3. MORE |
| 4. MORE |
MD30 (3642) Did you ever use [KEY PHRASE] to make these withdrawal symptoms go away or to keep from having them?

NO ........................................ 0 --> GO TO MD31
YES....................................... 1

<table>
<thead>
<tr>
<th>MD30a CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</th>
<th>MD30a1 - MD30k1</th>
<th>MD30a3 - MD30k3</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened because of using (alcohol/DRUG)? (in the past month, past six months, past year, or more than a year ago)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a1 ALCOHOL (3643) 1. YES 0. NO --&gt; GO TO b1</td>
<td>a2 ____ ____ YRS</td>
<td>a3 1. MONTH 2. 6 MOS</td>
<td>a4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>b1 SEDATIVES (3644) 1. YES 0. NO --&gt; GO TO c1</td>
<td>b2 ____ ____ YRS</td>
<td>b3 1. MONTH 2. 6 MOS</td>
<td>b4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>c1 TRANQUILIZERS (3645) 1. YES 0. NO --&gt; GO TO d1</td>
<td>c2 ____ ____ YRS</td>
<td>c3 1. MONTH 2. 6 MOS</td>
<td>c4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>d1 STIMULANTS (3646) 1. YES 0. NO --&gt; GO TO e1</td>
<td>d2 ____ ____ YRS</td>
<td>d3 1. MONTH 2. 6 MOS</td>
<td>d4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>e1 ANALGESICS (3647) 1. YES 0. NO --&gt; GO TO f1</td>
<td>e2 ____ ____ YRS</td>
<td>e3 1. MONTH 2. 6 MOS</td>
<td>e4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>f1 INHALANTS (3648) 1. YES 0. NO --&gt; GO TO g1</td>
<td>f2 ____ ____ YRS</td>
<td>f3 1. MONTH 2. 6 MOS</td>
<td>f4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>g1 MARIJUANA (3649) 1. YES 0. NO --&gt; GO TO h1</td>
<td>g2 ____ ____ YRS</td>
<td>g3 1. MONTH 2. 6 MOS</td>
<td>g4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>h1 COCAINE (3650) 1. YES 0. NO --&gt; GO TO i1</td>
<td>h2 ____ ____ YRS</td>
<td>h3 1. MONTH 2. 6 MOS</td>
<td>h4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>i1 HALLUCINOGENS (3651) 1. YES 0. NO --&gt; GO TO j1</td>
<td>i2 ____ ____ YRS</td>
<td>i3 1. MONTH 2. 6 MOS</td>
<td>i4 3. YEAR 4. MORE --&gt; ____ ____ YRS</td>
</tr>
<tr>
<td>MD30a</td>
<td>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD30a1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD30a2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| j1 PEYOTE | 1. YES | 0. NO --> GO TO k1 | j2 | j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> | j4 | k2 | k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> | k4 |
|---|---|---|---|---|---|---|---|---|---|
|  |  |  | ____ ____ YRS |  | ____ _____ YRS |  |  | ____ ____ YRS | ____ _____ YRS |

<table>
<thead>
<tr>
<th>k1 HEROIN (3652)</th>
<th>1. YES</th>
<th>0. NO --&gt; GO TO MD30</th>
<th>k2</th>
<th>k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt;</th>
<th>k4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ ____ YRS</td>
<td></td>
<td>____ _____ YRS</td>
<td></td>
</tr>
</tbody>
</table>

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MD31 (3701) Have you ever given up or greatly reduced important activities in order to get, or to use [KEY PHRASE], activities like sports, work, or seeing family and friends?

NO ........................................ 0 --> GO TO MD32_1
YES ....................................... 1

<table>
<thead>
<tr>
<th>MD31a</th>
<th>CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD31a1 - MD31k1</td>
<td>How old were you the first time this happened because of using (alcohol/DRUG)?</td>
</tr>
<tr>
<td>MD31a2 - MD31k2</td>
<td>When was the last time this happened because of using (alcohol/DRUG)--(in the past month, past six months, past year, or more than a year ago)?</td>
</tr>
<tr>
<td>MD31a3 - MD31k3</td>
<td>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</td>
</tr>
</tbody>
</table>

| a1 | ALCOHOL (3702-3705) | a2 | a3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> a4 |
|----|---------------------|----|-------|-----------------|------|
| 1. | YES                 |     |       |                 |      |
| 0. | NO --> GO TO b1     |     |       |                 |      |
| b1 | SEDATIVES (3706-3709) | b2 | b3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> b4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO c1  |     |       |                 |      |
| c1 | TRANQUILIZERS (3710-3713) | c2 | c3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> c4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO d1  |     |       |                 |      |
| d1 | STIMULANTS (3714-3717) | d2 | d3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> d4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO e1  |     |       |                 |      |
| e1 | ANALGESICS (3718-3721) | e2 | e3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> e4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO f1  |     |       |                 |      |
| f1 | INHALANTS (3722-3725) | f2 | f3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> f4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO g1  |     |       |                 |      |
| g1 | MARIJUANA (3726-3729) | g2 | g3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> g4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO h1  |     |       |                 |      |
| h1 | COCAINE (3730-3733)  | h2 | h3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> h4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO i1  |     |       |                 |      |
| i1 | HALLUCINOGENS (3734-3737) | i2 | i3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --> i4 |
|    | YES                 |     |       |                 |      |
|    | 0. NO --> GO TO j1  |     |       |                 |      |
MD31a  CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (CHECK ALL MENTIONS.)

<table>
<thead>
<tr>
<th>MD31a</th>
<th>MD31k1</th>
<th>How old were you the <strong>first time</strong> this happened because of using (alcohol/DRUG)?</th>
<th>When was the <strong>last time</strong> this happened because of using (alcohol/DRUG)--(in the <strong>past month</strong>, <strong>past six months</strong>, <strong>past year</strong>, or <strong>more than a year ago</strong>)?</th>
<th>IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG)]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>j1 PEYOTE</td>
<td>1. YES 0. NO --&gt;GO TO k1</td>
<td>j2</td>
<td>j3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; j4</td>
<td>j4</td>
</tr>
<tr>
<td>k1 HEROIN (3738-3741)</td>
<td>1. YES 0. NO --&gt;GO TO IAL1</td>
<td>k2</td>
<td>k3 1. MONTH 2. 6 MOS 3. YEAR 4. MORE --&gt; k4</td>
<td>k4</td>
</tr>
</tbody>
</table>

**MD32**  Think about the 12 month period when you were having the greatest number of these different kinds of problems that we've just been talking about, [PAUSE]

**MD32a1**  You said you were often hung over because of alcohol while at work or school or taking care of children, or while doing other important activities that you were responsible for. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ................. 0
- YES............................ .... ................. 1
- DON'T KNOW OR REFUSED........ 9

**MD32a2**  You said your use of alcohol often kept you from working, going to school, or taking care of children. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ................. 0
- YES............................ .... ................. 1
- DON'T KNOW OR REFUSED........ 9
MD32a3 You said your use of alcohol caused you considerable problems with your family, friends, at work, or at school. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................ .... .................. 1
DON'T KNOW OR REFUSED...........9

MD32a4 You said your use of alcohol caused you considerable problems with the police. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................ .... .................. 1
DON'T KNOW OR REFUSED...........9

MD32a5 You said your use of alcohol caused you to be expelled from school, or be demoted or fired from work. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................ .... .................. 1
DON'T KNOW OR REFUSED...........9

MD32a6 You said you were under the effects of alcohol or feeling its after effects in a situation which increased your chances of getting hurt--like driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................ .... .................. 1
DON'T KNOW OR REFUSED...........9
MD32a7  You said you accidentally injured yourself when you have been under the influence of alcohol--like had a bad fall or cut yourself badly, been hurt in a traffic accident, or something similar and continued to use alcohol after it caused the accident. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO..............................................0
YES.............................................1
DON'T KNOW OR REFUSED..........9

MD32a8  You said you have had health problems resulting from your use of alcohol--such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, or an accidental overdose. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO..............................................0
YES.............................................1
DON'T KNOW OR REFUSED..........9

MD32a9  You said you have had emotional or psychological problems from using alcohol--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO..............................................0
YES.............................................1
DON'T KNOW OR REFUSED..........9

MD32a10 You said you used alcohol while taking medication you knew was dangerous to mix with alcohol, or when you had a serious health problem that could be made worse by alcohol. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO..............................................0
YES.............................................1
DON'T KNOW OR REFUSED..........9
MD32a11 You said you felt such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO........................... .................. 0  
   YES........................... .................. 1  
   DON'T KNOW OR REFUSED...... 9

MD32a12 You said that your use of alcohol became such a habit that when and how you used alcohol never changed no matter what you were doing or where you were. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO........................... .................. 0  
   YES........................... .................. 1  
   DON'T KNOW OR REFUSED...... 9

MD32a13 You said you wanted or tried to stop or cut down your use of alcohol but found you could not. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO........................... .................. 0  
   YES........................... .................. 1  
   DON'T KNOW OR REFUSED...... 9

MD32a14 You said you often wanted to quit or cut down your use of alcohol. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO........................... .................. 0  
   YES........................... .................. 1  
   DON'T KNOW OR REFUSED...... 9

MD32a15 You said you had a period of a month or more when you spent a great deal of time using alcohol, getting it, or getting over its effects. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO........................... .................. 0  
   YES........................... .................. 1  
   DON'T KNOW OR REFUSED...... 9

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MD32a16  You said you often used much larger amounts of alcohol than you intended to when you began, or used alcohol for a longer period of time than you intended to. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED.......9

MD32a17  You said you often started using alcohol and found it difficult to stop before you became completely intoxicated or high. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED.......9

MD32a18  You said you found that you had to use more alcohol than usual to get the same effect or the same amount had less effect on you than before. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED.......9

M32a19  You said that stopping or cutting down on alcohol made you sick or caused you problems like those listed on Reference Card #4. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED.......9
MD32a20  You said that you used alcohol to make withdrawal symptoms go away or to keep from having them. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO………………………….. .......................... 0
YES………………………….. .......................... 1
DON’T KNOW OR REFUSED……….. 9

MD32a21  You said you gave up or greatly reduced important activities in order to get, or to use alcohol, activities like sports, work, or seeing family and friends. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO………………………….. .......................... 0
YES………………………….. .......................... 1
DON’T KNOW OR REFUSED……….. 9

MD32g1  You said you were often high because of marijuana while at work or school or taking care of children, or while doing other important activities that you were responsible for. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO………………………….. .......................... 0
YES………………………….. .......................... 1
DON’T KNOW OR REFUSED……….. 9

MD32g2  You said your use of marijuana often kept you from working, going to school, or taking care of children. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO………………………….. .......................... 0
YES………………………….. .......................... 1
DON’T KNOW OR REFUSED……….. 9
MD32g3  You said your use of marijuana caused you considerable problems with your family, friends, at work, or at school. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ............... 0
- YES............................ .... ............... 1
- DON'T KNOW OR REFUSED....... 9

MD32g4  You said your use of marijuana caused you considerable problems with the police. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ............... 0
- YES............................ .... ............... 1
- DON'T KNOW OR REFUSED....... 9

MD32g5  You said your use of marijuana caused you to be expelled from school, or be demoted or fired from work. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ............... 0
- YES............................ .... ............... 1
- DON'T KNOW OR REFUSED....... 9

MD32g6  You said you were under the effects of marijuana or feeling its after effects in a situation which increased your chances of getting hurt--like driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming. Did this occur during the 12 month period when you were having the greatest number of these experiences?

- NO.............................. .... ............... 0
- YES............................ .... ............... 1
- DON'T KNOW OR REFUSED....... 9
MD32g7  You said you accidentally injured yourself when you have been under the influence of marijuana--like had a bad fall or cut yourself badly, been hurt in a traffic accident, or something similar and continued to use marijuana after it caused the accident. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.................................... .................. 0
YES.................................... .................. 1
DON'T KNOW OR REFUSED......... 9

MD32g8  You said you have had health problems resulting from your use of marijuana--such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, or an accidental overdose. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.................................... .................. 0
YES.................................... .................. 1
DON'T KNOW OR REFUSED......... 9

MD32g9  You said you have had emotional or psychological problems from using marijuana--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.................................... .................. 0
YES.................................... .................. 1
DON'T KNOW OR REFUSED......... 9

MD32g10 You said you used marijuana while taking medication you knew was dangerous to mix with marijuana, or when you had a serious health problem that could be made worse by marijuana. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.................................... .................. 0
YES.................................... .................. 1
DON'T KNOW OR REFUSED......... 9
MD32g11  You said you felt such a strong desire or urge to use marijuana that you could not resist it or could not think of anything else. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO.............................. .... ..............0  
   YES.............................. .... ..............1  
   DON'T KNOW OR REFUSED............9

MD32g12  You said that your use of marijuana became such a habit that when and how you used marijuana never changed no matter what you were doing or where you were. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO.............................. .... ..............0  
   YES.............................. .... ..............1  
   DON'T KNOW OR REFUSED............9

MD32g13  You said you wanted or tried to stop or cut down your use of marijuana but found you could not. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO.............................. .... ..............0  
   YES.............................. .... ..............1  
   DON'T KNOW OR REFUSED............9

MD32g14  You said you often wanted to quit or cut down your use of marijuana. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO.............................. .... ..............0  
   YES.............................. .... ..............1  
   DON'T KNOW OR REFUSED............9

MD32g15  You said you had a period of a month or more when you spent a great deal of time using marijuana, getting it, or getting over its effects. Did this occur during the 12 month period when you were having the greatest number of these experiences?

   NO.............................. .... ..............0  
   YES.............................. .... ..............1  
   DON'T KNOW OR REFUSED............9

152
MD32g16  You said you often used much larger amounts of marijuana than you intended to when you began, or used marijuana for a longer period of time than you intended to. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO................................ .............................. 0
YES.......................................... .......................... 1
DON'T KNOW OR REFUSED........... 9

MD32g17  You said you often started using marijuana and found it difficult to stop before you became completely intoxicated or high. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO................................ .............................. 0
YES.......................................... .......................... 1
DON'T KNOW OR REFUSED........... 9

MD32g18  You said you found that you had to use more marijuana than usual to get the same effect or the same amount had less effect on you than before. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO................................ .............................. 0
YES.......................................... .......................... 1
DON'T KNOW OR REFUSED........... 9

MD32g19  You said that stopping or cutting down on marijuana made you sick or caused you problems like those listed on Reference Card #4. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO................................ .............................. 0
YES.......................................... .......................... 1
DON'T KNOW OR REFUSED........... 9
MD32g20 You said that you used marijuana to make these withdrawal symptoms go away or to keep from having them. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED........ 9

MD32g21 You said you gave up or greatly reduced important activities in order to get, or to use marijuana, activities like sports, work, or seeing family and friends. Did this occur during the 12 month period when you were having the greatest number of these experiences?

NO.............................. .... .................. 0
YES............................... .... .................. 1
DON'T KNOW OR REFUSED........ 9
We've been talking a lot about your problems with alcohol, but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAL1 How much did your problems with alcohol ever bother or upset you? Would you say not at all, some, or a lot?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>IAL2 How much did your problems with alcohol ever interfere with your life or activities?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>IAL3 How much did your problems with alcohol interfere with work or school?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>IAL4 How much did your problems with alcohol cause you difficulty with your relatives?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>IAL5 How much did your problems with alcohol cause you difficulty with your friends?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>IAL6 How much did your problems with alcohol interfere with how you took care of yourself?</td>
<td>0, 1, 2</td>
</tr>
</tbody>
</table>

IF AL8 LESS THAN 1 GO TO SAL1
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>IAL7</th>
<th>How much were you bothered or upset by your problems with alcohol?</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>..................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>IAL8</th>
<th>How much did your problems with alcohol interfere with your life or activities in the past 12 months?</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>..................................................................................</td>
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<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

156
SAL1 Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with alcohol?

1. **YES**
2. **0. NO**

SAL2 Did you ever talk to a friend or family member about your problems with alcohol?

NO..................................................... 0 --> GO TO SAL3
YES ................................................... 1

SAL2a Did you talk to any of these people about your use of alcohol in the past **year**?

NO...................................................... 0
YES.................................................... 1

SAL3 Did you ever talk to a mental health specialist about your problems with alcohol? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO...................................................... 0  --> GO TO SAL4
YES.................................................... 1

SAL3a Did you talk to one of these people about your use of alcohol in the past **year**?

NO...................................................... 0
YES.................................................... 1

SAL4 Did you ever talk to a **medical** person about your problems with alcohol? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO...................................................... 0  --> GO TO SAL5
YES.................................................... 1
SAL4a  Did you talk to one of these people about your problems with alcohol in the past year?

   NO...................................................... 0
   YES.................................................... 1

SAL5  Did you ever talk to a healer or spiritual or religious leader about your problem with alcohol? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

   NO...................................................... 0  --> GO TO SAL6
   YES.................................................... 1

SAL5a  Did you talk to one of these people about your problem with alcohol in the past year?

   NO...................................................... 0
   YES.................................................... 1

SAL6  Did you ever receive substance abuse treatment that was related to your problem with alcohol?

   1. YES  
   0. NO  --> GO TO SAL8_ev

SAL6a_ev  Was this as a patient in residential treatment?

   NO...................................................... 0  --> GO TO SAL6b_ev
   YES.................................................... 1

SAL6a_yr Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

SAL6b_ev  Were you treated as an outpatient?

   NO...................................................... 0  --> GO TO SAL7_ev
   YES.................................................... 1
SAL6b_yr Was this in the past year?

NO...................................................... 0
YES..................................................... 1

SAL7_ev Were you ever treated for your problems with alcohol as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SAL8_ev
YES..................................................... 1

SAL7_yr Were you treated there in the past year?

NO...................................................... 0
YES..................................................... 1

People sometimes use different kinds of medicines when they have problems with alcohol.

SAL8_ev Did you ever take any medicine that was prescribed by a doctor for your problems with alcohol?

NO...................................................... 0  --> GO TO SAL9_ev
YES..................................................... 1

SAL8_yr In the past year?

NO...................................................... 0
YES..................................................... 1

SAL9_ev Did you ever take medicine you got in a store without a prescription for your problems with alcohol?

NO...................................................... 0  --> GO TO SAL10_ev
YES..................................................... 1

SAL9_yr In the past year?

NO...................................................... 0
YES..................................................... 1
SAL10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with alcohol?

NO...................................................... 0 --> GO TO SAL11_ev
YES.................................................... 1

SAL10_yr In the past year?

NO...................................................... 0
YES.................................................... 1

SAL11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with alcohol?

NO...................................................... 0 --> GO TO SAL12_ev
YES.................................................... 1

SAL11_yr In the past year?

NO...................................................... 0
YES.................................................... 1

SAL12_ev  Did you ever take OTHER MEDICINE for your problem with alcohol?

NO...................................................... 0 --> GO TO SAL13_ev*
YES.................................................... 1

SAL12_yr In the past year?

NO...................................................... 0
YES.................................................... 1

SAL13_ev* Did you have a ceremony performed for your problems with alcohol?

NO...................................................... 0 --> GO TO SEDSKP
YES.................................................... 1

SAL13_t* What ceremony was it?__________________________________________________________________________________

160
We've been talking a lot about your problems with sedatives, but now I'd like to ask you about what these meant to you, and some things you might have done.

How much did your problems with sedatives ever bother or upset you? Would you say not at all, some, or a lot?

How much did your problems with sedatives ever interfere with your life or activities?

How much did your problems with sedatives interfere with work or school?

How much did your problems with sedatives cause you difficulty with your relatives?

How much did your problems with sedatives cause you difficulty with your friends?

How much did your problems with sedatives interfere with how you took care of yourself?
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>ISE7</th>
<th>How much were you bothered or upset by your problems with sedatives? ..................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISE8</th>
<th>How much did your problems with sedatives interfere with your life or activities <strong>in the past 12 months</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
SSE1 Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with sedatives?

1. **YES**  
0. **NO**

SSE2 Did you ever talk to a friend or family member about your problems with sedatives?

NO ..................................................... 0 --> GO TO SSE3  
YES ................................................... 1  

SSE2a Did you talk to any of these people about your use of sedatives in the past **year**?

NO ..................................................... 0  
YES ................................................... 1  

SSE3 Did you ever talk to a mental health specialist about your problems with sedatives? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO ..................................................... 0 --> GO TO SSE4  
YES ................................................... 1  

SSE3a Did you talk to one of these people about your use of sedatives in the past **year**?

NO ..................................................... 0  
YES ................................................... 1  

SSE4 Did you ever talk to a **medical** person about your problems with sedatives? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO ..................................................... 0 --> GO TO SSE5  
YES ................................................... 1
SSE4a  Did you talk to one of these people about your problems with sedatives in the past year?

NO...................................................... 0
YES.................................................... 1

SSE5  Did you ever talk to a healer or spiritual or religious leader about your problem with sedatives? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SSE6
YES.................................................... 1

SSE5a  Did you talk to one of these people about your problem with sedatives in the past year?

NO...................................................... 0
YES.................................................... 1

SSE6  Did you ever receive substance abuse treatment that was related to your problem with sedatives?

1. YES  0. NO  --> GO TO SSE8_ev

SSE6a_ev  Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SSE6b_ev
YES.................................................... 1

SSE6a_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SSE6b_ev  Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SSE7_ev
YES.................................................... 1
SSE6b_yr  Was this in the past year?

   NO.................................................. 0
   YES............................................... 1

SSE7_ev  Were you ever treated for your problems with sedatives as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   NO.................................................. 0  --> GO TO SSE8_ev
   YES............................................... 1

SSE7_yr  Were you treated there in the past year?

   NO.................................................. 0
   YES............................................... 1

People sometimes use different kinds of medicines when they have problems with sedatives.

SSE8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with sedatives?

   NO.................................................. 0  --> GO TO SSE9_ev
   YES............................................... 1

SSE8_yr  In the past year?

   NO.................................................. 0
   YES............................................... 1

SSE9_ev  Did you ever take medicine you got in a store without a prescription for your problems with sedatives?

   NO.................................................. 0  --> GO TO SSE10_ev
   YES............................................... 1

SSE9_yr  In the past year?

   NO.................................................. 0
   YES............................................... 1
SSE10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with sedatives?

NO....................................................... 0  --> GO TO SSE11_ev
YES.................................................... 1

SSE10_yr  In the past year?

NO....................................................... 0
YES.................................................... 1

SSE11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with sedatives?

NO....................................................... 0  --> GO TO SSE12_ev
YES.................................................... 1

SSE11_yr  In the past year?

NO....................................................... 0
YES.................................................... 1

SSE12_ev  Did you ever take OTHER MEDICINE for your problem with sedatives?

NO....................................................... 0  --> GO TO SSE13_ev*
YES.................................................... 1

SSE12_yr  In the past year?

NO....................................................... 0
YES.................................................... 1

SSE13_ev*  Did you have a ceremony performed for your problems with sedatives?

NO....................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SSE13_t*  What ceremony was it? Specify________________________________________________
We've been talking a lot about your problems with tranquilizers, but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>ITQ1</th>
<th>How much did your problems with tranquilizers ever bother or upset you? Would you say not at all, some, or a lot?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
</tr>
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<table>
<thead>
<tr>
<th>ITQ2</th>
<th>How much did your problems with tranquilizers ever interfere with your life or activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
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<table>
<thead>
<tr>
<th>ITQ3</th>
<th>How much did your problems with tranquilizers interfere with work or school?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
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</table>

<table>
<thead>
<tr>
<th>ITQ4</th>
<th>How much did your problems with tranquilizers cause you difficulty with your relatives?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITQ5</th>
<th>How much did your problems with tranquilizers cause you difficulty with your friends?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
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<table>
<thead>
<tr>
<th>ITQ6</th>
<th>How much did your problems with tranquilizers interfere with how you took care of yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

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Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>ITQ7</th>
<th>How much were you bothered or upset by your problems with tranquilizers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
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<tr>
<td></td>
<td>0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITQ8</th>
<th>How much did your problems with tranquilizers interfere with your life or activities <strong>in the past 12 months</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
STQ1  Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with tranquilizers?

1. YES  
0. NO

STQ2  Did you ever talk to a friend or family member about your problems with tranquilizers?

NO..................................................... 0 --> GO TO STQ3  
YES ................................................... 1

STQ2a Did you talk to any of these people about your use of tranquilizers in the past **year**?

NO...................................................... 0  
YES.................................................... 1

STQ3  Did you ever talk to a mental health specialist about your problems with tranquilizers? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO...................................................... 0  --> GO TO STQ4  
YES.................................................... 1

STQ3a Did you talk to one of these people about your use of tranquilizers in the past **year**?

NO...................................................... 0  
YES.................................................... 1

STQ4 Did you ever talk to a **medical** person about your problems with tranquilizers? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO...................................................... 0  --> GO TO STQ5  
YES.................................................... 1
STQ4a  Did you talk to one of these people about your problems with tranquilizers in the past year?

NO........................................................................ 0
YES....................................................................... 1

STQ5  Did you ever talk to a healer or spiritual or religious leader about your problem with tranquilizers? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO........................................................................ 0  --> GO TO STQ6
YES....................................................................... 1

STQ5a  Did you talk to one of these people about your problem with tranquilizers in the past year?

NO........................................................................ 0
YES....................................................................... 1

STQ6  Did you ever receive substance abuse treatment that was related to your problem with tranquilizers?

1. YES
0. NO --> GO TO STQ8_ev

STQ6a_ev  Was this as a patient in residential treatment?

NO........................................................................ 0  --> GO TO STQ6b_ev
YES....................................................................... 1

STQ6a_yr  Was this in the past year?

NO........................................................................ 0
YES....................................................................... 1

STQ6b_ev  Were you treated as an outpatient?

NO........................................................................ 0  --> GO TO STQ7_ev
YES....................................................................... 1
STQ6b_yr  Was this in the past year?

    NO...................................................... 0
    YES.................................................... 1

STQ7_ev  Were you ever treated for your problems with tranquilizers as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

    NO...................................................... 0  --> GO TO STQ8_ev
    YES.................................................... 1

STQ7_yr  Were you treated there in the past year?

    NO...................................................... 0
    YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with tranquilizers.

STQ8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with tranquilizers?

    NO...................................................... 0  --> GO TO STQ9_ev
    YES.................................................... 1

STQ8_yr  In the past year?

    NO...................................................... 0
    YES.................................................... 1

STQ9_ev  Did you ever take medicine you got in a store without a prescription for your problems with tranquilizers?

    NO...................................................... 0  --> GO TO STQ10_ev
    YES.................................................... 1

STQ9_yr  In the past year?

    NO...................................................... 0
    YES.................................................... 1

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STQ10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with tranquilizers?

NO...................................................... 0  --> GO TO STQ11_ev
YES.................................................... 1

STQ10_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

STQ11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with tranquilizers?

NO...................................................... 0  --> GO TO STQ12_ev
YES.................................................... 1

STQ11_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

STQ12_ev  Did you ever take OTHER MEDICINE for your problem with tranquilizers?

NO...................................................... 0  --> GO TO STQ13_ev*
YES.................................................... 1

STQ12_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

STQ13_ev* Did you have a ceremony performed for your problems with tranquilizers?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

STQ13_t* What ceremony was it?  Specify_______________________________________

__________________________________________________________________
We've been talking a lot about your problems with stimulants but now I'd like to ask you about what these meant to you, and some things you might have done.

**ISTI1** How much did your problems with stimulants ever bother or upset you? Would you say **not at all, some, or a lot**?

**ISTI2** How much did your problems with stimulants ever interfere with your life or activities?

**ISTI3** How much did your problems with stimulants interfere with work or school?

**ISTI4** How much did your problems with stimulants cause you difficulty with your relatives?

**ISTI5** How much did your problems with stimulants cause you difficulty with your friends?

**ISTI6** How much did your problems with stimulants interfere with how you took care of yourself?
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>ISTI7</th>
<th>How much were you bothered or upset by your problems with stimulants?</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tr>
<td></td>
<td>..................................................................................................</td>
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<table>
<thead>
<tr>
<th>ISTI8</th>
<th>How much did your problems with stimulants interfere with your life or activities <strong>in the past 12 months</strong>?</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>..................................................................................................</td>
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<td></td>
</tr>
</tbody>
</table>
SSTI1  Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with stimulants?

| 1. YES | 0. NO |

SSTI2  Did you ever talk to a friend or family member about your problems with stimulants?

- NO..................................................... 0 --> GO TO SSTI3
- YES ................................................... 1

SSTI2a  Did you talk to any of these people about your use of stimulants in the past **year**?

- NO...................................................... 0
- YES.................................................... 1

SSTI3  Did you ever talk to a mental health specialist about your problems with stimulants? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

- NO...................................................... 0 --> GO TO SSTI4
- YES.................................................... 1

SSTI3a  Did you talk to one of these people about your use of stimulants in the past **year**?

- NO...................................................... 0
- YES.................................................... 1

SSTI4  Did you ever talk to a **medical** person about your problems with stimulants? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

- NO...................................................... 0 --> GO TO SSTI5
- YES.................................................... 1
SSTI4a  Did you talk to one of these people about your problems with stimulants in the past year?

NO...................................................... 0  
YES.................................................... 1

SSTI5  Did you ever talk to a healer or spiritual or religious leader about your problem with stimulants? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SSTI6  
YES.................................................... 1

SSTI5a  Did you talk to one of these people about your problem with stimulants in the past year?

NO...................................................... 0  
YES.................................................... 1

SSTI6  Did you ever receive substance abuse treatment that was related to your problem with stimulants?

1. YES  0. NO  --> GO TO SSTI8_ev

SSTI6a_ev  Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SSTI6b_ev  
YES.................................................... 1

SSTI6a_yr  Was this in the past year?

NO...................................................... 0  
YES.................................................... 1

SSTI6b_ev  Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SSTI7_ev  
YES.................................................... 1
SSTI6b_yr  Was this in the past year?

   NO...................................................... 0
   YES..................................................... 1

SSTI7_ev  Were you ever treated for your problems with stimulants as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   NO...................................................... 0  --> GO TO SSTI8_ev
   YES..................................................... 1

SSTI7_yr  Were you treated there in the past year?

   NO...................................................... 0
   YES..................................................... 1

People sometimes use different kinds of medicines when they have problems with tranquilizers.

SSTI8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with stimulants?

   NO...................................................... 0  --> GO TO SSTI9_ev
   YES..................................................... 1

SSTI8_yr  In the past year?

   NO...................................................... 0
   YES..................................................... 1

SSTI9_ev  Did you ever take medicine you got in a store without a prescription for your problems with stimulants?

   NO...................................................... 0  --> GO TO SSTI10_ev
   YES..................................................... 1

SSTI9_yr  In the past year?

   NO...................................................... 0
   YES..................................................... 1
SSTI10_e Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with stimulants?

NO ...................................................... 0  --> GO TO SSTI11_e
YES .................................................... 1

SSTI10_y In the past year?

NO ...................................................... 0
YES .................................................... 1

SSTI11_e Did you ever take any other herbs, roots, or remedies like these for your problems with stimulants?

NO ...................................................... 0  --> GO TO SSTI12_e
YES .................................................... 1

SSTI11_y In the past year?

NO ...................................................... 0
YES .................................................... 1

SSTI12_e Did you ever take OTHER MEDICINE for your problem with stimulants?

NO ...................................................... 0  --> GO TO SSTI13_e*
YES .................................................... 1

SSTI12_y In the past year?

NO ...................................................... 0
YES .................................................... 1

SSTI13_e* Did you have a ceremony performed for your problems with stimulants?

NO ...................................................... 0  --> GO TO SEDSKP
YES .................................................... 1

SSTI13_t* What ceremony was it? Specify ________________________________________________________________
We've been talking a lot about your problems with analgesics but now I'd like to ask you about what these meant to you, and some things you might have done.

How much did your problems with analgesics ever bother or upset you? Would you say not at all, some, or a lot?

How much did your problems with analgesics ever interfere with your life or activities?

How much did your problems with analgesics interfere with work or school?

How much did your problems with analgesics cause you difficulty with your relatives?

How much did your problems with analgesics cause you difficulty with your friends?

How much did your problems with analgesics interfere with how you took care of yourself?
Now, just thinking over the past 12 months . . .

<table>
<thead>
<tr>
<th>IANG7</th>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much were you bothered or upset by your problems with analgesics?</td>
<td>.......................... .......................... 0 .......................... 1 .......................... 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IANG8</th>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did your problems with analgesics interfere with your life or activities in the past 12 months?</td>
<td>.......................... .......................... 0 .......................... 1 .......................... 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SANG1  Whether you actually did or not, has anyone ever suggested that you seek help of any kind for your problems with analgesics?

1. YES  0. NO

SANG2  Did you ever talk to a friend or family member about your problems with analgesics?

NO......................................................... 0 --> GO TO SANG3
YES .......................................................... 1

SANG2a  Did you talk to any of these people about your use of analgesics in the past year?

NO......................................................... 0
YES .......................................................... 1

SANG3  Did you ever talk to a mental health specialist about your problems with analgesics? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO......................................................... 0  --> GO TO SANG4
YES .......................................................... 1

SANG3a  Did you talk to one of these people about your use of analgesics in the past year?

NO......................................................... 0
YES .......................................................... 1

SAGN4  Did you ever talk to a medical person about your problems with analgesics? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO......................................................... 0  --> GO TO SANG5
YES .......................................................... 1
SANG4a  Did you talk to one of these people about your problems with analgesics in the past year?

NO...................................................... 0
YES.................................................... 1

SANG5  Did you ever talk to a healer or spiritual or religious leader about your problem with analgesics? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SANG6
YES.................................................... 1

SANG5a  Did you talk to one of these people about your problem with analgesics in the past year?

NO...................................................... 0
YES.................................................... 1

SANG6  Did you ever receive substance abuse treatment that was related to your problem with analgesics?

1. YES  0. NO  --> GO TO SANG8_ev

SANG6a_ev  Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SANG6b_ev
YES.................................................... 1

SANG6a_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SANG6b_ev  Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SANG7_ev
YES.................................................... 1
SANG6b_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SANG7_ev  Were you ever treated for your problems with analgesics as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SANG8_ev
YES.................................................... 1

SANG7_yr  Were you treated there in the past year?

NO...................................................... 0
YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with analgesics.

SANG8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with analgesics?

NO...................................................... 0  --> GO TO SANG9_ev
YES.................................................... 1

SANG8_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SANG9_ev  Did you ever take medicine you got in a store without a prescription for your problems with analgesics?

NO...................................................... 0  --> GO TO SANG10_ev
YES.................................................... 1

SANG9_yr  In the past year?

NO...................................................... 0
YES.................................................... 1
SANG10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with analgesics?

NO............................................................................. 0  --> GO TO SANG11_ev
YES........................................................................... 1

SANG10_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SANG11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with analgesics?

NO............................................................................. 0  --> GO TO SANG12_ev
YES........................................................................... 1

SANG11_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SANG12_ev  Did you ever take OTHER MEDICINE for your problem with analgesics?

NO............................................................................. 0  --> GO TO SANG13_ev*
YES........................................................................... 1

SANG12_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SANG13_ev*  Did you have a ceremony performed for your problems with analgesics?

NO............................................................................. 0  --> GO TO SEDSKP
YES........................................................................... 1

SANG13_t*  What ceremony was it? Specify__________________________________________

__________________________________________________________________
IINH1  We've been talking a lot about your problems with inhalants but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IINH1  How much did your problems with inhalants ever bother or upset you? Would you say <strong>not at all, some, or a lot?</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH2  How much did your problems with inhalants ever interfere with your life or activities?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH3  How much did your problems with inhalants interfere with work or school?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH4  How much did your problems with inhalants cause you difficulty with your relatives?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH5  How much did your problems with inhalants cause you difficulty with your friends?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH6  How much did your problems with inhalants interfere with how you took care of yourself?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IINH7 How much were you bothered or upset by your problems with inhalants?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IINH8 How much did your problems with inhalants interfere with your life or activities <strong>in the past 12 months</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
SINH1  Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with inhalants?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

SINH2  Did you ever talk to a friend or family member about your problems with inhalants?

NO......................................................... 0 --> GO TO SINH3
YES ....................................................... 1

SINH2a Did you talk to any of these people about your use of inhalants in the past year?

NO......................................................... 0
YES ....................................................... 1

SINH3  Did you ever talk to a mental health specialist about your problems with inhalants? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO......................................................... 0 -->GO TO SINH4
YES ....................................................... 1

SINH3a Did you talk to one of these people about your use of inhalants in the past year?

NO......................................................... 0
YES ....................................................... 1

SINH4  Did you ever talk to a **medical** person about your problems with inhalants? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO......................................................... 0 --> GO TO SINH5
YES ....................................................... 1
SINH4a Did you talk to one of these people about your problems with inhalants in the past year?

NO...................................................... 0
YES.................................................... 1

SINH5 Did you ever talk to a healer or spiritual or religious leader about your problem with inhalants? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SINH6
YES.................................................... 1

SINH5a Did you talk to one of these people about your problem with inhalants in the past year?

NO...................................................... 0
YES.................................................... 1

SINH6 Did you ever receive substance abuse treatment that was related to your problem with inhalants?

1. YES
0. NO --> GO TO SINH8_ev

SINH6a_ev Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SINH6b_ev
YES.................................................... 1

SINH6a_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SINH6b_ev Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SINH7_ev
YES.................................................... 1
SINH6b_yr  Was this in the past year?

    NO...................................................... 0
    YES.................................................... 1

SINH7_ev  Were you ever treated for your problems with inhalants as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

    NO...................................................... 0  --> GO TO SINH8_ev
    YES.................................................... 1

SINH7_yrWere you treated there in the past year?

    NO...................................................... 0
    YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with inhalants.

SINH8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with inhalants?

    NO...................................................... 0  --> GO TO SINH9_ev
    YES.................................................... 1

SINH8_yrIn the past year?

    NO...................................................... 0
    YES.................................................... 1

SINH9_ev  Did you ever take medicine you got in a store without a prescription for your problems with inhalants?

    NO...................................................... 0  --> GO TO SINH10_ev
    YES.................................................... 1

SINH9_yrIn the past year?

    NO...................................................... 0
    YES.................................................... 1
SINH10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with inhalants?

NO...................................................... 0  --> GO TO SINH11_ev
YES.................................................... 1

SINH10_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SINH11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with inhalants?

NO...................................................... 0  --> GO TO SINH12_ev
YES.................................................... 1

SINH11_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SINH12_ev  Did you ever take OTHER MEDICINE for your problem with inhalants?

NO...................................................... 0  --> GO TO SINH13_ev*
YES.................................................... 1

SINH12_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SINH13_ev*  Did you have a ceremony performed for your problems with inhalants?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SINH13_t*  What ceremony was it? Specify__________________________________________
__________________________________________
IPOT1 We've been talking a lot about your problems with marijuana but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
</table>

IPOT1 How much did your problems with marijuana ever bother or upset you? Would you say **not at all, some, or a lot?** .................................................................0 ............... 1 .............. 2

IPOT2 How much did your problems with marijuana ever interfere with your life or activities.................................................................0 ............... 1 .............. 2

IPOT3 How much did your problems with marijuana interfere with work or school? .................................................................0 ............... 1 .............. 2

IPOT4 How much did your problems with marijuana cause you difficulty with your relatives? .................................................................0 ............... 1 .............. 2

IPOT5 How much did your problems with marijuana cause you difficulty with your friends? .................................................................0 ............... 1 .............. 2

IPOT6 How much did your problems with marijuana interfere with how you took care of yourself? .................................................................0 ............... 1 .............. 2
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th>IPOT7</th>
<th>How much were you bothered or upset by your problems with marijuana?</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>..........................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPOT8</th>
<th>How much did your problems with marijuana interfere with your life or activities in the <strong>past 12 months</strong>?</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>..........................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPOT1 Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with marijuana?

1. YES  
0. NO

SPOT2 Did you ever talk to a friend or family member about your problems with marijuana?

NO..................................................... 0 --> GO TO SPOT3  
YES ................................................... 1

SPOT2a Did you talk to any of these people about your use of marijuana in the past **year**?

NO...................................................... 0  
YES .................................................... 1

SPOT3 Did you ever talk to a mental health specialist about your problems with marijuana? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO......................................................... 0 --> GO TO SPOT4  
YES ........................................................ 1

SPOT3a Did you talk to one of these people about your use of marijuana in the past **year**?

NO...................................................... 0  
YES .................................................... 1

SPOT4 Did you ever talk to a **medical** person about your problems with marijuana? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO........................................................ 0 --> GO TO SPOT5  
YES ....................................................... 1
SPOT4a Did you talk to one of these people about your problems with marijuana in
the past **year**?

   NO...................................................... 0
   YES.................................................... 1

SPOT5 Did you ever talk to a healer or spiritual or religious leader about your problem with
marijuana? This would include a Roadman, a medicine man or woman, another religious
leader such as a pastor, priest, or minister, or someone like that.

   NO...................................................... 0  --> GO TO SPOT6
   YES.................................................... 1

SPOT5a Did you talk to one of these people about your problem with marijuana in the
past **year**?

   NO...................................................... 0
   YES.................................................... 1

SPOT6 Did you ever receive substance abuse treatment that was related to your problem with
marijuana?

   1. YES
   0. NO  --> GO TO SPOT8_ev

SPOT6a_ev Was this as a patient in residential treatment?

   NO...................................................... 0  --> GO TO SPOT6b_ev
   YES.................................................... 1

SPOT6a_yr Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

SPOT6b_ev Were you treated as an outpatient?

   NO...................................................... 0  --> GO TO SPOT7_ev
   YES.................................................... 1
SPOT6b_yr  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SPOT7_ev  Were you ever treated for your problems with marijuana as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SPOT8_ev
YES.................................................... 1

SPOT7_yr  Were you treated there in the past year?

NO...................................................... 0
YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with marijuana.

SPOT8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with marijuana?

NO...................................................... 0  --> GO TO SPOT9_ev
YES.................................................... 1

SPOT8_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SPOT9_ev  Did you ever take medicine you got in a store without a prescription for your problems with marijuana?

NO...................................................... 0  --> GO TO SPOT10_ev
YES.................................................... 1

SPOT9_yr  In the past year?

NO...................................................... 0
YES.................................................... 1
SPOT10_e  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with marijuana?

NO...................................................... 0  --> GO TO SPOT11_e
YES.................................................... 1

SPOT10_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SPOT11_e  Did you ever take any other herbs, roots, or remedies like these for your problems with marijuana?

NO...................................................... 0  --> GO TO SPOT12_e
YES.................................................... 1

SPOT11_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SPOT12_e  Did you ever take OTHER MEDICINE for your problem with marijuana?

NO...................................................... 0  --> GO TO SPOT13_e*
YES.................................................... 1

SPOT12_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SPOT13_e*  Did you have a ceremony performed for your problems with marijuana?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SPOT13_t*  What ceremony was it? Specify__________________________________________

__________________________________________
We've been talking a lot about your problems with cocaine but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did your problems with cocaine ever bother or upset you?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>Would you say not at all, some, or a lot?</td>
<td></td>
</tr>
<tr>
<td>How much did your problems with cocaine ever interfere with your life or activities?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>How much did your problems with cocaine interfere with work or school?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>How much did your problems with cocaine cause you difficulty with your relatives?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>How much did your problems with cocaine cause you difficulty with your friends?</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>How much did your problems with cocaine interfere with how you took care of yourself?</td>
<td>0, 1, 2</td>
</tr>
</tbody>
</table>
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICOC7</td>
<td>How much were you bothered or upset by your problems with cocaine?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ICOC8</td>
<td>How much did your problems with cocaine interfere with your life or activities <strong>in the past 12 months</strong>?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
SCOC1  Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with cocaine?

1. YES  
0. NO

SCOC2  Did you ever talk to a friend or family member about your problems with cocaine?

NO........................................................................... 0 --> GO TO SCOC3  
YES .............................................................. 1

SCOC2a  Did you talk to any of these people about your use of cocaine in the past **year**?

NO........................................................................... 0  
YES....................................................................... 1

SCOC3  Did you ever talk to a mental health specialist about your problems with cocaine? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO........................................................................... 0  -->GO TO SCOC4  
YES....................................................................... 1

SCOC3a  Did you talk to one of these people about your use of cocaine in the past **year**?

NO........................................................................... 0  
YES....................................................................... 1

SCOC4  Did you ever talk to a **medical** person about your problems with cocaine? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO........................................................................... 0 --> GO TO SCOC5  
YES....................................................................... 1
SCOC4a  Did you talk to one of these people about your problems with cocaine in the past year?

   NO...................................................... 0
   YES.................................................... 1

SCOC5  Did you ever talk to a healer or spiritual or religious leader about your problem with cocaine? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

   NO...................................................... 0  --> GO TO SCOC6
   YES.................................................... 1

SCOC5a  Did you talk to one of these people about your problem with cocaine in the past year?

   NO...................................................... 0
   YES.................................................... 1

SCOC6  Did you ever receive substance abuse treatment that was related to your problem with cocaine?

   1. YES
   0. NO  --> GO TO SCOC8_ev

SCOC6a_e  Was this as a patient in residential treatment?

   NO...................................................... 0  --> GO TO SCOC6b_e
   YES.................................................... 1

SCOC6a_y  Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

SCOC6b_e  Were you treated as an outpatient?

   NO...................................................... 0  --> GO TO SCOC7_e
   YES.................................................... 1
SCOC6b_y  Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SCOC7_e  Were you ever treated for your problems with cocaine as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO...................................................... 0  --> GO TO SCOC8_e
YES.................................................... 1

SCOC7_y  Were you treated there in the past year?

NO...................................................... 0
YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with cocaine.

SCOC8_e  Did you ever take any medicine that was prescribed by a doctor for your problems with cocaine?

NO...................................................... 0  --> GO TO SCOC9_e
YES.................................................... 1

SCOC8_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SCOC9_e  Did you ever take medicine you got in a store without a prescription for your problems with cocaine?

NO...................................................... 0  --> GO TO SCOC10_e
YES.................................................... 1

SCOC9_y  In the past year?

NO...................................................... 0
YES.................................................... 1
SCOC10_e  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with cocaine?

NO...................................................... 0  --> GO TO SCOC11_e
YES.................................................... 1

SCOC10_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SCOC11_e  Did you ever take any other herbs, roots, or remedies like these for your problems with cocaine?

NO...................................................... 0  --> GO TO SCOC12_e
YES.................................................... 1

SCOC11_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SCOC12_e  Did you ever take OTHER MEDICINE for your problem with cocaine?

NO...................................................... 0  --> GO TO SCOC13_e*
YES.................................................... 1

SCOC12_y  In the past year?

NO...................................................... 0
YES.................................................... 1

SCOC13_e* Did you have a ceremony performed for your problems with marijuana?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SCOC13_t*  What ceremony was it?  Specify________________________________________________________

________________________________________________________
IHAL1 We've been talking a lot about your problems with hallucinogens but now I'd like to ask you about what these meant to you, and some things you might have done.

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did your problems with hallucinogens ever bother or upset you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you say <strong>not at all</strong>, <strong>some</strong>, or <strong>a lot</strong>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens ever interfere with your life or activities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens interfere with work or school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens cause you difficulty with your relatives?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens cause you difficulty with your friends?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens interfere with how you took care of yourself?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now, just thinking over the **past 12 months** . . .

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHAL7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much were you bothered or upset by your problems with hallucinogens?                          0 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHAL8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did your problems with hallucinogens interfere with your life or activities <strong>in the past 12 months</strong>? 0 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SHAL1 Whether you actually did or not, has anyone ever suggested that you seek help of any kind for your problems with hallucinogens?

   1. YES  0. NO

SHAL2 Did you ever talk to a friend or family member about your problems with hallucinogens?

   NO......................................................... 0 --> GO TO SHAL3
   YES ......................................................... 1

SHAL2a Did you talk to any of these people about your use of hallucinogens in the past year?

   NO......................................................... 0
   YES......................................................... 1

SHAL3 Did you ever talk to a mental health specialist about your problems with hallucinogens? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

   NO......................................................... 0 --> GO TO SHAL4
   YES......................................................... 1

SHAL3a Did you talk to one of these people about your use of hallucinogens in the past year?

   NO......................................................... 0
   YES......................................................... 1

SHAL4 Did you ever talk to a medical person about your problems with hallucinogens? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

   NO......................................................... 0 --> GO TO SHAL5
   YES......................................................... 1
SHAL4a Did you talk to one of these people about your problems with hallucinogens in the past year?

NO...................................................... 0
YES.................................................... 1

SHAL5 Did you ever talk to a healer or spiritual or religious leader about your problem with hallucinogens? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  --> GO TO SHAL6
YES.................................................... 1

SHAL5a Did you talk to one of these people about your problem with hallucinogens in the past year?

NO...................................................... 0
YES.................................................... 1

SHAL6 Did you ever receive substance abuse treatment that was related to your problem with hallucinogens?

1. YES
0. NO  --> GO TO SHAL8_ev

SHAL6a_ev Was this as a patient in residential treatment?

NO...................................................... 0  --> GO TO SHAL6b_ev
YES.................................................... 1

SHAL6a_yr Was this in the past year?

NO...................................................... 0
YES.................................................... 1

SHAL6b_ev Were you treated as an outpatient?

NO...................................................... 0  --> GO TO SHAL7_ev
YES.................................................... 1

206
SHAL6b_yr  Was this in the past year?

   NO................................................. 0
   YES............................................... 1

SHAL7_ev  Were you ever treated for your problems with hallucinogens as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   NO................................................. 0  --> GO TO SHAL8_ev
   YES............................................... 1

SHAL7_yr  Were you treated there in the past year?

   NO................................................. 0
   YES............................................... 1

People sometimes use different kinds of medicines when they have problems with hallucinogens.

SHAL8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with hallucinogens?

   NO................................................. 0  --> GO TO SHAL9_ev
   YES............................................... 1

SHAL8_yr  In the past year?

   NO................................................. 0
   YES............................................... 1

SHAL9_ev  Did you ever take medicine you got in a store without a prescription for your problems with hallucinogens?

   NO................................................. 0  --> GO TO SHAL10_ev
   YES............................................... 1

SHAL9_yr  In the past year?

   NO................................................. 0
   YES............................................... 1
SHAL10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with hallucinogens?

NO...................................................... 0  --> GO TO SHAL11_ev
YES.................................................... 1

SHAL10_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHAL11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with hallucinogens?

NO...................................................... 0  --> GO TO SHAL12_ev
YES.................................................... 1

SHAL11_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHAL12_ev  Did you ever take OTHER MEDICINE for your problem with hallucinogens?

NO...................................................... 0  --> GO TO SHAL13_ev*
YES.................................................... 1

SHAL12_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHAL13_ev*  Did you have a ceremony performed for your problems with hallucinogens?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SHAL13_t*  What ceremony was it? Specify______________________________________________
__________________________________________________________________
IPEY1  We've been talking a lot about your problems with peyote but now I'd like to ask you about what these meant to you, and some things you might have done.

IPEY1  How much did your problems with peyote ever bother or upset you? Would you say not at all, some, or a lot? ...................................................0 .......................... 1 .......................... 2

IPEY2  How much did your problems with peyote ever interfere with your life or activities............................................0 .......................... 1 .......................... 2

IPEY3  How much did your problems with peyote interfere with work or school? ...........................................................0 .......................... 1 .......................... 2

IPEY4  How much did your problems with peyote cause you difficulty with your relatives?......................................0 .......................... 1 .......................... 2

IPEY5  How much did your problems with peyote cause you difficulty with your friends? ........................................0 .......................... 1 .......................... 2

IPEY6  How much did your problems with peyote interfere with how you took care of yourself? ..............................................................0 .......................... 1 .......................... 2
Now, just thinking over the **past 12 months . . .**

<table>
<thead>
<tr>
<th>IPEY7</th>
<th>How much were you bothered or upset by your problems with peyote?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.............................................................................0 1 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPEY8</th>
<th>How much did your problems with peyote interfere with your life or activities <strong>in the past 12 months</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.............................................................................0 1 2</td>
</tr>
</tbody>
</table>
SPEY1  Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with peyote?

1. YES  0. NO

SPEY2  Did you ever talk to a friend or family member about your problems with peyote?

NO......................................................... 0 --> GO TO SPEY3
YES ...................................................... 1

SPEY2a  Did you talk to any of these people about your use of peyote in the past **year**?

NO...................................................... 0
YES.................................................... 1

SPEY3  Did you ever talk to a mental health specialist about your problems with peyote. By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO......................................................... 0  -->GO TO SPEY4
YES...................................................... 1

SPEY3a  Did you talk to one of these people about your use of peyote in the past **year**?

NO......................................................... 0
YES...................................................... 1

SPEY4  Did you ever talk to a **medical** person about your problems with peyote? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO......................................................... 0  --> GO TO SPEY5
YES...................................................... 1
SPEY4a  Did you talk to one of these people about your problems with peyote in the past year?

NO.......................................................... 0
YES.......................................................... 1

SPEY5  Did you ever talk to a healer or spiritual or religious leader about your problem with peyote? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO.......................................................... 0  --> GO TO SPEY6
YES.......................................................... 1

SPEY5a  Did you talk to one of these people about your problem with peyote in the past year?

NO.......................................................... 0
YES.......................................................... 1

SPEY6  Did you ever receive substance abuse treatment that was related to your problem with peyote?

1. YES
0. NO  --> GO TO SPEY8_ev

SPEY6a_ev  Was this as a patient in residential treatment?

NO.......................................................... 0  --> GO TO SPEY6b_ev
YES.......................................................... 1

SPEY6a_yr  Was this in the past year?

NO.......................................................... 0
YES.......................................................... 1

SPEY6b_ev  Were you treated as an outpatient?

NO.......................................................... 0  --> GO TO SPEY7_ev
YES.......................................................... 1
SPEY6b_yr  Was this in the past year?

   NO.................................0
   YES...............................1

SPEY7_ev  Were you ever treated for your problems with peyote as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   NO.................................0 --> GO TO SPEY8_ev
   YES...............................1

SPEY7_yr  Were you treated there in the past year?

   NO.................................0
   YES...............................1

People sometimes use different kinds of medicines when they have problems with peyote.

SPEY8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with peyote?

   NO.................................0 --> GO TO SPEY9_ev
   YES...............................1

SPEY8_yr  In the past year?

   NO.................................0
   YES...............................1

SPEY9_ev  Did you ever take medicine you got in a store without a prescription for your problems with peyote?

   NO.................................0 --> GO TO SPEY10_ev
   YES...............................1

SPEY9_yr  In the past year?

   NO.................................0
   YES...............................1
SPEY10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with peyote?

NO...................................................... 0  --> GO TO SPEY11_ev
YES................................................... 1

SPEY10_yr  In the past year?

NO...................................................... 0
YES................................................... 1

SPEY11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with peyote?

NO...................................................... 0  --> GO TO SPEY12_ev
YES................................................... 1

SPEY11_yr  In the past year?

NO...................................................... 0
YES................................................... 1

SPEY12_ev  Did you ever take OTHER MEDICINE for your problem with peyote?

NO...................................................... 0  --> GO TO SPEY13_ev*
YES................................................... 1

SPEY12_yr  In the past year?

NO...................................................... 0
YES................................................... 1

SPEY13_ev* Did you have a ceremony performed for your problems with peyote?

NO...................................................... 0  --> GO TO SEDSKP
YES................................................... 1

SPEY13_t*  What ceremony was it? Specify___________________________________________

__________________________________________________________________
IHER1 We've been talking a lot about your problems with heroin but now I'd like to ask you about what these meant to you, and some things you might have done.

IHER1 How much did your problems with heroin ever bother or upset you? Would you say not at all, some, or a lot? ...................................................0 .................1 ...............2

IHER2 How much did your problems with heroin ever interfere with your life or activities............................................0 .................1 ...............2

IHER3 How much did your problems with heroin interfere with work or school? ...........................................................0 .................1 ...............2

IHER4 How much did your problems with heroin cause you difficulty with your relatives?......................................0 .................1 ...............2

IHER5 How much did your problems with heroin cause you difficulty with your friends? ........................................0 .................1 ...............2

IHER6 How much did your problems with heroin interfere with how you took care of yourself? ...................................................0 .................1 ...............2
Now, just thinking over the past 12 months . . .

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
</table>

IHER7

How much were you bothered or upset by your problems with heroin?
............................................................................................... 0 ............... 1 ............ 2

IHER8

How much did your problems with heroin interfere with your life or activities in the past 12 months?
............................................................................................... 0 ............... 1 ............ 2
SHER1 Whether you actually **did** or **not**, has anyone ever **suggested** that you seek help of any kind for your problems with heroin?

1. YES  
0. NO

SHER2 Did you ever talk to a friend or family member about your problems with heroin?

NO......................................................... 0 --> GO TO SHER3  
YES ........................................................... 1

SHER2a Did you talk to any of these people about your use of heroin in the past **year**?

NO......................................................... 0  
YES ........................................................... 1

SHER3 Did you ever talk to a mental health specialist about your problems with heroin? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO......................................................... 0  --> GO TO SHER4  
YES ........................................................... 1

SHER3a Did you talk to one of these people about your use of heroin in the past **year**?

NO......................................................... 0  
YES ........................................................... 1

SHER4 Did you ever talk to a **medical** person about your problems with heroin? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO......................................................... 0  --> GO TO SHER5  
YES ........................................................... 1
SHER4a  Did you talk to one of these people about your problems with heroin in the past year?

   NO...................................................... 0
   YES.................................................... 1

SHER5  Did you ever talk to a healer or spiritual or religious leader about your problem with heroin?  This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

   NO...................................................... 0  --> GO TO SHER6
   YES.................................................... 1

SHER5a  Did you talk to one of these people about your problem with heroin in the past year?

   NO...................................................... 0
   YES.................................................... 1

SHER6  Did you ever receive substance abuse treatment that was related to your problem with heroin?

   1. YES  0. NO  --> GO TO SHER8_ev

SHER6a_ev  Was this as a patient in residential treatment?

   NO...................................................... 0  --> GO TO SHER6b_ev
   YES.................................................... 1

SHER6a_yr  Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

SHER6b_ev  Were you treated as an outpatient?

   NO...................................................... 0  --> GO TO SHER7_ev
   YES.................................................... 1
SHER6b_yr  Was this in the past year?

   NO.................................................... 0
   YES.................................................... 1

SHER7_ev  Were you ever treated for your problems with heroin as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   NO.................................................... 0  --> GO TO SHER8_ev
   YES.................................................... 1

SHER7_yr  Were you treated there in the past year?

   NO.................................................... 0
   YES.................................................... 1

People sometimes use different kinds of medicines when they have problems with heroin.

SHER8_ev  Did you ever take any medicine that was prescribed by a doctor for your problems with heroin?

   NO.................................................... 0  --> GO TO SHER9_ev
   YES.................................................... 1

SHER8_yr  In the past year?

   NO.................................................... 0
   YES.................................................... 1

SHER9_ev  Did you ever take medicine you got in a store without a prescription for your problems with heroin?

   NO.................................................... 0  --> GO TO SHER10_ev
   YES.................................................... 1

SHER9_yr  In the past year?

   NO.................................................... 0
   YES.................................................... 1
SHER10_ev  Did you ever take medicine that was given to you or recommended by a medicine man or woman for your problems with heroin?

NO...................................................... 0  --> GO TO SHER11_ev
YES.................................................... 1

SHER10_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHER11_ev  Did you ever take any other herbs, roots, or remedies like these for your problems with heroin?

NO...................................................... 0  --> GO TO SHER12_ev
YES.................................................... 1

SHER11_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHER12_ev  Did you ever take OTHER MEDICINE for your problem with heroin?

NO...................................................... 0  --> GO TO SHER13_ev*
YES.................................................... 1

SHER12_yr  In the past year?

NO...................................................... 0
YES.................................................... 1

SHER13_ev*  Did you have a ceremony performed for your problems with heroin?

NO...................................................... 0  --> GO TO SEDSKP
YES.................................................... 1

SHER13_t*  What ceremony was it?  Specify___________________________________________
__________________________________________________________________
SECTION AS

ASINTRO
This time, I'm going to ask you to enter your answers on the computer. The next questions ask about things you might have done while you were growing up. Please read each question and decide whether it describes something you have done during your growing up years. If the question describes something you did, enter "1" for YES. If the question describes something you did not do, enter "0" for NO. If you have any questions, please ask me about them. If the screen is hard to read, I'll be happy to read the questions to you from my booklet and you can enter 1 or 0 on the computer.

AS1 First, did you play hooky a lot from school?

NO ......................................... 0 --> GO TO AS2
YES ........................................ 1

AS1a Did you play hooky a lot from school before age 15?

NO ......................................... 0
YES ........................................ 1

AS2 Did you run away from home overnight, more than once?

NO ......................................... 0 --> GO TO AS3
YES ........................................ 1

AS2a Did you run away from home overnight, more than once, before the age of 15?

NO ......................................... 0
YES ........................................ 1

AS3 Did you run away from boarding school overnight, without the aides or teacher knowing where you were going, more than once?

NO ......................................... 0 --> GO TO AS4
YES ........................................ 1
DID NOT ATTEND
BOARDING SCHOOL....... 8 --> GO TO AS4
AS3a Did you run away from boarding school overnight, without the aides or teachers knowing where you were going, more than once, before the age of 15?

NO ......................................... 0
YES ......................................... 1

AS4 While growing up, did you tell a lot of lies?

NO ......................................... 0  --> GO TO AS5
YES ......................................... 1

AS4a Did you tell a lot of lies before the age of 15?

NO ......................................... 0
YES ......................................... 1

AS5 While you were growing up, did you more than once steal things from a store or someone you knew?

NO ......................................... 0  --> GO TO AS6
YES ......................................... 1

AS5a Did you more than once steal things from a store or someone you knew, before you were 15?

NO ......................................... 0
YES ......................................... 1

AS6 While growing up, did you ever deliberately start a fire? Don't count fires you were suppose to start, like bonfires, campfires, or fires in stoves or fireplaces.

NO ......................................... 0  --> GO TO AS7
YES ......................................... 1

AS6a Before the age of 15, did you ever deliberately start a fire? Don't count fires you were suppose to start, like bonfires, campfires, or fires in stoves or fireplaces.

NO ......................................... 0
YES ......................................... 1
AS7 While growing up, did you ever deliberately destroy someone else's property or belongings in any way other than by setting a fire? For example, did you purposefully wreck someone's corral or intentionally damage someone's car?

NO ......................................... 0 --> GO TO AS8
YES ........................................ 1

AS7a Before the age of 15, did you ever deliberately destroy someone else's property or belongings in any way other than by setting a fire? For example, did you purposefully wreck someone's corral or intentionally damage someone's car?

NO ......................................... 0
YES ........................................ 1

AS8 While growing up, did you physically hurt animals on a number of occasions? Do not count things you were suppose to do like butchering a sheep, or putting a dog or cat to sleep.

NO ......................................... 0 --> GO TO AS9
YES ........................................ 1

AS8a Before the age of 15, did you physically hurt animals on a number of occasions? Do not count things you were suppose to do like butchering a sheep, or putting a dog or cat to sleep.

NO ......................................... 0
YES ........................................ 1

AS9 While growing up, did you ever start physical fights?

NO ......................................... 0 --> GO TO AS10
YES ........................................ 1

AS9a Did you ever start physical fights before the age of 15?

NO ......................................... 0
YES ........................................ 1

AS10 While growing up, did you use a weapon in a fight more than once? (Examples of weapons would be, a gun, knife, or club.)

NO ......................................... 0 --> GO TO AS11
YES ........................................ 1
AS10a  Did you use a weapon in a fight more than once before the age of 15?  
(Examples of weapons would be, a gun, knife, or club.)

NO ......................................... 0  
YES ....................................... 1

AS11  While growing up, did you physically hurt other people a number of times?  (A number of 
times means more than just once or twice.)

NO ......................................... 0  --> GO TO AS12  
YES ....................................... 1

AS11a  Before the age of 15, did you physically hurt other people a number of times?  
(A number of times means more than just once or twice.)

NO ......................................... 0  
YES ....................................... 1

AS12  While growing up, did you ever rob or roll someone?

NO ......................................... 0  --> GO TO AS13  
YES ....................................... 1

AS12a  Before the age of 15, did you ever rob or roll someone?

NO ......................................... 0  
YES ....................................... 1

AS13  While growing up, did you ever force someone to have sex with you?

NO ......................................... 0  --> GO TO AS14  
YES ....................................... 1

AS13a  Before the age of 15, did you ever force someone to have sex with you?

NO ......................................... 0  
YES ....................................... 1

AS14 (3804)  If YES to any questions AS1 - AS13a, we need a pause and then the next 4 
questions.

AS15 (3805)  While growing up, did you ever do the things you reported in this set of 
questions because of alcohol or drugs?

NO ......................................... 0  --> GO TO AS16  
YES ....................................... 1
AS15a (3806) While growing up, did you **always** do these things because of alcohol or drugs?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

AS15b Before the age of 15, did you **ever** do the things you reported in this section of questions because of alcohol or drugs?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>0    (GO TO INSTR)</td>
</tr>
</tbody>
</table>

AS15c Before age 15, did you **always** do these things because of alcohol or drugs?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

**INSTR**

The next set of questions ask about when you were older - **since** turning 15 years of age.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS16 Have you <strong>repeatedly</strong> failed to meet financial obligations such as debts, or failed to provide support for children or other dependents on a <strong>regular</strong> basis <strong>since turning 15</strong>?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS16a IF YES: Did you have an adequate income when that happened?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS17 Since turning 15, was there ever a time when you got into a number of physical fights? (A number of times means more than just once or twice.)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS17a IF YES: Did you do this more than other men and women your age?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS18 Since turning 15, did you ever participate in illegal activities, like stealing or destroying property? <strong>If you have done these things</strong>, please circle &quot;YES&quot; even if you weren't caught.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS19 Since turning 15, was there ever a period when you drifted around or had no regular place to live?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AS20 Since turning 15, was there a time when you <strong>lied a lot</strong> or deliberately used a different name to get away from something or to fool people.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>INSTR</td>
<td>YES = 1</td>
<td>NO = 0</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>AS21SKIP</td>
<td>IF R HAS EVER BEEN EMPLOYED, GO TO AS21. IF NEVER EMPLOYED, GO TO AS22.</td>
<td></td>
</tr>
<tr>
<td>AS21</td>
<td>Since turning 15, was there a time when you were:</td>
<td></td>
</tr>
<tr>
<td>AS21a</td>
<td><strong>unreliable</strong> on your job</td>
<td>1</td>
</tr>
<tr>
<td>AS21b</td>
<td><strong>could not hold</strong> a job</td>
<td>1</td>
</tr>
<tr>
<td>AS21c</td>
<td>quit several jobs without having another one lined up</td>
<td>1</td>
</tr>
<tr>
<td>AS21d</td>
<td>or simply decided not to work when you were expected to be working?</td>
<td>1</td>
</tr>
<tr>
<td>AS21eSKIP</td>
<td>IF &quot;YES&quot; TO AS21a OR AS21b OR AS21c OR AS21d GO TO AS21e. IF NO &quot;YES&quot; RESPONSES, GO TO AS22.</td>
<td></td>
</tr>
<tr>
<td>AS21e</td>
<td>IF YES: Did you do this more than other men and women your age?</td>
<td>1</td>
</tr>
<tr>
<td>AS22</td>
<td>Since turning 15, was there a time when your behavior kept you from working, going to school, or taking care of children or doing other important activities that you were responsible for?</td>
<td>1</td>
</tr>
<tr>
<td>AS22SKIP</td>
<td>IF YES TO AS22, GO TO AS22a IF NO TO AS22, GO TO AS23</td>
<td></td>
</tr>
<tr>
<td>AS22a</td>
<td>Did you do this more than other men and women your age?</td>
<td>1</td>
</tr>
<tr>
<td>AS23</td>
<td>Since turning 15, did you have a time when you did bad things to other people <strong>without feeling guilty</strong>?</td>
<td>0</td>
</tr>
<tr>
<td>AS24</td>
<td>Since turning 15, did you have a time when you did <strong>reckless things</strong> that could have harmed you or others, such as driving way too fast just for the fun of it, or taking a dare to do something dangerous?</td>
<td>1</td>
</tr>
<tr>
<td>AS25</td>
<td>Was there ever a time when you were an <strong>irresponsible parent</strong> - that is, you did not provide for the basic needs and care of your children when you were able to?</td>
<td>1</td>
</tr>
</tbody>
</table>
### INSTR

<table>
<thead>
<tr>
<th>AS26</th>
<th>Did you answer <strong>yes</strong> to any questions between 16 and 25?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1 → CONTINUE WITH AS27</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 0 → GO TO AS28</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AS27</th>
<th>After the age of 15, did you <strong>ever</strong> do the things you reported in this set of questions because of alcohol or drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 0</strong>  →  <strong>GO TO AS28</strong></td>
</tr>
<tr>
<td></td>
<td><strong>YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AS27a</th>
<th>IF YES: Did you <strong>always</strong> do these things because of alcohol or drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 0</td>
</tr>
</tbody>
</table>

Here is the last set of questions . . .

<table>
<thead>
<tr>
<th>AS28</th>
<th>Has there ever been a period of time when you had no regular place to live, for at least a month or so?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AS29</th>
<th>Since you were 18, how many <strong>nights</strong> have you been held overnight (or longer) in jail or prison?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next question is about being **convicted** of felonies. **Convicted** means that you went to court and a judge **sentenced** you.

<table>
<thead>
<tr>
<th>AS30</th>
<th>Have you ever been convicted of a felony?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 0  →  <strong>GO TO AS31</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AS30a</th>
<th>IF YES: Since you were 18, how many <strong>times</strong> have you been convicted of a felony?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AS30b</th>
<th>IF 1 OR MORE TIMES: How old were you when you were <strong>last</strong> convicted of a felony?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How many times have you been convicted of the following offenses? If none, please enter "0" for none.

<table>
<thead>
<tr>
<th>AS31a</th>
<th>Violent offenses such as murder, manslaughter, robbery, or rape</th>
<th>NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS31b</td>
<td>Property or income offenses such as burglary, larceny, arson, theft, buying/receiving/possessing stolen property, vandalism, embezzlement, fraud, or forgery-counterfeiting</td>
<td></td>
</tr>
<tr>
<td>AS31c</td>
<td>Public order offenses such as drunkenness, disorderly conduct, vagrancy, or gambling</td>
<td></td>
</tr>
<tr>
<td>AS31d</td>
<td>Driving under the influence of alcohol or drugs</td>
<td></td>
</tr>
<tr>
<td>AS31e</td>
<td>Domestic violence, or fighting with your spouse or partner</td>
<td></td>
</tr>
<tr>
<td>AS31f</td>
<td>Neglect or physical abuse of a child</td>
<td></td>
</tr>
<tr>
<td>AS31g</td>
<td>Sexual abuse of a child</td>
<td></td>
</tr>
</tbody>
</table>

END

Thank you!

Please let the interviewer know that you have finished.
Dementia = DM

DMINSTRI The questions I am going to ask you now are part of a standard medical interview. We will begin with naming things. For example.

DM4 Repeat after me the words: truck, house, cow.

TRUCK .............................................. 1
HOUSE .............................................. 1
COW .................................................. 1

TOTAL CORRECT ....................................

REPEAT UNTIL SUBJECT HAS SUCCESSFULLY SAID THE THREE WORDS.

DM4a NUMBER OF TRIALS UNTIL REPEATED SUCCESSFULLY: 

DMINSTR3 Very good. Now try to remember these words because I will be asking you to repeat them later.

DMINSTR4 Now we're going to do some things with numbers. This is sometimes hard for people. Just try to do the best you can.

DM5 If I have 20 dollars and give you 2 dollars, how many do I have left?

[18 dollars] INCORRECT .............................................. 0
CORRECT .................................................. 1

DM6 SHOW THE SUBJECT TWO COINS, ONE DIME AND ONE QUARTER. How much money does this make?

[35 cents] INCORRECT .............................................. 0
CORRECT .................................................. 1

DM7 Do you remember the three words I told you a few minutes ago?

TRUCK .............................................. 1
HOUSE .............................................. 1
COW .................................................. 1

TOTAL CORRECT ....................................
DMINSTR5  Now I would like to ask some questions about your reservation.

DM8  What is the name of this reservation?

INCORRECT.................................0
CORRECT.................................1

DM9  What part of the reservation are we in?

INCORRECT.................................0
CORRECT.................................1

DM10  Now I would like to ask you some questions about time. What month is it?

January........................................1
February........................................2
March............................................3
April.............................................4
May...............................................5
June.............................................6
July..............................................7
August..........................................8
September.................................9
October....................................10
November.................................11
December.................................12

NOTE: ANSWER IS CORRECT IF CORRECT NAME IS GIVEN IN TRIBAL LANGUAGE

DM10a INCORRECT.................................0
CORRECT.................................1
DM11  What day of the week is it?

    Sunday = 1
    Monday = 2
    Tuesday = 3
    Wednesday = 4
    Thursday = 5
    Friday = 6
    Saturday = 7

NOTE:  ANSWER IS CORRECT IF CORRECT NAME IS GIVEN IN TRIBAL LANGUAGE

DM11a  INCORRECT............................... 0
        CORRECT................................. 1

DM12  Can you tell me what year it is?

        INCORRECT............................... 0
        CORRECT................................. 1
LIFETIME EVENTS F

LEINTRO
The next questions are about things many people think are stressful. I'd like to ask you about things that may have happened to you.

INSTRUCTIONS: IF ANY YES, ASK
- How many times has this happened to you?
  • IF ONCE, ASK How old were you when this happened?
  • CODE ANSWER AS BOTH FIRST AGE AND LAST AGE.

PARENTS AND SIBLINGS INCLUDE STEP-PARENTS, STEP- AND HALF-SIBLINGS, SIBLINGS BY ADOPTION, AND CHILDREN OF A STEP-PARENT WHO LIVED WITH RESPONDENT

First, I'd like to ask about the time when you were growing up. During their growing up years, many people are separated from one or both of their parents for some reason.

<table>
<thead>
<tr>
<th>LE1 - LE7</th>
<th>LE1FQ - LE7FQ</th>
<th>LE1AGE1 - LE7AGE9</th>
<th>LE1AGE2 - LE7AGE2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO=0</td>
<td>FREQ</td>
<td>FIRST AGE</td>
<td>LAST AGE</td>
</tr>
</tbody>
</table>

1. Was one of your parents ever so seriously ill that he or she was not able to take care of you on a regular basis?

2. Did you ever have to go live with your relatives because of problems in your family?

3. Were you ever in a church placement?

4. Were you ever sent to reform school or another institution?

5. Were you ever placed in foster care?

6. Were you ever put up for adoption?

7. Other than these situations, were you ever separated from your parents against your will while you were growing up?
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>LE8 - LE15</th>
<th>LE8FQ - LE15FQ</th>
<th>LE8AGE1 - LE15AGE9</th>
<th>LE8AGE2 - LE15AGE2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO=0 YES=1</td>
<td>FREQ</td>
<td>FIRST AGE</td>
<td>LAST AGE</td>
</tr>
<tr>
<td>8.</td>
<td>Did you ever have to do a year of school over again?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Did you ever fail school or a training program, or drop out of school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Did your mother or father not have a job for a long time when they wanted to be working?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Did your parents or anyone acting as your parents ever end their relationship or get a divorce while you were living with them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Did you ever have a serious illness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q X Q</td>
<td>Have you ever had an illness that made you very sick or was considered life-threatening?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Did you ever have to go to the hospital for a week or more?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Did you family participate in the BIA location program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Did you ever lose your home because of a fire, flood, or some other disaster?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Has anyone close to you ever died?  
DO NOT USE "How many times" PROBE.  
IF YES: Who was that? Anyone Else?

<table>
<thead>
<tr>
<th>Category</th>
<th>LE16 - LE22</th>
<th>LE16FQ - LE22FQ</th>
<th>LE16AGE1 - LE22AGE9</th>
<th>LE16AGE2 - LE22AGE2</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. MOTHER/STEMAILD MOTHER</td>
<td>NO=0</td>
<td>YES=1</td>
<td>FREQ</td>
<td>FIRST AGE</td>
</tr>
<tr>
<td>17. FATHER/STEMAILD FATHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. BROTHER OR SISTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. SPOUSE OR ROMANTIC PARTNER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. A CHILD OF RESPONDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. ANOTHER LOVED ONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Have you ever witnessed a lot of deaths from serious illness—for example, epidemics of polio, influenza, tuberculosis, or pneumonia?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LE25SKIP - if children, go to LE23  
if no children, go to LE25

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23. IF CHILDREN, [As an adult/since you grew up], were you ever separated from your child against your will?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. IF CHILDREN, Has one of your children ever had a serious illness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. [Have you/Has your partner] ever had an unexpected or unwanted pregnancy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. [Have you/Has your partner] ever had a miscarriage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. [Have you/Has your partner] ever had an abortion?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RCTINST  ALL RESPONDENTS: The next questions are about recent things that might have happened to you in the last 12 months.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>RE1</td>
<td>Did you move your household?</td>
</tr>
<tr>
<td>RE2</td>
<td>Was your house or car broken into?</td>
</tr>
<tr>
<td>RE3</td>
<td>Did a child or another relative move out of the house?</td>
</tr>
<tr>
<td>RE4</td>
<td>Did a child or another relative move into the house?</td>
</tr>
<tr>
<td>RE5</td>
<td>Did you apply for welfare benefits?</td>
</tr>
<tr>
<td>RE5a</td>
<td>Were you turned down for welfare benefits?</td>
</tr>
<tr>
<td>RE6</td>
<td>Have you been in a romantic relationship?</td>
</tr>
<tr>
<td>RE6a</td>
<td>Did a romantic relationship end?</td>
</tr>
<tr>
<td>RE7</td>
<td>Did you find out that your partner was having an affair?</td>
</tr>
<tr>
<td>RE8</td>
<td>In the last 12 months have you had an affair?</td>
</tr>
<tr>
<td>RE8a</td>
<td>Did your partner find out that you were having an affair?</td>
</tr>
</tbody>
</table>

FOR THE NEXT QUESTION SET, ASK ALL STEM QUESTIONS. IF NO TO STEM QUESTION, CODE ALL RESPONSES AS 0=NO. IF ANY YES, ASK: Who was that? CODE CATEGORY AS 1=YES IF RESPONDENT DOES NOT DESCRIBE RELATIONSHIP, PROBE BY READING RESPONSE SET
OTHERS

Now I'd like to ask you about experiences that people sometimes have. Some of these things happen to most people at one time or another, while some happen to only a few people. I'd like to know about things that have happened over the past year only. Since stressful things that happen to people who are close to you can be stressful for you, I'd like to ask about some things that happened to you or to anyone close to you (such as your spouse/partner, children, other relatives or close friends). Please tell me which of the following experiences happened to you or to someone close to you in the past year. (In the past 12 months, did you or someone close to you . . .)

NO YES

RE9 Have a serious accident or injury?

[Who was that?]

RE9a Spouse or partner .................................................. 0 ............... 1
RE9b Child ................................................................. 0 ............... 1
RE9c Parent ................................................................. 0 ............... 1
RE9d Other relative .................................................. 0 ............... 1
RE9e Friend ................................................................. 0 ............... 1
RE9f Respondent .......................................................... 0 ............... 1

RE10 Have a serious illness?

[Who was that?]

RE10a Spouse or partner .................................................. 0 ............... 1
RE10b Child ................................................................. 0 ............... 1
RE10c Parent ................................................................. 0 ............... 1
RE10d Other relative .................................................. 0 ............... 1
RE10e Friend ................................................................. 0 ............... 1
RE10f Respondent .......................................................... 0 ............... 1

RE11 Have trouble with the law?

[Who was that?]

RE11a Spouse or partner .................................................. 0 ............... 1
RE11b Child ................................................................. 0 ............... 1
RE11c Parent ................................................................. 0 ............... 1
RE11d Other relative .................................................. 0 ............... 1
RE11e Friend ................................................................. 0 ............... 1
RE11f Respondent .......................................................... 0 ............... 1
RE12  In the past year, was anyone close to you robbed, or have something taken by force? ............................................. 0 ...................... 1

[Who was that?]

RE12a  Spouse or partner ............................................................... 0 ...................... 1
RE12b  Child ............................................................................. 0 ...................... 1
RE12c  Parent ........................................................................... 0 ...................... 1
RE12d  Other relative ................................................................. 0 ...................... 1
RE12e  Friend ........................................................................... 0 ...................... 1
RE12f  Respondent ................................................................... 0 ...................... 1

RE13  Did anyone close to you have an unexpected or unwanted pregnancy? .......................................................... 0 ...................... 1

[Who was that?]

RE13a  Spouse or partner ............................................................... 0 ...................... 1
RE13b  Child ............................................................................. 0 ...................... 1
RE13c  Parent ........................................................................... 0 ...................... 1
RE13d  Other relative ................................................................. 0 ...................... 1
RE13e  Friend ........................................................................... 0 ...................... 1
RE13f  Respondent ................................................................... 0 ...................... 1

RE14  Did you or anyone close to you have a miscarriage or abortion? .......................................................... 0 ...................... 1

[Who was that?]

RE14a  Spouse or partner ............................................................... 0 ...................... 1
RE14b  Child ............................................................................. 0 ...................... 1
RE14c  Parent ........................................................................... 0 ...................... 1
RE14d  Other relative ................................................................. 0 ...................... 1
RE14e  Friend ........................................................................... 0 ...................... 1
RE14f  Respondent ................................................................... 0 ...................... 1
<table>
<thead>
<tr>
<th>RE15</th>
<th>Did you or anyone close to you separate or get a divorce?</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

[Who was that?]

- **RE15a** Child .......................................................... 0 ............... 1
- **RE15b** Parent .......................................................... 0 ............... 1
- **RE15c** Other relative ................................................. 0 ............... 1
- **RE15d** Friend ............................................................. 0 ............... 1
- **RE15e** Respondent ........................................................ 0 ............... 1

<table>
<thead>
<tr>
<th>RE16</th>
<th>Did you or someone close to you have a business fail, or have to take a big cut in pay?</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

[Who was that?]

- **RE16a** Spouse or partner .................................................. 0 ............... 1
- **RE16b** Child ................................................................. 0 ............... 1
- **RE16c** Parent ................................................................. 0 ............... 1
- **RE16d** Other relative ...................................................... 0 ............... 1
- **RE16e** Friend ................................................................. 0 ............... 1
- **RE16f** Respondent ........................................................... 0 ............... 1

<table>
<thead>
<tr>
<th>RE17</th>
<th>Did you or someone close to you have a major financial crisis?</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

[Who was that?]

- **RE17a** Spouse or partner .................................................. 0 ............... 1
- **RE17b** Child ................................................................. 0 ............... 1
- **RE17c** Parent ................................................................. 0 ............... 1
- **RE17d** Other relative ...................................................... 0 ............... 1
- **RE17e** Friend ................................................................. 0 ............... 1
- **RE17f** Respondent ........................................................... 0 ............... 1
RE18 Did you or someone close to you drop out of school, or fail school or a training program?

[Who was that?]

RE18a Spouse or partner .................................................. 0 .................. 1
RE18b Child ................................................................... 0 .................. 1
RE18c Parent .................................................................. 0 .................. 1
RE18d Other relative .......................................................... 0 ................. 1
RE18e Friend ................................................................. 0 .................. 1
RE18f Respondent ............................................................ 0 .................. 1

RE19 Did you or anyone close to you lose a home to fire, flood, or some other disaster? .................................................. 0 ................. 1

[Who was that?]

RE19a Spouse or partner .................................................. 0 .................. 1
RE19b Child ................................................................... 0 .................. 1
RE19c Parent .................................................................. 0 .................. 1
RE19d Other relative .......................................................... 0 ................. 1
RE19e Friend ................................................................. 0 .................. 1
RE19f Respondent ............................................................ 0 .................. 1
ONGOING PROBLEMS

ONGOINST Here are some situations that come up in people's everyday lives. Please tell me whether they are true or false for you at this time.

FALSE TRUE

CS1 You're trying to take on too many things at once....................... 0...................... 1
CS2 There is too much pressure on you to be like other people........ 0...................... 1
CS3 Too much is expected of you by others................................. 0...................... 1
CS4 IF EMPLOYED: Here are some situations at work. Are they true for you?

FALSE TRUE

CS5 Your job often leaves you feeling both mentally and physically tired.................................................................... 0...................... 1
CS6 You have more work than you can handle........................................... 0...................... 1
CS7 You do not have a lot of freedom to decide how you do your work....................................................................... 0...................... 1
CS8 Your working conditions are poor--for example, noisy, dirty, or dangerous. ......................................................... 0...................... 1
CS9 You and your co-workers do not communicate well.................. 0...................... 1
CS10 You are not sure your job is secure. .................................................. 0...................... 1
CS11 IF GOING TO SCHOOL: Here are some situations people have at school. Are they true for you?

FALSE TRUE

CS12 Your schoolwork often leaves you feeling both mentally and physically tired..................................................... 0 ................. 1

CS13 You have more work at school than you can handle.................. 0 ..................... 1

CS14 You do not have a lot of freedom to decide how you do your schoolwork. ........................................................... 0 ..................... 1

CS15 The conditions at school are poor--for example, noisy, dirty, or there are not enough supplies............................ 0 ..................... 1

CS16 You do not communicate well with the people at school. ................................................................. 0 ..................... 1

CS17 You are not sure your place at school is secure [for example, you are not sure you will have the resources to complete your studies] .................................. 0 ..................... 1

CS17a Here are some situations that come up in a person's social life and family life. Are any of them true for you?

FALSE TRUE

CS18 You avoid going to social events because you would have to go alone..................................................... 0 ..................... 1

CS19 You have to go to social events alone when you don't want to................................................................. 0 ..................... 1

CS20 Your friends are a bad influence .................................................. 0 ..................... 1

CS21 You don't have enough friends................................................... 0 ..................... 1

CS22 You can't find enough to do ................................................................. 0 ..................... 1
| CS23 | Someone close to you has a health problem and needs almost more help than you can provide ........................................ 0 ................. 1 |
| CS24 | Someone in your family has an alcohol or drug problem .................................................................................................................. 0 ................. 1 |

**CS25a IF MARRIED/IN PARTNERSHIP:** Here are some situations that come up in [marriages/romantic relationships]. Are any of them true for you?

| CS26 | My [husband/wife/partner] is jealous and suspicious .................. 0 .................... 1 |
| CS27 | My [husband/wife/partner] becomes very angry if I disagree with [him/her].................................................................................................................. 0 .................... 1 |
| CS28 | My [husband/wife/partner] insults or shames me in front of others.................................................................................................................. 0 .................... 1 |
| CS29 | My [husband/wife/partner] keeps me from being with my friends.................................................................................................................. 0 .................... 1 |
The next questions are about the place where you live. Here are some problems that sometimes come up. Would you say they are not a problem, there are some problems, or there are a lot of problems like these in the place where you live?

<table>
<thead>
<tr>
<th></th>
<th>NOT A PROB</th>
<th>SOME PROBS</th>
<th>LOT OF PROBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS30</td>
<td>The place where you live is too noisy or too polluted.....</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS31</td>
<td>You have conflicts with your neighbors........................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS32</td>
<td>Roads are often impassable. .............................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS33</td>
<td>You get your mail infrequently. .......................................</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS34</td>
<td>You have to go too far to get things done, like shopping, banking, buying gas, or going to school or work events.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Here are some situations of prejudice and discrimination. How much are you experiencing them these days? Not at all, some, or a lot?

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS35</td>
<td>You have problems with police because you are Indian.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS36</td>
<td>You have problems in stores or restaurants because you are Indian.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS37</td>
<td>You cannot find work because you are Indian.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS38</td>
<td>You experience prejudice from Whites.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS39</td>
<td>You experience prejudice from Indians in your own tribe or other tribes.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CS40</td>
<td>You experience prejudice within your own family.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
CS40a  We have been talking about a lot of different kinds of ongoing problems, stresses, and strains in your life right now.

NO   YES

CS41  Have you had any other ongoing problems like these that I did not mention? .................................................. 0 ...................... 1

What were they?

CS41t  _______________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________
Here are some problems that come up in **communities**? How big a problem are they in your community? Would you say **not a problem, there are some problems**, or there are a **lot of problems** like these?

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT A PROB</th>
<th>SOME PROBS</th>
<th>LOT OF PROBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken homes and family breakup.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physical violence, abuse, and neglect.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol abuse.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drug abuse.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gambling.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A lack of knowledge about tribal history, tradition, and language.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Problems in tribal government, like favoritism and tribal politics.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Not enough good housing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Not enough jobs in your community.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Car accidents.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

How familiar are you with tribal history--say, for the past 150 years or so? Would you say **not at all, somewhat, or very familiar**?

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL</th>
<th>SOME WHAT</th>
<th>VERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>How big an impact has tribal history had on your community? None, some, or a lot?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
CS54  Were any of your ancestors involved in significant historical events?

 NO ............................................. 0
 YES ........................................... 1

CS54t  IF YES: Which events?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

NOT AT ALL  SOME  A LOT

CS55  How much do you think about events like these? .......... 0 .......... 1 .......... 2
TRAUMA F

TRAUMASC TRAUMATIC EVENTS INTRODUCTION:
Now I'd like to talk about unusual events that are extremely stressful or disturbing—things that do not happen to most people but when they do they can be frightening, upsetting, or distressing to almost everyone. By that I mean things like being in a war or heavy combat, being physically assaulted or raped, being in a major earthquake, flood or range fire, or a very serious accident or fire, seeing other people killed or dead, or some other type of disastrous event. During your life, have any of the following types of things happened to you or have you seen any of these things happen? We are interested in whether these events have happened ever in your life:

These next questions are about events which may have happened to you or someone else.

Record event frequency on Demographics Card.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NO = 0</th>
<th>YES = 1</th>
<th>FREQ</th>
<th>FIRST AGE</th>
<th>LAST AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you ever in a disaster -- for example, a flood or flash flood, tornado, fire, drought, or explosion?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were you ever in a life-threatening accident?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Have you ever witnessed a serious accident or disaster where someone else was hurt very badly or killed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had direct combat experience in a war?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Were you ever raped, or did you ever have sex when you didn't want to because someone forced you in some way, or threatened to harm you if you didn't? [If this happened at a time when you were growing up, it could be just because you thought you had to.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Were you ever touched or made to touch someone else in a sexual way because they forced you in some way, or threatened to harm you if you didn't?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITEM</td>
<td>NO = 0</td>
<td>YES = 1</td>
<td>FREQ</td>
<td>FIRST AGE</td>
<td>LAST AGE</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>---------</td>
<td>------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>7. Were you ever physically abused or hurt by your parent or a caregiver?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Were you ever physically abused or hurt by a spouse or a [boyfriend/girlfriend]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Were you ever physically abused or hurt by someone else you knew?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you ever seen violence between other members of your family? This would include your family when you were growing up, and your family now.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Other than the kinds of situations I just mentioned, were you ever robbed, mugged, or physically attacked? [This would not include sexual attacks.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have you ever witnessed someone else being raped, or badly injured or killed? [Other than the situations you've just described.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you ever had any other experiences like the ones we've been talking about? IF YES: What was that? WRITE DESCRIPTION(S):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF MORE THAN ONE, CODE FOR WORST.

The last questions were about things that might have happened to you, but things that happen to
Other people close to you can be important, too.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NO = 0</th>
<th>YES = 1</th>
<th>FREQ</th>
<th>FIRST AGE</th>
<th>LAST AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Was someone close to you ever in a life-threatening situation other than illness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Was someone close to you ever raped or sexually abused?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Did a family member or someone close to you ever commit suicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. SERIOUS DISASTER, SELF

TR1INT  You said you were in [a/some] serious disaster(s). IF MORE THAN ONE: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR1_1  What kind of disaster(s) was it? DO NOT READ. CODE WORST ONLY.

FLOOD................................................ ........... 1
TORNADO ......................................... ........... 2
FIRE .................................................... ........... 3
DROUGHT ......................................... ........... 4
EXPLOSION....................................... ........... 5
OTHER (specify)................................. ........... 8

TR1_1t  _______________________________________________________
_______________________________________________________

TR1_2  How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR1_3  At the time, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TR1_4  At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TR1_5  When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1
TR1_6  Did you experience intense fear?

        NO .............................................. 0
        YES ............................................. 1

TR1_7  At the time, did you feel horrified?

        NO .............................................. 0
        YES ............................................. 1
2. LIFE-THREATENING ACCIDENT, SELF

You said you were in [a/some] life-threatening accident(s). IF MORE THAN ONE: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR2_1 What kind of accident was it? DO NOT READ. CODE WORST ONLY.

CAR WRECK ........................................ 1
FARMING/RANCHING.............................. 2
RODEO .................................................. 3
OTHER JOB RELATED ............................. 4
OTHER (specify) ................................. 8

TR2_1t

________________________________________________________________________

________________________________________________________________________

TR2_2 How old were you when this happened?

AGE AT WORST TIME ....................... _____ _____

IF ONE EVENT, CODE AGE FROM SCREENER

TR2_3 At the time, did you believe that you or someone else could be killed or seriously harmed?

NO .................................................. 0
YES .............................................. 1

TR2_4 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO .................................................. 0
YES .............................................. 1

TR2_5 When this happened, did you experience feelings of intense helplessness?

NO .................................................. 0
YES .............................................. 1
TR2_6  Did you experience intense fear?

NO .................................................. 0
YES ............................................... 1

TR2_7  At the time, did you feel horrified?

NO .................................................. 0
YES ............................................... 1
3. WITNESSED SERIOUS ACCIDENT OR DISASTER

You said you had witnessed a serious accident or disaster. IF MORE THAN ONE EVENT:
Now I'd like you to think back for a moment to the worst time. The rest of the questions will be
about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR3_1 What kind of situation was this? CODE WORST ONLY.

01 = FLOOD  06 = CAR WRECK
02 = TORNADO  07 = FARMING/RANCHING ACCIDENT
03 = FIRE  08 = RODEO ACCIDENT
04 = DROUGHT  09 = OTHER JOB-RELATED ACCIDENT
05 = EXPLOSION  88 = OTHER

TR3_2 How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR3_5 When it happened, did you experience feelings of intense helplessness?

NO .............................................. 0
YES .............................................. 1

TR3_6 Did you experience intense fear?

NO .............................................. 0
YES .............................................. 1

TR3_7 When it happened, did you feel horrified?

NO .............................................. 0
YES .............................................. 1
4. COMBAT EXPERIENCE

You said you had combat experience in a war. Now I'd like you to think back for a moment to
the worst time during your combat experience. The rest of the questions will be about that time.
Do you have it in your mind? Thinking back on the worst time . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>TR4_1 How old were you then?</td>
<td>AGE AT WORST TIME........... ______ ______</td>
</tr>
</tbody>
</table>
| TR4_2 When this happened, were you injured? | NO ................................................ 0
|                               | YES .............................................. 1 |
| TR4_3 Did you experience feelings of intense helplessness? | NO ................................................ 0
|                               | YES .............................................. 1 |
| TR4_4 Did you experience intense fear? | NO ................................................ 0
|                               | YES .............................................. 1 |
| TR4_5 At the time, did you feel horrified? | NO ................................................ 0
|                               | YES .............................................. 1 |
5. RAPED

You said you were raped or forced to have sex when you didn't want to. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR5_1 How old were you when this happened?

AGE AT WORST TIME.................... _____ _____

TR5_2 At the time of this event, did you believe that you or someone else could be killed or seriously harmed?

NO .............................................. 0
YES ............................................. 1

TR5_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO .............................................. 0
YES ............................................. 1

TR5_4 When this happened had someone . . .

kicked, bit, or hit you with a fist........ 0....... 1
hit or tried to hit you with an object ... 0....... 1
beat you up ................................... 0..... 1
choked you.................................... 0..... 1
burned you.................................... 0..... 1
threatened you with a knife
or gun, or .................................... 0..... 1
used a knife or fired a gun? .......... 0..... 1
not applicable .............................. 0..... 1

TR5_5 When it happened, did you experience feelings of intense helplessness?

NO .............................................. 0
YES ............................................. 1
TR5_6  Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TR5_7  At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1
6. MOLESTED

You said you were forced to touch someone or were touched in a sexual way. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR6_1 How old were you when this happened?

AGE AT WORST TIME.............................. _____ _____

TR6_2 At the time of this event, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR6_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR6_5 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TR6_6 Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TR6_7 At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1
7. HURT BY CAREGIVER OR PARENT

You said you were physically abused or hurt by your parent or a caregiver. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR7_1  How old were you then?

AGE AT WORST TIME...................... _____ _____

TR7_2  At the time, did you believe that you or someone else could be killed or seriously harmed?

   NO ................................................ 0
   YES ................................................ 1

TR7_3  At the time, were you seriously harmed or was anyone else killed or seriously harmed?

   NO ................................................ 0
   YES ................................................ 1

TR7_4  When this happened had someone . . .

   kicked, bit, or hit you
      with a fist ..................................... 0...... 1
   hit or tried to hit you with an object ... 0...... 1
   beat you up ..................................... 0...... 1
   choked you .................................... 0...... 1
   burned you .................................... 0...... 1
   threatened you with a knife
      or gun, or .................................... 0...... 1
   used a knife or fired a gun? .............. 0...... 1
   not applicable ............................. 0...... 1

TR7_5  When it happened, did you experience feelings of intense helplessness?

   NO ................................................ 0
   YES ................................................ 1
TR7_6  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR7_7  At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1
8. HURT BY SPOUSE OR BOY/GIRLFRIEND

You said you were physically abused or hurt by a spouse or [boyfriend/girlfriend]. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR8_1 How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR8_2 At the time of this event, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR8_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR8_4 When this happened had someone . . .

kicked, bit, or hit you
with a fist...................................... 0....... 1
hit or tried to hit you with an object .... 0....... 1
beat you up ................................... 0....... 1
choked you................................... 0....... 1
burned you................................. 0....... 1
threatened you with a knife
or gun, or .................................... 0....... 1
used a knife or fired a gun? .......... 0....... 1
not applicable ............................ 0....... 1

TR8_5 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1
TR8_6 Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR8_7 At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1

Now I'd like to talk just about the last year.

TR8_8 Have you been physically abused or hurt by a spouse or boyfriend/girlfriend in the past year?

NO ................................................ 0  --> GO TO NEXT
YES .............................................. 1

TR8_9 When this happened had he/she . . .

kicked, bit, or hit you
with a fist ........................................ 0....... 1
hit or tried to hit you with an object .... 0....... 1
beat you up ........................................ 0....... 1
choked you ........................................ 0....... 1
burned you ........................................ 0....... 1
threatened you with a knife
or gun, or ........................................ 0....... 1
used a knife or fired a gun? ................. 0....... 1
not applicable ...................................... 0....... 1

TR8_10 How many separate episodes of violence have there been in your relationship in the past year?

# OF EPISODES ......................... _____ _____
9. HURT BY SOMEONE ELSE

You said you were physically abused or hurt by someone else you knew. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time...

TR9_1 How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR9_2 At the time, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TR9_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TR9_4 When this happened had someone . . .

kicked, bit, or hit you
   with a fist ...................................... 0........ 1
hit or tried to hit you with an object .... 0....... 1
beat you up ........................................0....... 1
choked you......................................0....... 1
burned you......................................0....... 1
threatened you with a knife
   or gun, or ......................................0....... 1
used a knife or fired a gun? ................0....... 1
not applicable ...................................0....... 1

TR9_5 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1
TR9_6  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR9_7  At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1
10. WITNESS FAMILY VIOLENCE

You said you have seen violence between members of your family. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR10_1 How old were you when this event happened?

AGE AT WORST TIME.................... _____ _____

TR10_2 At the time, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR10_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES ............................................... 1

TR10_5 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TR10_6 Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TR10_7 At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1
11. MUGGING, OTHER PHYSICAL ATTACK

You said you were robbed, mugged, or physically attacked. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

**TR11_1** How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

**TR11_2** At the time of this event, did you **believe** that you or someone else could be killed or seriously harmed?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TR11_3** At the time, were you **seriously** harmed or was anyone else killed or seriously harmed?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TR11_4** When this happened had someone . . .

<table>
<thead>
<tr>
<th>Action</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>kicked, bit, or hit you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with a fist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hit or tried to hit you with an object</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beat you up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>choked you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>burned you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>threatened you with a knife or gun, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>used a knife or fired a gun?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TR11_5** When it happened, did you experience feelings of intense helplessness?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TR11_6  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR11_7  At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1
12. WITNESSED RAPE OR DEATH

You said you witnessed someone being raped or badly injured or killed. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR12_1 How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR12_4 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1

TR12_5 Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR12_6 At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1
13. OTHER EXPERIENCE SELF

You said you had another experience like the ones we've been talking about. [USE RESPONDENT BOOKLET PAGE # RESPONDENT'S DESCRIPTORS.] IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst time. The rest of the questions will be about that time. Do you have it in your mind? Thinking back on the worst time . . .

TR13_1 How old were you when this happened?

AGE AT WORST TIME.............................. _____ _____

TR13_2 At the time of this event, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES ................................................ 1

TR13_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES ................................................ 1

TR13_4 When it happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ................................................ 1

TR13_5 Did you experience intense fear?

NO ................................................ 0
YES ................................................ 1

TR13_6 At the time, did you feel horrified?

NO ................................................ 0
YES ................................................ 1
14. LIFE THREAT TO SOMEONE CLOSE

You said that someone close to you such as your (spouse, children, close relatives or friend) was in a life-threatening situation. IF MORE THAN ONE EVENT: Now I'd like you to think back for a moment to the worst situation. The rest of the questions will be about that situation. Do you have it in your mind? Thinking back on the worst situation . . .

TR14_1 How old were you when you learned of this life threatening situation of someone close to you?

AGE AT WORST TIME .................. _____ _____

TR14_2 Did you witness the event, or find out about it after it happened?

WITNESSED ............................ 1
FOUND OUT AFTER ................... 2 -->GO TO TR14_8

TR14_3 At the time of this event, did you believe that someone could be killed or seriously harmed?

NO ........................................ 0
YES ....................................... 1

TR14_4 At that time, was anyone killed or seriously harmed?

NO ........................................ 0
YES ....................................... 1

TR14_5 When this happened, did you experience feelings of intense helplessness?

NO ........................................ 0
YES ....................................... 1
TR14_6  Did you experience intense fear?

NO ..................................................... 0
YES .................................................. 1

TR14_7  At the time, did you feel horrified?

NO ..................................................... 0
YES .................................................. 1

GO TO NEXT ENDORSED EVENT

TR14_8  When you found out about this, did you experience feelings of intense helplessness?

NO ..................................................... 0
YES .................................................. 1

TR14_9  Did you experience intense fear?

NO ..................................................... 0
YES .................................................. 1

TR14_10 When you found out about this, did you feel horrified?

NO ..................................................... 0
YES .................................................. 1
15. SOMEONE CLOSE WAS RAPED

You said someone close to you was raped or sexually abused. IF MORE THAN ONE EVENT:
Now I'd like you to think back for a moment to the worst of those experiences. The rest of the questions will be about those experiences. Do you have it in your mind? Thinking back on the that experience . . .

TR15_1  How old were you when you learned this happened?

AGE AT WORST TIME....................... _____ _____

TR15_2  Did you witness the event, or find out about it after it happened?

WITNESSED .................................... 1
FOUND OUT AFTER ......................... 2  --> GO TO TR15_8

TR15_4  At that time, did you believe that someone could be killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TR15_5  When this event happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1

TR15_6  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TR15_7  At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1

GO TO NEXT ENDORSED EVENT
TR15_8  When you found out about this, did you experience feelings of intense helplessness?

   NO ................................................ 0
   YES .............................................. 1

TR15_9  Did you experience intense fear?

   NO ................................................ 0
   YES .............................................. 1

TR15_10 When you found out about this, did you feel horrified?

   NO ................................................ 0
   YES .............................................. 1
16. SUICIDE OF SOMEONE CLOSE

You said a family member or someone close to you committed suicide. IF MORE THAN ONE EVENT: Now I’d like you to think back for a moment to the suicide that was worst for you. The rest of the questions will be about that suicide. Do you have it in your mind? Thinking back on that suicide . . .

TR16_1 How old were you when this happened?

AGE AT WORST TIME..................... _____ _____

TR16_2 Did you witness the event, or find out about it after it happened?

WITNESSED ................................. 1
FOUND OUT AFTER ....................... 2 --> GO TO TR16_8

TR16_5 When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TR16_6 Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TR16_7 At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1

(GO TO FOLLOW UP QUESTIONS)
When you found out about this, did you experience feelings of intense helplessness?

NO .................................................. 0
YES .............................................. 1

Did you experience intense fear?

NO .................................................. 0
YES .............................................. 1

When you found out about this, did you feel horrified?

NO .................................................. 0
YES .............................................. 1
TEST  IF MORE THAN THREE EVENTS:

We've talked a lot about different kinds of extremely stressful or upsetting events, and you told me that some of them happened to you. Now I would like to ask you about the time after the stressful things happened.

You told me you had been in several extremely stressful situations. I'll repeat the situations you told me about. I'd like you to think about the three times that were the worst. The next questions will be just about those three times.

Here are the things you mentioned earlier:

TEST2  [READ ALL ENDORSED ITEMS FROM THE TRAUMA LIST TR1-TR16]. Shows list of all traumas TR1-TR16 and frequency.

See Demographics Card.

Which of these experiences were the three worst ones?

WRITE IN 1-2 WORD DESCRIPTION AND CODE NUMBER FROM TRAUMA SCREENER

TRF1t EVENT:_____________ *RESPONDENT BOOKLET TRF1 EVENT CODE:____
                       Page 46

TRF2t EVENT:_____________ *RESPONDENT BOOKLET TRF2 EVENT CODE:____
                       Page 46

TRF3t EVENT:_____________ *RESPONDENT BOOKLET TRF3 EVENT CODE:____
                       Page 46

GO TO EVENT FOLLOW-UP #1
IF THREE OR FEWER EVENTS:

We've talked a lot about different kinds of extremely stressful or upsetting events, and you told me that [one/some] of them happened to you. Now I would like to ask you about the time after the stressful thing[s] happened.

WRITE IN 1-2 WORD DESCRIPTION AND CODE NUMBER FROM TRAUMA SCREENER

TRF1t EVENT: ___________ *RESPONDENT BOOKLET TRF1 EVENT CODE: _____
Page 46

TRF2t EVENT: ___________ *RESPONDENT BOOKLET TRF2 EVENT CODE: _____
Page 46

TRF3t EVENT: ___________ *RESPONDENT BOOKLET TRF3 EVENT CODE: _____
Page 46

GO TO EVENT FOLLOW-UP #1
EVENT FOLLOW-UP #1

EVENT 1 TRF1t.  EVENT:_________________________  TRF1 EVENT CODE: ___ ___

Let's start with [NAME FIRST EVENT OF THREE WORST]. Is this the [CATEGORY OF EVENT] that you already told me about?

YES .............................................. 1 --> GO TO TRF1_1
NO ............................................... 0 --> GO TO TRF1SKIP

TRF1SKIP

IF TRF1 EVENT CODE = 3 OR 12, GO TO TRF1a_7
IF TRF1 EVENT CODE = 4, GO TO TRF1a_11
IF TRF1 EVENT CODE = 14, GO TO TRF1a_16
IF TRF1 EVENT CODE = 15, GO TO TRF1a_27
IF TRF1 EVENT CODE = 16, GO TO TRF1a_36
ALL OTHERS GO TO TRF1a_1

TRF1a_1  How old were you when this happened?

AGE.............................................. _____ _____

TRF1a_2  At the time, did you believe that you or someone else could be killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TRF1a_3  At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TRF1a_4  When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1

TRF1a_5  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1
TRF1a_6  At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1

GO TO TRF1_1

TRF1a_7  How old were you when this happened?

AGE............................................... _____ _____

TRF1a_8  When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1

TRF1a_9  Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TRF1a_10 At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1

GO TO TRF1_1

TRF1a_11 How old were you when this happened?

AGE............................................... _____ _____

TRF1a_12 When this happened, were you injured?

NO ................................................ 0
YES .............................................. 1

TRF1a_13 When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1
TRF1a_14 Did you experience intense fear?

NO ................................................ 0
YES .............................................. 1

TRF1a_15 At the time, did you feel horrified?

NO ................................................ 0
YES .............................................. 1

GO TO TRF1_1

TRF1a_16 How old were you when you learned this happened?

AGE AT WORST TIME....................... _____ _____

TRF1a_17 Did you witness the event, or find out about it after it happened?

WITNESSED ...................................... 1
FOUND OUT AFTER .......................... 2 -->GO TO TRF1a_19

TRF1a_18 At the time of this event, did you believe that someone could be killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TRF1a_19 AT THE TIME, was anyone killed or seriously harmed?

NO ................................................ 0
YES .............................................. 1

TRF1a_20 IF WITNESSED EVENT, GO TO TRF1a_21. IF FOUND OUT ABOUT IT AFTER IT HAPPENED, GO TO TRF1a_24.

TRF1a_21 When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES .............................................. 1
TRF1a_22 Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TRF1a_23 At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1

GO TO TRF1_1

TRF1a_24 When you found out about this, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TRF1a_25 Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TRF1a_26 When you found out about this, did you feel horrified?

NO ................................................ 0
YES ............................................... 1

GO TO TRF1_1

TRF1a_27 How old were you when you learned this happened?

AGE.............................................. _____ _____

TRF1a_28 Did you witness the event, or find out about it after it happened?

WITNESSED ................................. 1
FOUND OUT AFTER ...................... 2  --> GO TO TRF1a_33
TRF1a_29  At the time of this event, did you **believe** that someone could be killed or seriously harmed?

   NO ............................................... 0
   YES .............................................. 1

TRF1a_30  When this event happened, did you experience feelings of intense helplessness?

   NO ............................................... 0
   YES .............................................. 1

TRF1a_31  Did you experience intense fear?

   NO ............................................... 0
   YES .............................................. 1

TRF1a_32  At the time, did you feel horrified?

   NO ............................................... 0
   YES .............................................. 1

   **GO TO TRF1_1**

TRF1a_33  When you found out about this, did you experience feelings of intense helplessness?

   NO ............................................... 0
   YES .............................................. 1

TRF1a_34  Did you experience intense fear?

   NO ............................................... 0
   YES .............................................. 1

TRF1a_35  When you found out about this, did you feel horrified?

   NO ............................................... 0
   YES .............................................. 1

   **GO TO TRF1_1**
TRF1a_36  How old were you when you learned this happened?

AGE.............................................. _____ _____

TRF1a_37  Did you witness the event, or find out about it after it happened?

WITNESSED .................................... 1
FOUND OUT AFTER ............................ 2  --> GO TO TRF1a_41

TRF1a_38  When this happened, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TRF1a_39  Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TRF1a_40  At the time, did you feel horrified?

NO ................................................ 0
YES ............................................... 1

GO TO TRF1_1

TRF1a_41  When you found out about this, did you experience feelings of intense helplessness?

NO ................................................ 0
YES ............................................... 1

TRF1a_42  Did you experience intense fear?

NO ................................................ 0
YES ............................................... 1

TRF1a_43  When you found out about this, did you feel horrified?

NO ................................................ 0
YES ............................................... 1
TRF1_1 The next questions will be about how you felt after [EVENT] happened.

TRF1_2 Did you keep remembering [EVENT] even when you didn't want to?

NO YES

0......... 1

TRF1_3 After it did you keep having bad dreams or nightmares about it?

0......... 1

TRF1_4 Did you suddenly act or feel as though [EVENT] was happening again even though it wasn't?

0......... 1

TRF1_5 Did you get very upset when you were reminded of it?

0......... 1

TRF1_6 Did you sweat or did your heart beat fast or did you tremble when you were reminded of [EVENT]?

0......... 1

TRF1_7 After [EVENT] did you have trouble sleeping?

0......... 1

TRF1_8 After it did you feel unusually irritable or lose your temper a lot more than is usual for you?

0......... 1

TRF1_9 After [EVENT] did you become very much more concerned about danger or very much more careful?

0......... 1

TRF1_10 After [EVENT] did you become jumpy or easily startled by ordinary noises or movement?

0......... 1

TRF1_11 Did you deliberately try not to think or talk about [EVENT]?

0......... 1
Did you avoid places or people or activities that might have reminded you of it? 

TRF1_13 After [EVENT] was your memory blank for all or part of it?

NO ........................................0 --> GO TO TRF1_14
YES ........................................1

TRF1SKIP IF EVENT HAPPENED TO SOMEONE OTHER THAN RESPONDENT SKIP TO TRF1_14.

TRF1_13a Did you suffer a head injury as a result of [EVENT]?

TRF1_13b Were you unconscious for more than ten minutes?

TRF1_14 After [EVENT] did you lose interest in doing things that were once important or enjoyable for you?

TRF1_15 After [EVENT] did you feel more isolated or distant from other people?

TRF1_16 After [EVENT] did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?

TRF1_17 After [EVENT] did you begin to feel that there was no point in thinking about the future anymore?

IF NO TO TRF1_1 THROUGH TRF1_17 AND ONLY ONE EVENT GO TO NEXT SECTION

IF NO TO TRF1_1 THROUGH TRF1_17 AND MORE THAN ONE EVENT GO TO TRF2_t
You said that you had problems after [EVENT] like [NAME ALL] symptoms coded within 6 months yes in reference within 1 year more than 1 year. How soon after [EVENT] did you start to have any of these problems? CODE LOWEST NUMBER.

TRF1_18a How old were you? AGE: ___/___

TRF1_19 How long did you continue to have any of these problems because of [EVENT]? CODE LOWEST NUMBER

TRF1_20 When was the last time you had any of these reactions in the past month, past six months, past year, or more than a year ago.

TRF1_20a How old were you the last time? AGE: ___/___

We've been talking a lot about the details the problems that you had after [EVENT], but now I'd like to ask you about what these meant to you, and some things you might have done.

ITR1_1 How much did these problems ever bother or upset you? Would you say not at all, some, or a lot? ............................................................................................................0 ...............1 ...............2

ITR1_2 How much did these problems ever interfere with your life or activities? .................................................................0 ...............1 ...............2
NOT AT ALL  SOME  A LOT

ITR1_3 How much did they interfere with work or school? ...................................................0 .................1 ...............2

ITR1_4 How much did these problems cause you difficulty with your relatives? .................................0 .................1 ...............2

ITR1_5 How much did they cause you difficulty with your friends? .....................................................0 .................1 ...............2

ITR1_6 How much did they interfere with how you took care of yourself? ...................................0 .................1 ...............2

Now, just thinking over the past 12 months . . .

ITR1_7 How much were you bothered or upset by these problems? .............................................0 .................1 ...............2

ITR1_8 How much did these problems interfere with your life or activities in the past 12 months? ...............................0 .................1 ...............2

STR1_1 Whether you actually did or not, has anyone ever suggested that you seek help of any kind for the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF1_1 THROUGH TRF1_17]? *REFERENCE CARD 5

1. YES 0. NO

STR1_2 Did you ever talk to a friend or family member about these problems?

NO ..................................................... 0 -->GO TO STR1_3
YES ................................................... 1

STR1_2a Did you talk to any of these people about these problems in the past year?

NO ..................................................... 0
YES ................................................... 1
STR1_3 Did you ever talk to a mental health specialist about these problems? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO...................................................... 0  -->GO TO STR1_4
YES.................................................... 1

STR1_3a Did you talk to one of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1

STR1_4 Did you ever talk to a medical person about these problems? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO...................................................... 0  -->GO TO STR1_5
YES.................................................... 1

STR1_4a Did you talk to one of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1

STR1_5 Did you ever talk to a healer or spiritual or religious leader about these problems? This would include a Roadman, a medicine man, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0  -->GO TO STR1_6
YES.................................................... 1

STR1_5a Did you talk to one of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1
STR1_6 Did you ever receive treatment that was related to the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF1_1 THROUGH TRF1_17]? *REFERENCE CARD 5

1. YES

0. NO --> GO TO STR1_8ev

Was this as a patient in residential treatment?

STR1_6ae NO...................................................... 0 --> GO TO STR1_6be
YES.................................................... 1

Was this in the past year?

STR1_6ay NO...................................................... 0
YES.................................................... 1

Were you treated as an outpatient?

STR1_6be NO...................................................... 0 --> GO TO STR1_7ev
YES.................................................... 1

Was this in the past year?

STR1_6by NO...................................................... 0
YES.................................................... 1

Were you ever treated for these problems as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

STR1_7ev NO...................................................... 0 --> GO TO STR1_8ev
YES.................................................... 1

Were you treated there in the past year?

STR1_7yr NO...................................................... 0
YES.................................................... 1
People sometimes use different kinds of medicines when they have these problems.

STR1_8ev Did you ever take any medicine that was prescribed by a doctor for these problems?

NO......................................................... 0 --> GO TO STR1_9ev
YES.................................................... 1

STR1_8yr Was this in the past year?

NO......................................................... 0
YES.................................................... 1

STR1_9ev Did you ever take medicine you got in a store without a prescription for these problems?

NO......................................................... 0 --> GO TO STR1_10e
YES.................................................... 1

STR1_9yr Was this in the past year?

NO......................................................... 0
YES.................................................... 1

STR1_10e Did you ever take medicine that was given to you or recommended by a medicine man for these problems?

NO......................................................... 0 --> GO TO STR1_11e
YES.................................................... 1

STR1_10y Was this in the past year?

NO......................................................... 0
YES.................................................... 1
STR1_11e Did you ever take any other herbs, roots, or remedies for these problems?

NO...................................................... 0  --> GO TO STR1_12e
YES.................................................... 1

STR1_11y Was this in the past year?

NO...................................................... 0
YES.................................................... 1

STR1_12e Did you ever take OTHER MEDICINE for these problems?

NO...................................................... 0  --> GO TO NEXT Q
YES.................................................... 1

STR1_12y Was this in the past year?

NO...................................................... 0
YES.................................................... 1

IF ONLY ONE EVENT, GO TO NEXT SECTION.
IF MORE THAN ONE EVENT, GO TO EVENT FOLLOW-UP #2.
EVENT FOLLOW-UP #2

EVENT 2 TRF2t EVENT:______________________ TRF2 EVENT CODE: ___ ___

Now let's talk about [NAME SECOND EVENT OF THREE WORST]. Is this the [CATEGORY OF EVENT] that you already told me about?

YES 1 --> GO TO TRF2t_1
NO  0 --> GO TO TRF2tSKIP

TRF2tSKIP

IF TRF2 EVENT CODE = 3 OR 12, GO TO TRF2a_7
IF TRF2 EVENT CODE = 4, GO TO TRF2a_11
IF TRF2 EVENT CODE = 14, GO TO TRF2a_16
IF TRF2 EVENT CODE = 15, GO TO TRF2a_27
IF TRF2 EVENT CODE = 16, GO TO TRF2a_36
ALL OTHERS GO TO TRF2a_1

TRF2a_1 How old were you when this happened?

AGE......................................._____ _____

TRF2a_2 At the time, did you believe that you or someone else could be killed or seriously harmed?

NO .........................................0
YES........................................1

TRF2a_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO .........................................0
YES........................................1

TRF2a_4 When this happened, did you experience feelings of intense helplessness?

NO .........................................0
YES........................................1

TRF2a_5 Did you experience intense fear?

NO .........................................0
YES........................................1
TRF2a_6 At the time, did you feel horrified?

   NO ........................................... 0
   YES ....................................... 1

   GO TO TRF2_1

TRF2a_7 How old were you when this happened?

   AGE ........................................... _____ _____

TRF2a_8 When this happened, did you experience feelings of intense helplessness?

   NO ........................................... 0
   YES ........................................... 1

TRF2a_9 Did you experience intense fear?

   NO ........................................... 0
   YES ........................................... 1
TRF2a_10  At the time, did you feel horrified?

  NO ........................................ 0
  YES ..................................... 1

  GO TO TRF2_1

TRF2a_11  How old were you when this happened?

  AGE ...................................... _____ _____

TRF2a_12  When this happened, were you injured?

  NO ........................................ 0
  YES ..................................... 1

TRF2a_13  When this happened, did you experience feelings of intense helplessness?

  NO ........................................ 0
  YES ..................................... 1

TRF2a_14  Did you experience intense fear?

  NO ........................................ 0
  YES ..................................... 1
TRF2a_15  At the time, did you feel horrified?

NO ......................................... 0
YES........................................ 1

GO TO TRF2_1

TRF2a_16  How old were you when you learned this happened?

AGE AT WORST TIME........... _____ _____

TRF2a_17  Did you witness the event, or find out about it after it happened?

WITNESSED .................... 1
FOUND OUT AFTER.......... 2  -->GO TO TRF2a_19

TRF2a_18  At the time of this event, did you believe that someone could be killed or seriously harmed?

NO ......................................... 0
YES........................................ 1

TRF2a_19  At the time, was anyone killed or seriously harmed?

NO ......................................... 0
YES........................................ 1

TRF2a_20  IF WITNESSED EVENT, GO TO TRF2a_21. IF FOUND OUT ABOUT IT AFTER IT HAPPENED, GO TO TRF2a_24.

TRF2a_21  When this happened, did you experience feelings of intense helplessness?

NO ......................................... 0
YES........................................ 1

TRF2a_22  Did you experience intense fear?

NO ......................................... 0
YES........................................ 1
TRF2a_23  At the time, did you feel horrified?

NO.........................................0
YES........................................1

GO TO TRF2_1

TRF2a_24  When you found out about this, did you experience feelings of intense helplessness?

NO.........................................0
YES........................................1

TRF2a_25  Did you experience intense fear?

NO.........................................0
YES........................................1

TRF2a_26  When you found out about this, did you feel horrified?

NO.........................................0
YES........................................1

GO TO TRF2_1

TRF2a_27  How old were you when you learned this happened?

AGE..........................................._____ _____
TRF2a_28  Did you witness the event, or find out about it after it happened?

WITNESSED ...................... 1
FOUND OUT AFTER........... 2  --> GO TO TRF2a_33

TRF2a_29  At the time of this event, did you believe that someone could be killed or seriously harmed?

NO ..................................... 0
YES...................................... 1

TRF2a_30  When this event happened, did you experience feelings of intense helplessness?

NO ..................................... 0
YES...................................... 1

TRF2a_31  Did you experience intense fear?

NO ..................................... 0
YES...................................... 1

TRF2a_32  At the time, did you feel horrified?

NO ..................................... 0
YES...................................... 1

GO TO TRF2_1

TRF2a_33  When you found out about this, did you experience feelings of intense helplessness?

NO ..................................... 0
YES...................................... 1

TRF2a_34  Did you experience intense fear?

NO ..................................... 0
YES...................................... 1
TRF2a_35  When you found out about this, did you feel horrified?

    NO ......................................... 0
    YES ....................................... 1

    GO TO TRF2_1

TRF2a_36  How old were you when you learned this happened?

    AGE ....................................... _____ _____

TRF2a_37  Did you witness the event, or find out about it after it happened?

    WITNESSED .......................... 0
    FOUND OUT AFTER ............... 2  --> GO TO TRF2a_41

TRF2a_38  When this happened, did you experience feelings of intense helplessness?

    NO ......................................... 0
    YES ....................................... 1

TRF2a_39  Did you experience intense fear?

    NO ......................................... 0
    YES ....................................... 1

TRF2a_40  At the time, did you feel horrified?

    NO ......................................... 0
    YES ....................................... 1

    GO TO TRF2_1

TRF2a_41  When you found out about this, did you experience feelings of intense helplessness?

    NO ......................................... 0
    YES ....................................... 1
TRF2a_42  Did you experience intense fear?

NO ......................................... 0
YES........................................ 1

TRF2a_43  When you found out about this, did you feel horrified?

NO ......................................... 0
YES........................................ 1
TRF2_1  The next questions will be about how you felt after [SECOND EVENT] happened.

TRF2_2  Did you keep remembering [EVENT] even when you didn't want to? ............................................................... 0 ..................... 1

TRF2_3  After it did you keep having bad dreams or nightmares about it? ........................................ 0 ..................... 1

TRF2_4  Did you get very upset when you were reminded of it? .............................................. 0 ..................... 1

TRF2_5  Did you sweat or did your heart beat fast or did you tremble when you were reminded of [EVENT]? .................................. 0 ..................... 1

TRF2_6  After [EVENT] did you have trouble sleeping? ............ 0 ..................... 1

TRF2_7  After it did you feel unusually irritable or lose your temper a lot more than is usual for you? ......................... 0 ..................... 1

TRF2_8  After it did you have difficulty concentrating? ................................................................. 0 ..................... 1

TRF2_9  After [EVENT] did you become very much more concerned about danger or very much more careful? .................................. 0 ..................... 1

TRF2_10  After [EVENT] did you become jumpy or easily startled by ordinary noises or movement? ....................................................... 0 ..................... 1
<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
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<tr>
<td>TRF2_11 Did you deliberately <strong>try not to</strong> think or talk about [EVENT]?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2_12 Did you <strong>avoid places or people or activities</strong> that might have reminded you of it?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2_13 After [EVENT] was your <strong>memory blank</strong> for all or part of [EVENT]?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2SKIP IF EVENT HAPPENED TO SOMEONE OTHER THAN RESPONDENT SKIP TO TRF2_14.</td>
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<tr>
<td>TRF2_13a Did you suffer a head injury as a result of [EVENT]?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2_13b Were you unconscious for more than ten minutes?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2_14 After [EVENT] did you <strong>lose interest</strong> in doing things that were once important or enjoyable for you?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TRF2_15 After [EVENT] did you <strong>feel more isolated or distant from other people</strong>?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TRF2_16 After [EVENT] did you find you had more <strong>difficulty experiencing normal feelings</strong> such as love or affection towards other people?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>TRF2_17 After [EVENT] did you begin to feel that there was no point in thinking about the future anymore?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

IF NO TO TRF2_1 THROUGH TRF2_17 AND 2 EVENTS GO TO NEXT SECTION

IF NO TO TRF2_1 THROUGH TRF2_17 AND 3 EVENTS GO TO TRF3t
TRAUMA, October 17, 2000

[456x69] TRF2_18 You said that you had SAME DAY .................. 1 --> GO TO TRF2_19 problems after [EVENT] THAT WEEK .................. 2 --> GO TO TRF2_19 like [NAME ALL] THAT MONTH ............. 3 --> GO TO TRF2_19 SYMPTOMS CODED WITHIN 6 MONTHS .... 4 --> GO TO TRF2_19 YES IN REFERENCE WITHIN 1 YEAR ............ 5 --> GO TO TRF2_19 CARD 5.] MORE THAN 1 YEAR .. 6

How soon after [EVENT] did you start to have any of these problems? CODE LOWEST NUMBER.

TRF2_18a How old were you? AGE: ___/___

TRF2_19 How long did you continue to have LESS THAN 1 WEEK.. ..................... 1 any of these LESS THAN 1 MONTH. 2 problems because LESS THAN 6 MONTHS. .................. 3 of [EVENT]? LESS THAN 1 YEAR ... .................. 4 CODE LOWEST NUMBER. MORE THAN 1 YEAR.. .................. 5

TRF2_20 When was the last time you had any of these reactions in the past month, past six months, past year, or more than a year ago.

Past month .................. 1 --> GO TO ITR2_1 Past six months ............ 2 --> GO TO ITR2_1 Past year ................... 3 --> GO TO ITR2_1 More than a year ago ...... 4 --> GO TO TRF2_20a

TRF2_20a How old were you the last time? AGE: ___/___

We've been talking a lot about the details of the problems that you had after [EVENT], but now I'd like to ask you about what these meant to you, and some things you might have done.

NOT AT ALL SOME A LOT

ITR2_1 How much did these problems ever bother or upset you?
Would you say not at all, some, or a lot? ............................................................ 0 .................. 1 .................. 2
ITR2_2 How much did these problems ever interfere with your life or activities? ................................. 0 ........................ 1 ........................ 2

ITR2_3 How much did they interfere with work or school? .............................................................. 0 ........................ 1 ........................ 2

ITR2_4 How much did these problems cause you difficulty with your relatives? ................................. 0 ........................ 1 ........................ 2

ITR2_5 How much did they cause you difficulty with your friends? .................................................. 0 ........................ 1 ........................ 2

ITR2_6 How much did they interfere with how you took care of yourself? ........................................ 0 ........................ 1 ........................ 2

Now, just thinking over the past 12 months . . .

ITR2_7 How much were you bothered or upset by these problems? .................................................. 0 ........................ 1 ........................ 2

ITR2_8 How much did these problems interfere with your life or activities in the past 12 months? ................................. 0 ........................ 1 ........................ 2

STR2_1 Whether you actually did or not, has anyone ever suggested that you seek help of any kind for the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF2_1 THROUGH TRF2_17]? *REFERENCE CARD 5

| 1. YES | 0. NO |

STR2_2 Did you ever talk to a friend or family member about these problems?

NO ..................................................... 0  --> GO TO STR2_3
YES ................................................... 1
STR2_2a. Did you talk to any of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1

STR2_3 Did you ever talk to a mental health specialist about these problems? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

NO...................................................... 0 -->GO TO STR2_4
YES.................................................... 1

STR2_3a Did you talk to one of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1

STR2_4 Did you ever talk to a medical person about these problems? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

NO...................................................... 0 -->GO TO STR2_5
YES.................................................... 1

STR2_4a Did you talk to one of these people about these problems in the past year?

NO...................................................... 0
YES.................................................... 1

STR2_5 Did you ever talk to a healer or spiritual or religious leader about these problems? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

NO...................................................... 0 -->GO TO STR2_6
YES.................................................... 1
STR2_5a  Did you talk to one of these people about these problems in the past year?

   NO...................................................... 0  
   YES...................................................... 1

STR2_6  Did you ever receive treatment that was related to the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF2_1 THROUGH TRF2_17]? *REFERENCE CARD 5

   1. YES  0. NO  --> GO TO STR2_8ev

Was this as a patient in residential treatment?

   STR2_6ae  NO...................................................... 0  --> GO STR2_6be
   YES...................................................... 1

Was this in the past year?

   STR2_6ay  NO...................................................... 0  
   YES...................................................... 1

Were you treated as an outpatient?

   STR2_6be  NO...................................................... 0  --> GO TO STR2_7ev  
   YES...................................................... 1

Was this in the past year?

   STR2_6by  NO...................................................... 0 
   YES...................................................... 1

Were you ever treated for these problems as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

   STR2_7ev  NO...................................................... 0  --> GO TO STR2_8ev
   YES...................................................... 1

Were you treated there in the past year?

   STR2_7yr  NO...................................................... 0 
   YES...................................................... 1
People sometimes use different kinds of medicines when they have these problems.

**STR2_8ev** Did you ever take any medicine that was prescribed by a doctor for these problems?

NO.................................................... 0  --> GO TO STR2_9ev
YES................................................... 1

**STR2_8yr** Was this in the past year?

NO.................................................... 0
YES................................................... 1

**STR2_9ev** Did you ever take medicine you got in a store without a prescription for these problems?

NO.................................................... 0  --> GO TO STR2_10e
YES................................................... 1

**STR2_9yr** Was this in the past year?

NO.................................................... 0
YES................................................... 1

**STR2_10e** Did you ever take medicine that was given to you or recommended by a medicine man or woman for these problems?

NO.................................................... 0  --> GO TO STR2_11e
YES................................................... 1

**STR2_10y** Was this in the past year?

NO.................................................... 0
YES................................................... 1
STR2_11e  Did you ever take any other herbs, roots, or remedies for these problems?

   NO...................................................... 0  -->GO TO STR2_12e
   YES.................................................... 1

   STR2_11y  Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

STR2_12e  Did you ever take OTHER MEDICINE for these problems?

   NO...................................................... 0
   YES.................................................... 1

   STR2_12y  Was this in the past year?

   NO...................................................... 0
   YES.................................................... 1

IF ONLY TWO EVENTS, GO TO NEXT SECTION.
IF 3 EVENTS, GO TO EVENT FOLLOW-UP #3.
Now let's talk about [NAME THIRD EVENT OF THREE WORST]. Is this the [CATEGORY OF EVENT] that you already told me about?

YES........................................1 --> GO TO TRF3_1
NO .........................................0 --> GO TO TRF3_SKIP

TRF3_SKIP

IF TRF3 EVENT CODE = 3 OR 12, GO TO TRF3a_7
IF TRF3 EVENT CODE = 4, GO TO TRF3a_11
IF TRF3 EVENT CODE = 14, GO TO TRF3a_16
IF TRF3 EVENT CODE = 15, GO TO TRF3a_27
IF TRF3 EVENT CODE = 16, GO TO TRF3a_36
ALL OTHERS GO TO TRF3a_1

TRF3a_1 How old were you when this happened?

AGE......................................._____ _____

TRF3a_2 At the time, did you believe that you or someone else could be killed or seriously harmed?

NO .........................................0
YES........................................1

TRF3a_3 At the time, were you seriously harmed or was anyone else killed or seriously harmed?

NO .........................................0
YES........................................1

TRF3a_4 When this happened, did you experience feelings of intense helplessness?

NO .........................................0
YES........................................1

TRF3a_5 Did you experience intense fear?

NO .........................................0
YES........................................1
TRF3a_6 At the time, did you feel horrified?

NO .............................................. 0
YES........................................ 1

GO TO TRF3_1

TRF3a_7 How old were you when this happened?

AGE............................................. _____ _____

TRF3a_8 When this happened, did you experience feelings of intense helplessness?

NO .............................................. 0
YES........................................ 1

TRF3a_9 Did you experience intense fear?

NO .............................................. 0
YES........................................ 1
TRF3a_10 At the time, did you feel horrified?

NO .............................................. 0
YES ........................................... 1

GO TO TRF3_1

TRF3a_11 How old were you when this happened?

AGE ........................................... _____ _____

TRF3a_12 When this happened, were you injured?

NO .............................................. 0
YES ........................................... 1

TRF3a_13 When this happened, did you experience feelings of intense helplessness?

NO .............................................. 0
YES ........................................... 1

TRF3a_14 Did you experience intense fear?

NO .............................................. 0
YES ........................................... 1

TRF3a_15 At the time, did you feel horrified?

NO .............................................. 0
YES ........................................... 1

GO TO TRF3_1

TRF3a_16 How old were you when you learned this happened?

AGE ........................................... _____ _____

TRF3a_17 Did you witness the event, or find out about it after it happened?

WITNESSED ................................. 1
FOUND OUT AFTER .................. 2 → GO TO TRF3a_19
TRF3a_18  At the time of this event, did you **believe** that someone could be killed or seriously harmed?

   NO .........................................0
   YES.........................................1

TRF3a_19  At the time was anyone killed or **seriously** harmed?

   NO .........................................0
   YES.........................................1

TRF3a_20  IF WITNESSED EVENT, GO TO TRF3a_21. IF FOUND OUT ABOUT IT AFTER IT HAPPENED, GO TO TRF3a_24.

TRF3a_21  When this happened, did you experience feelings of intense helplessness?

   NO .........................................0
   YES.........................................1

TRF3a_22  Did you experience intense fear?

   NO .........................................0
   YES.........................................1

TRF3a_23  At the time, did you feel horrified?

   NO .........................................0
   YES.........................................1

   GO TO TRF3_1

TRF3a_24  When you found out about this, did you experience feelings of intense helplessness?

   NO .........................................0
   YES.........................................1

TRF3a_25  Did you experience intense fear?

   NO .........................................0
   YES.........................................1
TRF3a_26 When you found out about this, did you feel horrified?

NO .........................................0  
YES........................................1  

GO TO TRF3_1

TRF3a_27 How old were you when you learned this happened?

AGE........................................._____ _____

TRF3a_28 Did you witness the event, or find out about it after it happened?

WITNESSED ....................... 1  
FOUND OUT AFTER........... 2 --> GO TO TRF3a_33

TRF3a_29 At the time of this event, did you believe that someone could be killed or seriously harmed?

NO .........................................0  
YES........................................1

TRF3a_30 When this event happened, did you experience feelings of intense helplessness?

NO .........................................0  
YES........................................1

TRF3a_31 Did you experience intense fear?

NO .........................................0  
YES........................................1

TRF3a_32 At the time, did you feel horrified?

NO .........................................0  
YES........................................1  

GO TO TRF3_1
TRF3a_33  When you found out about this, did you experience feelings of intense helplessness?

   NO ................................................. 0
   YES .............................................. 1

TRF3a_34  Did you experience intense fear?

   NO ................................................. 0
   YES .............................................. 1

TRF3a_35  When you found out about this, did you feel horrified?

   NO ................................................. 0
   YES .............................................. 1

   GO TO TRF3_1

TRF3a_36  How old were you when you learned this happened?

   AGE ................................................... _____ _____

TRF3a_37  Did you witness the event, or find out about it after it happened?

   WITNESSED ................................. 0
   FOUND OUT AFTER ................. 2  --> GO TO TRF3a_41

TRF3a_38  When this happened, did you experience feelings of intense helplessness?

   NO ................................................. 0
   YES .............................................. 1

TRF3a_39  Did you experience intense fear?

   NO ................................................. 0
   YES .............................................. 1

TRF3a_40  At the time, did you feel horrified?

   NO ................................................. 0
   YES .............................................. 1
When you found out about this, did you experience feelings of intense helplessness?

NO ......................................... 0
YES......................................... 1

Did you experience intense fear?

NO ......................................... 0
YES......................................... 1

When you found out about this, did you feel horrified?

NO ......................................... 0
YES......................................... 1
TRF3_1 The next questions will be about how you felt after [THIRD EVENT] happened.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td>TRF3_1 Did you keep remembering [EVENT] even when you didn't want to?</td>
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<tr>
<td>TRF3_2 After it did you keep having bad dreams or nightmares about it?</td>
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<tr>
<td>TRF3_3 Did you suddenly act or feel as though [EVENT] was happening again even though it wasn't?</td>
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<td>TRF3_4 Did you get very upset when you were reminded of it?</td>
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<td>TRF3_5 Did you sweat or did your heart beat fast or did you tremble when you were reminded of [EVENT]?</td>
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<td>TRF3_6 After [EVENT] did you have trouble sleeping?</td>
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<tr>
<td>Question</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>TRF3_11 Did you deliberately try not to think or talk about [EVENT]?</td>
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<td>TRF3_12 Did you avoid places or people or activities that might have reminded you of it?</td>
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<tr>
<td>TRF3_13 After [EVENT] was your memory blank for all or part of [EVENT]?</td>
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<tr>
<td>NO ....................................0 --&gt; GO TO TRF3_14</td>
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<tr>
<td>YES .................................1</td>
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<tr>
<td>TRF3SKIP IF EVENT HAPPENED TO SOMEONE OTHER THAN RESPONDENT SKIP TO TRF3_14.</td>
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<td>TRF3_13a Did you suffer a head injury as a result of [EVENT]?</td>
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<td>TRF3_13b Were you unconscious for more than ten minutes?</td>
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<td>TRF3_14 After [EVENT] did you lose interest in doing things that were once important or enjoyable for you?</td>
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<td>TRF3_15 After [EVENT] did you feel more isolated or distant from other people?</td>
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<td>TRF3_16 After [EVENT] did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?</td>
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<td>TRF3_17 After [EVENT] did you begin to feel that there was no point in thinking about the future anymore?</td>
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<tr>
<td>IF NO TO TRF3_1 THROUGH TRF3_17 GO TO NEXT SECTION</td>
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</tbody>
</table>
TRF3_18 You said that you had problems after [EVENT] like [NAME ALL symptoms coded with] within 6 months yes in reference within 1 year. Card 5.
How soon after [EVENT] did you start to have any of these problems? Code lowest number.

TRF3_18a How old were you? AGE: __/___

TRF3_19 How long did you continue to have any of these problems because of [EVENT]? Code lowest number.

TRF3_20 When was the last time you had any of these reactions in the past month, past six months, past year, or more than a year ago.

TRF3_20a How old were you the last time? AGE: __/___

We've been talking a lot about the details of the problems that you had after [EVENT], but now I'd like to ask you about what these meant to you, and some things you might have done.

NOT AT ALL SOME A LOT

ITR3_1 How much did these problems ever bother or upset you? Would you say not at all, some, or a lot?...0...1...2
NOT AT ALL    SOME    A LOT

ITR3_2  How much did these problems ever interfere with your life or activities? .................................................... 0 .............. 1 ............. 2

ITR3_3  How much did they interfere with work or school? ................................................... 0 .............. 1 ............. 2

ITR3_4  How much did these problems cause you difficulty with your relatives? ..................................................... 0 .............. 1 ............. 2

ITR3_5  How much did they cause you difficulty with your friends? ........................................ 0 .............. 1 ............. 2

ITR3_6  How much did they interfere with how you took care of yourself? ................................... 0 .............. 1 ............. 2

Now, just thinking over the past 12 months . . .

ITR3_7  How much were you bothered or upset by these problems? ............................................. 0 .............. 1 ............. 2

ITR3_8  How much did these problems interfere with your life or activities in the past 12 months? ........................................... 0 .............. 1 ............. 2

STR3_1  Whether you actually did or not, has anyone ever suggested that you seek help of any kind for the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF3_1 THROUGH TRF3_17]? *REFERENCE CARD 5

1. YES  0. NO

STR3_2  Did you ever talk to a friend or family member about these problems?

NO ..................................................... 0  --> GO TO STR3_3
YES ................................................... 1
STR3_2a  Did you talk to any of these people about these problems in the past year?

   NO...................................................... 0  
   YES..................................................... 1 

STR3_3  Did you ever talk to a mental health specialist about these problems? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

   NO...................................................... 0  -->GO TO STR3_4  
   YES..................................................... 1 

STR3_3a  Did you talk to one of these people about these problems in the past year?

   NO...................................................... 0  
   YES..................................................... 1 

STR3_4  Did you ever talk to a medical person about these problems? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

   NO...................................................... 0  -->GO TO STR3_5  
   YES..................................................... 1 

STR3_4a  Did you talk to one of these people about these problems in the past year?

   NO...................................................... 0  
   YES..................................................... 1 

STR3_5  Did you ever talk to a healer or spiritual or religious leader about these problems? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

   NO...................................................... 0  -->GO TO STR3_6  
   YES..................................................... 1
Did you talk to one of these people about these problems in the past year?

NO.......................................................... 0
YES........................................................... 1

Did you ever receive treatment that was related to the problems that you said you had after [EVENT] like [NAME ALL SYMPTOMS CODED YES IN TRF3_1 THROUGH TRF3_17]? *REFERENCE CARD 5

Was this as a patient in residential treatment?

NO.............................................................. 0  --> GO TO STR3_6be
YES............................................................ 1

Was this in the past year?

NO.............................................................. 0
YES............................................................ 1

Were you treated as an outpatient?

NO.............................................................. 0  --> GO TO STR3_7ev
YES............................................................ 1

Was this in the past year?

NO.............................................................. 0
YES............................................................ 1

Were you ever treated for these problems as a patient in a psychiatric hospital, or in a psychiatric ward or unit?

NO.............................................................. 0  --> GO TO STR3_8ev
YES............................................................ 1

Were you treated there in the past year?

NO.............................................................. 0
YES............................................................ 1
People sometimes use different kinds of medicines when they have these problems.

STR3_8ev Did you ever take any medicine that was prescribed by a doctor for these problems?

NO......................................................... 0  --> GO TO STR3_9ev
YES...................................................... 1

STR3_8yr Was this in the past year?

NO......................................................... 0
YES...................................................... 1

STR3_9ev Did you ever take medicine you got in a store without a prescription for these problems?

NO......................................................... 0  --> GO TO STR3_10e
YES...................................................... 1

STR3_9yr Was this in the past year?

NO......................................................... 0
YES...................................................... 1

STR3_10e Did you ever take medicine that was given to you or recommended by a medicine man or woman for these problems?

NO......................................................... 0  --> GO TO STR3_11e
YES...................................................... 1

STR3_10y Was this in the past year?

NO......................................................... 0
YES...................................................... 1
STR3_11e  Did you ever take any other herbs, roots, or remedies for these problems?

          NO...................................................... 0  --> GO TO STR3_12e
          YES.................................................... 1

STR3_11y  Was this in the past year?

          NO...................................................... 0
          YES.................................................... 1

STR3_12e  Did you ever take OTHER MEDICINE for these problems?

          NO...................................................... 0  --> GO TO NEXT SECTION
          YES.................................................... 1

STR3_12y  Was this in the past year?

          NO...................................................... 0
          YES.................................................... 1
Section G: SOCIAL SUPPORT

Source Documents:


SOCIAL = SL

SL1 IF MARRIED OR LIVING WITH SOMEONE: GO TO SL2, IF NOT GO TO SL19

NOT MUCH SOME A LOT

SL2 How much does your [husband/wife/partner] really care about you--a lot, some, or not much? ..............................................................1 .............2 ......... 3

SL3 How much does [he/she] understand the way you feel about things? .................................................1 .............2 ............ 3

SL4 How much does [he/she] appreciate you? ..........1 ..........2 ............ 3

SL5 How much can you rely on [him/her] for help if you have a serious problem? .............................1 .............2 ............ 3

SL6 How much can you talk about your worries with [him/her]? ....................................................1 .............2 ......... 3

SL7 How much can you relax and be yourself around [him/her]? ..........................................................1 .............2 ......... 3
SL8  How often does your [husband/wife/partner] make too many demands on you—often, sometimes, or never? ................................................ 0 .................... 1 .................. 2

SL9  How often does [he/she] argue with you? .................................0 .................... 1 .................. 2

SL10 How often does [he/she] criticize you? ......................................0 .................... 1 .................. 2

SL11 How often does [he/she] let you down when you are counting on [him/her]? ................................................ 0 .................... 1 .................. 2

SL12 How often does [he/she] get on your nerves? .......................................................... 0 .................... 1 .................. 2

SL13 How often does your [husband/wife/partner] show affection to you? .............................................0 .................... 1 .................. 2

SL14 How often does your [husband/wife/partner] drink or use drugs too much? .............................................0 .................... 1 .................. 2

SL15 How often does [he/she] gamble too much? .................................0 .................... 1 .................. 2

SL16 How often are your sexual needs fulfilled by this relationship? ................................................ 0 .................... 1 .................. 2

SL17 How often have you discussed or considered divorce, separation, or ending your relationship? . . .

often................................................... 2
sometimes.......................................... 1
never .................................................. 0

SL18 How happy are you in your [marriage/relationship]? . . .

very happy ........................................ 3
a little happier than average .......... 2
not too happy .................................. 1
SL19  IF UNDER 18 YEARS: The next questions are about your relationship with your **parents**. GO TO SL20.

IF ≥ 18 YEARS, GO TO SL30a

NOTE: IF ONE PARENT ONLY, REFER TO "HIM/HER" AND "MOTHER/FATHER" INSTEAD OF "THEY" AND "PARENTS".

SL20 How much do your [parents] really care about you--a **lot**, **some**, or **not much at all**? ....................................................1 ................. 2 ................. 3

SL21 How much do [they] understand the way you feel about things? .................................................1 ................. 2 ................. 3

SL22 How much do [they] appreciate you? .........................1 ................. 2 ................. 3

SL23 How much can you rely on [them] for help if you have a serious problem? ...........................1 ................. 2 ................. 3

SL24 How much can you talk to [them] about your worries? ....................................................1 ................. 2 ................. 3

SL25 How much can you relax and be yourself around [them]? ............................................................1 ................. 2 ................. 3

SL26 How often do your [parents] make too many demands on you--**often, sometimes, never**? ....................................................0 ................. 1 ................. 2

SL27 How often do [they] argue with you? ....................0 ................. 1 ................. 2

SL28 How often do [they] criticize you? ....................0 ................. 1 ................. 2

SL29 How often do [they] let you down when you are counting on [him/her]? ....................0 ................. 1 ................. 2

SL30 How often do [they] get on your nerves? ....................0 ................. 1 ................. 2
SL30a  ALL RESPONDENTS: The next questions are about your friends and other relatives, [other than the people we've just asked about].

SL31  How often do you talk on the phone or get together with friends or relatives who do not live with you? . . .

   every day ........................................... 5
   a few times a week .............................. 4
   a few times a month ............................ 3
   once a month .................................... 2
   less than once a month, or ................ 1
   never (IF VOL.)................................. 0

[Not including the people we've just talked about]

   NOT MUCH
   AT ALL   SOME   A LOT

SL32  How much do your friends or relatives really care about you--a lot, some, or not much at all? .................................................................1 .................2 .................3

SL33  How much do they understand the way you feel about things? .................................................................1 .................2 .................3

SL34  How much do they appreciate you? ..................1 .................2 .................3

SL35  How much can you rely on them for help if you have a serious problem? .................................................................1 .................2 .................3

SL36  How much can you talk to them about your worries? .................................................................1 .................2 .................3

SL37  How much can you relax and be yourself around them? .................................................................1 .................2 .................3
[Not including the people we've just talked about]

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>SL38 How often do your friends or relatives make too many demands on you--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>often</strong>, <strong>sometimes, or never</strong> ................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL39 How often do they argue with you? ...........................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL40 How often do they criticize you? ............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL41 How often do they let you down when you are counting on them? ......</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL42 How often do they get on your nerves? .....................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL43 How often do they drink or use drugs too much? ........................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now I'd like to talk with you about your family and friends, the people you know today.

Among the people you know, is there someone . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SL44a you can go with to play cards, or go to bingo, a powwow, or a community meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL44b who would lend you money if you needed it in an emergency? ...........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL44c who would lend you a car or drive you somewhere else if you really needed it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL44d you could call who would bail you out if you were arrested and put in jail?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SL44e you could count on to check in on you regularly?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SL45 How isolated do you feel? . . .

   very isolated ........................................... 3
   somewhat isolated .................................... 2
   not very isolated at all ............................ 1
SL46  How often do you purposely avoid family gatherings?  

- a lot .................................................... 3
- sometimes, or .................................... 2
- not very much at all ........................... 1

SL47  Of those family gatherings you go to, how likely are you to leave early?  

- very likely .......................................... 3
- somewhat likely, or ........................... 2
- not at all likely ................................. 1

SL48  IF CHILDREN GO TO SL49, IF NO GO TO NEXT SECTION.  

IF CHILDREN: Here are some questions about your relationship with your [child/children].

SL49  Compared to most families in your community, how many problems have your children given you?  

- a lot .................................................... 3
- some .................................................. 2
- very few ............................................ 1

SL50  [NOTE: WORDING CHANGE] Would you say that in your case, being a parent has nearly always been enjoyable; sometimes been enjoyable; or hardly ever been enjoyable?  

- nearly always ..................................... 3
- sometimes, or .................................... 2
- hardly ever ....................................... 1

SL51  Many [men/women] feel they're not as good [fathers/mothers] as they would like to be. Have you ever felt this way?  

- nearly always ..................................... 3
- sometimes, or .................................... 2
- hardly ever ....................................... 1

SL52  How satisfied or pleased are you with how you get along with your children?  

- very satisfied ...................................... 2
- somewhat satisfied, or .......................... 1
- not satisfied ....................................... 0
SL53  How satisfied or pleased are you as a parent with how your children are turning out?  

very satisfied...................................... 2
somewhat satisfied, or............................ 1
not satisfied ....................................... 0
Here is a list of problems people may have. How much have any of these problems bothered or upset you during the past month including today . . . not at all (0), some (1), or a lot (2)?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY2  Dizziness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY3  Faintness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY4  Loss of sexual interest or pleasure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY5  Pains in heart or chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY8  Trouble getting your breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY9  Suddenly feeling hot or cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY10 Numbness or tingling in parts of your body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY11 Feeling weak in parts of your body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY13 Emotional numbness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY16 Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY19 Feeling critical of others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY20 Your feelings being easily hurt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY21 Feeling others do not understand you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY22 Feeling others do not listen to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY23 Feeling that people are unfriendly or dislike you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY24 Feeling like you’re not as good as others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY25 Feeling low in energy or slowed down</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SY26</td>
<td>Thoughts of committing suicide</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>SY27</td>
<td>Blaming yourself for things more than you should</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY28</td>
<td>Feeling lonely</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY29</td>
<td>Worrying too much about things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY30</td>
<td>Feeling no interest in just about anything</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY31</td>
<td>Not having feelings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY32</td>
<td>Feeling empty</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY33</td>
<td>Not wanting to get emotionally involved with people</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY37</td>
<td>Feeling fearful</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY42</td>
<td>Feeling easily annoyed or irritated</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY43</td>
<td>Having violent thoughts like wanting to beat, injure, or harm someone</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY44</td>
<td>Wanting to break or smash things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY45</td>
<td>Getting into a lot of arguments</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY46</td>
<td>Shouting or throwing things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY47</td>
<td>Feeling afraid in open spaces</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY48</td>
<td>Feeling afraid to go out of your house alone</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY49</td>
<td>Feeling uneasy in crowds, such as at a powwow or at a fair</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY50</td>
<td>Feeling nervous when you are left alone</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY51</td>
<td>Feeling uneasy at family gatherings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY</td>
<td>Description</td>
<td>NOT AT ALL</td>
<td>SOME</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>SY52</td>
<td>Feeling uneasy at public gatherings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY53</td>
<td>Feeling lonely even when you are with people</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY54</td>
<td>The idea that something is seriously wrong with your body</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY55</td>
<td>Never feeling emotionally close to anybody</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY56</td>
<td>Feelings like something is wrong with your mind</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY57</td>
<td>Being unable to get rid of bad thoughts or ideas</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY58</td>
<td>Bad dreams or nightmares</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY59</td>
<td>Feeling confused</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY60</td>
<td>Making yourself throw up after eating</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY61</td>
<td>Using laxatives to lose weight</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY62</td>
<td>Binge eating</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY63</td>
<td>Others telling you to stop dieting</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY64</td>
<td>Others telling you you're too thin</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY65</td>
<td>Feeling like crying</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY66</td>
<td>Feeling in a bad mood</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY67</td>
<td>Feeling that you did not care for your family</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY68</td>
<td>Feeling that your family didn't care for you</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY69</td>
<td>Feeling that your spiritual path was not clear</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY70</td>
<td>Feeling that your life was lacking harmony</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY71</td>
<td>Feeling God or the Creator doesn't care</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Not at All</td>
<td>Some</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>SY81</td>
<td>Feeling totally discouraged</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY82</td>
<td>Your family thought you were acting crazy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY83</td>
<td>Thinking a lot about any fighting going on in your family</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY84</td>
<td>Thinking a lot about any fighting going on in your community</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY85</td>
<td>Thinking a lot about how people are gossiping about you</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY86</td>
<td>Isolating yourself, or withdrawing from other people</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY87</td>
<td>Not feeling sociable, or not wanting to be around other people</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY89</td>
<td>Feeling in emotional pain</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY90</td>
<td>Feeling lazy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY91</td>
<td>Being irritable or angry with children who are around you</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SY92</td>
<td>Being irritable with your relatives or your spouse</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Akers Coping Scale:

AC1 When faced with a problem people do different things. When faced with a problem, please tell me whether you usually:

AC2 Try to stay away from the problem.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0

AC3 Try to stay away from things that make you upset.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0

AC4 Avoid people that make you feel bad.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0

AC5 Avoid the problem by going off by yourself.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0

AC6 Do something to make things better.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0

AC7 Try to make things better by changing what you did.

Most of the time ......................... 2
Sometimes .................................. ... 1
Never ........................................ 0
AC8    Do something to solve the problem.

        Most of the time  ......................  2
        Sometimes ............................  1
        Never ..................................  0

AC9    Do something in order to get something good out of it.

        Most of the time  ......................  2
        Sometimes ............................  1
        Never ..................................  0
DISSOCIATION = DS

DSINTRO In the past 30 days ['past month'], how often have you had any of these experiences? Not at all, Sometimes, or a lot? . . .

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOMETIMES</th>
<th>LOT</th>
</tr>
</thead>
</table>

DS1 Finding yourself in a place and having no idea how you got there ...........................................0 ..............1 ............. 2

DS2 Finding yourself dressed in clothes that you don't remember putting on.............................0 ..............1 ............. 2

DS3 Finding new things among your belongings that you don't remember buying. .................................0 ..............1 ............. 2

DS4 Feeling as though you are standing next to yourself, or watching yourself do something and actually seeing yourself as if you were looking at another person.....................0 ..............1 ............. 2

DS5 Not recognizing friends or family members.......................0 ..............1 ............. 2

DS6 Looking in a mirror and not recognizing yourself........................................................................0 ..............1 ............. 2

DS7 Feeling that other people, objects, and the world around you are not real......................................0 ..............1 ............. 2

DS8 Feeling that your body does not seem to belong to you........................................................................0 ..............1 ............. 2

DS9 Finding evidence that you have done things that you don't remember doing.................................0 ..............1 ............. 2

DS10 Feeling as if you are looking at the world through a fog, so that people and objects appear far away or unclear.........................................................0 ..............1 ............. 2
SUICIDALITY

SU1 Have you ever seriously thought about committing suicide? (Y/N)

NO ..................................................... 0  --> GO TO SU2
YES ................................................... 1

SU1a How often have you seriously thought about it in the last 12 months? Would you say not at all (0), a few times (1), several times (2), or often (3)?

not at all ............................................. 0
a few times ........................................ 1
several times, or ................................... 2
often .................................................... 3

SU1b Have you ever planned how you would commit suicide?

NO ..................................................... 0  --> GO TO SU1c
YES ................................................... 1

SU1b1 Have you made a plan for committing suicide in the last 12 months?

NO ..................................................... 0
YES .................................................... 1

SU1c Have you ever told someone that you were thinking about committing suicide?

NO ..................................................... 0  --> GO TO SU1d
YES .................................................... 1
SU1c1  Who did you tell? 

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>0</td>
</tr>
<tr>
<td>Friends/Peers</td>
<td>0</td>
</tr>
<tr>
<td>Co-Worker</td>
<td>0</td>
</tr>
<tr>
<td>Trusted Confidant (e.g., teacher, coach, etc.)</td>
<td>0</td>
</tr>
<tr>
<td>Service Provider (e.g., Counselor, nurse, healer, doctor)</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

SU1c1ft  Specify _________________________________

____________________________________________________

SU1d  In the last 12 months, have you told someone you were thinking about committing suicide?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

SU1d1  Who did you tell? 

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>0</td>
</tr>
<tr>
<td>Friends/Peers</td>
<td>0</td>
</tr>
<tr>
<td>Co-Worker</td>
<td>0</td>
</tr>
<tr>
<td>Trusted Confidant (e.g., teacher, coach, etc.)</td>
<td>0</td>
</tr>
<tr>
<td>Service Provider (e.g., Counselor, nurse, healer, doctor)</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

SU1d1ft  Specify _________________________________

____________________________________________________
SU2  Have you ever attempted suicide?

NO ......................................................... 0  --> GO TO AM INTRO
YES ...................................................... 1

SU2a  How many times have you attempted suicide in your lifetime?

RECORD # TIMES.........................  ____  ____

SU2b  How did you try to kill yourself?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOOTING</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>STABBING OR CUTTING</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OVERDOSE</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HANGING</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CAUSING AN ACCIDENT</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>JUMPING FROM HEIGHT</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OTHER</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

SU2b7t  SPECIFY: ____________________________________________

_________________________________________________________________

SU2c  Have you attempted suicide in the last 12 months?

NO ......................................................... 0
YES ...................................................... 1
ATTITUDES ABOUT MENTAL HEALTH CARE

AMINTRO Here are some questions about your feelings about mental health services. People differ a lot in their feelings about receiving mental health services. Let's first talk about people who specialize in counseling, such as psychiatrists, psychologists, social workers, and counselors.

AM1 If you have a serious emotional problem would you definitely go, probably go, or definitely not go for help, to one of these people?

DEFINITELY GO ......................... 2
PROBABLY GO ............................. 1
DEFINITELY NOT GO .................. 0

AM2* How comfortable would you feel talking about emotional problems or personal problems with a mental health professional -- very comfortable, somewhat, or not at all comfortable?

VERY ................................................ 2
SOMEWHA T .................................... 1
NOT AT ALL ................................. 0

AM3 When people have emotional or personal problems, how many of them do you think would be helped by talking to a mental health counselor?

none .............................................. 0
a few ............................................. 1
about half ..................................... 2
most of them, or ............................ 3
all of them ................................. 4

AM4 When people have emotional or personal problems, how many of them do you think would get better without talking to a mental health counselor?

none .............................................. 0
a few ............................................. 1
about half ..................................... 2
most of them, or ............................ 3
all of them ................................. 4
<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM5 Do you think a mental health professional would understand the kinds</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>of problems you might have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM6 Could you talk about your most personal problems with a mental</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>health professional?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM7 If you went for counseling, would you prefer speaking to a [American</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Indian] counselor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM8 If you went for counseling, would you prefer a male or female</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>counselor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO PREFERENCE</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>MALE COUNSELOR</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>FEMALE COUNSELOR</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>AM9* Do you feel that most family doctors can be of great help with an</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>emotional or personal problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>AM10* How comfortable would you feel talking with a family doctor about</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>problems like these?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very comfortable</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Somewhat comfortable, or</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not comfortable at all</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AM11* Do you feel that most medicine men/traditional healers can be of</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>great help with an emotional or personal problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>AM12* How comfortable would you feel talking with a medicine man/</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>traditional healer about problems like these?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very comfortable</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Somewhat comfortable, or</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not comfortable at all</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
AM13* Do you feel that most **pastors, priests, or ministers** can help with an emotional or personal problem?

   NO ..................................................... 0
   YES ................................................... 1

AM14* How comfortable would you feel talking with a **pastor, priest, or minister** about problems like these? . . .

   Very comfortable............................... 2
   Somewhat comfortable, or ............... 1
   Not comfortable at all........................ 0

AM15* Do you feel that most **Native American Church Services** can help with an emotional or personal problem?

   NO ..................................................... 0
   YES ................................................... 1

AM16* How comfortable would you feel going to a **Native American Church** service for help with personal problems?

   Very comfortable............................... 2
   Somewhat comfortable, or ............... 1
   Not comfortable at all........................ 0

AM17* Do you feel that most **12-Step Programs** can help with an emotional or personal problem?

   NO ..................................................... 0
   YES ................................................... 1

AM18* How comfortable would you feel about going to a **12-Step Meeting** for help with your personal problems?

   Very comfortable............................... 2
   Somewhat comfortable, or ............... 1
   Not comfortable at all........................ 0

AM19* Have any of your close friends or relatives been treated for an emotional problem by a mental health specialist?

   NO ..................................................... 0
   YES ................................................... 1
SAMINTRO  Now I would like to ask you about people you might have seen at some time in your life, when you had a personal problem or an emotional problem.

SAM1  When you have had an emotional problem or a personal problem, did you ever talk to a friend or a family member about it?

   NO .................................................................. 0  --> GO TO SAM2
   YES .............................................................. 1

SAM1a  Did you talk to one of these people about problems like these in the past year?

   NO ......................................................... 0
   YES ......................................................... 1

SAM2  Did you ever talk to a mental health specialist about your emotional or personal problems? By mental health specialist, I mean someone who specializes in counseling, like a psychologist, a psychiatrist, a counseling social worker, a substance abuse counselor, a school counselor, a mental health technician, or some other kind of counselor.

   NO .................................................................. 0  --> GO TO SAM3
   YES .............................................................. 1

SAM2a  Did you talk to one of these people about problems like these in the past year?

   NO ......................................................... 0
   YES ......................................................... 1

SAM3  Did you ever talk to a medical person about your emotional or personal problems? This would be a nurse, a doctor who is not a psychiatrist, a Community Health Representative, or someone like that.

   NO .................................................................. 0  --> GO TO SAM4
   YES .............................................................. 1

SAM3a  Did you talk to one of these people about problems like these in the past year?

   NO ......................................................... 0
   YES ......................................................... 1
SAM4 Did you ever talk to a healer or spiritual or religious leader about your emotional or personal problems? This would include a Roadman, a medicine man or woman, another religious leader such as a pastor, priest, or minister, or someone like that.

   NO ..................................................... 0  --> GO TO SAM5_ev
   YES ................................................... 1

SAM4a Did you talk to one of these people about problems like these in the past year?

   NO ..................................................... 0
   YES ................................................... 1

People sometimes use different kinds of medicines when they have emotional or personal problems.

SAM5_ev Did you ever take any medicine that was prescribed by a doctor for problems like these?

   NO ..................................................... 0  --> GO TO SAM6_ev
   YES ................................................... 1

SAM5_yr In the past year?

   NO ..................................................... 0
   YES ................................................... 1

SAM6_ev Did you ever take medicine you got in a store without a prescription for problems like these?

   NO ..................................................... 0  --> GO TO SAM7_ev
   YES ................................................... 1

SAM6_yr In the past year?

   NO ..................................................... 0
   YES ................................................... 1

SAM7_ev Did you ever take medicine that was given to you or recommended by a medicine man or woman for problems like these?

   NO ..................................................... 0  --> GO TO SAM8_ev
   YES ................................................... 1
SAM7_yr In the past year?

NO ..................................................... 0
YES ................................................... 1

SAM8_ev Did you ever take any other herbs, roots, or remedies like these for problems like these?

NO ..................................................... 0  --> GO TO SAM9_ev
YES ................................................... 1

SAM8_yr In the past year?

NO ..................................................... 0
YES ................................................... 1

SAM9_ev Did you ever take OTHER MEDICINE?

NO ..................................................... 0  --> GO TO SPINTRO
YES ................................................... 1

SAM9_yr In the past year?

NO ..................................................... 0
YES ................................................... 1
SPIRITUALITY

SPININTRO Many people find that spirituality or some form of religious practice is important to their health and well-being. Others are less concerned with spirituality. Next, I will ask some general questions about spirituality. I will not ask you about any specific practices. If you ever feel that you would prefer not to answer a question or that it is too private, just let me know, and we will go on to the next question.

SP1 How important is spirituality in your life? . . .

very important ................................... 3
somewhat.......................................... 2
not very, or ...................................... 1
not at all.......................................... 0

SP2 How often do you spend time on religious or spiritual practices? . . .

every day or almost everyday ............ 3
several times a month....................... 2
from time to time,
occasionally, or............................... 1
very rarely or not at all .............. 0

SP3a IF CHILDREN: How important is it to you that your children participate in some kind of religious or spiritual practice? . . .

very important ................................... 3
somewhat.......................................... 2
not very, or ...................................... 1
not at all.......................................... 0

SP3b IF NO CHILDREN: If you had children, how important would it be to you that they participate in some kind of religious or spiritual practice? . . .

very important ................................... 3
somewhat.......................................... 2
not very, or ...................................... 1
not at all.......................................... 0

SP4 How often do you seek comfort or guidance through religious or spiritual means? . . .

often................................................... 3
sometimes.......................................... 2
rarely, or ........................................ 1
never.................................................. 0
I am now going to ask you about several religious and spiritual traditions. I'll ask you about each of them one at a time.

TRADITIONAL AMERICAN INDIAN BELIEFS

How important are beliefs like these to you? . . .

- not at all............................................. 0
- somewhat important, or..................... ....1
- very important ................................... 2

How often do you participate in traditional practices such as healing ceremonies, religious events, or naming ceremonies? . . .

- never .................................................. 0
- sometimes, or ..................................... ....1
- often................................................... 2

NATIVE AMERICAN CHURCH

How much do you practice or follow the beliefs of the Native American Church? Would you say . . .

- not at all............................................. 0
- some, or ............................................. ....1
- a lot.................................................... 2

How important are these beliefs to you? . . .

- not at all............................................. 0
- somewhat important, or..................... ....1
- very important ................................... 2

CHRISTIAN TRADITIONS

How much do you practice or follow the beliefs of Christianity? Would you say . . .

- not at all............................................. 0
- some, or ............................................. ....1
- a lot.................................................... 2
SP10  How important are these beliefs to you?

- not at all............................................. 0
- somewhat important, or................. ....1
- very important ................................. 2

SP11  How often do you attend church services?

- never .................................................. 0
- sometimes, or .................................... ....1
- often................................................... 2

SP12  What church or denomination do you prefer?

- CATHOLIC ........................................................ 01
- NON-DENOMINATIONAL PROTESTANT .... ....02
- BAPTIST .......................................................... 03
- METHODIST ....................................................... ...04
- LUTHERAN ........................................................... 05
- PRESBYTERIAN.................................................. ....06
- EPISCOPALIAN, ANGLICAN,
  CHURCH OF ENGLAND ......................... ..07
- CHURCH OF CHRIST ............................................ ...08
- PENTECOSTAL, ASSEMBLY OF GOD ........ 09
- JEHOVAH'S WITNESS................................. ...10
- CONGREGATIONAL ....................................... 11
- PRIMITIVE BAPTIST, FREE WILL
  BAPTIST, OR MISSIONARY BAPTIST........ ...12
- LATTER DAY SAINTS, MORMONS.......... 13
- "CHRISTIAN" .................................................... ...14
- OTHER (SPECIFY) ........................................... 15

___________________________________________________

OTHER TRADITIONS

SP13  Do you follow some other religious or spiritual tradition?

- NO ..................................................... 0  GO TO Q SP17
- YES ................................................... 1

SPECIFY:

SP13t  _______________________________________________________________
SP14  How much do you practice or follow the beliefs of [this tradition]? . . .

   not at all............................................. 0
   some, or ............................................. 1
   a lot.................................................... 2

SP15  How important are these beliefs to you? . . .

   not at all............................................. 0
   somewhat important, or ..................... 1
   very important ................................... 2

SP16  How often do you attend services or get together with others who practice this
       tradition? . . .

   never.................................................. 0
   sometimes, or .................................... 1
   often................................................... 2

TWELVE-STEP GROUPS

SP17  Have you ever attended a 12-step meeting, like AA, Alateen, or Al-Anon?

   NO ..................................................... 0  GO TO SP24
   YES ................................................... 1

Which meetings have you attended?  READ LIST . . .

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP17a AA</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17b NA</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17c CA</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17d ACoA</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17e Al-Anon or Alateen</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17f Gamblers Anonymous</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SP17g Others</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
SP18 Have you attended a 12-step meeting in the last year?

NO ..................................................... 0
YES ................................................... 1

SP19 Have you ever considered yourself to be a member of a 12-Step group?

NO ..................................................... 0  -->GO TO SP21
YES ................................................... 1

SP20 Are you [do you consider yourself to be] a member now?

NO ..................................................... 0
YES ................................................... 1

SP21 How often do you attend [12 step meetings] now? . . .

never .................................................. 0
sometimes.......................................... ....1
very often........................................... 2

SP22 How important has participating in a 12-step meeting been to you? . . .

not important ..................................... 0
somewhat important, or..................... ....1
very important ................................... 2

SP23 How helpful has participating in a 12-step meeting been to you? . . .

not helpful ......................................... 0
somewhat helpful, or......................... ....1
very helpful........................................ 2

Please tell me how much you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP24</td>
<td>There is balance and order in the universe ........................................... 0 .......... 1</td>
</tr>
<tr>
<td>SP25</td>
<td>I am in harmony with all living things .................................................. 0 .......... 1</td>
</tr>
<tr>
<td>SP26</td>
<td>I feel connected with other people in life ................................................. 0 .......... 1</td>
</tr>
<tr>
<td>SP27</td>
<td>I follow the [NORTHERN PLAINS/ SOUTHWESTERN Paths]........................................... 0 .......... 1</td>
</tr>
</tbody>
</table>
DISAGREE    AGREE

SP28 When I need to return to balance, I know what to do..................0 .............. 1
SP29 I feel like I am living the right way .............................................0 .............. 1
SP30 I give to others and receive from them in return .........................0 .............. 1
SP31 I am a person of integrity..........................................................0 .............. 1
SP32 I respect other people...............................................................0 .............. 1
SP33 I respect Mother Earth...............................................................0 .............. 1

DISAGREE    AGREE

Mastery

SP34 I can do just about anything I really set my mind to do...............0 .............. 1
SP35 I often feel helpless in dealing with the problems of life ............0 .............. 1
SP36 What happens to me in the future mostly depends on me..........0 .............. 1
SP37 Even if I wanted to change many of the important things in my life, there is little I can do.....................................0 .............. 1
SP38 I have little control over the things that happen to me ..........0 .............. 1
SP39 There is really no way I can solve some of the problems I have ..........................................................0 .............. 1
SP40 Sometimes I feel that I'm being pushed around in life ............0 .............. 1

DISAGREE    AGREE

Self Esteem

SP41 I have a positive attitude about myself...........................................0 .............. 1
SP42 I feel that I have many good qualities...........................................0 .............. 1
SP43 I feel that I am a failure ..........................................................0 .............. 1
SP44 I feel useless at times..............................................................0 .............. 1
<table>
<thead>
<tr>
<th></th>
<th>DISAGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP45</td>
<td>On the whole, I am satisfied with myself</td>
<td>0</td>
</tr>
<tr>
<td>SP46</td>
<td>At times I think I am no good at all</td>
<td>0</td>
</tr>
<tr>
<td>SP47</td>
<td>I feel that I am a worthwhile person</td>
<td>0</td>
</tr>
<tr>
<td>Item</td>
<td>Question</td>
<td>DISAGREE</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>SP48</td>
<td>I am just as happy as when I was younger</td>
<td>0</td>
</tr>
<tr>
<td>SP49</td>
<td>These are the best years of my life</td>
<td>0</td>
</tr>
<tr>
<td>SP50</td>
<td>My life could be happier than it is now</td>
<td>0</td>
</tr>
<tr>
<td>SP51</td>
<td>Most of the things I do are boring or monotonous</td>
<td>0</td>
</tr>
<tr>
<td>SP52</td>
<td>The things I do are as interesting to me as they ever were</td>
<td>0</td>
</tr>
<tr>
<td>SP53</td>
<td>I expect some interesting and pleasant things to happen to me in the future</td>
<td>0</td>
</tr>
<tr>
<td>SP54</td>
<td>I feel old and somewhat tired</td>
<td>0</td>
</tr>
<tr>
<td>SP55</td>
<td>As I look back on my life, I am fairly well satisfied</td>
<td>0</td>
</tr>
<tr>
<td>SP56</td>
<td>I would not change my past even if I could</td>
<td>0</td>
</tr>
<tr>
<td>SP57</td>
<td>I've gotten pretty much what I expected out of life</td>
<td>0</td>
</tr>
<tr>
<td>SP58</td>
<td>I have gotten more of the breaks in life than most of the people I know</td>
<td>0</td>
</tr>
</tbody>
</table>
KESSLER HIGH DISTRESS SCALE

HD1 In the past 30 days, about how often did you feel so sad nothing could cheer you up?

None of the time.................................. 0
A little of the time ............................... ....1
Some of the time ................................. 2
Most of the time ................................. ....3
All of the time ..................................... 4

HD2 In the past 30 days, about how often did you feel nervous?

None of the time.................................. 0
A little of the time ............................... ....1
Some of the time ................................. 2
Most of the time ................................. ....3
All of the time ..................................... 4

HD3 In the past 30 days, about how often did you feel restless or fidgety?

None of the time.................................. 0
A little of the time ............................... ....1
Some of the time ................................. 2
Most of the time ................................. ....3
All of the time ..................................... 4

HD4 In the past 30 days, about how often did you feel hopeless?

None of the time.................................. 0
A little of the time ............................... ....1
Some of the time ................................. 2
Most of the time ................................. ....3
All of the time ..................................... 4

HD5 In the past 30 days, about how often did you feel that everything was an effort?

None of the time.................................. 0
A little of the time ............................... ....1
Some of the time ................................. 2
Most of the time ................................. ....3
All of the time ..................................... 4
In the past 30 days, about how often did you feel worthless?

None of the time.................................. 0
A little of the time ................................. 1
Some of the time .................................. 2
Most of the time .................................... 3
All of the time ...................................... 4
(Read by interviewer)

We are almost at the end of the interview. We realize that we've asked questions about many things. This last set of questions has to do with AIDS and HIV—the virus that causes AIDS. At this point, compared to other Americans, Indians are less likely to have HIV than others; however, this may change in years to come. We would like to work with the tribe in developing AIDS prevention programs. But before we can do that, we need to find out what people know and think about HIV and AIDS. We didn't write these questions—they are the same as those asked around the country every month.

I am now going to give you the computer again so that you can answer these questions privately. Please let me know if you would like me to read along. Keep in mind, though, that even if I read along, I will not know your answers.

First, we would like to ask some questions about your feelings about HIV, the virus that causes AIDS.

HIV1 If you had a child in school, at what age do you think he or she should begin receiving education in school about HIV infection and AIDS? Please make sure you type both numbers.

Kindergarten ..................................... 55
1st grade............................................. 01
2nd grade ......................................... 02
3rd grade ......................................... 03
4th grade ......................................... 04
5th grade ......................................... 05
6th grade ......................................... 06
7th grade ......................................... 07
8th grade ......................................... 08
9th grade ......................................... 09
10th grade......................................... 10
11th grade ....................................... 11
12th grade ....................................... 12
Never .................................................. 88
I don't know/I'm not sure..................... 77
I don't want to answer this................... 99
HIV2  If you had a teenager who was sexually active, would you:

a. Encourage him or her to abstain from sex?

   No................................................. 0
   Yes ............................................. 1
   Would give other advice ................. 2
   I don't know/I'm not sure............... 7
   I don't want to answer this............. 9

b. Encourage him or her to use some kind of birth control?

   No................................................. 0
   Yes ............................................. 1
   Would give other advice ................. 2
   I don't know/I'm not sure............... 7
   I don't want to answer this............. 9

c. Encourage him or her to use a condom?

   No................................................. 0
   Yes ............................................. 1
   Would give other advice ................. 2
   I don't know/I'm not sure............... 7
   I don't want to answer this............. 9

HIV3 Some people use condoms to keep from getting infected with HIV through sexual activity. How effective (good) do you think a properly used condom is for this purpose?

   Very effective............................. 1
   Somewhat effective........................ 2
   Not at all effective....................... 3

HIV4 What are your chances of getting infected with HIV, the virus that causes AIDS?

   No chance at all............................. 1
   Very small chance.......................... 2
   Some chance .................................. 3
   High chance.................................. 4
   I have HIV/AIDS............................ 5
   I don't know................................. 9
HIV5 AIDS is the most serious health problem on the reservation.

    Disagree.............................................. 0
    Agree................................................. 1

HIV6 Here on the reservation, there are more important things to worry about than AIDS.

    Disagree.............................................. 0
    Agree................................................. 1

HIV7 We will all die anyway, so why worry about AIDS?

    Disagree.............................................. 0
    Agree................................................. 1

HIV8 AIDS causes great suffering to the people who have it.

    Disagree.............................................. 0
    Agree................................................. 1

HIV9 I worry about getting AIDS/HIV infection.

    Disagree.............................................. 0
    Agree................................................. 1

HIV10 AIDS patients should be isolated from the rest of society.

    Disagree.............................................. 0
    Agree................................................. 1

Now we ask you about some of the things that you do that might put you at risk for getting HIV. We do ask about sexual behaviors here. Remember that no one else will know your answers. For each of these questions, you can tell us that you don't want to answer. We hope you will, though.

HIV11 How many men have you had sexual intercourse with in your life?

    ___ ___ number
    I don't know........................................ 98
    I don't want to answer this..................... 99

00, 98, 99 and female--go to HIV12
00, 98, 99 and male--go to HIV13
HIV11a  How old were you the first time you had sexual intercourse with a man?

___ ___ number

I don't know................................. 98
I don't want to answer this.............. 99

HIV11b  During the past 12 months, with how many men have you had sexual intercourse?

___ ___ number

I don't know................................. 98
I don't want to answer this.............. 99

HIV11d  Was a condom used the last time you had sexual intercourse with a man?

No.................................................... 0
Yes .................................................. 1
I don't want to answer this............... 9

NO--females go the HIV12; males go to HIV13.

HIV11e  If a condom was used, was it used:

- to prevent pregnancy;....................... 1
- to prevent diseases like syphilis,
  gonorrhea & AIDS;...................... 2
- both reasons;............................ 3
- neither reason............................ 4
I don't want to answer this............. 9

Males go to HIV13

{females only}

HIV12  Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries
(also called pelvic infection, pelvic inflammatory, or PID)?

No.................................................... 0
Yes .................................................. 1

I don't know/I'm not sure.................. 7
I don't want to answer this.............. 9

GO TO HIV14
{males only}

HIV13  How may women have you had sex with in your life?

___ ___ number

I don't know ........................................ 98
I don't want to answer this .................. 99

NONE--go to HIV14

HIV13a  How old were you the first time you had sexual intercourse with a woman?

___ ___ years old

I don't know ........................................ 98
I don't want to answer this .................. 99

HIV13b  During the past 12 months, with how many women have you had sexual
        intercourse?

___ ___ number

I don't know ........................................ 98
I don't want to answer this .................. 99

HIV13c  Was a condom used the last time you had sexual intercourse with a woman?

No ....................................................... 0
Yes ...................................................... 1
I don't want to answer this ............. 9

NONE--go to HIV14

HIV13d  The last time you had sexual intercourse with a woman, was the condom used:

to prevent pregnancy; ..................... 1
to prevent diseases like syphilis,
gonorrhea & AIDS; ..................... 2
both reasons; ..................... 3
neither reason ..................... 4
I don't want to answer this ............ 9
HIV14  Have you donated blood since 1985?

No......................................................... 0
Yes ..................................................... 1
Don't know......................................... 9

NO--go to HIV15

HIV14a  When did you last donate blood?

19__ __

I don't remember ............................... 00

HIV15  Since 1980, have you used IV drugs (amphetamines/stimulants, cocaine, heroin, hashish)?

No......................................................... 0
Yes ..................................................... 1

HIV16  Have you ever had your blood tested for HIV, the virus that causes AIDS?

No......................................................... 0
Yes ..................................................... 1
Don't know......................................... 9

NO--go to HIV17

HIV16a  When was your last blood test for HIV?

19__ __

I don't remember ............................... 00
HIV16b What was the main reason you had your blood tested for HIV? Please choose just one.

For hospitalization or surgical procedure ........... 01
To apply for health insurance ......................... 02
To apply for life insurance ............................. 03
For employment ......................................... 04
To apply for a marriage license ....................... 05
For military induction or military service .......... 06
Just to find out if you were infected ............... 08
Because of referral by doctor ......................... 09
Because of pregnancy ................................. 10
Referred by sex partner ............................... 11
Because it was part of the blood donation process 12
For routine checkup .................................. 13
Because of occupational exposure ................. 14
Because of illness .................................... 15
Because I am at risk for HIV ......................... 16

Some other reason ..................................... 87
I don't know/I'm not sure ............................ 77
I don't want to answer this .......................... 99

HIV16c Did you receive the results of your last test?

No ...................................................... 0
Yes .................................................... 1

HIV17 Have you changed your sexual behavior in the past 12 months?

No ...................................................... 0
Yes .................................................... 1

HIV17a Was this due to what you know about HIV?

No ...................................................... 0
Yes .................................................... 1

NO--go to HIV18
HIV17b Did you make any of the following changes in the past 12 months?

HIV17b_1) decrease the number of your sexual partners or become abstinent?

   No .................................................. 0
   Yes .................................................. 1
   No, I have been doing this more than a year ............. 7

HIV17b_2) have sexual intercourse with only the same partner?

   No .................................................. 0
   Yes .................................................. 1
   No, I have been doing this more than a year ............. 7

HIV17b_3) always use condoms for protection?

   No .................................................. 0
   Yes .................................................. 1
   No, I have been doing this more than a year ............. 7

Next we ask some questions about what people believe about HIV and AIDS. Please tell us whether you AGREE (0) or DISAGREE (1) with each of item.

HIV18  Most people who have the AIDS virus feel quite sick.

   Agree .................................................. 0
   Disagree ............................................... 1

HIV19  All sexually transmitted diseases can be cured.

   Agree .................................................. 0
   Disagree ............................................... 1

HIV20  By having just one sex partner at a time, you can protect yourself from AIDS.

   Agree .................................................. 0
   Disagree ............................................... 1

HIV21  The AIDS virus doesn't go through unbroken skin.

   Agree .................................................. 0
   Disagree ............................................... 1
HIV22  A person must have a lot of different sex partners to be at risk for AIDS.

Agree................................................... 0
Disagree............................................... 1

HIV23  A negative result on the HIV test can happen even if somebody has the AIDS virus.

Agree................................................... 0
Disagree............................................... 1

HIV24  When people have only one partner, they don't need to practice safe sex.

Agree................................................... 0
Disagree............................................... 1

HIV25  Most people who have HIV, the virus that causes AIDS, start getting symptoms of AIDS quickly after being infected.

Agree................................................... 0
Disagree............................................... 1

HIV26  Only gay men get AIDS.

Agree................................................... 0
Disagree............................................... 1

HIV27  You can't get AIDS just by living in the same house with someone who is infected with the virus.

Agree................................................... 0
Disagree............................................... 1

You are almost done. We thank you for answering all these questions. Now we'd like you to tell us some things in your own words. Please turn the computer back to the interviewer for a few last questions, answered in your own words.

HAPPY1  Who is the person that brings you the most joy in your life?
______________________________________________________________

HAPPY2  What is one thing you are most grateful for?
______________________________________________________________
HAPPY3  What is your favorite time of year and why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

HAPPY4  What do you like best about living on the/your reservation?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SECTION X: INTERVIEWER OBSERVATIONS

CARD XI
SUBJECT ID ___ ___ ___ ___ ___
SITE ___ ___
RECORD BEGINNING DATE AND TIME:     __|__ /  __|__     __|__ : __|__
MONTH DAY    HOUR MINUTE

TO BE COMPLETED BY THE INTERVIEWER IMMEDIATELY AFTER THE INTERVIEW

X1 HOW DIFFICULT WAS IT TO MAKE CONTACT WITH THE RESPONDENT?

- VERY DIFFICULT ............................................ 1
- ABOVE AVERAGE .......................................... 2
- AVERAGE ......................................................... 3
- BELOW AVERAGE .......................................... 4
- NOT DIFFICULT AT ALL.............................. 5

X2 HOW MANY VISITS (OR MEETINGS) DID IT TAKE TO COMPLETE THE INTERVIEW?

- ONE .................................................... 1
- TWO.................................................... 2
- THREE................................................ 3
- FOUR OR MORE............................... 4

X3 WHERE WAS THE INTERVIEW CONDUCTED?

<table>
<thead>
<tr>
<th></th>
<th>SESSION 1</th>
<th>(IF APPLICABLE)</th>
<th>SESSION 2</th>
<th>(IF APPLICABLE)</th>
<th>SESSION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDENT'S HOME........</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R'S WORKPLACE/OFFICE.....</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>OTHER COMMUNITY CENTER</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTAURANT</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
X4  WERE THERE OTHER PERSONS PRESENT DURING THE INTERVIEW?

   NO ................................................................. 0  --> GO TO X5
   YES ............................................................. 1

X4a  WHO WERE THE OTHER PERSONS PRESENT DURING THE INTERVIEW?

   CIRCLE ALL THAT APPLY.

   CHILDREN UNDER SIX ............... 1
   OTHER CHILDREN ..................... 2
   SPOUSE........................................ 3
   OTHER RELATIVES (SPECIFY) ....... 4

   ________________________________________________________

   OTHER ADULTS (SPECIFY) ........... 5

   ________________________________________________________

X4b  FOR WHICH SECTIONS OF THE QUESTIONNAIRE WERE THEY PRESENT FOR ALL OR PART OF THE ADMINISTRATION?

   OPEN ENDED.

X4c  HOW MUCH DO YOU THINK THE PRESENCE OF OTHER PEOPLE INFLUENCED THE ANSWERS OF THE RESPONDENT?

   A GREAT DEAL............................... 1
   SOME............................................. 2
   VERY LITTLE .............................. 3
   NONE............................................ 4

X5  OVERALL, HOW GREAT WAS THE RESPONDENT'S INTEREST IN THE INTERVIEW?

   VERY HIGH........................................... 1
   ABOVE AVERAGE.............................. 2
   AVERAGE......................................... 3
   BELOW AVERAGE ............................ 4
   VERY LOW.................................... 5
X6  OVERALL, HOW DIFFICULT WERE THE QUESTIONS FOR THE RESPONDENT TO UNDERSTAND?

VERY DIFFICULT ......................... 1
ABOVE AVERAGE DIFFICULTY ... 2
AVERAGE ........................................ 3
BELOW AVERAGE ....................... 4
NOT DIFFICULT AT ALL .............. 5

X7  HOW WOULD YOU RATE THE TRUTHFULNESS OF THE RESPONDENT'S ANSWERS?

VERY TRUTHFUL ......................... 1
ABOVE AVERAGE ....................... 2
AVERAGE ........................................ 3
BELOW AVERAGE ....................... 4
NOT TRUTHFUL AT ALL ............... 5

X8  OVERALL, HOW EMOTIONALLY UPSETTING WERE THE QUESTIONS TO THE RESPONDENT?

VERY UPSETTING ......................... 1
ABOVE AVERAGE ....................... 2
AVERAGE ........................................ 3
BELOW AVERAGE ....................... 4
NOT UPSETTING AT ALL ............... 5  -- GO TO X9

Xa  WHICH QUESTIONS OR SECTIONS IN PARTICULAR WERE UPSETTING TO THE RESPONDENT?

_________________________________________________
_________________________________________________
_________________________________________________
X9  HOW DID THE RESPONDENT FEEL ABOUT THE LENGTH OF THE INTERVIEW?

TOO LONG ................................. 1
ABOUT RIGHT............................. 2
TOO SHORT ................................. 3
OTHER ........................................... 4

SPECIFY: _______________________________________
_________________________________________________
_________________________________________________

X10  DOES R HAVE ANY OF THE FOLLOWING ABNORMALITIES?

(CIRCLE ONE CODE FOR EACH.)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>GROSSLY OBESE ........................................... 0 ............... 1</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>VERY THIN, SKELETON-LIKE ............................. 0 ............... 1</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>SPEECH IMPEDIMENT (ENOUGH TO IMPAIR COMMUNICATION) .......... 0 ............... 1</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>BLIND ...................................................... 0 ............... 1</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td>DEAF/HARD OF HEARING ................................. 0 ............... 1</td>
</tr>
</tbody>
</table>

X11  DOES R HAVE ANY OTHER APPARENT ILLNESS? (REFER TO QUESTION E1)

NO ........................................... 0 --> GO TO X12
YES ............................................. 1

X11a  DESCRIBE THE TYPE OF ILLNESS R HAS.
X12  AT THE END OF THE INTERVIEW, WAS THE RESPONDENT DISTRESSED OR UPSET IN ANY WAY?

NO....................................................... 0 --> GO TO X13
YES..................................................... 1

X12a  PLEASE DESCRIBE:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

X13  WAS THERE ANY EVIDENCE THAT R WAS ACTIVELY DRINKING?

NO....................................................... 0 --> GO TO X15
YES..................................................... 1

X14  IF SO, HOW IMPAIRED WOULD YOU RATE HIM/her?

NOT AT ALL................................. 1
SOME........................................... 2
A LOT............................................ 3

X15  HOW EMOTIONALLY UPSETTING WERE THESE QUESTIONS FOR YOU?

VERY UPSETTING ......................... 1
ABOVE AVERAGE......................... 2
AVERAGE....................................... 3
BELOW AVERAGE ......................... 4
NOT UPSETTING AT ALL.............. 5

X15a  WHICH QUESTIONS OR SECTIONS IN PARTICULAR WERE UPSETTING TO YOU?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

41
X16 WHAT OTHER COMMENTS DO YOU HAVE?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

RECORD ENDING DATE AND TIME:        __|__ /  __|__     __|__ : __|__ A.M.
MONTH DAY    HOUR MINUTE       P.M.
ENDDATE     ENDTIME    TIMEAMPM
CLOSING STATEMENT

That was my last question.

We may need to contact you for further information some time in the future. Please give me your name, address and telephone number as well as those of two people who do not live with you who will always know how to get in touch with you.

YOUR NAME: ________________________________________________________

ADDRESS: _________________________________________________________

________________________________________________________________

________________________________________________________________

TELEPHONE: (_______)_________________________

1. FIRST PERSON

a. NAME: ____________________________________________

b. ADDRESS: _________________________________________

________________________________________________________________

________________________________________________________________

c. TELEPHONE: (_______)_________________________

d. How is this person related to you?

________________________________________________________________

2. SECOND PERSON

a. NAME: ____________________________________________

b. ADDRESS: _________________________________________

________________________________________________________________

________________________________________________________________

c. TELEPHONE: (_______)_________________________
d. How is this person related to you?

________________________________________________________________________

Thank you for taking part in this important survey. If you have any questions or concerns, please contact _______________ at the number on the consent form. Here is also a list of people you can contact if you need to talk to someone about some of the things we talked about today. Although they won't have any specific information on you, they will be able to talk with you about things that concern you.