

National Survey of Health and Stress

PANEL RESPONDENT BOOKLET

SID: _____

**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 FELT VERY AFRAID OR 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

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: STILL WATER OR WEATHER

- 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

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

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 flushes
- 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
- Relationships or love life
- Physical appearance or health

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)

NETWORK PROBLEMS OF LOVED ONES...

- Being away from home or apart from loved ones
- The health or welfare of loved ones

SOCIETAL PROBLEMS, SUCH AS . . .

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

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 EQUIVALENTS

HARD 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

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

Amobarbital	Dalmane	Limbitrol	Paxipam	Sk-Lygen
Amytal	Deprol	Mebaral	Pentobarbital	Sopor
Ativan	Diazepam	Meprobamate	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	Voranyl

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	

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

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)

DID YOU TAKE ANY OF THE FOLLOWING MEDICINES?

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

Paxil
Paxipam
Pemoline
Permitil
Perphenazine
Phenelzine
Phenergan
Phenobarbital
Phenytoin
Pimozide
Placidyl
Prazepam
Prolixin
Prolixin Depot
Propofol
Propranolol
Prosom
Protriptyline
Prozac
Quazepam
Quetiapine
Remeron
Reserpine
Restoril
Risperdal

Risperidone
Ritalin
Secobarbital
Seconal
Serax
Serentil
Seroquel
Sertraline
Serzone
Sinequan
Sodium Pentobarbital
Sodium Valproate
Sonata
Stelazine
Surmontil
Symmetrel
Taractan
Tegretol
Temazepam
Thioridazine
Thiothixene
Thorazine
Tindal
Tofranil
Tranxene

Tranlycypromine
Trazodone
Triavil
Triazolam
Trifluoperazine
Triflupromazine
Trihexyphenidyl
Trilafon
Trimipramine
Valium
Valproate
Valproic Acid
Venlafaxine
Versed
Vesprin
Vistaril
Vivactil
Wellbutrin
Xanax
Zaleplon
Zoloft
Zolpidem
Zyban
Zyprexa

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 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

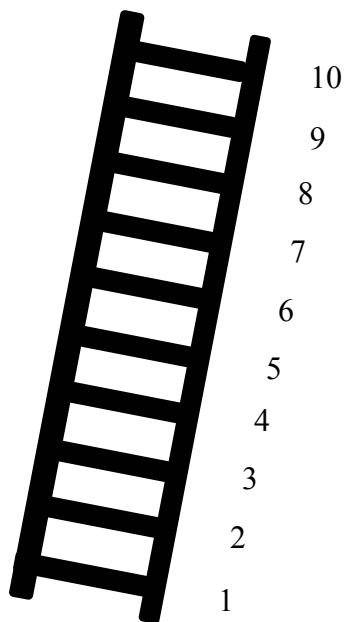
LIST A

- 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

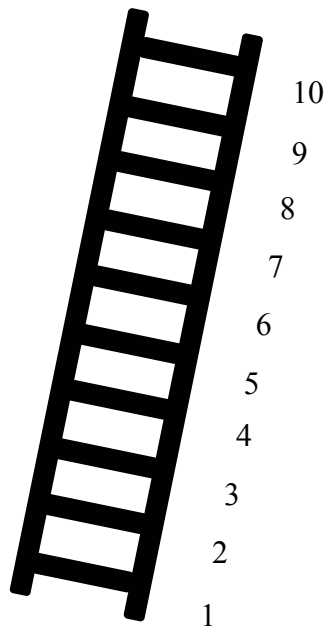
WHERE DO YOU STAND COMPARED TO OTHER PEOPLE IN THE UNITED STATES?



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.