

MENTAL HEALTH MODULE

March 1, 2000

Boston Pilot Study NHSDA

ACASI Tutorial

INTROACASI An important part of this interview is the sections you will conduct completely on your own using the computer and headphones. Before you begin, I will help you go through a short practice session to learn how to use the computer.

MOVE COMPUTER SO RESPONDENT CAN USE IT AND POINT OUT THE FOLLOWING:

LABELED KEYS IN TOP ROW (FUNCTION KEYS)

NUMBER KEYS

[ENTER] KEY

SPACE BAR

BACKSPACE KEY

THE BOTTOM OF THE SCREEN WHERE THEIR ANSWERS WILL APPEAR

CAUTION RESPONDENT ABOUT ON/OFF SWITCH.

ADJUST HEADPHONES FOR RESPONDENT AND DEMONSTRATE VOLUME CONTROL.

WHEN RESPONDENT IS READY, PRESS "1" TO CONTINUE.

INTRO1 Welcome to the RTI self-interviewing system. We developed this system so that you can control the interview yourself and enter your answers in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers, how to back-up if you make a mistake and want to change an answer, and what to do if you do not know the answer to a question.

Press the large [ENTER] key on the right side of the keyboard to move to the next screen. The [ENTER] key is the one with the ↵ symbol on it.

INTRO2 In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn off the voice. You will learn how to do this.

Press the large [ENTER] key on the right side of the keyboard to move to the next screen. The [ENTER] key is the one with the ↵ symbol on it.

HEAROFF You can lower the sound by adjusting the control on the cord of the headphones. Or, if you don't want to listen to the sound at all, you can press the [F7] key to turn the sound off. If you want to hear the questions read aloud, you can press the [F7] key again to turn the sound back on.

Press [ENTER] to continue.

GOTDOG You answer questions by putting in numbers that correspond to your answer. The numbers are located in the second row of keys.

To answer a question, you first press the correct number and then press [ENTER] to send the answer to the computer. Practice this now.

Do you have a dog?

1 Yes

2 No

EYECOLOR The last question was a Yes-No question. Sometimes questions will have more answers to choose from, and you will select an answer from a list.

What color are your eyes? Put in the number that best fits you and press the [ENTER] key.

- 1 Blue
- 2 Gray
- 3 Brown
- 4 Black
- 5 Some other color

STOPLIST If the list is long, and we come to your answer before the end, you can interrupt the voice and put your answer in as soon as you decide what it is.

Try doing this on the next question. Put in your answer while the list is being read. Remember to press [ENTER].

When do you want to interrupt this list?

- 1 First answer
- 2 Second answer
- 3 Third answer
- 4 Fourth answer
- 5 Fifth answer
- 6 Sixth answer
- 7 Seventh answer (Go ahead and press 7 and [ENTER] now.)
- 8 Eighth answer (This is the last answer choice. Press 8 and [ENTER] now.)

DOAGAIN You can also hear a question read more than once. To do this, you press the [F10] key. Try this now.

Questions can be read more than once and it is up to you to tell the computer when you want to hear a question read again. You can hear it as many times as you like.

How many times did you listen to this screen?

- 1 I have listened to this screen more than once.
- 2 I have listened to this screen one time

BACKUP If you want to change or review an answer to a previous question, you can back up using the [F9] key. Each time you press the [F9] key the computer will go back one question.

Press [ENTER] to continue.

RANGEERR For some questions, the computer can only accept certain answers. For example, in the question below, the only answers the computer will accept are 1 for YES and 2 for NO.

If you try to enter some other number as your answer, a small box labeled **Input Invalid** will appear on the screen. To correct your answer, you must press the [ENTER] key to make the box disappear and then use the **Backspace key** to remove your old answer. You can then answer the question again.

Try this with the question below. Type a 3 as your answer. Press the [ENTER] key to remove the **Input Invalid** box. Use the **Backspace key** to remove your answer and type in a valid answer.

Do you have a cat?

- 1 Yes
- 2 No

ANYQUES If you have any questions, ask your interviewer now. Otherwise, press [ENTER] to begin.

ACASI Demographics

DEMINTRO These first few questions are for statistical purposes only, to help us analyze the results of the study.

PRESS [ENTER] TO CONTINUE.

GENDER What is your gender?

- 5 Male
- 9 Female
- DK/REF

BIRTHDT What is your date of birth?

Enter your birthdate as numbers in the following form: (MM-DD-YYYY)

- DOB:
- DK/REF

DEFINE CALCAGE.

CALCAGE=AGE CALCULATED BY "SUBTRACTING" BIRTHDT FROM DATE OF INTERVIEW.

SMIAGE That would make you [CALCAGE] years old. Is this correct?

- 1 Yes
- 2 No
- DK/REF

IF SMIAGE=2, SEND R BACK TO BIRTHDT AND REASK.

SMIAGEDK [IF SMIAGE=DK/REF OR BIRTHDT=DK/REF] Which category includes your age?

- 1 18 - 25 years old
- 2 26 - 34 years old
- 3 35 or older
- DK/REF

MARRY1 Which of the following best describes your marital status **now**?

- 1 Married
- 2 Widowed
- 3 Divorced or separated
- 4 Never married
- DK/REF

MARRY2 [IF MARRY1=2, 3, OR 4] Are you now living with someone in a marriage-like relationship?

- 1 Yes
- 2 No
- DK/REF

SCHOOL What is the highest grade or year of school that you have **completed**?

- 0 No schooling
- 1 1st Grade
- 2 2nd Grade
- 3 3rd Grade
- 4 4th Grade

- 5 5th Grade
- 6 6th Grade
- 7 7th Grade
- 8 8th Grade
- 9 9th Grade
- 10 10th Grade
- 11 11th Grade
- 12 12th Grade
- 13 College or University — First Year
- 14 College or University — Second Year
- 15 College or University — Third Year
- 16 College or University — Fourth Year
- 17 College or University — Fifth Year or Higher

[SPLIT THE ABOVE ANSWER CATEGORIES INTO COLUMNS WITH 0 - 12 IN ONE COLUMN AND 13 - 17 IN THE SECOND COLUMN.]

WORKSCHL What were you doing **most** of the past 12 months?

- 1 Working at a job or business
- 2 Going to school
- 3 Keeping house
- 4 Doing something else
- DK/REF

WORKPREV [IF CALCAGE<65 AND WORKSCHL=3 OR 4 OR DK/REF] Did any physical, mental, or emotional problem prevent you from working at a job or business during **most** of the past 12 months?

- 1 Yes
- 2 No
- DK/REF

WORKLIM [IF WORKPREV=2 OR DK/REF] Did any physical, mental, or emotional problem limit you in the kind or amount of work you could do during **most** of the past 12 months?

- 1 Yes
- 2 No
- DK/REF

PROBTYPE [IF WORKPREV=1 OR WORKLIM=1] Was it a physical problem, a mental or emotional problem, or both?

- 1 Physical problem
- 2 Mental or emotional problem
- 3 Both
- DK/REF

Mental Health Questions

DIINTRO The next questions are about problems with your emotions, nerves, or mental health in the past 12 months.

Press [ENTER] to continue.

(1)PNATTACK **During the past 12 months**, did you have a sudden attack of fear when out of the blue you became very frightened, anxious, or uneasy?

- 1 Yes
- 2 No
- DK/REF

(1a)PNREACT [IF PNATTACK=1] Attacks like this often cause physical reactions like sweating, shortness of breath, a racing heart, or dizziness. During the past 12 months, did you have physical reactions like these when you had a sudden attack of fear?

- 1 Yes
- 2 No
- DK/REF

(1b)PNATKNUM [IF PNREACT=1] About how many of these sudden attacks of fear did you have in the past 12 months? If you can't remember the exact number, just give your best estimate.

NUMBER OF ATTACKS: _____ [RANGE: 1 - 500]
DK/REF

(2)DEFEEL **During the past 12 months**, did you have a period of time **lasting two weeks or longer** when most of the time you felt sad, empty, or depressed?

- 1 Yes
- 2 No
- DK/REF

(2a)DEWEEK1 [IF DEFEEL=1] During the past 12 months, about how many weeks did you feel sad, empty, or depressed? If you can't remember the exact number, just give your best estimate.

NUMBER OF WEEKS: _____ [RANGE: 2-52]
DK/REF

CREATE DEWEEK1 FILL.

(2b)DEDAYS [IF DEWEEK1=2-52] During those [DEWEEK1 FILL] weeks, did you feel sad or depressed nearly every day, or just some days?

- 1 Nearly every day
- 2 Just some days
- DK/REF

(2c)DEDAYSAD [IF DEDAYS = 1 OR DK/REF] On the days you felt sad or depressed, did you **usually** feel that way all day long, most of the day, about half the day, or less than half the day?

- 1 All day long
- 2 Most of the day
- 3 About half the day
- 4 Less than half the day
- DK/REF

(2d)DEFEELPR [IF DEDAYSAD = 1 OR 2 OR 3] During those [DEWEEK1 FILL] weeks when you felt sad or depressed, did you also have any changes in sleep, energy, appetite, or the ability to concentrate?
1 Yes
2 No
DK/REF

(2e)DELOST [IF DEDAYS = 2 OR (DEDAYSAD NE 1 OR 2 OR 3) OR DEFEEL=2] During the past 12 months, did you have a period of time lasting **two weeks or longer** when you **lost interest** in most things like work, hobbies, and other things you usually enjoy?
1 Yes
2 No
DK/REF

(2f)DEWEEK2 [IF DELOST=1] During the past 12 months, about how many weeks did you lose interest in most things? If you can't remember the exact number, just give your best estimate.
NUMBER OF WEEKS: _____ [RANGE:2-52]
DK/REF

CREATE DEWEEK2 FILL.

(2g)DEDAYS2 [IF DEWEEK2=2-52] During those [DEWEEK2 FILL] weeks, did you lack interest in most things nearly every day or just some days?
1 Nearly every day
2 Just some days
DK/REF

(2h)DEDAYLST [IF DEDAYS2=1 OR DK/REF] On the days you lost interest, did you usually feel that way all day long, most of the day, about half the day, or less than half the day?
1 All day long
2 Most of the day
3 About half the day
4 Less than half the day
DK/REF

(2i)DELOSTPR [IF DEDAYLST=1 OR 2 OR 3] During those [DEWEEK2 FILL] weeks when you lost interest in things, did you also have any changes in sleep, energy, appetite, or your ability to concentrate?
1 Yes
2 No
DK/REF

(3)MAFEEL **During the past 12 months**, were there at least four days in a row when you were **so excited or hyper** that you **either** got into trouble **or** people worried about your being so excited, **or** a doctor said you were manic?
1 Yes
2 No
DK/REF

(3a)MASLEEP [IF MAFEEL=1] During the time when you were extremely excited or hyper, did you find that you could hardly sleep at all but still you didn't feel tired?
1 Yes
2 No
DK/REF

(3b)MAPWRS [IF MAFEEL=1] During the time when you were extremely excited or hyper, did you feel that you had special powers or that you could do things people really cannot do?

- 1 Yes
- 2 No
- DK/REF

(3c)MAFEELEV [IF MAFEEL=2 OR DK/REF] In your entire life, did you **ever** have a time lasting at least 4 days in a row when you were so excited or hyper that you **either** got into trouble **or** people worried about your being so excited **or** a doctor said you were manic?

- 1 Yes
- 2 No
- DK/REF

(3d)MAMED [IF MAFEELEV=1] During the past 12 months, did you take any prescription medication to prevent another one of these manic episodes from occurring?

- 1 Yes
- 2 No
- DK/REF

(4)PHSOCIAL Are you **much more** nervous, anxious, or fearful than most people would be about **social or performance situations**, like giving a speech, meeting new people, going to parties, speaking up at a meeting, or being in a dating situation?

- 1 Yes
- 2 No
- DK/REF

(4a)PHUPSET1 [IF PHSOCIAL =1] Thinking about the social or performance situation that you fear the **most**, how strong is your fear when you find yourself in that situation?

- 1 Your fear is mild
- 2 Your fear is moderate
- 3 Your fear is severe
- DK/REF

(4b)PHAVOID1 [IF PHUPSET1 =2 OR 3] How often do you try to avoid this situation?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

(4c)PHLIFE1 [IF PHUPSET1= 2 OR 3] How much does your fear or avoidance of this social or performance situation interfere with your everyday life or activities?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- DK/REF

(4d)PHCROWD Are you **much more** nervous, anxious, or fearful than most people would be about being in **crowds**?

1 Yes
2 No
DK/REF

(4e)PHPUBLIC Are you **much more** nervous, anxious, or fearful than most people would be about **going to public places**?

1 Yes
2 No
DK/REF

(4f)PHTRAVL Are you **much more** nervous, anxious, or fearful than most people would be about **traveling in a bus, train, or car**?

1 Yes
2 No
DK/REF

(4g)PHAWAY Are you **much more** nervous, anxious, or fearful than most people would be about **being away from home alone**?

1 Yes
2 No
DK/REF

DEFINE PHOFILL.

IF PHCROWD=1, PHOFILL1= "being in crowds/in crowds".

IF PHPUBLIC=1, PHOFILL2= "going to public places".

IF PHTRAVL=1, PHOFILL3= "traveling in a bus, train, or car".

IF PHAWAY=1, PHOFILL4= "being away from home alone/away from home alone".

(4h)PHWORST [IF PHCROWD=1 AND [PHPUBLIC=1 OR PHTRAVL=1 OR PHAWAY=1] OR PHPUBLIC=1 AND [PHTRAVL=1 OR PHAWAY=1] OR PHTRAVL=1 AND PHAWAY=1] Think about your fears of [PHOFILL1, PHOFILL2, and PHOFILL UNTIL ALL PHOFILLS INSERTED]. Which of these fears is the strongest?

1 Being in crowds
2 Going to public places
3 Traveling in a bus, train, or car
4 Being away from home alone
DK/REF

[**Note to Programmers:** PHOFILLS should appear in lower case and be separated by commas. The last PHOFILL should be preceded by the word "and." For example if a respondent answered yes to PHCROWD and PHPUBLIC, it should read, "Think about your fears of being in crowds and going to public places. Which of these fears is the strongest?" When using PHOFILL1 for this item, always use the "being in crowds" version. When using PHOFILL4 for this item, always use the "being away from home alone" version.]

DEFINE WORSTPH.

IF PHWORST=1 OR [PHCROWD =1 AND PHPUBLIC NE 1 AND PHTRAVL NE 1 AND PHAWAY NE1], WORSTPH = 1

IF PHWORST=2 OR [PHPUBLIC =1 AND PHCROWD NE 1 AND PHTRAVL NE 1 AND PHAWAY NE1], WORSTPH =2

IF PHWORST=3 OR [PHTRAVL =1 AND PHPUBLIC NE 1 AND PHCROWD NE 1 AND PHAWAY] NE1, WORSTPH =3

IF PHWORST=4 OR [PHAWAY =1 AND PHPUBLIC NE 1 AND PHTRAVL NE 1 AND PHCROWD] NE1, WORSTPH =4

IF PHWORST=DK/REF, WORSTPH=5

IF PHCROWD=2 OR DK/REF AND PHPUBLIC=2 OR DK/REF AND PHTRAVL=2 OR DK/REF AND PHAWAY=2 OR DK/REF, WORSTPH =BLANK.

IF PHWORST=BLANK, WORSTPH = BLANK.

DEFINE WSTFILL

IF WORSTPH=1, WSTFILL= PHOFILL1= "being in crowds/in crowds"

IF WORSTPH=2, WSTFILL= PHOFILL2= "going to public places"

IF WORSTPH=3, WSTFILL= PHOFILL3= "traveling in a bus, train, or car"

IF WORSTPH=4, WSTFILL= PHOFILL4= "being away from home alone/away from home alone"

IF WORSTPH=5, WSTFILL= PHOFILL1, PHOFILL2, PHOFILL3 UNTIL ALL PHOFILLS INSERTED. [Note to Programmers: PHOFILLS should appear in lower case and be separated by commas. The last PHOFILL should be preceded by the word "and." For example if answered yes to PHCROWD and PHPUBLIC, WSTFILL should read, "being in crowds and going to public places".]

IF WORSTPH=BLANK, WSTFILL=BLANK.

(4i)PHFEAR [IF WORSTPH NE BLANK] How strong is your fear when you find yourself [WSTFILL]?

- 1 Your fear is mild
- 2 Your fear is moderate
- 3 Your fear is severe
- DK/REF

[Note to Programmers: For PHFEAR only, if WSTFILL=PHOFILL1, use the "in crowds" version of the WSTFILL. If WSTFILL=PHOFILL4, use the "away from home alone" version of the WSTFILL. For all other screens with WSTFILL use the "being in crowds" version of PHOFILL1 and the "being away from home alone" version of PHOFILL4.]

(4j)PHAVD [IF PHFEAR = 2 OR 3] How often do you try to avoid [WSTFILL]?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

(4k)PHINT [IF PHFEAR=2 OR 3] How much does your fear or avoidance of [WSTFILL] interfere with your everyday life or activities?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- DK/REF

(5)OCBEH1 The next few questions are about "compulsions" that make people do certain things over and over again **even though they know it's unnecessary** -- things like washing their hands again and again, or going back several times to check the locks or to check that the stove is turned off.

During the past 12 months, did you have a period of time lasting several weeks or longer when you had a compulsion to do something over and over again?

- 1 Yes
- 2 No
- DK/REF

(5a)OCBEH2 [IF OCBEH1=2 OR DK/REF] During the past 12 months did you have a period of time lasting several weeks or longer when you had to do things in a certain order, or count things over and over, or say certain words over and over?

- 1 Yes
- 2 No
- DK/REF

(5b)OCBEHSTR [IF OCBEH1=1 OR OCBEH2=1] How often was this compulsion so strong that you couldn't stop doing

things over and over?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK/REF

(5c)OCBEWRST [IF OCBEHSTR=1-3] Think of the one week in the past year when these compulsions were worst. How much of the time were they on your mind during that week?

- 1 Less than an hour each day
 - 2 One or two hours every day
 - 3 More than two hours every day
- DK/REF

(5d)OCWEEK1 [IF OCBEHSTR = 1-3] During the past 12 months, about how many weeks did you have these compulsions at least one hour every? If you can't remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 0 - 52]
DK/REF

(5e)OCTHGT [IF OCBEH2 = 2 OR DK/REF OR OCBEHSTR = 4 OR DK/REF OR OCBEHWRST=DK/REF] The next questions are about having **unpleasant thoughts** you can't get out of your mind -- like the thought that you have germs on your hands, or the thought that you might harm someone even though you don't want to, or thoughts that you are ashamed of.

During the past 12 months, did you have a period of several weeks or longer when you often had unpleasant thoughts that you couldn't get out of your mind?

- 1 Yes
 - 2 No
- DK/REF

(5f)OCTHGTST [IF OCTHGT= 1] How often were these thoughts so strong that you couldn't put them out of your mind?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK/REF

(5g)OCTHWRST [IF OCTHGTST=1-3] Think of the one week in the past year when these thoughts were worst. How much of the time were they on your mind during that week?

- 1 Less than an hour each day
 - 2 One or two hours every day
 - 3 More than two hours every day
- DK/REF

(5h)OCWEEK2 [IF OCTHGTST=1-3] During the past 12 months, for about how many weeks did you have these thoughts on your mind at least one hour every day? If you can't remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 0 - 52]
DK/REF

(6)GAWORRY People differ a lot in how much they worry. In general, would you say you worry more than, about the same as, or less than most other people worry about everyday problems?

- 1 More
- 2 About the same
- 3 Less
- DK/REF

(6a)GAWORLOT [IF GAWORRY=1] Do you worry a lot more, somewhat more, or only a little more than most other people?

- 1 A lot more
- 2 Somewhat more
- 3 A little more
- DK/REF

(6b)GANERV [IF GAWORRY NE 1] In general, would you say you are more nervous or anxious than most other people?

- 1 Yes
- 2 No
- DK/REF

(6c)GANRVLOT [IF GANERV=1] Are you a lot more, somewhat more, or only a little more nervous or anxious than most other people?

- 1 A lot
- 2 Somewhat
- 3 A little
- DK/REF

(6d)GAWEEK1 [IF GAWORLOT = 1] **During the past 12 months**, about how many weeks did you worry more than most other people? If you can't remember the exact number, just give your best estimate.

[IF GANRVLOT=1] **During the past 12 months**, about how many weeks did you feel more nervous or anxious than most other people? If you can't remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 1 - 52]
DK/REF

CREATE GAWEEK1 FILL.

(6e)GANUMWOR [IF GAWEEK1=26-52 AND GAWORLOT=1] During those [GAWEEK1 FILL] weeks, did you worry about one or two particular things or about a number of different things?

[IF GAWEEK1=26-52 AND GANERVLOT=1] During those [GAWEEK1 FILL] weeks, were you nervous or anxious about one or two particular things or about a number of different things?

- 1 One or two particular things
- 2 A number of different things
- DK/REF

(6f)GAWORSTR [IF GANUMWOR=2 AND GAWORLOT=1] During those [GAWEEK1 FILL] weeks, how often was your worry so strong that you couldn't put it out of your mind?

[IF GANUMWOR=2 AND GANERVLOT=1] During those [GAWEEK1 FILL] weeks, how often was your nervousness or anxiety so strong that you couldn't put it out of your mind?

- 1 All of the time

- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Never
- DK/REF

(6g)GAPROB [IF GAWORSTR=1-4 AND GAWORLOT=1] During those [GAWEEK1 FILL] weeks when you were so worried, did you have other problems, like difficulties in sleep or concentration, or feeling dizzy, easily tired, on edge, or irritable?

[IF GAWORSTR=1-4 AND GANERVLOT=1] During those [GAWEEK1 FILL] weeks when you were so nervous or anxious, did you have other problems, like difficulties in sleep or concentration, or feeling dizzy, easily tired, on edge, or irritable?

- 1 Yes
- 2 No
- DK/REF

(7)PTEXPER The next questions are about reactions people have after extremely stressful experiences. In your life, have you ever had an extremely stressful experience such as being in combat, being involved in a life-threatening accident, being involved in a disaster, being physically beaten or sexually abused, or any other event which was extremely upsetting or stressful for you?

- 1 Yes
- 2 No
- DK/REF

(7a)PTREACT [IF PTEXPER=1] After experiences like this, people sometimes have reactions like memories that are upsetting, feeling emotionally distant from other people, trouble sleeping or concentrating, and feeling jumpy or easily startled. **During the past 12 months**, did you have any of these reactions to any extremely stressful experience, even if the experience was long ago?

- 1 YES
- 2 NO
- DK/REF

(7b)PTWORST [IF PTREACT=1] Think of the time during the past year when those reactions were the worst. How often did you have those reactions during that time?

- 1 Several times a day
- 2 Once or twice a day
- 3 Several times a week
- 4 Once or twice a week
- 5 Less than once a week
- DK/REF

(7c)PTWEEK1 [IF PTWORST=1-3] During the past 12 months, in about how many weeks did you have reactions like this at least several times a week? If you can't remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 1 - 52]
DK/REF

(8b)NPVOICE The next questions are about unusual experiences that some people have. When you answer these questions, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

During the past 12 months, have you heard voices — that is, voices that other people said did not exist, voices coming from inside your head, or voices coming out of the air when there was no one around?

1 Yes
2 No
DK/REF

(8c)NPFORCE During the past 12 months, have you felt that a force was taking over your mind and trying to make you do things you didn't want to do?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

1 Yes
2 No
DK/REF

(8d)NPXRAY During the past 12 months, have you felt that some force was inserting thoughts directly into your head by means of x-rays or laser beams or other methods?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

1 Yes
2 No
DK/REF

(8e)NPTHGHTS During the past 12 months, have you felt that your own thoughts were being stolen out of your mind by someone or something you did not have control over?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

1 Yes
2 No
DK/REF

(8f)NPCOMM During the past 12 months, have you felt that some force was trying to communicate directly with you by sending special signs or signals that only you could understand?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

1 Yes
2 No
DK/REF

(8g)NPLOT During the past 12 months, have you believed that there was an unfair plot going on to harm you or to have people follow you — when your family and friends did not believe that this was happening?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were under the influence of illegal drugs or alcohol.

1 Yes
2 No
DK/REF

(8a)NPVISION During the past 12 months, have you seen a vision — that is, something that other people could not see?

Remember, please do not include times when you were dreaming or half asleep, had a high fever, or were

under the influence of illegal drugs or alcohol.

- 1 Yes
- 2 No
- DK/REF

(9)SEEDR During the past 12 months, did you see a doctor or mental health professional for any problem with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

(9a)HOSPTL [IF SEEDR=1] During the past 12 months, were you hospitalized overnight for problems with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

(9b)DRVISITS [IF SEEDR=1 AND HOSPTL=1] During the past 12 months, not counting when you were hospitalized, how many outpatient visits did you make to any doctor or mental health professional for problems with your emotions, nerves, or mental health?

[IF SEEDR=1 AND HOSPTL NE 1] During the past 12 months, how many **outpatient** visits did you make to any doctor or mental health professional for problems with your emotions, nerves, or mental health?

NUMBER OF VISITS: _____ [RANGE: 0 - 365]
DK/REF

DRVISDK [IF DRVISITS=DK] What is your best estimate of the number of outpatient visits you made to any doctor or mental health professional for problems with your emotions, nerves, or mental health in the past 12 months?

NUMBER OF VISITS: _____ [RANGE: 0 - 365]
DK/REF

(9c)MEDS [IF SEEDR=1] During the past 12 months, were you prescribed any medicine for problems with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

(9d)MEDWEEK [IF MEDS = 1] During the past 12 months, about how many weeks did you take medicine that was prescribed for mental health problems?

OF WEEKS: _____ [RANGE: 0 - 52]
DK/REF

(10a)DSNERV1 Most people have periods when they are not at their best emotionally. Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed. If there was no month like this, think of a typical month.

During that month, how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time

- 4 A little of the time
- 5 None of the time
- DK/REF

(10b)DSNERV2 [IF DSNERV1 =1-4] During that same month when you were at your worst emotionally . . .
 how often did you feel so nervous that nothing could calm you down?

[NOTE TO PROGRAMMERS: Be sure to indent the second line of the question. If you are not sure how this should look, see the DPS series in the 2000 CAI.]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

(10c)DSTIRED During that same month when you were at your worst emotionally . . .
 how often did you feel tired out for no good reason?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

(10d)DSHOPE During that same month when you were at your worst emotionally . . .
 how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

(10e)DSFIDG During that same month when you were at your worst emotionally . . .
 how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

(10f)DSSITSTL [IF DSFIDG = 1-4] During that same month when you were at your worst emotionally . . .
 how often did you feel so restless or fidgety that you could not sit still?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time

5 None of the time
DK/REF

(10g)DSDEPR During that same month when you were at your worst emotionally . . .
how often did you feel sad or depressed?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK/REF

(10h)DSNOCHR [IF DSDEPR=1-4] During that same month when you were at your worst emotionally . . .
how often did you feel so sad or depressed that nothing could cheer you up?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK/REF

(10i)DSEFFORT During that same month when you were at your worst emotionally . . .
how often did you feel that everything was an effort?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK/REF

(10j)DSDOWN During that same month when you were at your worst emotionally . . .
how often did you feel down on yourself, no good, or worthless?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time

DEFINE DISORDER:

IF PNATKNUM>3 OR DEFEELPR=1 OR DELOSTPR=1 OR MASLEEP=1 OR
MAPWRS=1 OR PHUPSET1=3 OR PHVOID1=1 OR PHLIFE1=4 OR PHFEAR=3 OR
PHAVD=1 OR PHINT=4 OR OCWEEK1>3 OR OCWEEK2>3 OR GAPROB=1 OR
PTWEEK1>3 OR NPVOICE=1 OR NPFORCE=1 OR NPXRAY=1 OR NPHTGHTS=1
OR NPCOMM=1 OR NPPLLOT=1 OR NPVISION=1 THEN DISORDER=1
ELSE, DISORDER=2

DEFINE DISTRESS:

IF DSNERV1 = 1,2, OR 3 **OR** DSNERV2 = 1, 2, OR 3 **OR** DSTIRED = 1, 2, OR 3 **OR**
DSHOPE = 1, 2, OR 3 **OR** DSFIDG = 1, 2, OR 3 **OR** DSSITSTL = 1, 2, OR 3 **OR**
DSDEPR = 1, 2, OR 3 **OR** DSNOCHR = 1, 2, OR 3 **OR** DSEFFORT = 1, 2, OR 3 **OR**
DSDOWN = 1, 2, OR 3 THEN DISTRESS=1
ELSE DISTRESS=2

DEFINE DISDSTRT:

IF DISORDER=1 OR MAMED=1 OR SEEDR=1 OR DISTRESS=1 THEN
DISDSTRT=1
ELSE, DISDSTRT=2

(11) LIKERT [IF DISDSTRT=1] The next questions are about how much your emotions, nerves, or mental health caused you to have **difficulties in daily activities** over the past 12 months.

Press [ENTER] to continue.

(11a)LITHINK [IF DISDSTRT=1] In answering, think of **one month** in the past 12 months when your emotions, nerves, or mental health interfered **most** with your daily activities. If you had several months like this, please think of the most recent month.

During that month, how much difficulty did you have in **thinking clearly**?

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
- DK/REF

(11b)LIUNDRST [IF DISDSTRT=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **understanding what was going on around you**?

[NOTE TO PROGRAMMERS: Be sure to indent the second line of the question. If you are not sure how this should look, see the DPS series in the 2000 CAL.]

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
- DK/REF

(11c)LIREMEM [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **remembering to do things you needed to do?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

(11d)LICONCEN [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **concentrating on doing something important when other things were going on around you?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

(11e)LIMONEY1 [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **managing money on your own, such as keeping track of expenses or remembering to pay bills?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't manage money on your own
- DK/REF

(11f)LIMONEY2 [IF LIMONEY1=5] Did problems with your emotions, nerves, or mental health keep you from managing your own money?

- 1 Yes
- 2 No
- DK/REF

(11g)LILEARN1 [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **learning a new task?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't try to learn a new task
- DK/REF

(11h)LILEARN2 [IF LILEARN1=5] Did problems with your emotions, nerves, or mental health keep you from learning a new task?

- 1 Yes
- 2 No
- DK/REF

(11i)LIWASH1 [IF DISDSTR1=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **washing, dressing, and feeding yourself on your own?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't wash, dress, or feed yourself on your own
- DK/REF

(11j)LIWASH2 [IF LIWASH1=5] Did problems with your emotions, nerves, or mental health keep you from washing, dressing, or feeding yourself on your own?

- 1 Yes
- 2 No
- DK/REF

(11k)LIGOOUT1 [IF DISDSTR1=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **going out of the house and getting around on your own?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't leave the house on your own
- DK/REF

(11l)LIGOOUT2 [IF LIGOOUT1 = 5] Did problems with your emotions, nerves, or mental health keep you from leaving the house on your own?

- 1 Yes
- 2 No
- DK/REF

(11m)LISTRAN1 [IF DISDSTR1=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **dealing with people you did not know well?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't deal with people you did not know well
- DK/REF

(11n)LISTRAN2 [IF LISTRAN1 = 5] Did problems with your emotions, nerves, or mental health keep you from dealing with people you did not know well?

- 1 Yes
- 2 No
- DK/REF

(11o)LISOC1 [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **participating in social activities, like visiting friends or going to parties?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't participate in social activities
- DK/REF

(11p)LISOC2 [IF LISOC1=5] Did problems with your emotions, nerves, or mental health keep you from participating in social activities?

- 1 Yes
- 2 No
- DK/REF

(11q)LIPRSNL [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **getting along with people in your personal life?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

(11r)LIEMOTNS [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **controlling your emotions when you were around people?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

(11s)LIRELAX [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **doing things to relax at home?**

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

(11t)LIHHRES1 [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of household responsibilities?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't take care of household responsibilities
- DK/REF

(11u)LIHHRES2 [IF LIHHRES1=5] Did problems with your emotions, nerves, or mental health keep you from taking care of household responsibilities?

- 1 Yes
 - 2 No
- DK/REF

(11v)LIWKRES1 [IF DISDSTR=1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of your daily responsibilities at work or school?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't work or go to school
- DK/REF

(11x)LIWKQUIC [IF DISDSTR=1 AND LIWKRES1 NE 5] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **getting your daily work done as quickly as needed?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
- DK/REF

(11za)IMWEEK1 [IF LITHINK = 3 - 4 OR LIUNDRST= 3-4 OR LIREMEM = 3- 4 OR LICONCEN = 3-4 OR LIMONEY1 = 3 - 4 OR LIMONEY2 = 1 OR LILEARN = 3-4 OR LILEARN2 = 1 OR LIWASH = 3 - 4 OR LIWASH2 = 1 OR LIGOOOUT1 = 3 -4 OR LIGOOOUT2 = 1 OR LISTRAN1 = 3 - 4 OR LISTRAN2 = 1 OR LISOC1 = 3 - 4 OR LISOC2 = 1 OR LIPRSNL = 3 - 4 OR LIEMOTNS = 3 - 4 OR LIRELAX = 3 - 4 OR LIHHRES1 = 3 - 4 OR LIHHRES2 = 1 OR LIWKRES1 = 3 - 4 OR LIWKRES2 = 1 OR LIWKQUIC = 3 - 4] You mentioned having difficulty with or being unable to do such things as [FILL WITH BOLDED TEXT FROM UP TO ALL ITEMS WHERE LITHINK = 3 - 4 OR LIUNDRST= 3-4 OR INREMEM = 3- 4 OR LICONCEN = 3-4 OR LIMONEY1 = 3 - 4 OR LILEARN = 3-4 OR LIWASH = 3 - 4 OR LIGOOOUT1 = 3 -4 OR LIPEOPLE = 3 - 4 OR LISOC1 = 3 - 4 OR LIPRSNL = 3 - 4 OR LIEMOTNS = 3 - 4 OR LIRELAX = 3 - 4 OR LIHHRESP = 3 - 4 OR LIWRKRES = 3 - 4 OR LIWKQUIC = 3 - 4].

[Note to Programmers: Bolded text fills should appear in bold lower case and be separated by semicolons. The last fill should be preceded by the word "and."

Further IMWEEK1 Fill Specifications:

IF LIMONEY2=1 USE FILL FOR LIMONEY1.

IF LILEARN2=1 USE FILL FOR LILEARN1.

IF LIWASH2=1 USE FILL FOR LIWASH1.

IF LIGOOOUT2=1 USE FILL FOR LIGOOOUT1.

IF LISTRAN2=1 USE FILL FOR LISTRAN1.

IF LISOC2=1 USE FILL FOR LISOC1.

IF LIHHRES2=1 USE FILL FOR LIHHRES1.

During the past 12 months, how many weeks did you have any of these difficulties because of your emotions, nerves, or mental health? If you can't remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 1 - 52]

DK/REF

CREATE IMWEEK1 FILL.

(11zb)IMDAYS [IF IMWEEK1 =1-52] During (that [IMWEEK1FILL] week/those [IMWEEK1 FILL] weeks), did you have these kinds of difficulties every day, most days, or only one or two days a week?

1 Every day

2 Most days

3 Only one or two days a week

DK/REF

(12)IMHELP [IF MAMED=1 OR SEEDR=1] You mentioned earlier in the interview that you saw a professional or received prescription medications for your emotional problems in the past 12 months. How much did the counseling or medicine improve your ability to manage daily activities of the sort we have just been reviewing?

1 None

2 A little

3 Some

4 A lot

5 A great deal

DK/REF

ENDAUDIO Thank you for your help with this part of the interview. Please tell your interviewer that you are finished.

INTERVIEWER: ENTER THE 3-LETTER CODE TO MOVE TO THE NEXT SECTION.

FIEXIT End of interview reached.

PRESS 1 TO EXIT.