

HOW OFTEN DO YOU FEEL THE FOLLOWING?

- Nearly all the time
- Pretty often
- Not very much
- Never

**HOW MUCH HAVE YOUR ACTIVITIES BEEN LIMITED BY HEALTH PROBLEMS
IN THE PAST THREE MONTHS?**

100	Excellent functioning in all areas of life	(e.g., superior performance at work and excellent personal relationships)
90	Good functioning in all areas of life	(e.g., no problems at work or in personal life)
80	Slight difficulty	(e.g., temporarily falling behind in work or school, minor argument with friend or relative)
70	Some difficulty	(e.g., some work or school problems, but still generally doing well; or some interpersonal problems, but still having meaningful relationships)
60	Moderate difficulty	(e.g., inadequate work or school performance or ongoing conflicts with people in your personal life)
50	Serious impairment in one area	(e.g., can't keep a job or has no friends)
40	Serious impairment in more than one area	(e.g., unable to work and has no friends and has conflicts with family)
30	Unable to function in most areas	(e.g., no job, no friends, stays in bed most days)
20	Difficulty with basic needs	(e.g., needs help with bathing or dressing or preparing meals; cannot be left alone for long periods)
10	Unable to meet basic needs	(e.g., requires constant supervision or nursing home care)
0	Unconscious	(e.g., in coma or on a life support machine)

WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU HAD A STRONG FEAR OF...**GROUP 1: ANIMALS**

- Bugs
- Snakes or dogs
- Any other animals

GROUP 2: NATURAL ENVIRONMENT

- Still water, like a swimming pool or a lake
- Storms
- Thunder or lightning

GROUP 3: MEDICAL SETTINGS

- Going to the dentist
- Going to the doctor
- Getting a shot or injection
- Seeing blood
- Seeing injury
- Being in a hospital or doctor's office

GROUP 4: CLOSED SPACES

- Caves
- Tunnels
- Closets
- Elevators

GROUP 5: HIGH PLACES

- Roofs
- Balconies
- Bridges
- High staircases

GROUP 6: FLYING

- Flying
- Airplanes

WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU FELT VERY AFRAID OR REALLY REALLY SHY WITH PEOPLE LIKE ...

- Meeting new people
- Going to parties
- Going on a date
- Using a public bathroom
- Giving a speech
- Speaking in class

WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU FELT VERY UNCOMFORTABLE OR AFRAID OF...

- Being in crowds
- Going to public places
- Traveling by yourself
- Traveling away from home

WHICH PROBLEMS DID YOU HAVE MOST OF THE DAY NEARLY EVERY DAY?
(CHECK OFF "YES" RESPONSES IN BOXES ✓)

- Sad, empty, or depressed
- So sad that nothing could cheer you up
- Discouraged about your life
- Hopeless about the future
- Lost interest in almost all things
- Nothing was fun
- Much smaller appetite than usual
- Much larger appetite than usual
- Gain weight without trying to
- Lost weight without trying to
- A lot more trouble than usual falling asleep
- Slept a lot more than usual
- Slept much less than usual
- Tired or low in energy
- A lot more energy than usual
- Talked or moved more slowly than is normal for you
- Anyone else noticed that you were talking or moving slowly
- So restless or jittery that you paced up and down

(CHECK OFF "YES" RESPONSES IN BOXES ✓)

- Anyone else noticed that you were restless
- Thoughts came much more slowly than usual
- Thoughts seemed to jump from one thing to another
- A lot more trouble concentrating than is normal for you
- Unable to make up your mind about things
- Lost self-confidence
- Not as good as other people
- Totally worthless
- Guilty
- Irritable, grouchy, or in a bad mood
- Nervous or anxious
- Sudden attacks of intense fear or panic
- Thought a lot about death
- Thought it would be better if you were dead
- Thought about committing suicide
- Made a suicide plan
- Made a suicide attempt
- Could not cope with everyday responsibilities
- Wanted to be alone rather than spend time with friends or relatives
- Less talkative than usual
- Often in tears

WHICH STATEMENT IN EACH SERIES COMES CLOSEST TO YOUR EXPERIENCE?

Circle the number of the statement that comes closest to your experience.

Problems falling asleep

1. You never took longer than 30 minutes to fall asleep.
2. You took at least 30 minutes to fall asleep, less than half the time.
3. You took at least 30 minutes to fall asleep, more than half the time.
4. You took more than 60 minutes to fall asleep, more than half the time.

Waking up at night

1. You did not wake up at night.
2. You had a restless, light sleep with few brief awakenings each night.
3. You woke up at least once a night, but you got back to sleep easily.
4. You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

Waking up too early

1. Most of the time, you woke up no more than 30 minutes before you needed to get up.
2. More than half the time, you woke up more than 30 minutes before you needed to get up.
3. You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
4. You woke up at least one hour before you needed to and couldn't get back to sleep.

The amount of sleep you got each night

1. You slept no longer than 7-8 hours/night, without napping during the day.
2. You slept no longer than 10 hours in a 24-hour period including naps.
3. You slept no longer than 12 hours in a 24-hour period including naps.
4. You slept longer than 12 hours in a 24-hour period including naps.

Sadness

1. You did not feel sad.
2. You felt sad less than half the time.
3. You felt sad more than half the time.
4. You felt sad nearly all the time.

Concentrating and making decisions

1. There was no change in your usual capacity to concentrate or make decisions.
2. You occasionally felt indecisive or found that your attention wandered.
3. Most of the time, you struggled to focus your attention or to make decisions.
4. You couldn't concentrate well enough to read or you couldn't make even minor decisions.

Feeling down on yourself

1. You saw yourself as equally worthwhile and deserving as other people.
2. You were more self-blaming than usual.
3. You largely believed that you caused problems for others.
4. You thought almost constantly about major and minor defects in yourself.

Interest in your daily activities

1. There was no change from usual in how interested you were in other people or activities.
2. You noticed that you were less interested in people or activities.
3. You found you had interest in only one or two of your formerly pursued activities.
4. You had virtually no interest in formerly pursued activities.

Energy

1. There was no change in your usual level of activity.
2. You got tired more easily than usual.
3. You had to make a big effort to start or finish your usual daily activities (for example, shopping, homework, cooking, or going to work).
4. You really couldn't carry out most of your usual daily activities because you just didn't have the energy.

**WHICH STATEMENT IN EACH SERIES COMES CLOSEST TO YOUR EXPERIENCE
DURING THE WORST FOUR DAYS.**

Circle the number of the statement that comes closest to your experience.

Mood

1. Your mood was no more high than usual in terms of things like being happy, self-confident, or optimistic.
2. Your mood was a little more high than usual.
3. Your mood was quite a bit more high than usual, but never over the edge or inappropriate.
4. Your mood was over the edge in terms of things like being unrealistically self-confident or optimistic or very happy even when bad things were happening.
5. You were uncontrollably high in terms of things like laughing out loud without cause or singing loudly in public places.

Physical Arousal

1. You had no increase in physical arousal in terms of things like energy or restlessness or difficulty sitting still.
2. You had some increase in arousal, but not enough for most people to notice.
3. You had a big enough increase in arousal for most people to notice, with things like increases in hand gestures, loudness, or being a lot more animated than usual.
4. You were so highly aroused that you felt agitated or restless or hyper, but not enough to be out of control.
5. You were uncontrollably agitated or restless or hyper.

Sexual Interest

1. You had no increase in sexual interest.
2. You had a mild increase in sexual interest.
3. You had a strong increase in sexual thoughts without talking about it or doing anything.
4. You talked a lot more about sex than usual without doing anything about it.
5. You inappropriately propositioned people or touched people sexually or engaged in other sexual behaviors you wouldn't normally do.

Sleep

1. You experienced no decrease in sleep.
2. You slept less than normal by up to one hour.
3. You slept less than normal by more than one hour.
4. You slept less than usual and didn't feel the need for more sleep.
5. You didn't feel the need for any sleep at all.

Irritability

1. You experienced no increase in irritability, in terms of things like feeling grumpy or acting annoyed or angry.
2. You experienced some increase in irritability, but not enough for most people to notice.
3. You experienced a big enough increase in irritability for most people to notice, with things like sometimes being short or snappy with people or having occasional outbursts of anger.
4. You were very irritable most of the time.
5. You were so hostile or uncooperative that it was impossible for people to be around you.

Talking

1. You experienced no increase in talkativeness.
2. You wanted to be more talkative, but didn't actually talk a lot more than usual.
3. At times you talked a lot more than usual or a lot more than the situation required.
4. You often talked a lot more than the situation required or talked so much that it was hard for other people to interrupt you.
5. You talked nonstop or so much that no one could interrupt you even when they tried.

Racing Thoughts/Disorganized Thinking:

1. Your thoughts did not come more quickly or seem more confused or escape you more than usual.
2. Your thoughts came somewhat more quickly than usual, or seemed a bit more confused than usual, or you lost your train of thought somewhat more than usual.
3. Your thoughts raced through your mind, or you easily lost your train of thought, or your mind kept jumping from one topic to another.
4. Your thoughts jumped around so much that people had a hard time following you or you couldn't keep yourself on track in a conversation.
5. Your thoughts were going so fast or you were so confused that it was impossible for anyone to follow you or for you to make yourself understood.

Impractical/Unrealistic Thinking

1. You didn't think or talk about anything different than usual
2. You thought a lot about new interests or new plans that were not very practical or realistic.
3. You thought a lot about really strange unrealistic things like hyper-religious ideas or totally unrealistic plans.
4. You had a lot of grandiose ideas about being able to do things you can't really do, or paranoid ideas about plots or conspiracies that don't really exist, or ideas about you being at the center of things that really don't have much to do with you.
5. Your mind was so confused that you were having delusions or hearing voices or seeing things.

Disruptive/Aggressive Behavior

1. You were no more disruptive or aggressive in your behavior than usual.
2. You were often loud or sarcastic with people, but never threatened or got physical.
3. You sometimes threatened people or made hostile demands, but never got physical.
4. You frequently threatened or shouted at people, but without getting physical.
5. You physically assaulted someone or destroyed property.

Appearance

1. You dressed the same as always.
2. You had a big reduction in neatness of dressing or grooming, but not so much that most people would get worried about you.
3. You had a big change in dressing and grooming, either due to looking like a mess in terms of clothes and grooming or due to being very overdressed.
4. You had an extreme change in dressing or grooming, like being only partly clothed or wearing wild make-up or looking like a total mess.
5. You were completely un-groomed or disorganized in clothing or wore bizarre clothes.

Thought You Had a Problem

1. You recognized that you were sick and needed help.
2. You realized that you might have a problem.
3. You recognized that your behavior had changed a great deal, but didn't think it was a problem.
4. You realized that there had been some change in your behavior, but didn't really appreciate how great it had been.
5. You had times when you were totally unaware that your behavior was different from normal.

DID YOU HAVE 2 OR MORE OF THE FOLLOWING PROBLEMS?

- Heart pounding or racing
- Sweating
- Trembling
- Feeling sick to your stomach
- Having a dry mouth
- Having chills or hot flushes
- Feeling numbness or tingling sensations
- Having trouble breathing
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling dizzy or faint
- Afraid you might die
- Fear of losing control, going crazy, or passing out
- Feeling like you were “not really there,” like you were watching a movie of yourself
- Feeling that things around you were unreal

DID YOU EVER STRONGLY FEAR...

- Meeting new people
- Talking to people in authority
- Speaking up in a meeting or class
- Going to parties or other social gatherings
- Acting, performing, or giving a talk in front of an audience
- Taking an important exam or interviewing for a job
- Working while someone watches
- Entering a room when others are already present
- Talking with people you don't know very well
- Expressing disagreement to people you don't know very well
- Writing or eating or drinking while someone watches
- Urinating in a public bathroom or using a bathroom away from home
- Being in a dating situation
- Any other social or performance situation where you could be the center of attention or where something embarrassing might happen

DID YOU EVER HAVE 2 OR MORE OF THE FOLLOWING REACTIONS?

- Heart pounding or racing
- Sweating
- Trembling
- Feeling sick to your stomach
- Having a dry mouth
- Having chills or hot flushes
- Feeling numbness or tingling sensations
- Having trouble breathing normally
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling dizzy or faint
- Afraid that you might die
- Fear of losing control, going crazy, or passing out
- Feeling like you were distant from the situation “not really there,” or like you were watching yourself in a movie
- Feeling that things around you were unreal

DID YOU EVER STRONGLY FEAR...

- Being home alone
- Being in crowds
- Traveling away from home
- Traveling alone or being alone away from home
- Using public transportation
- Driving a car
- Standing in a line in a public place
- Being in a department store, shopping mall, or supermarket
- Being in a movie theater, auditorium, lecture hall, or church
- Being in a restaurant or any other public place
- Being in a wide, open field or street

DID YOU HAVE 1 OR MORE OF THE FOLLOWING REACTIONS?

- Having trouble breathing normally
- Feeling like you were choking
- Having pain or discomfort in your chest
- Feeling sick to your stomach
- Feeling dizzy or faint
- Fear of losing control, going crazy, or passing out
- Afraid that you might die
- Having chills or hot flashes
- Feeling numbness or tingling sensations
- Feeling like you were “not really there,” like you were watching a movie of yourself
- Feeling that things around you were not real or like a dream

EXAMPLES OF COMMONLY MENTIONED REASONS FOR BEING ANXIOUS

DIFFUSE WORRIES, SUCH AS . . .

- Everything
- Nothing in particular

PERSONAL PROBLEMS, SUCH AS . . .

- Finances
- Success at school or work
- Social life
- Love life
- Relationships at school or work
- Relationships with family
- Physical appearance
- Physical health
- Mental health
- Substance use

PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS . . .

- Social phobias (e.g., meeting people after moving to a new town)
- Agoraphobia (e.g., leaving home alone after a divorce)
- Specific phobias (e.g., fears of bugs, heights, or closed spaces)
- Obsessions (e.g., worry about germs)
- Compulsions (e.g., repetitive hand washing)

NETWORK PROBLEMS, SUCH AS...

- Being away from home or apart from loved ones
- The health or welfare of loved ones — first mention
- The health or welfare of loved ones — second mention
- The health or welfare of loved ones — third mention

SOCIETAL PROBLEMS, SUCH AS . . .

- Crime/violence
- The economy
- The environment (e.g. global warming, pollution)
- Moral decline of society (e.g. commercialism, decline of the family)
- War/revolution

DID ANY OF THESE 3 EXPERIENCES EVER HAPPEN TO YOU?

- A. You seriously thought about committing suicide
- B. You made a plan for committing suicide
- C. You attempted suicide

WHICH OF THESE 3 STATEMENTS BEST DESCRIBES YOUR SITUATION?

1. I made a serious attempt to kill myself and it was only luck that I did not succeed.
2. I tried to kill myself, but knew that the method was not fool-proof.
3. My attempt was a cry for help, I did not intend to die.

WHAT METHOD DID YOU USE?

- A. Gun
- B. Razor, knife or other sharp instrument
- C. Overdose of prescription medications
- D. Overdose of over-the-counter medications
- E. Overdose of other drug (e.g. heroin, crack, alcohol)
- F. Poisoning (e.g. carbon monoxide, rat poison)
- G. Hanging, strangulation, suffocation
- H. Drowning
- I. Jumping from high places
- J. Motor vehicle crash
- K. Other (please describe)

ALCOHOL EQUIVALENTSHARD LIQUOR

1 mixed drink	=	1 drink
1 shot glass	=	1 drink
½ pint	=	6 drinks
1 pint	=	12 drinks
1 fifth	=	20 drinks
1 quart or liter	=	24 drinks

WINE

1 glass	=	1 drink
1 bottle	=	6 drinks
1 "wine cooler"	=	1 drink
1 gallon	=	30 drinks

BEER OR ALE

1 12 oz bottle	=	1 drink
1 12 oz can	=	1 drink
1 40 oz bottle	=	3 drinks
1 six pack	=	6 drinks
1 pitcher	=	5 drinks
1 case	=	24 drinks

COCAINE

Powder	Free base	Paste
Crack	Coca leaves	

SEDATIVES AND TRANQUILIZERS (SLEEPING PILLS, "DOWNERS," "NERVE PILLS"), SUCH AS . . .

Amobarbital	Dalmane	Limbitrol	Paxipam	Sk-Lygen
Amytal	Deprol	Mebaral	Pentobarbital	Sopor
Ativan	Diazepam	Meproamate	Phenobarbital	Tranxene
Barbiturate	Doriden	Methaqualone	Placidyl	Tuinal
Buticap	Durax	Menrium	Restoril	Valium
Butisol	Equanil	Miltown	Secobarbital	Xanax
Centrax	Halcion	Nembutal	Seconal	
Chloral Hydrate	Librium	Noludar	Serax	

STIMULANTS (AMPHETAMINES, "UPPERS," "SPEED," "ICE," "CRANK"), SUCH AS . . .

Benzedrine ("bennies")	Ecstasy	Plegine
Biphetamine	Eskatrol	Pondomin
Cylert	Fastin	Preludin
Desoxyn	Ionamin	Ritalin
Dexamyl	Mazanor	Sanorex
Dexedrine ("dexies")	Methamphetamine	Tenuate
Dextroamphetamine	Methedrine	Tepanil
Didrex	Obredrin-L.A	Voranil

ANALGESICS (PAINKILLERS), SUCH AS . . .

Anileridine	Levo-Dromoran	Stadol
Buprenex	Methadone	Talacen
Codeine	Morphine	Talwin
Darvon	Percodan	Talwin NX
Demerol	Phenaphen with codeine	Tylenol with codeine
Dilaudid	Propoxyphene	Wygesic
Dolene	SK-65	

OTHER DRUGS, SUCH AS . . .

Heroin	Glue	Peyote
Opium	LSD (acid, white lightning)	

DID YOU EVER IN YOUR LIFETIME GO TO SEE ANY OF THESE PROFESSIONALS FOR PROBLEMS WITH YOUR EMOTIONS OR NERVES OR YOUR USE OF ALCOHOL OR DRUGS?

- A. A psychiatrist
- B. General practitioner or family doctor
- C. Any other medical doctor, like a cardiologist, gynecologist or urologist
- D. Psychologist
- E. Social worker
- F. Counselor
- G. Any other mental health professional, such as a psychotherapist or a mental health nurse
- H. A nurse, occupational therapist, or other health professional
- I. A religious or spiritual advisor like a minister, priest, or rabbi
- J. Any other healer, like an herbalist, chiropractor, or spiritualist

IN WHICH OF THESE LOCATIONS DID YOU SEE THE PROFESSIONAL?

- A. Hospital emergency department
- B. Psychiatric outpatient clinic
- C. Drug or alcohol outpatient clinic
- D. Private office
- E. Social service agency or department
- F. Program in jail or prison
- G. Drop-in center or program for people with emotional problems with alcohol or drugs
- H. Church or other religious building

WHICH OF THESE THREE STATEMENTS BEST DESCRIBES WHY YOU DIDN'T WANT TO SEE A PROFESSIONAL?

1. I didn't think I had a problem
2. I had a problem, but thought I could handle it on my own
3. I thought that I needed help but didn't believe professional treatment would be helpful

WHICH OF THESE WERE THE MAIN THINGS YOU WERE HOPING TO GET FROM TREATMENT?

- A. To help with your emotions (e.g., Sadness, anger)
- B. To control problem behaviors (e.g., Drinking problems, gambling)
- C. To deal with general body complaints (e.g., Tiredness, headaches)
- D. To help make a life decision (e.g., To get married or change jobs)
- E. To cope with ongoing stress (e.g., Job stress, marital problems)
- F. To cope with recent stressful events (e.g., Divorce, death of a loved one)
- G. To come to terms with your past (e.g., Feelings about your childhood)

DID YOU USE ANY OF THESE THERAPIES IN THE PAST 12 MONTHS

- Acupuncture
- Biofeedback
- Chiropractic
- Energy healing
- Exercise or movement therapy
- Herbal therapy (e.g., St. John's wort, chamomile)
- High dose mega-vitamins
- Homeopathy
- Hypnosis
- Imagery techniques
- Massage therapy
- Prayer or other spiritual practices
- Relaxation or meditation techniques
- Special diets
- Spiritual healing by others
- Any other non-traditional remedy or therapy (Please describe)

WHAT TYPES OF HERBAL MEDICINES DID YOU USE?

- Chamomile
- Kava
- Lavender
- St. John's wort
- Valerian
- Chasteberry
- Black cohosh
- Other (Please describe)

WHAT KIND OF SELF-HELP GROUP DID YOU GO TO IN THE PAST 12 MONTHS?

- A. Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery)
- B. Groups for people with emotional problems (such as Grow, The Manic Depressive Association, or Emotions Anonymous)
- C. Groups for people with eating problems
- D. Groups for dealing with the death of a loved one (such as The Compassionate Friends or Widow to Widow)
- E. Groups for people making other life transitions (such as Parents Without Partners or Empty Nesters)
- F. Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse)
- G. Groups for people with physical disabilities or illnesses (such as Living with Cancer or Living with Aids)
- H. Parent support groups (such as Toughlove or Parents Anonymous)
- I. Groups for the families of people with a physical illness (such as the Candlelighters or Families of Children with Cancer)
- J. Groups for the families of people with emotional or substance problems (such as the National Alliance for the Mentally Ill or Al Anon)
- K. Any other self-help group, mutual help group, or support group

WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES THE RELATIONSHIP BETWEEN YOUR PARTICIPATION IN THE SELF-HELP GROUP AND YOUR SEEING A PROFESSIONAL?

1. A professional ran the group
2. A professional asked me to attend the group as part of my treatment, but the group was not run by a professional
3. You attended the self-help group at the same time you saw a professional, but the two were not related
4. You attended the self-help group at a different time than when you saw a professional

IN THE PAST 12 MONTHS, DID YOU TAKE ANY OF THE FOLLOWING TYPES OF PRESCRIPTION MEDICATIONS UNDER THE SUPERVISION OF A DOCTOR, FOR YOUR EMOTIONS OR NERVES OR YOUR USE OF ALCOHOL OR DRUGS?

- Sleeping pills or other sedatives, (such as ambien or sonata)
- Anti-depressant medications, (such as prozac or zoloft)
- Tranquilizers, (such as xanax or ativan)
- Amphetamines or other stimulants, (such as ritalin or dextroamphetamine)
- Anti-psychotic medications, (such as haldol or risperdal)

DID YOU TAKE ANY OF THE FOLLOWING MEDICINES?

Acetophenazine	Clozapine	Glutethimide
Adapin	Clozaril	Halazepam
Adderall	Cogentin	Halcion
Alprazolam	Cylert	Haldol
Amantadine	Dalmane	Haldol Depot
Ambien	Depacon	Haloperidol
Amitriptyline	Depakene	Hydroxyzine
Amobarbital	Depakote	Imipramine
Amoxapine	Desipramine	Inapsine
Amphetamines	Desoxyn	Inderal
Amytal	Desoxyn Gradumet	Isocarboxazid
Anafranil	Desyrel	Janimine
Antabuse	Dexedrine	Klonopin
Antidepressant	Dextroamphetamine	Lamictal
Antipsychotic	Dextrostat	Lamotrigine
Aquachloral	Dihydroergotamine Mesylate	Librax
Artane	Diazepam	Libritabs
Asendin	Diphenhydramine	Librium
Ativan	Disulfiram	Limbitrol
Aventyl	Divalproex	Lithium
Benadryl	Doral	Lithium Carbonate
Benzotropine	Doriden	Lithium Citrate Syrup
Bupropion	Doxepin	Lithobid
Buspar	Droperidol	Lithonate
Buspirone	Duralith	Lithotabs
Carbamazepine	Effexor	Lorazepam
Carbatrol	Elavil	Loxapine
Catapres	Epitol	Loxitane
Celexa	Equanil	Ludiomil
Chloral Hydrate	Eskalith	Luminal
Chlordiazepoxide	Eskalith CR-450	Luvox
Chlorpromazine	Estazolam	Maprotiline
Citalopram	Ethchlorvynol	Marplan
Clomipramine	Etrafon	Mellaril
Clonazepam	Fluoxetine	Meproamate
Clonidine	Fluphenazine	Mesoridazine
Clorazepate	Flurazepam	Methamphetamine
Clorazil	Fluvoxamine	Methotrimeprazine
Clorprothixene	Gabapentin	Methyl-Phenidate
	Gen-Xene	Midazolam

Miltown	Placidyl	Tegretol
Mirtazapine	Prazepam	Temazepam
Mitran	Prolixin	Thioridazine
Moban	Prolixin Depot	Thiothixene
Moclobemide	Propofol	Thorazine
Molindone	Propranolol	Tindal
Nardil	Prosom	Tofranil
Navane	Protriptyline	Tranxene
Nefazodone	Prozac	Tranlycypromine
Nembutal	Quazepam	Trazodone
Neuramate	Quetiapine	Triavil
Neurontin	Remeron	Triazolam
Norpramine	Reserpine	Trifluoperazine
Nortriptyline	Restoril	Triflupromazine
Obetrol	Risperdal	Trihexyphenidyl
Olanzapine	Risperidone	Trilafon
Orap	Ritalin	Trimipramine
Oxazepam	Secobarbital	Valium
Oxybutynin	Seconal	Valproate
Pamelor	Serax	Valproic Acid
Parnate	Serentil	Venlafaxine
Paroxetine	Seroquel	Versed
Paxil	Sertraline	Vesprin
Paxipam	Serzone	Vistaril
Pemoline	Sinequan	Vivactil
Permitil	Sodium Pentobarbital	Wellbutrin
Perphenazine	Sodium Valproate	Xanax
Phenelzine	Sonata	Zaleplon
Phenergan	Stelazine	Zoloft
Phenobarbital	Surmontil	Zolpidem
Phenytoin	Symmetrel	Zyban
Pimozide	Taractan	Zyprexa

WHAT PROBLEMS DID YOU TAKE THE MEDICINE FOR?

I. Mood

- Sadness/ depression/ crying
- Manic mood
- Anger or irritability
- Nerves/ anxiety

- Panic
- Suicidal thoughts

II. Physical symptoms

- Low energy
- Poor appetite
- Poor sleep
- Physical pain

III. Cognitive symptoms

- Poor concentration
- Poor memory

IV. Role functioning

- Little or no sexual functioning
- Marital problems
- Not getting along with others
- Poor work performance

V. Other

- Alcohol/ drug problems
- Other (specify)

WHICH OF THESE ARE REASONS WHY YOU STOPPED TAKING THE MEDICINE?

- The medicine was not helping
- You thought the problem would get better without more medicine
- You couldn't afford to pay for the medicine
- You were too embarrassed to continue taking the medicine
- You wanted to solve the problem without medications
- The medicine caused side-effects that made you stop
- You were afraid that you would get dependent on the medication
- Someone in your personal life pressured you to stop
- Any other reason for stopping

DID YOU EVER HAVE ANY OF THESE STRESSFUL EXPERIENCES?
(CHECK OFF "YES" RESPONSES IN BOXES ✓)

GROUP 1: Traumatic Personal Experiences

- Combat experience
- Relief worker in war zone
- Civilian in war zone
- Civilian in region of terror
- Refugee
- Kidnapped
- Toxic chemical exposure
- Automobile accident
- Other life-threatening accident
- Natural disaster
- Man-made disaster
- Life-threatening illness

GROUP 2: Personal Violence

- Beaten up as a child by caregiver
- Beaten up by a spouse or romantic partner
- Beaten up by someone else
- Mugged or threatened with a weapon
- Raped
- Sexually assaulted
- Stalked

GROUP 3: Events Affecting Others

- Unexpected death of a loved one
- Child's serious illness
- Traumatic event to loved one
- Witnessed serious physical fights at home
- Witnessed death or dead body or saw someone seriously hurt
- Accidentally caused serious injury or death
- Purposely injured, tortured, or killed someone
- Saw atrocities
- Any other traumatic or life-threatening event

DID YOU HAVE ANY OF THESE REACTIONS?
(CHECK OFF "YES" RESPONSES IN BOXES ✓)

GROUP 1: Traumatic Personal Experiences

- Trying not to think about it
- Staying away from reminders of it
- Being unable to remember parts of it
- Losing interest in things you used to enjoy
- Feeling emotionally distant from other people
- Trouble feeling normal feelings
- Feeling you have no reason to plan for the future

GROUP 2: Personal Violence

- Unwanted memories
- Unpleasant dreams
- Flashbacks
- Getting very upset when reminded of it
- Physical reactions

GROUP 3: Events Affecting Others

- Sleep problems
- Irritability
- Trouble concentrating
- Being more alert or watchful
- Being jumpy or easily startled

WHICH CONDITIONS RESULTED FROM THAT INJURY?

1. Broken or dislocated bones
2. Sprain, strain, or pulled muscle
3. Cuts, scrapes, or puncture wounds
4. Head injury, concussion
5. Bruise, contusion, or internal bleeding
6. Burn, scald
7. Poisoning from chemicals, medicines, or drugs
8. Respiratory problem such as breathing, cough, pneumonia

WHERE DID THE INJURY OCCUR?

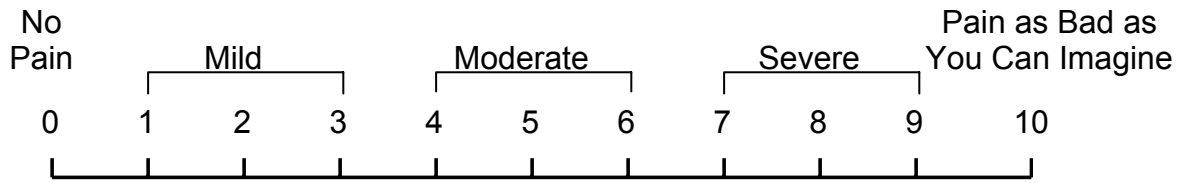
1. Your home or yard
2. Someone else's home or yard
3. School (including playground)
4. Workplace
5. Traveling to or from work or as part of work
6. Street or highway (not traveling for work)
7. Public space (e.g., Sidewalk) or building
8. Farm or agricultural area
9. Place of recreation or sports (except at school)

WHO DID THIS TO YOU?

Circle all that apply

1. Spouse or romantic partner
2. Parent or guardian
3. Step-relative
4. Other relative
5. Someone else you knew
6. A stranger

7. WHAT NUMBER BEST DESCRIBES YOUR PAIN?

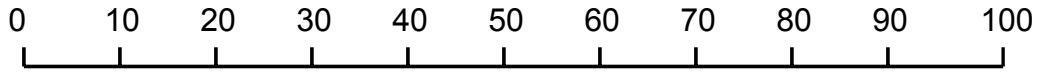


- None
- Mild difficulty
- Moderate difficulty
- Severe difficulty

HEALTH RATING SCALE

Worst Possible
Health

Perfect Health



HOW OFTEN DID YOU HAVE THE FOLLOWING FEELINGS IN THE PAST 30 DAYS?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

- Often
- Sometimes
- Rarely
- Never

DID YOU EVER TAKE ANY OF THESE MEDICATIONS?

Acetophenazine	Perphenazine
Centrax	Pimozide
Chlorpromazine	Prazepam
Clorprothixene	Prolixin
Clozapine	Quetiapine
Clozaril	Risperdal
Droperidol	Risperidone
Fluphenazine	Serentil
Haldol	Seroquel
Haloperidol	Stelazine
Inapsine	Taractan
Loxapine	Thioridazine
Loxitane	Thiothixene
Mellaril	Thorazine
Mesoridazine	Tindal
Moban	Trifluoperazine
Molindone	Triflupromazine
Navane	Trilafon
Olanzapine	Vesprin
Orap	Zyprexa
Permitil	

HOW MANY TIMES DID YOU EVER MAKE A BET OF ANY KIND?

- Never
- 1-10 Times
- 11-50 Times
- 51-100 Times
- 101-500 Times
- 501-1000 Times
- More Than 1000

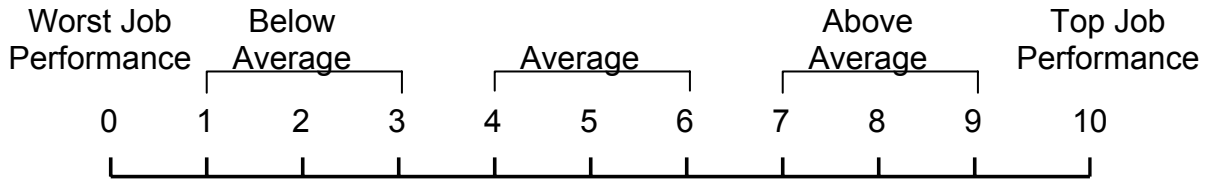
HOW MANY TIMES IN YOUR LIFE DID YOU EVER BET ON EACH OF THE FOLLOWING?

- Never
- 1-10 Times
- 11-100 Times
- 101-500 Times
- More than 500 Times

HOW OFTEN DID YOU HAVE THESE EXPERIENCES IN THE PAST 30 DAYS?

- All of the time
- Most of the time
- About half of the time
- Some of the time
- A little of the time
- None of the time

WHAT NUMBER BEST DESCRIBES YOUR OVERALL JOB PERFORMANCE?



**WHICH LETTER REPRESENTS YOUR INCOME OR EARNINGS IN THE PAST
12 MONTHS FROM EACH OF THE FOLLOWING SOURCES?**

A.	Less than \$0 (Loss)	S.	\$16,000 - \$16,999
B.	\$0 (none)	T.	\$17,000 - \$17,999
C.	\$1 - \$999	U.	\$18,000 - \$18,999
D.	\$1,000 - \$1,999	V.	\$19,000 - \$19,999
E.	\$2,000 - \$2,999	W.	\$20,000 - \$24,999
F.	\$3,000 - \$3,999	X.	\$25,000 - \$29,999
G.	\$4,000 - \$4,999	Y.	\$30,000 - \$34,999
H.	\$5,000 - \$5,999	Z.	\$35,000 - \$39,999
I.	\$6,000 - \$6,999	AA.	\$40,000 - \$44,999
J.	\$7,000 - \$7,999	BB.	\$45,000 - \$49,999
K.	\$8,000 - \$8,999	CC.	\$50,000 - \$74,999
L.	\$9,000 - \$9,999	DD.	\$75,000 - \$99,999
M.	\$10,000 - \$10,999	EE.	\$100,000 - \$149,000
N.	\$11,000 - \$11,999	FF.	\$150,000 - \$199,999
O.	\$12,000 - \$12,999	GG.	\$200,000 - \$299,999
P.	\$13,000 - \$13,999	HH.	\$300,000 - \$499,999
Q.	\$14,000 - \$14,999	II.	\$500,000 - \$999,999
R.	\$15,000 - \$15,999	JJ.	\$1,000,000 or more

LIST A

- Pushed, grabbed or shoved
- Threw something
- Slapped or hit

LIST B

- Kicked, bit or hit with a fist
- Beat up
- Choked
- Burned or scalded
- Threatened with a knife or gun

LIST A

- Pushed, grabbed or shoved
- Threw something
- Slapped, hit, or spanked

LIST B

- Kicked, bit or hit with a fist
- Beat up
- Choked
- Burned or scalded
- Threatened with a knife or gun

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SEXUAL ORIENTATION?

- A. Heterosexual - Primarily attracted to members of the opposite sex
- B. Homosexual - Primarily attracted to members of your own sex
- C. Bisexual - Attracted to both men and women

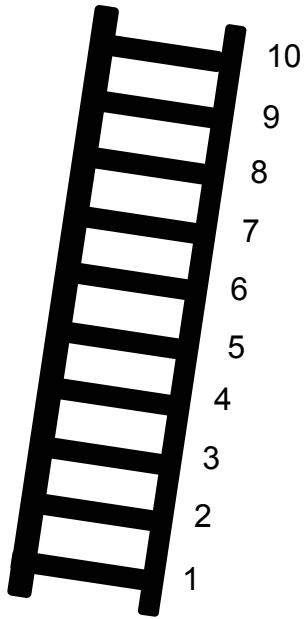
DURING THE PAST 12 MONTHS, HOW OFTEN DID YOU OR YOUR SEXUAL PARTNERS WEAR A CONDOM (“RUBBER”) WHILE HAVING SEX?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

WHAT ARE YOUR MAIN ETHNIC ORIGINS?

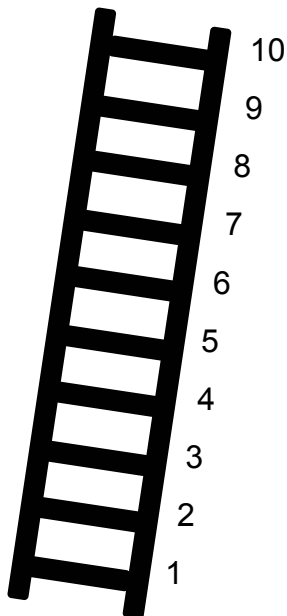
<p>North and Central America</p> <ol style="list-style-type: none"> 1. Belize 2. Canada 3. Costa Rica 4. El Salvador 5. Guatemala 6. Honduras 7. Mexico 8. Nicaragua 9. Panama 10. United States 	<ol style="list-style-type: none"> 49. Gambia 40. Gabon 41. Ghana 42. Guinea 43. Guinea Bissau 44. Kenya 45. Lesotho 46. Liberia 47. Libya 48. Madagascar 49. Gambia 50. Mali 	<ol style="list-style-type: none"> 82. Cyprus 83. Czech Republic 84. Denmark 85. Estonia 86. England 87. Finland 88. France 89. Germany 90. Gibraltar 91. Greece 92. Greenland 93. Hungary
<p>South America</p> <ol style="list-style-type: none"> 11. Argentina 12. Bolivia 13. Brazil 14. Chile 15. Colombia 16. Ecuador 17. Falkland Islands 18. Guyana 19. Paraguay 20. Peru 21. Suriname 22. Uruguay 23. Venezuela 	<ol style="list-style-type: none"> 51. Malawi 52. Mauritania 53. Morocco 54. Mozambique 55. Namibia 56. Niger 57. Nigeria 58. Rep. Of The Congo 59. Reunion 60. Rwanda 61. Senegal 62. Sierra Leone 63. Somalia 64. South Africa 65. Sudan 66. Swaziland 67. Tanzania 68. Togo 69. Tunisia 70. Uganda 71. Western Sahara 72. Zambia 73. Zimbabwe 74. Sao Tome And Principe 75. Wallis And Futuna 	<ol style="list-style-type: none"> 94. Iceland 95. Ireland 96. Italy 97. Latvia 98. Lithuania 99. Luxembourg 100. Monaco 101. Macedonia 102. Netherlands 103. New Caledonia 104. Norway 105. Poland 106. Portugal 107. Romania 108. Serbia 109. Scotland 110. Slovakia 111. Slovenia 112. Spain 113. Sweden 114. Switzerland 115. Turkey 116. Montenegro 117. M Alta 118. Isle Of Man 119. Andorra 120. Faroe Island 121. Liechtenstein
<p>Africa</p> <ol style="list-style-type: none"> 24. Algeria 25. Angola 26. Benin 27. Botswana 28. Burkina Faso 29. Cameroon 30. Central African Republic 31. Chad 32. Congo 33. Comoros 34. Djibouti 35. Ivory Coast 36. Egypt 37. Equatorial Guinea 38. Eritrea 39. Ethiopia 	<p>Europe</p> <ol style="list-style-type: none"> 76. Albania 77. Austria 78. Belgium 79. Bosnia And Herzegovina 80. Bulgaria 81. Croatia 	<p>Asia</p> <ol style="list-style-type: none"> 122. Afghanistan 123. Bangladesh 124. Bhutan

125. Brunei	166. Lebanon	209. Marshall Islands
126. Burma/ Myanmar	167. Oman	210. Mayotte
127. Cambodia	168. Qatar	211. Micronesia
128. China	169. Saudi Arabia	212. New Caledonia
129. Federated States Of Micronesia	170. Syria	213. New Zealand
130. Guam	171. United Arab Emirates	214. Palau
131. Hong Kong	172. West Bank	215. Papua New Guinea
132. India	173. Yemen	216. Samoa Islands
133. Indonesia	174. Bahrain	217. San Marino
134. Japan	Islands	218. Seychelles
135. Laos	175. Anguilla	219. Solomon Islands
136. Malaysia	176. Antigua And Barbuda	220. Tonga
137. Mongolia	177. Aruba	221. Tuvalu
138. Nepal	178. Barbados	222. Vanuatu
139. North Korea	179. Cayman Islands	
140. Pakistan	180. Cuba	
141. Philippines	181. Dominica	
142. Singapore	182. Dominican Republic	
143. South Korea	183. Grenada	
144. Sri Lanka	184. Haiti	
145. Taiwan	185. Jamaica	
146. Thailand	186. Marie Galante	
147. Vietnam	187. Martinique	
Commonwealth of Independent States (RUSSIA)	188. Montserrat	
148. Armenia	189. Netherlands Antilles	
149. Azerbaijan	190. Puerto Rico	
150. Belarus	191. St. BarthelemY	
151. Georgia	192. St. Kitts And Nevis	
152. Kazakhstan	193. St. Lucia	
153. Kyrgyzstan	194. St. Martin	
154. Moldova	195. St. Vincent And The Grenadines	
155. Russia	196. The Bahamas	
156. Tajikistan	197. Trinidad	
157. Turkmenistan	198. Virgin Islands (British)	
158. Ukraine	199. Virgin Islands (U.S.)	
159. Uzbekistan	200. American Samoa Islands	
Middle East	201. Australia	
160. Gaza Strip	202. Cape Verde	
161. Iran	203. Cook Island	
162. Iraq	204. Fiji	
163. Israel	205. French Polynesia	
164. Jordan	206. Jersey	
165. Kuwait	207. Kiribati	
	208. Maldives	

WHERE DO YOU STAND COMPARED TO OTHER PEOPLE IN THE UNITED STATES?

10 = The people who are the best off – those who have the most money, the most education and the most respected jobs.

1 = The people who are the worst off – those who have the least money, least education, and the least respected jobs or no job.

WHERE DO YOU STAND RELATIVE TO OTHER PEOPLE IN YOUR COMMUNITY?

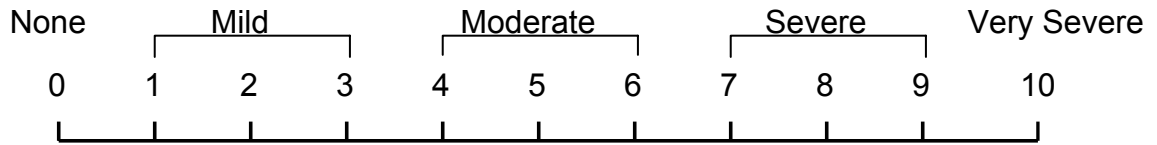
10 = The people who have the highest standing in your community.

1 = The people who have the lowest standing in your community.

DID YOU EVER DO ANY OF THE THINGS ON THIS LIST?

- Pushed, grabbed or shoved
- Threw something
- Slapped, hit, or punched

INTERFERENCE SCALE



- Not at all
- A little
- Some
- A lot
- Extremely

- Not at all
- Mild
- Moderate
- Severe
- Very Severe