HOW OFTEN DO YOU FEEL THE FOLLOWING?

- Nearly all the time
- Pretty often
- Not very much
- Never
**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</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Excellent functioning in all areas of life</td>
<td>(e.g., superior performance at work and excellent personal relationships)</td>
</tr>
<tr>
<td>90</td>
<td>Good functioning in all areas of life</td>
<td>(e.g., no problems at work or in personal life)</td>
</tr>
<tr>
<td>80</td>
<td>Slight difficulty</td>
<td>(e.g., temporarily falling behind in work or school, minor argument with friend or relative)</td>
</tr>
<tr>
<td>70</td>
<td>Some difficulty</td>
<td>(e.g., some work or school problems, but still generally doing well; or some interpersonal problems, but still having meaningful relationships)</td>
</tr>
<tr>
<td>60</td>
<td>Moderate difficulty</td>
<td>(e.g., inadequate work or school performance or ongoing conflicts with people in your personal life)</td>
</tr>
<tr>
<td>50</td>
<td>Serious impairment in one area</td>
<td>(e.g., can't keep a job or has no friends)</td>
</tr>
<tr>
<td>40</td>
<td>Serious impairment in more than one area</td>
<td>(e.g., unable to work and has no friends and has conflicts with family)</td>
</tr>
<tr>
<td>30</td>
<td>Unable to function in most areas</td>
<td>(e.g., no job, no friends, stays in bed most days)</td>
</tr>
<tr>
<td>20</td>
<td>Difficulty with basic needs</td>
<td>(e.g., needs help with bathing or dressing or preparing meals; cannot be left alone for long periods)</td>
</tr>
<tr>
<td>10</td>
<td>Unable to meet basic needs</td>
<td>(e.g., requires constant supervision or nursing home care)</td>
</tr>
<tr>
<td>0</td>
<td>Unconscious</td>
<td>(e.g., in coma or on a life support machine)</td>
</tr>
</tbody>
</table>
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: NATURAL ENVIRONMENT**
- 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
WAS THERE EVER A TIME IN YOUR LIFE WHEN YOU FELT VERY AFRAID OR REALLY 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
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
WHICH STATEMENT IN EACH SERIES COMES CLOSEST TO YOUR EXPERIENCE?

Circle the number of the statement that comes closest to your experience.

Problems falling asleep

1. You never took longer than 30 minutes to fall asleep.
2. You took at least 30 minutes to fall asleep, less than half the time.
3. You took at least 30 minutes to fall asleep, more than half the time.
4. You took more than 60 minutes to fall asleep, more than half the time.

Waking up at night

1. You did not wake up at night.
2. You had a restless, light sleep with few brief awakenings each night.
3. You woke up at least once a night, but you got back to sleep easily.
4. You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

Waking up too early

1. Most of the time, you woke up no more than 30 minutes before you needed to get up.
2. More than half the time, you woke up more than 30 minutes before you needed to get up.
3. You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
4. You woke up at least one hour before you needed to and couldn’t get back to sleep.

The amount of sleep you got each night

1. You slept no longer than 7-8 hours/night, without napping during the day.
2. You slept no longer than 10 hours in a 24-hour period including naps.
3. You slept no longer than 12 hours in a 24-hour period including naps.
4. You slept longer than 12 hours in a 24-hour period including naps.
Sadness

1. You did not feel sad.
2. You felt sad less than half the time.
3. You felt sad more than half the time.
4. You felt sad nearly all the time.

Concentrating and making decisions

1. There was no change in your usual capacity to concentrate or make decisions.
2. You occasionally felt indecisive or found that your attention wandered.
3. Most of the time, you struggled to focus your attention or to make decisions.
4. You couldn’t concentrate well enough to read or you couldn’t make even minor decisions.

Feeling down on yourself

1. You saw yourself as equally worthwhile and deserving as other people.
2. You were more self-blaming than usual.
3. You largely believed that you caused problems for others.
4. You thought almost constantly about major and minor defects in yourself.

Interest in your daily activities

1. There was no change from usual in how interested you were in other people or activities.
2. You noticed that you were less interested in people or activities.
3. You found you had interest in only one or two of your formerly pursued activities.
4. You had virtually no interest in formerly pursued activities.

Energy

1. There was no change in your usual level of activity.
2. You got tired more easily than usual.
3. You had to make a big effort to start or finish your usual daily activities (for example, shopping, homework, cooking, or going to work).
4. You really couldn’t carry out most of your usual daily activities because you just didn’t have the energy.
WHICH STATEMENT IN EACH SERIES COMES CLOSEST TO YOUR EXPERIENCE DURING THE WORST FOUR DAYS.

Circle the number of the statement that comes closest to your experience.

**Mood**

1. Your mood was no more high than usual in terms of things like being happy, self-confident, or optimistic.
2. Your mood was a little more high than usual.
3. Your mood was quite a bit more high than usual, but never over the edge or inappropriate.
4. Your mood was over the edge in terms of things like being unrealistically self-confident or optimistic or very happy even when bad things were happening.
5. You were uncontrollably high in terms of things like laughing out loud without cause or singing loudly in public places.

**Physical Arousal**

1. You had no increase in physical arousal in terms of things like energy or restlessness or difficulty sitting still.
2. You had some increase in arousal, but not enough for most people to notice.
3. You had a big enough increase in arousal for most people to notice, with things like increases in hand gestures, loudness, or being a lot more animated than usual.
4. You were so highly aroused that you felt agitated or restless or hyper, but not enough to be out of control.
5. You were uncontrollably agitated or restless or hyper.

**Sexual Interest**

1. You had no increase in sexual interest.
2. You had a mild increase in sexual interest.
3. You had a strong increase in sexual thoughts without talking about it or doing anything.
4. You talked a lot more about sex than usual without doing anything about it.
5. You inappropriately propositioned people or touched people sexually or engaged in other sexual behaviors you wouldn't normally do.
Sleep

1. You experienced no decrease in sleep.
2. You slept less than normal by up to one hour.
3. You slept less than normal by more than one hour.
4. You slept less than usual and didn’t feel the need for more sleep.
5. You didn’t feel the need for any sleep at all.

Irritability

1. You experienced no increase in irritability, in terms of things like feeling grumpy or acting annoyed or angry.
2. You experienced some increase in irritability, but not enough for most people to notice.
3. You experienced a big enough increase in irritability for most people to notice, with things like sometimes being short or snappy with people or having occasional outbursts of anger.
4. You were very irritable most of the time.
5. You were so hostile or uncooperative that it was impossible for people to be around you.

Talking

1. You experienced no increase in talkativeness.
2. You wanted to be more talkative, but didn’t actually talk a lot more than usual.
3. At times you talked a lot more than usual or a lot more than the situation required.
4. You often talked a lot more than the situation required or talked so much that it was hard for other people to interrupt you.
5. You talked nonstop or so much that no one could interrupt you even when they tried.
Racing Thoughts/Disorganized Thinking:

1. Your thoughts did not come more quickly or seem more confused or escape you more than usual.
2. Your thoughts came somewhat more quickly than usual, or seemed a bit more confused than usual, or you lost your train of thought somewhat more than usual.
3. Your thoughts raced through your mind, or you easily lost your train of thought, or your mind kept jumping from one topic to another.
4. Your thoughts jumped around so much that people had a hard time following you or you couldn’t keep yourself on track in a conversation.
5. Your thoughts were going so fast or you were so confused that it was impossible for anyone to follow you or for you to make yourself understood.

Impractical/Unrealistic Thinking

1. You didn’t think or talk about anything different than usual
2. You thought a lot about new interests or new plans that were not very practical or realistic.
3. You thought a lot about really strange unrealistic things like hyper-religious ideas or totally unrealistic plans.
4. You had a lot of grandiose ideas about being able to do things you can’t really do, or paranoid ideas about plots or conspiracies that don’t really exist, or ideas about you being at the center of things that really don’t have much to do with you.
5. Your mind was so confused that you were having delusions or hearing voices or seeing things.

Disruptive/Aggressive Behavior

1. You were no more disruptive or aggressive in your behavior than usual.
2. You were often loud or sarcastic with people, but never threatened or got physical.
3. You sometimes threatened people or made hostile demands, but never got physical.
4. You frequently threatened or shouted at people, but without getting physical.
5. You physically assaulted someone or destroyed property.
Appearance

1. You dressed the same as always.
2. You had a big reduction in neatness of dressing or grooming, but not so much that most people would get worried about you.
3. You had a big change in dressing and grooming, either due to looking like a mess in terms of clothes and grooming or due to being very overdressed.
4. You had an extreme change in dressing or grooming, like being only partly clothed or wearing wild make-up or looking like a total mess.
5. You were completely un-groomed or disorganized in clothing or wore bizarre clothes.

Thought You Had a Problem

1. You recognized that you were sick and needed help.
2. You realized that you might have a problem.
3. You recognized that your behavior had changed a great deal, but didn’t think it was a problem.
4. You realized that there had been some change in your behavior, but didn’t really appreciate how great it had been.
5. You had times when you were totally unaware that your behavior was different from normal.
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 flashes
- 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
- Social life
- Love life
- Relationships at school or work
- Relationships with family
- Physical appearance
- Physical health
- Mental health
- Substance use
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)
- Compulsions (e.g., repetitive hand washing)

NETWORK PROBLEMS, SUCH AS...

- Being away from home or apart from loved ones
- The health or welfare of loved ones — first mention
- The health or welfare of loved ones — second mention
- The health or welfare of loved ones — third mention

SOCIETAL PROBLEMS, SUCH AS . . .

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Drinks Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mixed drink</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 shot glass</td>
<td>1 drink</td>
</tr>
<tr>
<td>½ pint</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 pint</td>
<td>12 drinks</td>
</tr>
<tr>
<td>1 fifth</td>
<td>20 drinks</td>
</tr>
<tr>
<td>1 quart or liter</td>
<td>24 drinks</td>
</tr>
</tbody>
</table>

## Wine

<table>
<thead>
<tr>
<th>Amount</th>
<th>Drinks Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 glass</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 bottle</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 “wine cooler”</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 gallon</td>
<td>30 drinks</td>
</tr>
</tbody>
</table>

## Beer or Ale

<table>
<thead>
<tr>
<th>Amount</th>
<th>Drinks Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 12 oz bottle</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 12 oz can</td>
<td>1 drink</td>
</tr>
<tr>
<td>1 40 oz bottle</td>
<td>3 drinks</td>
</tr>
<tr>
<td>1 six pack</td>
<td>6 drinks</td>
</tr>
<tr>
<td>1 pitcher</td>
<td>5 drinks</td>
</tr>
<tr>
<td>1 case</td>
<td>24 drinks</td>
</tr>
</tbody>
</table>
**COCAINES**

<table>
<thead>
<tr>
<th>Powder</th>
<th>Free base</th>
<th>Paste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crack</td>
<td>Coca leaves</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amobarbital</th>
<th>Dalmane</th>
<th>Limbitrol</th>
<th>Paxipam</th>
<th>Sk-Lygen</th>
</tr>
</thead>
<tbody>
<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>Meprobarbate</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>Chloral 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>Benzedrine (“bennies”)</th>
<th>Ecstasy</th>
<th>Plegine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biphetamine</td>
<td>Eskatrol</td>
<td>Pondomin</td>
</tr>
<tr>
<td>Cylert</td>
<td>Fastin</td>
<td>Preludin</td>
</tr>
<tr>
<td>Desoxyn</td>
<td>Ionamin</td>
<td>Ritalin</td>
</tr>
<tr>
<td>Dexamyl</td>
<td>Mazanor</td>
<td>Sanorex</td>
</tr>
<tr>
<td>Dextedrine (“daxies”)</td>
<td>Methamphetamine</td>
<td>Tenuate</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>Methedrine</td>
<td>Tepanil</td>
</tr>
<tr>
<td>Didrex</td>
<td>Obredrin-L.A</td>
<td>Voranil</td>
</tr>
</tbody>
</table>
**ANALGESICS (PAINKILLERS), SUCH AS . . .**

<table>
<thead>
<tr>
<th>Drug 1</th>
<th>Drug 2</th>
<th>Drug 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anileridine</td>
<td>Levo-Dromoran</td>
<td>Stadol</td>
</tr>
<tr>
<td>Buprenex</td>
<td>Methadone</td>
<td>Talacen</td>
</tr>
<tr>
<td>Codeine</td>
<td>Morphine</td>
<td>Talwin</td>
</tr>
<tr>
<td>Darvon</td>
<td>Percodan</td>
<td>Talwin NX</td>
</tr>
<tr>
<td>Demerol</td>
<td>Phenaphen with codeine</td>
<td>Tylenol with codeine</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>Propoxyphene</td>
<td></td>
</tr>
<tr>
<td>Dolene</td>
<td>SK-65</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER DRUGS, SUCH AS . . .**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>Glue</td>
<td>Peyote</td>
</tr>
<tr>
<td>Opium</td>
<td>LSD (acid, white lightning)</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
IN WHICH OF THESE LOCATIONS DID YOU SEE THE PROFESSIONAL?

A. Hospital emergency department
B. Psychiatric outpatient clinic
C. Drug or alcohol outpatient clinic
D. Private office
E. Social service agency or department
F. Program in jail or prison
G. Drop-in center or program for people with emotional problems with alcohol or drugs
H. Church or other religious building
WHICH OF THESE THREE STATEMENTS BEST DESCRIBES WHY YOU DIDN’T WANT TO SEE A PROFESSIONAL?

1. I didn’t think I had a problem

2. I had a problem, but thought I could handle it on my own

3. I thought that I needed help but didn’t believe professional treatment would be helpful
WHICH OF THESE WERE THE MAIN THINGS YOU WERE HOPING TO GET FROM TREATMENT?

A. To help with your emotions (e.g., Sadness, anger)
B. To control problem behaviors (e.g., Drinking problems, gambling)
C. To deal with general body complaints (e.g., Tiredness, headaches)
D. To help make a life decision (e.g., To get married or change jobs)
E. To cope with ongoing stress (e.g., Job stress, marital problems)
F. To cope with recent stressful events (e.g., Divorce, death of a loved one)
G. To come to terms with your past (e.g., Feelings about your childhood)
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)
WHAT KIND OF SELF-HELP GROUP DID YOU GO TO IN THE PAST 12 MONTHS?

A. Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery)

B. Groups for people with emotional problems (such as Grow, The Manic Depressive Association, or Emotions Anonymous)

C. Groups for people with eating problems

D. Groups for dealing with the death of a loved one (such as The Compassionate Friends or Widow to Widow)

E. Groups for people making other life transitions (such as Parents Without Partners or Empty Nesters)

F. Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse)

G. Groups for people with physical disabilities or illnesses (such as Living with Cancer or Living with Aids)

H. Parent support groups (such as Toughlove or Parents Anonymous)

I. Groups for the families of people with a physical illness (such as the Candlelighters or Families of Children with Cancer)

J. Groups for the families of people with emotional or substance problems (such as the National Alliance for the Mentally Ill or Al Anon)

K. Any other self-help group, mutual help group, or support group
WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES THE RELATIONSHIP BETWEEN YOUR PARTICIPATION IN THE SELF-HELP GROUP AND YOUR SEEING A PROFESSIONAL?

1. A professional ran the group

2. A professional asked me to attend the group as part of my treatment, but the group was not run by a professional

3. You attended the self-help group at the same time you saw a professional, but the two were not related

4. You attended the self-help group at a different time than when you saw a professional
IN THE PAST 12 MONTHS, DID YOU TAKE ANY OF THE FOLLOWING TYPES OF PRESCRIPTION MEDICATIONS UNDER THE SUPERVISION OF A DOCTOR, FOR YOUR EMOTIONS OR NERVES OR YOUR USE OF ALCOHOL OR DRUGS?

- Sleeping pills or other sedatives, (such as ambien or sonata)
- Anti-depressant medications, (such as prozac or zoloft)
- Tranquilizers, (such as xanax or ativan)
- Amphetamines or other stimulants, (such as ritalin or dextroamphetamine)
- Anti-psychotic medications, (such as haldol or risperdal)
**DID YOU TAKE ANY OF THE FOLLOWING MEDICINES?**

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

Placidyl
Prazepam
Prolinix
Prolixin Depot
Propofol
Propranolol
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
Tegretol
Temazepam
Thioridazine
Thiothixene
Thorazine
Tindal
Tofranil
Tranxene
Tranylcypromine
Trazodone
Triavil
Triazolam
Trifluoperazine
Triflupromazine
Trihexyphenidyl
Trilafon
Trimipramine
Valium
Valproate
Valproic Acid
Venlafaxine
Versed
Vesprin
Vistaril
Vivactil
Wellbutrin
Xanax
Zaleplon
Zoloft
Zolpidem
Zyban
Zyprexa

**WHAT PROBLEMS DID YOU TAKE THE MEDICINE FOR?**

I. Mood
   - Sadness/ depression/ crying
   - Manic mood
   - Anger or irritability
   - Nerves/ anxiety
• Panic
• Suicidal thoughts

II. Physical symptoms
• Low energy
• Poor appetite
• Poor sleep
• Physical pain

III. Cognitive symptoms
• Poor concentration
• Poor memory

IV. Role functioning
• Little or no sexual functioning
• Marital problems
• Not getting along with others
• Poor work performance

V. Other
• Alcohol/ drug problems
• Other (specify)
WHICH OF THESE ARE REASONS WHY YOU STOPPED TAKING THE MEDICINE?

- The medicine was not helping
- You thought the problem would get better without more medicine
- You couldn’t afford to pay for the medicine
- You were too embarrassed to continue taking the medicine
- You wanted to solve the problem without medications
- The medicine caused side-effects that made you stop
- You were afraid that you would get dependent on the medication
- Someone in your personal life pressured you to stop
- Any other reason for stopping
**DID YOU EVER HAVE ANY OF THESE STRESSFUL EXPERIENCES?**
*(CHECK OFF “YES” RESPONSES IN BOXES ✓)*

**GROUP 1: Traumatic Personal Experiences**
- Combat experience
- Relief worker in war zone
- Civilian in war zone
- Civilian in region of terror
- Refugee
- Kidnapped
- Toxic chemical exposure
- Automobile accident
- Other life-threatening accident
- Natural disaster
- Man-made disaster
- Life-threatening illness

**GROUP 2: Personal Violence**
- Beaten up as a child by caregiver
- Beaten up by a spouse or romantic partner
- Beaten up by someone else
- Mugged or threatened with a weapon
- Raped
- Sexually assaulted
- Stalked

**GROUP 3: Events Affecting Others**
- Unexpected death of a loved one
- Child’s serious illness
- Traumatic event to loved one
- Witnessed serious physical fights at home
- Witnessed death or dead body or saw someone seriously hurt
- Accidentally caused serious injury or death
- Purposely injured, tortured, or killed someone
- Saw atrocities
- Any other traumatic or life-treatening event
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 CONDITIONS RESULTED FROM THAT INJURY?

1. Broken or dislocated bones
2. Sprain, strain, or pulled muscle
3. Cuts, scrapes, or puncture wounds
4. Head injury, concussion
5. Bruise, contusion, or internal bleeding
6. Burn, scald
7. Poisoning from chemicals, medicines, or drugs
8. Respiratory problem such as breathing, cough, pneumonia
WHERE DID THE INJURY OCCUR?

1. Your home or yard

2. Someone else's home or yard

3. School (including playground)

4. Workplace

5. Traveling to or from work or as part of work

6. Street or highway (not traveling for work)

7. Public space (e.g., Sidewalk) or building

8. Farm or agricultural area

9. Place of recreation or sports (except at school)
**WHO DID THIS TO YOU?**

*Circle all that apply*

1. Spouse or romantic partner
2. Parent or guardian
3. Step-relative
4. Other relative
5. Someone else you knew
6. A stranger
7. WHAT NUMBER BEST DESCRIBES YOUR PAIN?

No Pain | Mild | Moderate | Severe | Pain as Bad as You Can Imagine
---|---|---|---|---
0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
• None

• Mild difficulty

• Moderate difficulty

• Severe difficulty
HOW OFTEN DID YOU HAVE THE FOLLOWING FEELINGS IN THE PAST 30 DAYS?

• All the time
• Most of the time
• Some of the time
• A little of the time
• None of the time
• Often

• Sometimes

• Rarely

• Never
**DID YOU EVER TAKE ANY OF THESE MEDICATIONS?**

<table>
<thead>
<tr>
<th>Acetophenazine</th>
<th>Perphenazine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrax</td>
<td>Pimozide</td>
</tr>
<tr>
<td>Chlorpromazine</td>
<td>Prazepam</td>
</tr>
<tr>
<td>Clorprothixene</td>
<td>Prolixin</td>
</tr>
<tr>
<td>Clozapine</td>
<td>Quetiapine</td>
</tr>
<tr>
<td>Clozaril</td>
<td>Risperdal</td>
</tr>
<tr>
<td>Droperidol</td>
<td>Risperdone</td>
</tr>
<tr>
<td>Fluphenazine</td>
<td>Serentil</td>
</tr>
<tr>
<td>Haldol</td>
<td>Seroquel</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Stelazine</td>
</tr>
<tr>
<td>Inapsine</td>
<td>Taractan</td>
</tr>
<tr>
<td>Loxapine</td>
<td>Thioridazine</td>
</tr>
<tr>
<td>Loxitane</td>
<td>Thiothixene</td>
</tr>
<tr>
<td>Mellaril</td>
<td>Thorazine</td>
</tr>
<tr>
<td>Mesoridazine</td>
<td>Tindal</td>
</tr>
<tr>
<td>Moban</td>
<td>Trifluoperazine</td>
</tr>
<tr>
<td>Molindone</td>
<td>Triflupromazine</td>
</tr>
<tr>
<td>Navane</td>
<td>Trilafon</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>Vesprin</td>
</tr>
<tr>
<td>Orap</td>
<td>Zyprexa</td>
</tr>
<tr>
<td>Permitil</td>
<td></td>
</tr>
</tbody>
</table>
**HOW MANY TIMES DID YOU EVER MAKE A BET OF ANY KIND?**

- Never
- 1-10 Times
- 11-50 Times
- 51-100 Times
- 101-500 Times
- 501-1000 Times
- More Than 1000
HOW MANY TIMES IN YOUR LIFE DID YOU EVER BET ON EACH OF THE FOLLOWING?

- Never
- 1-10 Times
- 11-100 Times
- 101-500 Times
- More than 500 Times
HOW OFTEN DID YOU HAVE THESE EXPERIENCES IN THE PAST 30 DAYS?

- All of the time
- Most of the time
- About half of the time
- Some of the time
- A little of the time
- None of the time
WHAT NUMBER BEST DESCRIBES YOUR OVERALL JOB PERFORMANCE?

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

- Pushed, grabbed or shoved
- Threw something
- Slapped, hit, or spanked

LIST B

- Kicked, bit or hit with a fist
- Beat up
- Choked
- Burned or scalded
- Threatened with a knife or gun
WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SEXUAL ORIENTATION?

A. Heterosexual - Primarily attracted to members of the opposite sex

B. Homosexual - Primarily attracted to members of your own sex

C. Bisexual - Attracted to both men and women
DURING THE PAST 12 MONTHS, HOW OFTEN DID YOU OR YOUR SEXUAL PARTNERS WEAR A CONDOM ("RUBBER") WHILE HAVING SEX?

- Always
- Most of the time
- Sometimes
- Rarely
- Never
WHAT ARE YOUR MAIN ETHNIC ORIGINS?

<table>
<thead>
<tr>
<th>North and Central America</th>
<th>49. Gambia</th>
<th>82. Cyprus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Belize</td>
<td>50. Gabon</td>
<td>83. Czech Republic</td>
</tr>
<tr>
<td>2. Canada</td>
<td>51. Ghana</td>
<td>84. Denmark</td>
</tr>
<tr>
<td>5. Guatemala</td>
<td>54. Kenya</td>
<td>87. Finland</td>
</tr>
<tr>
<td>6. Honduras</td>
<td>55. Lesotho</td>
<td>88. France</td>
</tr>
<tr>
<td>7. Mexico</td>
<td>56. Liberia</td>
<td>89. Germany</td>
</tr>
<tr>
<td>8. Nicaragua</td>
<td>57. Libya</td>
<td>90. Gibraltar</td>
</tr>
<tr>
<td>9. Panama</td>
<td>58. Madagascar</td>
<td>91. Greece</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>South America</th>
<th>60. Mali</th>
<th>93. Hungary</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Argentina</td>
<td>61. Malawi</td>
<td>94. Iceland</td>
</tr>
<tr>
<td>13. Brazil</td>
<td>63. Morocco</td>
<td>96. Italy</td>
</tr>
<tr>
<td>14. Chile</td>
<td>64. Mozambique</td>
<td>97. Latvia</td>
</tr>
<tr>
<td>15. Colombia</td>
<td>65. Namibia</td>
<td>98. Lithuania</td>
</tr>
<tr>
<td>18. Guyana</td>
<td>68. Reunion</td>
<td>101. Macedonia</td>
</tr>
<tr>
<td>19. Paraguay</td>
<td>69. Rwanda</td>
<td>102. Netherlands</td>
</tr>
<tr>
<td>20. Peru</td>
<td>70. Senegal</td>
<td>103. New Caledonia</td>
</tr>
<tr>
<td>21. Suriname</td>
<td>71. Sierra Leone</td>
<td>104. Norway</td>
</tr>
<tr>
<td>22. Uruguay</td>
<td>72. Somalia</td>
<td>105. Poland</td>
</tr>
<tr>
<td>23. Venezuela</td>
<td>73. South Africa</td>
<td>106. Portugal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Africa</th>
<th>74. Sudan</th>
<th>107. Romania</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Algeria</td>
<td>75. Swaziland</td>
<td>108. Serbia</td>
</tr>
<tr>
<td>25. Angola</td>
<td>76. Tanzania</td>
<td>109. Scotland</td>
</tr>
<tr>
<td>26. Benin</td>
<td>77. Togo</td>
<td>110. Slovakia</td>
</tr>
<tr>
<td>27. Botswana</td>
<td>78. Tunisia</td>
<td>111. Slovenia</td>
</tr>
<tr>
<td>29. Cameroon</td>
<td>80. Western Sahara</td>
<td>113. Sweden</td>
</tr>
<tr>
<td>31. Chad</td>
<td>82. Zimbabwe</td>
<td>115. Turkey</td>
</tr>
<tr>
<td>32. Congo</td>
<td>83. Sao Tome And Principe</td>
<td>116. Montenegro</td>
</tr>
<tr>
<td>33. Comoros</td>
<td>84. Wallis And Futuna</td>
<td>117. M Alta</td>
</tr>
<tr>
<td>34. Djibouti</td>
<td>85. Albania</td>
<td>118. Isle Of Man</td>
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<tr>
<td>35. Ivory Coast</td>
<td>86. Austria</td>
<td>119. Andorra</td>
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<tr>
<td>36. Egypt</td>
<td>87. Belgium</td>
<td>120. Faroe Island</td>
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<tr>
<td>37. Equatorial Guinea</td>
<td>88. Bosnia And Herzegovina</td>
<td>121. Liechtenstein</td>
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<td>38. Eritrea</td>
<td>89. Bulgaria</td>
<td>122. Afghanistan</td>
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<tr>
<td>39. Ethiopia</td>
<td>90. Croatia</td>
<td>123. Bangladesh</td>
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<tr>
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<td>124. Bhutan</td>
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</tbody>
</table>
125. Brunei
126. Burma/ Myanmar
127. Cambodia
128. China
129. Federated States Of Micronesia
130. Guam
131. Hong Kong
132. India
133. Indonesia
134. Japan
135. Laos
136. Malaysia
137. Mongolia
138. Nepal
139. North Korea
140. Pakistan
141. Philippines
142. Singapore
143. South Korea
144. Sri Lanka
145. Taiwan
146. Thailand
147. Vietnam

Commonwealth of Independent States (RUSSIA)
148. Armenia
149. Azerbaijan
150. Belarus
151. Georgia
152. Kazakhstan
153. Kyrgyzstan
154. Moldova
155. Russia
156. Tajikistan
157. Turkmenistan
158. Ukraine
159. Uzbekistan

Middle East
160. Gaza Strip
161. Iran
162. Iraq
163. Israel
164. Jordan
165. Kuwait

166. Lebanon
167. Oman
168. Qatar
169. Saudi Arabia
170. Syria
171. United Arab Emirates
172. West Bank
173. Yemen
174. Bahrain

Islands
175. Anguilla
176. Antigua And Barbuda
177. Aruba
178. Barbados
179. Cayman Islands
180. Cuba
181. Dominica
182. Dominican Republic
183. Grenada
184. Haiti
185. Jamaica
186. Marie Galante
187. Martinique
188. Montserrat
189. Netherlands Antilles
190. Puerto Rico
191. St. Barthelemy
192. St. Kitts And Nevis
193. St. Lucia
194. St. Martin
195. St. Vincent And The Grenadines
196. The Bahamas
197. Trinidad
198. Virgin Islands (British)
199. Virgin Islands (U.S.)
200. American Samoa Islands
201. Australia
202. Cape Verde
203. Cook Island
204. Fiji
205. French Polynesia
206. Jersey
207. Kiribati
208. Maldives
209. Marshall Islands
210. Mayotte
211. Micronesia
212. New Caledonia
213. New Zealand
214. Palau
215. Papua New Guinea
216. Samoa Islands
217. San Marino
218. Seychelles
219. Solomon Islands
220. Tonga
221. Tuvalu
222. Vanuatu
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.
Did you ever do any of the things on this list?

- Pushed, grabbed or shoved
- Threw something
- Slapped, hit, or punched
INTERFERENCE SCALE

None    Mild    Moderate    Severe    Very Severe
0       1       2         3         4         5         6         7         8         9         10
• Not at all
• A little
• Some
• A lot
• Extremely
- Not at all
- Mild
- Moderate
- Severe
- Very Severe