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

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

<table>
<thead>
<tr>
<th>Sedative/Transquilizer</th>
<th>Sedative/Transquilizer</th>
<th>Sedative/Transquilizer</th>
<th>Sedative/Transquilizer</th>
<th>Sedative/Transquilizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amobarbital</td>
<td>Dalmane</td>
<td>Limbitrol</td>
<td>Paxipam</td>
<td>Sk-Lygen</td>
</tr>
<tr>
<td>Amytal</td>
<td>Deprol</td>
<td>Mebaral</td>
<td>Pentobarbital</td>
<td>Sopor</td>
</tr>
<tr>
<td>Ativan</td>
<td>Diazepam</td>
<td>Meprobamate</td>
<td>Phenobarbital</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>Doriden</td>
<td>Methaqualone</td>
<td>Placidyl</td>
<td>Tuinal</td>
</tr>
<tr>
<td>Buticap</td>
<td>Durax</td>
<td>Menrium</td>
<td>Restoril</td>
<td>Valium</td>
</tr>
<tr>
<td>Butisol</td>
<td>Equanil</td>
<td>Miltown</td>
<td>Secobarbital</td>
<td>Xanax</td>
</tr>
<tr>
<td>Centrax</td>
<td>Halcion</td>
<td>Nembutal</td>
<td>Seconal</td>
<td></td>
</tr>
<tr>
<td>Chlora Hydrate</td>
<td>Librium</td>
<td>Noludar</td>
<td>Serax</td>
<td></td>
</tr>
</tbody>
</table>

**STIMULANTS** (AMPHETAMINES, “UPPERS,” “SPEED,” “ICE,” “CRANK”), SUCH AS . . .

<table>
<thead>
<tr>
<th>Stimulant</th>
<th>Stimulant</th>
<th>Stimulant</th>
<th>Stimulant</th>
<th>Stimulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzedrine (“bennies”)</td>
<td>Ecstacy</td>
<td>Plegine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biphetamine</td>
<td>Eskatrol</td>
<td>Pondomin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cylert</td>
<td>Fastin</td>
<td>Preludin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desoxyn</td>
<td>Ionamin</td>
<td>Ritalin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamyl</td>
<td>Mazanor</td>
<td>Sanorex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexedrine (“dexies”)</td>
<td>Methamphetamine</td>
<td>Tenuate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>Methedrine</td>
<td>Tepanil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didrex</td>
<td>Obredrin-L.A</td>
<td>Voranil</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANALGESICS (PAINKILLERS),** SUCH AS . . .

<table>
<thead>
<tr>
<th>Analgesic</th>
<th>Analgesic</th>
<th>Analgesic</th>
<th>Analgesic</th>
<th>Analgesic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anileridine</td>
<td>Levo-Dromoran</td>
<td>Stadol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenex</td>
<td>Methadone</td>
<td>Talacen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td>Morphine</td>
<td>Talwin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darvon</td>
<td>Percodan</td>
<td>Talwin NX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demerol</td>
<td>Phenaphen with codeine</td>
<td>Tylenol with codeine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilaudid</td>
<td>Propoxyphene</td>
<td>Wygesic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dolene</td>
<td>SK-65</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?
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
Sinequan
Sodium Pentobarbital
Sodium Valproate
Sonata
Stelazine
Surmontil
Symmetrel
Taractan
Tegretol
Temazepam
Thioridazine
Thiothixene
Thorazine
Tindal
Tofranil
Tranxene
Tranylcypromine
Trazodone
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?

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