

SCREENING SECTION (SC)

*SC1. The first few questions are for background purposes. How old are you?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SC1.1. INTERVIEWER QUERY

R IS A MALE1
R IS A FEMALE2

100% GO TO *SC3

*SC2. How long have you lived at your current address?

_____ NUMBER

CIRCLE UNIT OF TIME: DAYS...1 WEEKS...2 MONTHS...3 YEARS...4

DON'T KNOW 998
REFUSED 999

*SC2.1. About how many years have you lived in this state?

_____ YEARS

WHOLE LIFE 888
DON'T KNOW 998
REFUSED 999

*SC2.2. About how many miles do you currently live from the place where you were raised during most of your childhood?

_____ NUMBER

IF VOL "MOVED AROUND A LOT" 996
DON'T KNOW 998
REFUSED 999

*SC2.3. How many different houses or apartments have you lived in since the age of 18?

_____ HOUSES AND APARTMENTS

DON'T KNOW 998
REFUSED 999

*SC3. Are you currently married, separated, divorced, widowed, or never married?

- MARRIED 1 **GO TO *SC4**
- SEPARATED 2
- DIVORCED 3
- WIDOWED 4
- NEVER MARRIED 5
- DON'T KNOW 8
- REFUSED 9

*SC3a. Are you currently living with someone in a marriage-like relationship?

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

*SC4. How tall are you?

_____ (FEET)
_____ (INCHES)

- DON'T KNOW 998
- REFUSED 999

*SC5. How much do you weigh?

_____ (POUNDS)

- DON'T KNOW 998
- REFUSED 999

*SC7. Are you a current smoker, ex-smoker, or have you never smoked?

- CURRENT 1
- EX-SMOKER 2
- NEVER 3
- (IF VOL) ONLY SMOKED A FEW TIMES 4
- DON'T KNOW 8
- REFUSED 9

100% **GO TO *SC9c**

*SC8.1. How would you rate your overall physical health – excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 8
- REFUSED 9

*SC8.2. How would you rate your overall mental health – excellent, very good, good, fair, or poor?

- EXCELLENT1
 - VERY GOOD.....2
 - GOOD.....3
 - FAIR.....4
 - POOR.....5
 - DON'T KNOW8
 - REFUSED.....9
-

*SC9a. Is your health in general now better, worse, or about the same as it was one year ago?

- BETTER1
 - WORSE2
 - SAME3 **GO TO *SC9c**
 - DON'T KNOW8 **GO TO *SC9c**
 - REFUSED.....9 **GO TO *SC9c**
-

*SC9b. Is that a lot (better/worse), some, or only a little (better/worse) than a year ago?

- A LOT1
 - SOME2
 - LITTLE.....3
 - DON'T KNOW8
 - REFUSED.....9
-

*SC9c. (RB, PG 1) How often do you have trouble getting to sleep or staying asleep – nearly all the time, pretty often, not very much, or never?

- NEARLY ALL THE TIME1
 - PRETTY OFTEN2
 - NOT VERY MUCH.....3
 - NEVER.....4
 - DON'T KNOW8
 - REFUSED.....9
-

*SC9d. (RB, PG 1) How often are you bothered by nervousness, feeling fidgety, or tense (– nearly all the time, pretty often, not very much, or never)?

- NEARLY ALL THE TIME1
- PRETTY OFTEN2
- NOT VERY MUCH.....3
- NEVER.....4
- DON'T KNOW8
- REFUSED.....9

*SC9e. (RB, PG 1) How often are you bothered by headaches or pains in the head (– nearly all the time, pretty often, not very much, or never)?

- NEARLY ALL THE TIME1
- PRETTY OFTEN2
- NOT VERY MUCH.....3
- NEVER4
- DON'T KNOW8
- REFUSED.....9

*SC9f. (RB, PG 1) How often do you have loss of appetite (– nearly all the time, pretty often, not very much, or never)?

- NEARLY ALL THE TIME1
- PRETTY OFTEN2
- NOT VERY MUCH.....3
- NEVER4
- DON'T KNOW8
- REFUSED.....9

*SC9g. (RB, PG 1) How often are you bothered by having an upset stomach (– nearly all the time, pretty often, not very much, or never)?

- NEARLY ALL THE TIME1
- PRETTY OFTEN2
- NOT VERY MUCH.....3
- NEVER4
- DON'T KNOW8
- REFUSED.....9

100% GO TO *SC9.1

*SC9h. How much do problems with your health put you at risk of dying earlier than other people your age – none, a little, some, a lot, or extremely high risk?

- NONE1
- A LITTLE2
- SOME3
- A LOT.....4
- EXTREMELY5
- DON'T KNOW8
- REFUSED.....9

*SC9.01. During the summer, how often do you do vigorous physical exercise that lasts for 15 minutes or longer and causes your heart to beat fast – several times a week or more, about once a week, several times a month, about once a month, less than once a month, or never?

- SEVERAL TIMES A WEEK OR MORE.....1
- ABOUT ONCE A WEEK.....2
- SEVERAL TIMES A MONTH3
- ABOUT ONCE A MONTH.....4
- LESS THAN ONCE A MONTH5
- NEVER.....6
- DON'T KNOW8

REFUSED 9

*SC9.02.What about during the winter?

(IF NEC: how often do you do vigorous physical exercise that lasts for 15 minutes or longer and causes your heart to beat fast – several times a week or more, about once a week, several times a month, about once a month, less than once a month, or never)

SEVERAL TIMES A WEEK OR MORE..... 1
ABOUT ONCE A WEEK.....2
SEVERAL TIMES A MONTH3
ABOUT ONCE A MONTH.....4
LESS THAN ONCE A MONTH5
NEVER.....6
DON'T KNOW8
REFUSED9

*SC9.03.During the summer, how often do you engage in light or moderate physical exercise like walking for 30 minutes or more?

(IF NEC: Do you exercise several times a week or more, about once a week, several times a month, about once a month, less than once a month, or never)

SEVERAL TIMES A WEEK OR MORE..... 1
ABOUT ONCE A WEEK.....2
SEVERAL TIMES A MONTH3
ABOUT ONCE A MONTH.....4
LESS THAN ONCE A MONTH5
NEVER.....6
DON'T KNOW8
REFUSED9

*SC9.04.What about during the winter?

(IF NEC: how often do you engage in light or moderate physical exercise like walking for 30 minutes or more – several times a week or more, about once a week, several times a month, about once a month, less than once a month, or never)

SEVERAL TIMES A WEEK OR MORE..... 1
ABOUT ONCE A WEEK.....2
SEVERAL TIMES A MONTH3
ABOUT ONCE A MONTH.....4
LESS THAN ONCE A MONTH5
NEVER.....6
DON'T KNOW8
REFUSED9

*SC9.1. How many days in the past 30 were you limited at all in carrying out your normal daily activities because of problems with your physical health, mental health, or substance use?

_____ DAYS

DON'T KNOW 998
REFUSED..... 999

*SC10.1. Because of a physical, mental or emotional condition lasting three months or longer, do you have any difficulty in doing any of the following activities:

IF R SAYS: "I NEVER NEED TO (REMEMBER/GO OUT/WORK)", PROBE: Would you have any difficulty if you had to (remember/go out/ work)?	YES (1)	NO (5)	DK (8)	RF (9)
*SC10.1a. Learning, remembering or concentrating?	1	5	8	9
*SC10.1b. Getting along with people?	1	5	8	9
*SC10.1c. Dressing, bathing, or getting around inside your home?	1	5	8	9
*SC10.1d. Going outside your home alone to shop or visit a doctor's office?	1	5	8	9
*SC10.1e. Working at a job or business?	1	5	8	9
*SC10.1f. Participating fully in school, housework, or other daily activities?	1	5	8	9

*SC10.1g. INTERVIEWER CHECKPOINT: (SEE *SC10.1a - *SC10.1f)

ONE OR MORE RESPONSES CODED '1' IN *SC10.1a - *SC10.1f..... 1 GO TO *SC10.4
ALL OTHERS 2

*SC10.1h. Have you been limited in any way for the past three months because of any impairment or health problems?

YES..... 1 GO TO *SC10.4
NO 5
DON'T KNOW 8
REFUSED 9

*SC10.1i. INTERVIEWER CHECKPOINT: (SEE *SC9.1)

*SC9.1 EQUALS '0' 1 RANDOM 100% GO TO *SC10.2
*SC9.1 EQUALS '0' 2 OTHER 0% GO TO *SC19
ALL OTHERS 3 CONTINUE WITH *SC10.2

*SC10.2. Because of any physical or emotional condition lasting three months or longer, do you need the help of other persons or assistive devices with your personal care needs, such as eating, bathing, dressing, or getting around the house?

(IF NEC: Assistive devices are things like a wheel chair, cane, or other things to help you carry out daily activities.)

YES 1 GO TO *SC10.4
NO 5
DON'T KNOW 8
REFUSED 9

*SC10.3. Because of any physical or emotional condition lasting three months or longer, do you need the help of other persons or assistive devices with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

(IF NEC: Assistive devices are things like a wheel chair, cane, or other things to help you carry out daily activities.)

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

***SC10.4.** Do you have any of the following conditions?

	YES (1)	NO (5)	DK (8)	RF (9)
*SC10.4a. Blindness, deafness, or a serious speech problem?	1	5	8	9
*SC10.4b. A hearing problem that prevents you from hearing what is said in normal conversation even with a hearing aid?	1	5	8	9
*SC10.4c. A vision problem that prevents you from reading a newspaper even when wearing glasses or contacts?	1	5	8	9
*SC10.4d. A learning disability of any kind?	1	5	8	9
*SC10.4e. Any other physical handicap or disability?	1	5	8	9
*SC10.4f. Any <u>other</u> condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying?	1	5	8	9
*SC10.4g. Any emotional or mental disability?	1	5	8	9

***SC10.5. INTERVIEWER CHECKPOINT: (SEE *SC10.4a, *SC10.4d, *SC10.4e, *SC10.4f, *SC10.4g)**

*SC10.4a EQUALS '1'	1	
*SC10.4d EQUALS '1'	2	GO TO *SC10.5c
*SC10.4e EQUALS '1'	3	GO TO *SC10.5e
*SC10.4f EQUALS '1'	4	GO TO *SC10.5g
*SC10.4g EQUALS '1'	5	GO TO *SC10.5i
ALL OTHERS	6	GO TO *SC10.6

***SC10.5a. INTERVIEWER QUERY:**

PROBE ONLY IF NECESSARY

	YES (1)	NO (5)	DK (8)	RF (9)
IS R BLIND?	1	5	8	9
IS R DEAF?	1	5	8	9
IS R SPEECH IMPAIRED?	1	5	8	9
IS R HEARING IMPAIRED?	1	5	8	9
IS R VISION IMPAIRED	1	5	8	9

***SC10.5b. INTERVIEWER CHECKPOINT: (SEE *SC10.4d, *SC10.4e, *SC10.4f, *SC10.4g)**

*SC10.4d EQUALS '1'	1	
*SC10.4e EQUALS '1'	2	GO TO *SC10.5e
*SC10.4f EQUALS '1'	3	GO TO *SC10.5g
*SC10.4g EQUALS '1'	4	GO TO *SC10.5i
ALL OTHERS	5	GO TO *SC10.8

*SC10.5c. What kind of learning disability do you have?

RECORD ALL MENTIONS

ASPERGEER'S DISORDER.....	1
ATTENTION DEFICIT DISORDER (ADD).....	2
AUTISM.....	3
MENTAL RETARDATION.....	4
RETT'S DISORDER.....	5
"SLOW AT LEARNING".....	6
STUTTERING.....	7
OTHER (SPECIFY).....	8

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

*SC10.5d. INTERVIEWER CHECKPOINT: (SEE *SC10.4e, *SC10.4f, *SC10.4g)

*SC10.4e EQUALS '1'.....	1	
*SC10.4f EQUALS '1'.....	2	GO TO *SC10.5g
*SC10.4g EQUALS '1'.....	3	GO TO *SC10.5i
ALL OTHERS.....	4	GO TO *SC10.8

*SC10.5e. What is your (other) physical handicap or disability?

FIRST CHOOSE THE TYPE OF HANDICAP OR DISABILITY
RECORD ALL MENTIONS

PHYSICAL HANDICAP.....	1	GO TO *SC10.5eb
LEARNING.....	2	GO TO *SC10.5e1
PHYSICAL ILLNESS.....	3	GO TO *SC10.5e2
MENTAL ILLNESS.....	4	GO TO *SC10.5e3
(IF VOL) NOT DUE TO A CONDITION.....	5	GO TO *SC10.5f
OTHER (SPECIFY).....	6	GO TO *SC10.5ea
DON'T KNOW.....	8	GO TO *SC10.5f
REFUSED.....	9	GO TO *SC10.5f

*SC10.5eb. CHOOSE PHYSICAL HANDICAP

RECORD ALL MENTIONS

PARALYSIS OF LEGS, R IS IN WHEELCHAIR	1
PARALYSIS OF LEGS, R USES A WALKER.....	2
PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER.....	3
PARALYSIS OF ONE ARM.....	4
PARALYSIS OF ONE SIDE OF BODY	5
ONE MISSING FOOT	6
TWO MISSING FEET	7
ONE MISSING LEG.....	8
TWO MISSING LEGS	9
ONE MISSING HAND.....	10
TWO MISSING HANDS	11
ONE MISSING ARM	12
TWO MISSING ARMS	13
FACIAL DISFIGUREMENT	14
EXTREMELY SMALL HEIGHT	15
EXTREMELY LARGE HEIGHT	16
EXTREME OBESITY	17
OTHER BODY DISFIGUREMENT.....	18
STUTTERING.....	19
OTHER (SPECIFY).....	20

GO TO NEXT CIRCLED GROUP IN SC10.5e, PAGE 8 AND FOLLOW SKIP

LEARNING.....	GO TO SC10.5e1
PHYSICAL ILLNESS.....	GO TO SC10.5e2
MENTAL ILLNESS.....	GO TO SC10.5e3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.5f
OTHER (SPECIFY).....	GO TO SC10.5ea

*SC10.5e1. CHOOSE LEARNING DISABILITY

RECORD ALL MENTIONS

ATTENTION DEFICIT DISORDER (ADD).....	1
MENTAL RETARDATION.....	2
AUTISM	3
STUTTERING.....	4
OTHER (SPECIFY).....	5

GO TO NEXT CIRCLED GROUP IN SC10.5e, PAGE 8 AND FOLLOW SKIP

PHYSICAL ILLNESS.....	GO TO SC10.5e2
MENTAL ILLNESS.....	GO TO SC10.5e3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.5f
OTHER (SPECIFY).....	GO TO SC10.5ea

*SC10.5e2. CHOOSE PHYSICAL ILLNESS

RECORD ALL MENTIONS

ARTHRITIS.....	1
ASTHMA.....	2
BACK PROBLEMS.....	3
CANCER.....	4
CHRONIC FATIGUE SYNDROME.....	5
CHRONIC LUNG DISEASE.....	6
(ANY OTHER) CHRONIC PAIN.....	7
DIABETES OR HIGH BLOOD SUGAR.....	8
EPILEPSY OR SEIZURE DISORDER.....	9
HEADACHES.....	10
HEART ATTACK.....	11
HEART DISEASE.....	12
HIGH BLOOD PRESSURE.....	13
HIV INFECTION.....	14
MIGRANES.....	15
NECK PROBLEMS.....	16
RHEUMATISM.....	17
SEASONAL ALLERGIES.....	18
STROKE.....	19
TUBERCULOSIS.....	20
ULCER.....	21
OTHER (SPECIFY).....	22

GO TO NEXT CIRCLED GROUP IN SC10.5e, PAGE 8 AND FOLLOW SKIP

MENTAL ILLNESS.....	GO TO SC10.5e3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.5f
OTHER (SPECIFY).....	GO TO SC10.5ea

*SC10.5e3. CHOOSE MENTAL ILLNESS

ALCOHOLISM	1
ANOREXIA	2
ANXIETY	3
ATTENTION DEFICIT DISORDER (ADD)	4
AUTISM.....	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER	14
PANIC.....	15
PMS (PREMENSTRUAL DISORDER).....	16
PSYCHOSIS.....	17
PTSD (POST-TRAUMATIC STRESS DISORDER)	18
SCHIZOPHRENIA	19
SLEEP DISORDER	20
OTHER (SPECIFY).....	21

GO TO NEXT CIRCLED GROUP IN SC10.5e, PAGE 8 AND FOLLOW SKIP

(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.5f
OTHER (SPECIFY).....	GO TO SC10.5ea

*SC10.5ea. OTHER (SPECIFY)

*SC10.5f. INTERVIEWER CHECKPOINT: (SEE *SC10.4f, *SC10.4g)

*SC10.4f EQUALS ‘1’	1	
*SC10.4g EQUALS ‘1’	2	GO TO *SC10.5i
ALL OTHERS	3	GO TO *SC10.8

*SC10.5g. You mentioned (a/another) condition that limits your basic physical activities. What is that condition?

RECORD ALL MENTIONS

USE SAME LIST FROM *SC10.5e.

*SC10.5h. INTERVIEWER CHECKPOINT: (SEE *SC10.4g)

*SC10.4g EQUALS ‘1’	1	
ALL OTHERS	2	GO TO *SC10.8

*SC10.5i. You mentioned an emotional or mental disability. What is that condition?

RECORD ALL MENTIONS

ALCOHOLISM.....	1
ANOREXIA	2
ANXIETY.....	3
ATTENTION DEFICIT DISORDER (ADD).....	4
AUTISM.....	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION.....	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER.....	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER	14
PANIC.....	15
PMS (PREMENSTRUAL DISORDER)	16
PSYCHOSIS	17
PTSD (POST-TRAUMATIC STRESS DISORDER).....	18
SCHIZOPHRENIA.....	19
SLEEP DISORDER.....	20
OTHER (SPECIFY).....	21

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

GO TO *SC10.8

*SC10.6. Would strangers who see you on the street consider you to have a disability?

YES.....	1	GO TO *SC10.7
NO	5	
DON'T KNOW	8	
REFUSED	9	

*SC10.6a. Would people who know you consider you to have a disability?

YES.....	1	
NO	5	GO TO *SC10.8
DON'T KNOW	8	GO TO *SC10.8
REFUSED	9	GO TO *SC10.8

*SC10.7aa. What sort of disability would they think you have?

FIRST CHOOSE THE TYPE OF HANDICAP OR DISABILITY

RECORD ALL MENTIONS

PHYSICAL HANDICAP.....	1	GO TO *SC10.7a
LEARNING.....	2	GO TO *SC10.7a1
PHYSICAL ILLNESS.....	3	GO TO *SC10.7a2
MENTAL ILLNESS.....	4	GO TO *SC10.7a3
(IF VOL) NOT DUE TO A CONDITION.....	5	GO TO *SC10.8
OTHER (SPECIFY).....	6	GO TO
*SC10.7abb		
DON'T KNOW.....	8	GO TO *SC10.8
REFUSED.....	9	GO TO *SC10.8

*SC10.7a. CHOOSE PHYSICAL HANDICAP

RECORD ALL MENTIONS

PARALYSIS OF LEGS, R IS IN WHEELCHAIR.....	1
PARALYSIS OF LEGS, R USES A WALKER.....	2
PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER.....	3
PARALYSIS OF ONE ARM.....	4
PARALYSIS OF ONE SIDE OF BODY.....	5
ONE MISSING FOOT.....	6
TWO MISSING FEET.....	7
ONE MISSING LEG.....	8
TWO MISSING LEGS.....	9
ONE MISSING HAND.....	10
TWO MISSING HANDS.....	11
ONE MISSING ARM.....	12
TWO MISSING ARMS.....	13
FACIAL DISFIGUREMENT.....	14
EXTREMELY SMALL HEIGHT.....	15
EXTREMELY LARGE HEIGHT.....	16
EXTREME OBESITY.....	17
OTHER BODY DISFIGUREMENT.....	18
STUTTERING.....	19
OTHER (SPECIFY).....	20

GO TO NEXT CIRCLED GROUP IN SC10.7aa, PAGE 13 AND FOLLOW SKIP

LEARNING.....	GO TO SC10.7a1
PHYSICAL ILLNESS.....	GO TO SC10.7a2
MENTAL ILLNESS.....	GO TO SC10.7a3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.8
OTHER (SPECIFY).....	GO TO SC10.7abb

*SC10.7a1. CHOOSE LEARNING DISABILITY

RECORD ALL MENTIONS

ATTENTION DEFICIT DISORDER (ADD).....	1
MENTAL RETARDATION.....	2
AUTISM.....	3
STUTTERING.....	4
OTHER (SPECIFY).....	5

GO TO NEXT CIRCLED GROUP IN SC10.7aa, PAGE 13 AND FOLLOW SKIP

PHYSICAL ILLNESS.....	GO TO SC10.7a2
MENTAL ILLNESS.....	GO TO SC10.7a3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.8
OTHER (SPECIFY).....	GO TO SC10.7abb

*SC10.7a2. CHOOSE PHYSICAL ILLNESS

RECORD ALL MENTIONS

ARTHRITIS.....	1
ASTHMA.....	2
BACK PROBLEMS.....	3
CANCER.....	4
CHRONIC FATIGUE SYNDROME.....	5
CHRONIC LUNG DISEASE.....	6
(ANY OTHER) CHRONIC PAIN.....	7
DIABETES OR HIGH BLOOD SUGAR.....	8
EPILEPSY OR SEIZURE DISORDER.....	9
HEADACHES.....	10
HEART ATTACK.....	11
HEART DISEASE.....	12
HIGH BLOOD PRESSURE.....	13
HIV INFECTION.....	14
MIGRANES.....	15
NECK PROBLEMS.....	16
RHEUMATISM.....	17
SEASONAL ALLERGIES.....	18
STROKE.....	19
TUBERCULOSIS.....	20
ULCER.....	21
OTHER (SPECIFY).....	22

GO TO NEXT CIRCLED GROUP IN SC10.7aa, PAGE 13 AND FOLLOW SKIP

MENTAL ILLNESS.....	GO TO SC10.7a3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.8
OTHER (SPECIFY).....	GO TO SC10.7abb

*SC10.7a3. CHOOSE MENTAL ILLNESS

RECORD ALL MENTIONS

ALCOHOLISM	1
ANOREXIA	2
ANXIETY	3
ATTENTION DEFICIT DISORDER (ADD)	4
AUTISM.....	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER	14
PANIC.....	15
PMS (PREMENSTRUAL DISORDER).....	16
PSYCHOSIS.....	17
PTSD (POST-TRAUMATIC STRESS DISORDER)	18
SCHIZOPHRENIA	19
SLEEP DISORDER	20
OTHER (SPECIFY).....	21

GO TO NEXT CIRCLED GROUP IN SC10.7aa, PAGE 13 AND FOLLOW SKIP

(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.8
OTHER (SPECIFY).....	GO TO SC10.7abb

*SC10.7abb. SPECIFY OTHER

*SC10.8. INTERVIEWER CHECKPOINT: (SEE *SC10.4a - *SC10.4g)

*SC10.4a EQUALS ‘1’ OR *SC10.4b EQUALS ‘1’ OR *SC10.4c EQUALS ‘1’ OR	
*SC10.4d EQUALS ‘1’ OR *SC10.4e EQUALS ‘1’ OR *SC10.4f EQUALS ‘1’ OR	
*SC10.4g EQUALS ‘1’ OR *SC10.6 EQUALS ‘1’ OR *SC10.6a EQUALS ‘1’	1
ALL OTHERS	2 GO TO *SC10.8e

*SC10.8a. INTERVIEWER CHECKPOINT: (SEE *SC10.1a - *SC10.1f, *SC10.1h, *SC10.2, *SC10.3)

*SC10.1a EQUALS ‘1’ OR *SC10.1b EQUALS ‘1’ OR *SC10.1c EQUALS ‘1’ OR	
*SC10.1d EQUALS ‘1’ OR *SC10.1e EQUALS ‘1’ OR *SC10.1f EQUALS ‘1’	1
*SC10.1h EQUALS ‘1’	2 GO TO *SC10.8c
*SC10.2 EQUALS ‘1’ OR *SC10.3 EQUALS ‘1’	3 GO TO *SC10.8d
ALL OTHERS	4 GO TO *SC19

*SC10.8b. You mentioned that health problems cause you to have difficulties in

PROGRAMMER: WE WANT THE FOLLOWING TO APPEAR ON THE SCREEN AS A LIST, NOT INTEGRATED INTO THE Q.

IF *SC10.1a EQUALS '1': learning, remembering, or concentrating

IF *SC10.1b EQUALS '1': getting along with people

IF *SC10.1c EQUALS '1': dressing, bathing, or getting around

IF *SC10.1d EQUALS '1': going outside alone

IF *SC10.1e EQUALS '1': working

IF *SC10.1f EQUALS '1': participating fully in daily activities

For how long have you had these difficulties?

PROBE DK: Has it been longer than 3 months?

_____ NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS..... 3 YEARS.....4

(IF VOL) ACTIVITIES NOT LIMITED 997

DON'T KNOW 998

REFUSED..... 999

GO TO*SC10.13

*SC10.8c. You mentioned that you have been limited in your activities for the past three months because of your health. For how long have you been limited?

PROBE DK: Has it been longer than 3 months?

_____ NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS..... 3 YEARS.....4

(IF VOL) ACTIVITIES NOT LIMITED 997

DON'T KNOW 998

REFUSED..... 999

GO TO *SC10.13

*SC10.8d. You mentioned needing the help of other persons or assistive devices with your personal care or routine needs. For how

long have you needed this kind of help?

PROBE DK: Has it been longer than 3 months?

_____ NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

(IF VOL) ACTIVITIES NOT LIMITED 997

DON'T KNOW 998

REFUSED 999

GO TO *SC10.13

*SC10.8e. INTERVIEWER CHECKPOINT: (SEE *SC10.1a - *SC10.1f, *SC10.1h, *SC10.2, *SC10.3)

*SC10.1a EQUALS '1' OR *SC10.1b EQUALS '1' OR *SC10.1c EQUALS '1' OR

*SC10.1d EQUALS '1' OR *SC10.1e EQUALS '1' OR *SC10.1f EQUALS '1' 1

*SC10.1h EQUALS '1' 2 **GO TO *SC10.8g**

*SC10.2 EQUALS '1' OR *SC10.3 EQUALS '1' 3 **GO TO *SC10.8h**

ALL OTHERS 4 **GO TO *SC19**

*SC10.8ff. You mentioned that a physical or emotional condition causes you to have difficulty in

PROGRAMMER: WE WANT THE FOLLOWING TO APPEAR ON THE SCREEN AS A LIST, NOT INTEGRATED INTO THE Q.

IF *SC10.1a EQUALS '1': learning, remembering, or concentrating

IF *SC10.1b EQUALS '1': getting along with people

IF *SC10.1c EQUALS '1': dressing, bathing, or getting around

IF *SC10.1d EQUALS '1': going outside alone

IF *SC10.1e EQUALS '1': working

IF *SC10.1f EQUALS '1': participating fully in daily activities

What is the condition that causes this difficulty?

FIRST CHOOSE THE TYPE OF HANDICAP OR DISABILITY

RECORD ALL MENTIONS

PHYSICAL HANDICAP 1 **GO TO *SC10.8F**

LEARNING 2 **GO TO *SC10.8F1**

PHYSICAL ILLNESS 3 **GO TO *SC10.8F2**

MENTAL ILLNESS 4 **GO TO *SC10.8F3**

(IF VOL) NOT DUE TO A CONDITION 5 **GO TO *SC10.12**

OTHER (SPECIFY) 6 **GO TO *SC10.8fbb**

DON'T KNOW 8 **GO TO *SC10.12**

REFUSED 9 **GO TO *SC10.12**

*SC10.8f. CHOOSE PHYSICAL HANDICAP

RECORD ALL MENTIONS

PARALYSIS OF LEGS, R IS IN WHEELCHAIR.....	1
PARALYSIS OF LEGS, R USES A WALKER.....	2
PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER.....	3
PARALYSIS OF ONE ARM.....	4
PARALYSIS OF ONE SIDE OF BODY.....	5
ONE MISSING FOOT.....	6
TWO MISSING FEET.....	7
ONE MISSING LEG.....	8
TWO MISSING LEGS.....	9
ONE MISSING HAND.....	10
TWO MISSING HANDS.....	11
ONE MISSING ARM.....	12
TWO MISSING ARMS.....	13
FACIAL DISFIGUREMENT.....	14
EXTREMELY SMALL HEIGHT.....	15
EXTREMELY LARGE HEIGHT.....	16
EXTREME OBESITY.....	17
OTHER BODY DISFIGUREMENT.....	18
STUTTERING.....	19
OTHER (SPECIFY).....	20

GO TO NEXT CIRCLED GROUP IN SC10.8ff, PAGE 17 AND FOLLOW SKIP

LEARNING.....	GO TO SC10.8F1
PHYSICAL ILLNESS.....	GO TO SC10.8F2
MENTAL ILLNESS.....	GO TO SC10.8F3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8ffb

*SC10.8f1. CHOOSE LEARNING DISABILITY

RECORD ALL MENTIONS

ATTENTION DEFICIT DISORDER (ADD).....	1
MENTAL RETARDATION.....	2
AUTISM.....	3
STUTTERING.....	4
OTHER (SPECIFY).....	5

GO TO NEXT CIRCLED GROUP IN SC10.8ff, PAGE 17 AND FOLLOW SKIP

PHYSICAL ILLNESS.....	GO TO SC10.8F2
MENTAL ILLNESS.....	GO TO SC10.8F3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8ffb

*SC10.8f2. CHOOSE PHYSICAL ILLNESS

RECORD ALL MENTIONS

ARTHRITIS	1
ASTHMA	2
BACK PROBLEMS.....	3
CANCER.....	4
CHRONIC FATIGUE SYNDROME.....	5
CHRONIC LUNG DISEASE.....	6
(ANY OTHER) CHRONIC PAIN	7
DIABETES OR HIGH BLOOD SUGAR.....	8
EPILEPSY OR SEIZURE DISORDER	9
HEADACHES.....	10
HEART ATTACK	11
HEART DISEASE	12
HIGH BLOOD PRESSURE	13
HIV INFECTION.....	14
MIGRANES	15
NECK PROBLEMS	16
RHEUMATISM	17
SEASONAL ALLERGIES.....	18
STROKE.....	19
TUBERCULOSIS	20
ULCER	21
OTHER (SPECIFY).....	22

GO TO NEXT CIRCLED GROUP IN SC10.8ff, PAGE 17 AND FOLLOW SKIP

MENTAL ILLNESS.....	GO TO SC10.8F3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8fbb

*SC10.8f3. CHOOSE MENTAL ILLNESS

RECORD ALL MENTIONS

ALCOHOLISM	1
ANOREXIA	2
ANXIETY	3
ATTENTION DEFICIT DISORDER (ADD)	4
AUTISM	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER	14
PANIC	15
PMS (PREMENSTRUAL DISORDER)	16
PSYCHOSIS	17
PTSD (POST-TRAUMATIC STRESS DISORDER)	18
SCHIZOPHRENIA	19
SLEEP DISORDER	20
OTHER (SPECIFY)	21

GO TO NEXT CIRCLED GROUP IN SC10.8ff, PAGE 17 AND FOLLOW SKIP

(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8fbb

*SC10.8fbb. OTHER (SPECIFY)

GO TO *SC10.12

*SC10.8gg. You mentioned that you have been limited in your activities for the past three months because of your health. What is

the health problem that causes you to have these limitations?

FIRST CHOOSE THE TYPE OF THE HANDICAP OR DISABILITY

RECORD ALL MENTIONS

PHYSICAL HANDICAP.....	1	GO TO SC10.8g
LEARNING.....	2	GO TO SC10.8g1
PHYSICAL ILLNESS.....	3	GO TO SC10.8g2
MENTAL ILLNESS.....	4	GO TO SC10.8g3
(IF VOL) NOT DUE TO A CONDITION.....	5	GO TO SC10.12
OTHER (SPECIFY).....	6	GO TO SC10.8gbb
DON'T KNOW.....	8	GO TO SC10.12
REFUSED.....	9	GO TO SC10.12

*SC10.8g. CHOOSE PHYSICAL HANDICAP

RECORD ALL MENTIONS

PARALYSIS OF LEGS, R IS IN WHEELCHAIR	1
PARALYSIS OF LEGS, R USES A WALKER.....	2
PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER	3
PARALYSIS OF ONE ARM	4
PARALYSIS OF ONE SIDE OF BODY	5
ONE MISSING FOOT	6
TWO MISSING FEET	7
ONE MISSING LEG	8
TWO MISSING LEGS	9
ONE MISSING HAND.....	10
TWO MISSING HANDS	11
ONE MISSING ARM	12
TWO MISSING ARMS.....	13
FACIAL DISFIGUREMENT	14
EXTREMELY SMALL HEIGHT	15
EXTREMELY LARGE HEIGHT	16
EXTREME OBESITY	17
OTHER BODY DISFIGUREMENT	18
STUTTERING	19
OTHER (SPECIFY).....	20

GO TO NEXT CIRCLED GROUP IN SC10.8gg, PAGE 20 AND FOLLOW SKIP

LEARNING.....	GO TO SC10.8g1
PHYSICAL ILLNESS.....	GO TO SC10.8g2
MENTAL ILLNESS.....	GO TO SC10.8g3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8gbb

*SC10.8g1. CHOOSE LEARNING DISABILITY

RECORD ALL MENTIONS

ATTENTION DEFICIT DISORDER (ADD).....	1
MENTAL RETARDATION	2
AUTISM	3
STUTTERING	4
OTHER (SPECIFY).....	5

GO TO NEXT CIRCLED GROUP IN SC10.8gg, PAGE 20 AND FOLLOW SKIP

PHYSICAL ILLNESS.....	GO TO SC10.8g2
MENTAL ILLNESS.....	GO TO SC10.8g3
(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8gbb

*SC10.8g2. CHOOSE PHYSICAL ILLNESS

RECORD ALL MENTIONS

ARTHRITIS	1
ASTHMA	2
BACK PROBLEMS	3
CANCER	4
CHRONIC FATIGUE SYNDROME	5
CHRONIC LUNG DISEASE	6
(ANY OTHER) CHRONIC PAIN	7
DIABETES OR HIGH BLOOD SUGAR	8
EPILEPSY OR SEIZURE DISORDER	9
HEADACHES	10
HEART ATTACK	11
HEART DISEASE	12
HIGH BLOOD PRESSURE	13
HIV INFECTION	14
MIGRANES	15
NECK PROBLEMS	16
RHEUMATISM	17
SEASONAL ALLERGIES	18
STROKE	19
TUBERCULOSIS	20
ULCER	21
OTHER (SPECIFY)	22

GO TO NEXT CIRCLED GROUP IN SC10.8gg, PAGE 20 AND FOLLOW SKIP

MENTAL ILLNESS	GO TO SC10.8g3
(IF VOL) NOT DUE TO CONDITION	GO TO SC10.12
OTHER (SPECIFY)	GO TO SC10.8gbb

*SC10.8g3. CHOOSE MENTAL ILLNESS

RECORD ALL MENTIONS

ALCOHOLISM	1
ANOREXIA	2
ANXIETY	3
ATTENTION DEFICIT DISORDER (ADD)	4
AUTISM.....	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER.....	14
PANIC	15
PMS (PREMENSTRUAL DISORDER).....	16
PSYCHOSIS.....	17
PTSD (POST-TRAUMATIC STRESS DISORDER)	18
SCHIZOPHRENIA	19
SLEEP DISORDER	20
OTHER (SPECIFY).....	21

GO TO NEXT CIRCLED GROUP IN SC10.8gg, PAGE 20 AND FOLLOW SKIP

(IF VOL) NOT DUE TO CONDITION.....	GO TO SC10.12
OTHER (SPECIFY).....	GO TO SC10.8gbb

*SC10.8gbb. OTHER (SPECIFY)

GO TO *SC10.12

*SC10.8hh. You mentioned needing the help of other persons or assistive devices with your personal care or routine needs.

What

is the health problem that causes you to need this help?

FIRST CHOOSE THE TYPE OF HANDICAP OR DISABILITY

RECORD ALL MENTIONS

PHYSICAL HANDICAP.....	1
LEARNING	2
PHYSICAL LEARNING.....	3
MENTAL ILLNESS.....	4
(IF VOL) NOT DUE TO A CONDITION	5
OTHER (SPECIFY)	6
DON'T KNOW.....	8
REFUSED.....	9

*SC10.8h. CHOOSE PHYSICAL HANDICAP

RECORD ALL MENTIONS

PARALYSIS OF LEGS, R IS IN WHEELCHAIR	1
PARALYSIS OF LEGS, R USES A WALKER.....	2
PARALYSIS OF LEGS, R CAN WALK WITHOUT A WALKER	3
PARALYSIS OF ONE ARM	4
PARALYSIS OF ONE SIDE OF BODY	5
ONE MISSING FOOT	6
TWO MISSING FEET	7
ONE MISSING LEG	8
TWO MISSING LEGS	9
ONE MISSING HAND.....	10
TWO MISSING HANDS	11
ONE MISSING ARM	12
TWO MISSING ARMS.....	13
FACIAL DISFIGUREMENT	14
EXTREMELY SMALL HEIGHT	15
EXTREMELY LARGE HEIGHT	16
EXTREME OBESITY	17
OTHER BODY DISFIGUREMENT	18
STUTTERING	19
OTHER (SPECIFY).....	20

*SC10.8h1. CHOOSE LEARNING DISABILITIES

RECORD ALL MENTIONS

ATTENTION DEFICIT DISORDER (ADD).....	1
MENTAL RETARDATION	2
AUTISM.....	3
STUTTERING	4
OTHER (SPECIFY).....	5

*SC10.8h2. CHOOSE PHYSICAL ILLNESS

RECORD ALL MENTIONS

ARTHRITIS	1
ASTHMA	2
BACK PROBLEMS	3
CANCER	4
CHRONIC FATIGUE SYNDROME	5
CHRONIC LUNG DISEASE	6
(ANY OTHER) CHRONIC PAIN	7
DIABETES OR HIGH BLOOD SUGAR	8
EPILEPSY OR SEIZURE DISORDER	9
HEADACHES	10
HEART ATTACK	11
HEART DISEASE	12
HIGH BLOOD PRESSURE	13
HIV INFECTION	14
MIGRANES	15
NECK PROBLEMS	16
RHEUMATISM	17
SEASONAL ALLERGIES	18
STROKE	19
TUBERCULOSIS	20
ULCER	21
OTHER (SPECIFY)	22

*SC10.8h3. CHOOSE MENTAL ILLNESS

RECORD ALL MENTIONS

ALCOHOLISM	1
ANOREXIA	2
ANXIETY	3
ATTENTION DEFICIT DISORDER (ADD)	4
AUTISM	5
BIPOLAR DISORDER	6
BULIMIA	7
DEPRESSION	8
DRUG ADDICTION	9
EATING DISORDER	10
MANIC-DEPRESSION	11
“MEMORY” DISORDER	12
NARCOLEPSY	13
OBSESSIVE-COMPULSIVE DISORDER	14
PANIC	15
PMS (PREMENSTRUAL DISORDER)	16
PSYCHOSIS	17
PTSD (POST-TRAUMATIC STRESS DISORDER)	18
SCHIZOPHRENIA	19
SLEEP DISORDER	20
OTHER (SPECIFY)	21

*SC10.8hbb. OTHER (SPECIFY)

*SC10.12. For how long have your activities been limited because of (CONDITION/ your health problems)?

PROGRAMMER: LET THE INTERVIEWER USE THEIR DISCRETION TO FILL "CONDITION" IN ABOVE QUESTION. WE DO NOT WANT YOU TO PROGRAM A FILL

PROBE DK: Has it been longer than 3 months?

_____ NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

(IF VOL) ACTIVITIES NOT LIMITED 997 **GO TO *SC19**

DON'T KNOW 998

REFUSED 999

*SC10.13. INTERVIEWER CHECKPOINT: (SEE *SC10.8b, *SC10.8c, *SC10.8d, *SC10.12)

*SC10.8b EQUALS '3 MONTHS' OR LONGER OR

*SC10.8c EQUALS '3 MONTHS' OR LONGER OR

*SC10.8d EQUALS '3 MONTHS' OR LONGER OR

*SC10.12 EQUALS '3 MONTHS' OR LONGER1

ALL OTHERS2 GO TO *SC19

(RB, PG 2) SCALE FOR *SC10.14

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 <u>one</u> area.....	(e.g., can't keep a job <u>or</u> has no friends)
40	Serious impairment in <u>more than one</u> area.....	(e.g., unable to work <u>and</u> has no friends <u>and</u> has conflicts with family)
30	Unable to function in <u>most</u> 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)

*SC10.14. (RB, PG 2) The 0-to-100 scale on Page 2 in your booklet describes amounts of activity limitation. Using this scale, what number describes how much your activities have been limited because of your health problems during the past 3 months?

(IF NEC: You can use any number between 0 and 100 to answer.)

_____ NUMBER

DON'T KNOW998

REFUSED.....999

*SC19. (READ SLOWLY) The rest of this interview asks about your physical and emotional well-being and about areas of your life that could affect your physical and emotional well-being. It is important for us to get accurate information. In order to do this, you will need to think carefully before answering the following questions.

Are you willing to do this?

INTERVIEWER: PROBE NEGATIVE RESPONSES BY ASKING IF THERE IS A BETTER TIME TO COME BACK FOR THE INTERVIEW. REPEAT *SC19 AS NECESSARY. R MUST ANSWER AFFIRMATIVELY TO CONTINUE WITH THE INTERVIEW. TERMINATE IF R DOES NOT ANSWER AFFIRMATIVELY.

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY	YES (1)	NO (5)	DK (8)	RF (9)
*SC20. Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?	1 GO TO *SC20.1	5	8	9
*SC20a. Have you ever had an attack when all of a sudden <ul style="list-style-type: none"> • you became very uncomfortable, • you either became short of breath, dizzy, nauseous, or your heart pounded, • or you thought that you might lose control, die, or go crazy? 	1	5	8	9
*SC20.1 Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?	1	5	8	9
*SC20.2. Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?	1 GO TO *SC21	5	8	9
*SC20.3 Have you ever had attacks of anger when all of a sudden you lost control and <u>threatened</u> to hit or hurt someone?	1	5	8	9
*SC21. Have you ever in your life had a period lasting several days or longer when most of the day you felt <u>sad</u> , <u>empty</u> or <u>depressed</u> ?	1	5	8	9
*SC22. Have you ever had a period lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?	1	5	8	9
*SC23. Have you ever had a period lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?	1	5	8	9
*SC24. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?	1	5	8	9
*SC25. Have you ever had a period lasting several days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mood</u> ?	1	5 GO TO *SC26	8 GO TO *SC26	9 GO TO *SC26
*SC25a. Have you ever had a period lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	1	5	8	9
*SC26. Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?	1 GO TO *SC26.1	5	8	9
*SC26a. Did you ever have a time in your life when you were much more <u>nervous</u> or <u>anxious</u> than most other people with the same problems as you?	1 GO TO *SC26.1	5	8	9
*SC26b. Did you ever have a period lasting one month or longer when you were anxious and worried most days?	1	5	8	9

*SC26.1 Did you ever have a time in your life when you smoked so much that your family or friends worried about your health?

YES1
 NO5
 DON'T KNOW8
 REFUSED9

*SC26.2 Did you ever use alcohol or drugs so much that your family or friends worried about you or repeatedly complained about your use?

YES1 ***GO TO *SC27**
 NO5
 DON'T KNOW8
 REFUSED9

*SC26.3 Did you ever use alcohol or drugs so much that it caused repeated arguments or problems either with your family or friends, people at work or school, or with the police?

YES1 ***GO TO *SC27**
 NO5
 DON'T KNOW8
 REFUSED9

*SC26.4 Did you ever use alcohol or drugs so much that it often interfered with your responsibilities at work, at school, or at home?

YES1
 NO5
 DON'T KNOW8
 REFUSED9

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.

***SC27.** (RB, PG 3) The next questions are about things that make some people afraid even though they know there is no real danger. Looking at page 3 in your booklet, was there ever a time in your life when you felt a lot more afraid than most people of any of the following things?

	YES (1)	NO (5)	DK (8)	RF (9)
*SC27a. First, bugs, snakes, dogs, or any other animals? (KEY PHRASE: animals)	1	5	8	9
*SC27b. Second, <u>still water</u> , like in a <u>swimming pool</u> or a <u>lake</u> , or weather events, like <u>storms</u> , <u>thunder</u> , or <u>lightning</u> ? (KEY PHRASE: water)	1	5	8	9
*SC27c. Third, going to the <u>dentist</u> or <u>doctor</u> , getting a <u>shot</u> or <u>injection</u> , seeing <u>blood</u> or <u>injury</u> , or being in a hospital or doctor's office? (KEY PHRASE: blood, injury, or medical settings)	1	5	8	9
*SC27d. Fourth, <u>closed spaces</u> , like <u>caves</u> , <u>tunnels</u> , <u>closets</u> , or <u>elevators</u> ? (KEY PHRASE: closed spaces)	1	5	8	9
*SC27e. Fifth, <u>high places</u> like <u>roofs</u> , <u>balconies</u> , <u>bridges</u> , or <u>staircases</u> ? (KEY PHRASE: high places)	1	5	8	9
*SC27f. Sixth, fear of <u>flying</u> or of <u>airplanes</u> ? (KEY PHRASE: flying)	1	5	8	9

*SC27.1 INTERVIEWER CHECKPOINT (SEE *SC27 SERIES):

AT LEAST ONE RESPONSE CODED '1' 1
 ALL OTHERS 5 **GO TO *SC29**

*SC27.2. You feared (KEY PHRASE OF ENDORSED ITEMS IN *SC27a-*SC27f SERIES). Was there ever a time in your life when you became very upset or nervous whenever you were faced with (this situation/one of these situations)?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*SC27.3. Did you ever stay away from (this situation/these situations) whenever you could because of your fear?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*SC27.4 Do you think your fear was ever much stronger than it should have been?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*SC28. INTERVIEWER CHECKPOINT (SEE *SC27.2, *SC27.3, *SC27.4):

(*SC27.2 EQUALS '1' OR *SC27.3 EQUALS '1') AND *SC27.4 EQUALS '1' 1
 ALL OTHERS 2

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.	YES (1)	NO (5)	DK (8)	RF (9)
*SC29. (RB, PG 4) Looking at page 4 in your booklet, was there ever a time in your life when you felt very afraid or <u>really</u> , <u>really</u> shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?	1 GO TO *SC29.1	5	8	9
*SC29a. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?	1	5 GO TO *SC30	8 GO TO *SC30	9 GO TO *SC30

*SC29.1. Was there ever a time in your life when you became very upset or nervous (IF *SC29 EQUALS '1': whenever you were in a social situation/ ALL OTHERS: when you had to do something in front of a group)?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*SC29.2. Did you ever stay away from (IF *SC29 EQUALS '1': social situations/ ALL OTHERS: situations where you had to do something in front of a group) whenever you could because of your fear?

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

*SC29.3. Do you think your fear was ever much stronger than it should have been?

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

*SC29.4. INTERVIEWER CHECKPOINT (SEE *SC29.1, *SC29.2, *SC29.3):

- (*SC29.1 EQUALS '1' OR *SC29.2 EQUALS '1') AND *SC29.3 EQUALS '1' 1
 - ALL OTHERS 2
-

*SC30. (RB, PG 5) Looking at the bottom of page 5 in your booklet, was there ever a time in your life when you felt afraid of either being in crowds, going to public places, traveling by yourself, or traveling away from home?

- YES 1
 - NO 5 **GO TO *SC31**
 - DON'T KNOW 8 **GO TO *SC31**
 - REFUSED 9 **GO TO *SC31**
-

*SC30.1. Was there ever a time in your life when you became very upset or nervous whenever you were in crowds, public places, or traveling?

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

*SC30.2. Did you ever stay away from these situations whenever you could because of your fear?

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

*SC30.3. Do you think your fear was ever much stronger than it should have been?

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

*SC30.4. INTERVIEWER CHECKPOINT (SEE *SC30.1, *SC30.2, *SC30.3):

(*SC30.1 EQUALS '1' OR *SC30.2 EQUALS '1') AND *SC30.3 EQUALS '1'1
ALL OTHERS2

*SC31. The next question is about concentration problems that usually start before the age of seven. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between the ages of 5 and 7 -- was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort than most children?

YES1
NO5
DON'T KNOW8
REFUSED9

*SC32. Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting six months or longer in your childhood when you were like that?

INTERVIEWER: IF ONLY IN THIRD GRADE OR LATER, CODE 'NO'.

YES1
NO5
DON'T KNOW8
REFUSED9

*SC33. Did you ever have a period lasting six months or longer during your childhood or adolescence when you frequently did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being touchy or irritable?

YES1
NO5
DON'T KNOW8
REFUSED9

*SC33.1. Many children and teenagers go through periods when they do things adults don't want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?

YES1 **GO TO *SC34**
NO5
DON'T KNOW8
REFUSED9

*SC33.2. Did you ever go through a period as a child or teenager when you either broke into cars, set fires, or destroyed property on purpose?

YES1 **GO TO *SC34**
NO5
DON'T KNOW8
REFUSED9

*SC33.3. When you were a child or a teenager, did you ever run away from home, or repeatedly play hooky from school, or often

stay out much later at night than you were supposed to?

- YES1
- NO5
- DON'T KNOW8
- REFUSED9

*SC34. Some young kids get very upset when they are separated from their mother or the person who they are most attached to emotionally. Examples include getting very upset when they are away from these people, worrying a lot that something bad will happen to separate these people from them, or wanting to stay home from school or not go other places without them. Did you ever feel this way for a month or longer when you were more than five years old?

INTERVIEWER: IF ONLY WHEN 5 OR YOUNGER, CODE "NO".

- YES1
- NO5
- DON'T KNOW8
- REFUSED9

*SC35. Some adults have difficulties with separation from family members, romantic partners, or close friends. Examples include getting very upset when they are away from this person, worrying a lot that this person might leave them, and being too "clingy" or dependent. Did you ever have a period lasting one month or longer as an adult when you had problems like this?

- YES1
- NO5
- DON'T KNOW8
- REFUSED9

*SC36. INTERVIEWER CHECKPOINT: (SEE *SC20, *SC20a, *SC21, *SC22, *SC23, *SC24, *SC25, *SC25a, *SC26, *SC26a, *SC26b, *SC28, *SC29.4, *SC30.4)

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- *SC21 EQUALS '1' 1 GO TO *D1, NEXT SECTION
- *SC22 EQUALS '1' 2 GO TO *D2
- *SC23 EQUALS '1' 3 GO TO *D9
- *SC24 EQUALS '1' 4 GO TO *M1
- *SC25a EQUALS '1' 5 GO TO *M5
- *SC25 EQUALS '1' 6 GO TO *IR1, INTRO 2
- *SC20 EQUALS '1' 7 GO TO *PD1 INTRO 1
- *SC20a EQUALS '1' 8 GO TO *PD1 INTRO 2
- *SC28 EQUALS '1' 9 GO TO *SP1
- *SC29.4 EQUALS '1' 10 GO TO *SO1
- *SC30.4 EQUALS '1' 11 GO TO *AG1
- *SC26 EQUALS '1' 12 GO TO *G1 INTRO 1

*SC26a EQUALS '1'	13	GO TO *G1 INTRO 2
*SC26b EQUALS '1'	14	GO TO *G1 INTRO 3
ALL OTHERS	15	GO TO *IED1