**OBSESSIVE-COMPULSIVE DISORDER SECTION**

*O1. Some people have repeated unpleasant thoughts or impulses that they can’t get out of their heads that make these people feel compelled to behave in repetitive ways. For example, some people have the idea that their hands are dirty no matter how much they wash them. This often leads these people to wash their hands again and again many times a day. (READ SLOWLY.) Did you ever have a period in your life lasting two weeks or longer when most days you experienced any of the following unpleasant thoughts, images, or impulses, or repeated behaviors that you felt compelled to do:

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<th>YES</th>
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<td>O1a</td>
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<td>O1b</td>
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<td>O1i</td>
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*O2. INTERVIEWER CHECKPOINT: (SEE *O1a - *O1i)*

ZERO ‘YES’ RESPONSES IN *O1a-i............1  **GO TO *O71**
ONE OR TWO ‘YES’ RESPONSES.............2  **GO TO *O5**
THREE OR MORE ‘YES’ RESPONSES...........3  **GO TO *O5**
*O3. You mentioned (KEY PHRASES OF ALL ‘YES’ RESPONSES IN *O1 SERIES). Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviors or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1 HOURS….2

DON'T KNOW .........................98
REFUSED ..............................99

*O4. INTERVIEWER CHECKPOINT: (SEE *O3)

LESS THAN 60 MINUTES ......................1 GO TO *O71
ALL OTHERS ........................................2 GO TO *O7

*O5. You mentioned a number of the experiences I just listed. Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviors or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1 HOURS….2

DON'T KNOW .........................98
REFUSED ..............................99

*O6. INTERVIEWER CHECKPOINT: (SEE *O5)

LESS THAN 60 MINUTES ......................1 GO TO *O71
ALL OTHERS ........................................2

*O7. How much of that (TIME FROM *O3 OR *O5) did you usually spend with unpleasant thoughts, images, or impulses on your mind – all, most, some, a little, or none of that time?

ALL.........................1
MOST .........................2
SOME ..................3
A LITTLE ..............4
NONE ..................5
DON'T KNOW ............8
REFUSED ................9
*O8. And how much of that (TIME FROM *O3 OR *O5) did you usually spend carrying out repetitive behaviors or mental acts – all, most, some, a little, or none of that time?

ALL.....................................1
MOST ..................................2
SOME ..................................3
A LITTLE ..............................4
NONE ...................................5
DON'T KNOW ..........................8
REFUSED ...............................9

*O9. INTERVIEWER CHECKPOINT: (SEE *O7)

*O7 EQUALS 1-4..............1
ALL OTHERS..............2  GO TO *O21

*O10. The next few questions are about the thoughts, images, and impulses. How often did you ever consider these things to be excessive or unreasonable – all the time, most of the time, sometimes, rarely, or never?

ALL.....................................1  GO TO *O11
MOST ..................................2  GO TO *O11
SOME ..................................3  GO TO *O11
RARELY ..............................4  GO TO *O11
NEVER ...............................5
DON'T KNOW .........................8
REFUSED ...............................9

*O10a. Did you ever pay more attention to these thoughts, images, or impulses than they deserved?

YES.....................................1  GO TO *O15
NO ......................................5
DON'T KNOW ..........................8  GO TO *O15
REFUSED ...............................9  GO TO *O15

*O11. Did these thoughts, images, or impulses ever make you very upset or anxious?

YES.....................................1
NO ......................................5
DON'T KNOW ..........................8
REFUSED ...............................9
*O12. How much did these thoughts, images, or impulses ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL.....................1  GO TO *O13
A LITTLE.....................2
SOME .........................3
A LOT .........................4
EXTREMELY .................5
DON'T KNOW ..............8
REFUSED .....................9

*O13. Some people try to get unpleasant things like this out of their mind by ignoring them, by thinking of other things, by staying busy, or by acting on the impulses. How often did you do things like this in an effort to get the thoughts, images, or impulses out of your mind -- often, sometimes, rarely, or never?

OFTEN .......................1
SOMETIMES .................2
RARELY .....................3
NEVER .......................4  GO TO *O15
DON'T KNOW ..............8  GO TO *O15
REFUSED .....................9  GO TO *O15

*O14. Were the thoughts, images, or impulses ever so strong that you could not get them out of your mind no matter how hard you tried?

YES .........................1  GO TO *O16
NO .........................5
DON'T KNOW ..............8
REFUSED .....................9

*O15. INTERVIEWER CHECKPOINT: (SEE *O8)

*O8 EQUALS 1-4.........1  GO TO *O22
ALL OTHERS ...............2  GO TO *O71
**O16.** Did you have two weeks or longer in the past 12 months when you had these thoughts, images, or impulses most days?

YES.................................1
NO.................................5   GO TO *O16c
DON'T KNOW ..................8   GO TO *O16c
REFUSED ......................9   GO TO *O16c

*O16a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH........................................1
2-6 MONTHS AGO................................2
MORE THAN 6 MONTHS AGO.........3
DON'T KNOW.................................8
REFUSED ........................................9

*O16b. About how many weeks altogether in the past 12 months did you have these experiences most days?

_____________ WEEKS   GO TO *O17

DON'T KNOW.................98   GO TO *O17
REFUSED .........................99   GO TO *O17

*O16c. How old were you the last time you had a period lasting two weeks or longer when you had these experiences most days?

_____________ YEARS OLD   GO TO *O21

DON'T KNOW...............998   GO TO *O21
REFUSED .........................999   GO TO *O21

**O17.** In the past 12 months, on average about how many minutes or hours each day were you occupied by these thoughts, images, or impulses on the days you had them?

PROBE FINAL DK: Was it at least 60 minutes a day?

__________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1   HOURS….2

DON'T KNOW.........................98
REFUSED ............................99

**O18.** Again, in the past 12 months, how much did these thoughts, images, or impulses upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ..................1
A LITTLE ......................2
SOME ............................3
A LOT ............................4
EXTREMELY ..................5
DON'T KNOW ..................8
REFUSED .........................9
*O19. During the past 12 months, how much of an effort did you make to resist these thoughts, images, or impulses - - none, a little, some, a lot, or an extreme effort?

NONE .........................1   GO TO *O21
A LITTLE ....................2
SOME ........................3
A LOT.........................4
EXTREME .....................5
DON'T KNOW .............8
REFUSED ....................9

*O20. And when you tried to resist them, how much control did you have over these thoughts, images, or impulses - - none, a little, some, a lot, or total control?

NONE .........................1
A LITTLE ....................2
SOME ........................3
A LOT.........................4
TOTAL .......................5
DON'T KNOW .............8
REFUSED ....................9

*O21. INTERVIEWER CHECKPOINT: (SEE *O8)

*O8 EQUALS 1-4..............1   GO TO *O23
ALL OTHERS .............2   GO TO *O34

*O22. The next few questions are about the repeated behaviors or repeated mental acts that you felt compelled to do. Did you ever consider these behaviors excessive or unreasonable?

YES .................................1   GO TO *O23
NO ....................................5
DON'T KNOW .............8
REFUSED ....................9

*O22a. Did you ever think these behaviors were useless or unnecessary, or that you overdid them?

YES .................................1   GO TO *O27
NO ....................................5   GO TO *O27
DON'T KNOW .............8   GO TO *O27
REFUSED ....................9   GO TO *O27

*O23. Did you ever feel that something bad might happen if you did not carry out these behaviors?

YES .................................1
NO ....................................5   GO TO *O27
DON'T KNOW .............8   GO TO *O27
REFUSED ....................9   GO TO *O27
*O24. How much did doing these things over and over ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL.................1  GO TO *O25
A LITTLE...................2
SOME.........................3
A LOT..........................4
EXTREMELY..................5
DON'T KNOW................8
REFUSED.......................9

*O24a. How often were you unable to carry out your daily activities because of these behaviors -- often, sometimes, rarely, or never?

OFTEN ..........................1
SOMETIMES .....................2
RARELY........................3
NEVER..........................4
DON'T KNOW..................8
REFUSED.......................9

*O25. Did you ever try to resist doing these things over and over?

YES.............................1
NO...............................5  GO TO *O27
DON'T KNOW.................8  GO TO *O27
REFUSED.......................9  GO TO *O27

*O25a. Were the impulses or urges to carry out these behaviors ever so strong that you could not resist them no matter how hard you tried?

YES.............................1  GO TO *O27
NO...............................5
DON'T KNOW..................8  GO TO *O27
REFUSED.......................9  GO TO *O27

*O26. Did you ever get very upset when you were prevented from carrying out these behaviors?

YES.............................1
NO...............................5
DON'T KNOW..................8
REFUSED.......................9

GO TO *O28

*O27. INTERVIEWER CHECKPOINT: (SEE *O14)

*O14 EQUALS 'YES' ......1  GO TO *O34
ALL OTHERS...............2  GO TO *O71
*O28. Did you have two weeks or longer in the past 12 months when you carried out these repeated behaviors or mental acts most days?

YES.................................1
NO.................................5  GO TO *O28c
DON’T KNOW ..................8  GO TO *O28c
REFUSED ............................9  GO TO *O28c

*O28a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH ..........................1
2-6 MONTHS AGO .....................2
MORE THAN 6 MONTHS AGO .......3
DON’T KNOW ..........................8
REFUSED ..............................9

*O28b. About how many weeks in the past 12 months did you carry out these repeated behaviors or mental acts?

___________ WEEKS  GO TO *O29

DON’T KNOW ....................998  GO TO *O29
REFUSED ............................999  GO TO *O29

*O28c. How old were you the last time you had a period lasting two weeks or longer when you carried out these repeated behaviors or mental acts most days?

___________ YEARS OLD  GO TO *O33

DON’T KNOW ....................998  GO TO *O33
REFUSED ............................999  GO TO *O33

*O29. In the past 12 months, on average, about how many minutes or hours each day did you spend carrying out these behaviors or mental acts during the days you did them?

___________ NUMBER

CIRCLE UNIT OF TIME: MINUTES.....1  HOURS.... 2

DON’T KNOW ....................98
REFUSED ............................99

*O30. Again, in the past 12 months, how much did these behaviors or mental acts upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ......................1
A LITTLE .........................2
SOME ..............................3
A LOT ..............................4
EXTREMELY ......................5  GO TO *O31
DON’T KNOW ....................8
REFUSED ............................9
*O30a. In the past 12 months, how upset did you get when something prevented you from performing these behaviors or mental acts when you felt compelled to do so – not at all, a little, some, a lot, or extremely?

NOT AT ALL ...............1
A LITTLE ..................2
SOME .......................3
A LOT .......................4
EXTREMELY ..............5
DON’T KNOW .............8
REFUSED ..................9

*O31. During the past 12 months, how much of an effort did you make to resist doing these things – none, a little, some, a lot, or an extreme effort?

NONE .......................1  GO TO *O33
A LITTLE ....................2
SOME .........................3
A LOT .........................4
EXTREME ...................5
DON’T KNOW ...............8
REFUSED ....................9

*O32. And when you tried to resist them, how much control did you have over doing them – none, a little, some, a lot, or total control?

NONE .......................1
A LITTLE ....................2
SOME .........................3
A LOT .........................4
TOTAL .........................5
DON’T KNOW ...............8
REFUSED ....................9

*O33. INTERVIEWER CHECKPOINT: (SEE *O14)

*O14 EQUALS ‘YES’ .......1  GO TO *O35
ALL OTHERS .............2  GO TO *O36

*O34. INTERVIEWER INSTRUCTION: USE THE PHRASE “THOUGHTS, IMAGES OR IMPULSES” FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO *O37a

*O35. INTERVIEWER INSTRUCTION: USE THE PHRASE “THOUGHTS, IMAGES, IMPULSES OR BEHAVIORS” FOR THE REMAINDER OF THE SECTION.

GO TO *O37a

*O36. INTERVIEWER INSTRUCTION: USE THE PHRASE “BEHAVIORS” FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS, IMAGES, OR IMPULSES.
*O37a. Experiences of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) ever occurred as a result of such physical causes?

YES.....................................1
NO.......................................5 GO TO *O45
DON’T KNOW..................8 GO TO *O45
REFUSED .........................9 GO TO *O45

*O37b. Do you think they were always the result of physical causes?

YES.....................................1
NO.......................................5 GO TO *O45
DON’T KNOW ...............8 GO TO *O45
REFUSED .........................9 GO TO *O45

*O37c. What were these physical causes?

CHECK ALL MENTIONS

PHYSICAL ILLNESS/INJURY
   EXHAUSTION.................................................................1
   MENSTRUAL CYCLE......................................................2
   PREGNANCY/POSTPARTUM.................................3
   HEART DISEASE.............................................................4
   THYROID DISEASE..........................................................5
   CANCER..............................................................................6
   OVERWEIGHT .............................................................7
   INFECTION.......................................................................8
   OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY) .......9

MEDICATION/DRUGS/ALCOHOL
   MEDICATION (SPECIFY BELOW).................................10
   DRUGS (SPECIFY BELOW)..............................................11
   ALCOHOL.....................................................................12

OTHER
   NO DEFINITIVE DIAGNOSIS...........................................81
   OTHER (SPECIFY BELOW)..............................................82
   DON’T KNOW ............................................................98
   REFUSED .................................................................99

SPECIFY

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**O45.** Think of the very first time in your life you had a period lasting two weeks or longer when most days you experienced (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviors you felt compelled to do/repeated behaviors you felt compelled to do). Can you remember your exact age?

YES........................................1
NO.............................................5 GO TO *O45b
DON’T KNOW.........................8 GO TO *O45b
REFUSED.................................9 GO TO *O45b

**O45a.** (IF NEC: How old were you?)

__________ YEARS OLD GO TO *O46

DON’T KNOW.........................998 GO TO *O46
REFUSED.................................999 GO TO *O46

**O45b.** About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

__________ YEARS OLD

BEFORE STARTED SCHOOL ...............4
BEFORE TEENAGER .........................12
WHOLE LIFE OR DON’T KNOW..............998
REFUSED........................................999

**O46.** How many different years in your life did you have a period lasting two weeks or longer when you had these experiences most days?

______________ YEARS

DON’T KNOW .........................998
REFUSED ..................................999

**O47.** What is the longest continuous number of weeks, (or) months, (or years) in a row when you had these experiences most days?

__________ NUMBER

CIRCLE UNIT OF TIME: WEEKS......1 MONTHS.....2 YEARS .... 3

DON’T KNOW .........................998
REFUSED ..................................999

**O48.** INTERVIEWER CHECKPOINT: (SEE *O16, *O28)

*O16 OR *O28 EQUAL ‘YES’..............1
ALL OTHERS..............................2 GO TO *O52
*O49. (RB, PG 64) Think about the month or longer in the past 12 when your (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) were most severe. Using a 0 to 10 scale on page 64 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) interfered with each of the following activities during that time?

(IF NEC: How much did these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*O49a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

__________

DOES NOT APPLY .............. 97
DON’T KNOW ..................... 98
REFUSED .......................... 99

*O49b. Your ability to work?

__________

DOES NOT APPLY .............. 97
DON’T KNOW ..................... 98
REFUSED .......................... 99

*O49c. Your ability to form and maintain close relationships with other people?

__________

DOES NOT APPLY .............. 97
DON’T KNOW ..................... 98
REFUSED .......................... 99

*O49d. Your social life?

__________

DOES NOT APPLY .............. 97
DON’T KNOW ..................... 98
REFUSED .......................... 99

*O50. INTERVIEWER CHECKPOINT: (SEE *O49a - *O49d)

ALL FOUR RESPONSES TO *O49a - *O49d SERIES EQUAL ‘0’ OR ‘97’ ........ 1 GO TO *O52
ALL OTHERS................................................................. 2
*O51. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON’T KNOW.............. 998
REFUSED................... 999

---

*O52. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)

R’S ID NUMBER ENDS IN XX-YY (31-50) ** ............ 1 (0%) ** GO TO *O67
ALL OTHERS................................. 2 (100%) **

---

*O53. INTERVIEWER CHECKPOINT: (SEE *O37)

“YES” RESPONSE IN *O37a......................1 GO TO *O53a
ALL OTHERS................................. 2 GO TO *O53a

---

*O53a. Did you ever in your life talk to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviors/repeated behaviors)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).

YES................................. 1
NO................................. 5 GO TO *O71
DON’T KNOW............. 8 GO TO *O71
REFUSED..................... 9 GO TO *O71

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*O54. How old were you the first time (you talked to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors))?  

_________ YEARS OLD

DON’T KNOW............. 998
REFUSED..................... 999
*O67. Did you ever get treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) that you considered helpful or effective?

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<td>NO</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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*O67a. How old were you the first time (you got helpful treatment for these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors])?

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<td>DON’T KNOW</td>
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*O67b. How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors), up to and including the first time you got helpful treatment?

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<th>Professionals</th>
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<td>DON’T KNOW</td>
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*O67c. How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

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<th>Professionals</th>
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*O69. Did you receive professional treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) at any time in the past 12 months?

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<td>YES</td>
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<td>NO</td>
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<td>DON’T KNOW</td>
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*O70. Were you ever hospitalized overnight for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

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<td>YES</td>
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<td>NO</td>
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<td>DON’T KNOW</td>
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*O70a. How old were you the first time (you were hospitalized overnight because of these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors])?

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<td>REFUSED</td>
<td>999</td>
</tr>
</tbody>
</table>
*O70b. How many separate times were you ever hospitalized for these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviors/repeated behaviors)?

______________ NUMBER OF TIMES

DON’T KNOW ................................. 998
REFUSED ....................................... 999

*O71. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S ID NUMBER)

RANDOM 30% OF RESPONDENTS................................................. 1
ALL OTHERS............................................................................... 2

GO TO *PS1, PAGE X

*O72. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S ID NUMBER)

RANDOM 50% OF RESPONDENTS................................................. 1
ALL OTHERS............................................................................... 2

GO TO *GM1, PAGE X

*O73. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S ID NUMBER)

RANDOM 33% OF RESPONDENTS................................................. 1
ALL OTHERS............................................................................... 2

GO TO *WU1, PAGE X
GO TO *EM1, PAGE X

END OF SECTION