

DSM-5 World Mental Health

College Student Survey

Baseline

SHORT FORM

VERSION 3.2

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SECTION ORDER:

SECTION A: YOUR BACKGROUND
SECTION C: COVID-19
SECTION B: YOUR HEALTH
SECTION D: ATTENTION AND CONCENTRATION
SECTION E: EMOTIONAL PROBLEMS
SECTION F: ALCOHOL AND DRUGS
SECTION G: SELF-HARM
SECTION H: SEEKING TREATMENT
SECTION I: CHILDHOOD BACKGROUND
SECTION J: RECENT EXPERIENCES
SECTION K: SEXUALITY
SECTION L: CONCEPT OF SELF

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SECTION A: YOUR BACKGROUND

NOTE: Variable names for each question are listed in red.

A1. How old are you?

Age

[DROPDOWN LIST] 16 or younger, 17, ... , 35, 36 or older

A2. What was your sex at birth, as it appears on your birth certificate?

GenderBirth

- ☐ Male
- ☐ Female

A3. What is your current gender identity?

GenderIdent

- ☐ Male
- ☐ Female
- ☐ Other (Briefly describe in the text box below)

GenderIdent_3_TEXT

A4. What is your current student status?

StudStatus

- ☐ Full-time degree student
- ☐ Part-time degree student
- ☐ Non-degree student
- ☐ Other (Briefly describe in the text box below)

StudStatus_4_TEXT

A5. Are you an international student (i.e., a citizen of another country who came to this country for education)?

InterStud

- ☐ Yes
- ☐ No

NOTE: Question A6 is an optional question for WMH countries.

A6. What is your race? (Check all that apply.)

- ☐ White or Caucasian Race_1
- ☐ Black or African American Race_2
- ☐ American Indian or Alaskan Native Race_3
- ☐ Asian (e.g., Chinese, Filipino, Indian) Race_4
- ☐ Native Hawaiian or other Pacific Islander Race_5
- ☐ Other (Briefly describe in the text box below) Race_6

Race_6_TEXT

[PROGRAMMER NOTE: A6 IS AN OPTIONAL QUESTION. IT WILL NEED TO BE PROGRAMMED AS A SEPARATE BLOCK IN QUALTRICS]

END OF SECTION

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SECTION C: COVID-19

C1. The next questions are about COVID-19. Have you ever been tested for COVID-19?

COVID_EvrTest

- ☐ Yes
- ☐ No

CKPT.C2.

1. C1 = "NO," GO TO C3
2. ALL OTHERS GO TO C2

C2. Did you test positive?

COVID_EvrPos

- ☐ Yes
- ☐ No

CKPT.C3.

1. C2 = "YES," GO TO C6
2. ALL OTHERS GO TO C3

C3. Were you ever diagnosed with COVID-19 by a health care provider?

COVID_EvrDiag

- ☐ Yes
- ☐ No

CKPT.C4.

1. C3 = "YES," GO TO C6
2. ALL OTHERS GO TO C4

C4. Did you ever have symptoms that made you think you might have COVID-19?

COVID_EvrSxs

- ☐ Yes
- ☐ No

CKPT.C5.

1. C4 = "NO," GO TO C7
2. ALL OTHERS GO TO C5

C5. Do you think you definitely had it, probably had it, possibly, probably did not have it, or definitely did not have it?

COVID_ProbHad

- ☐ Definitely had it
- ☐ Probably had it
- ☐ Possibly
- ☐ Probably did not

☐ Definitely did not

GO TO C7

C6. How were your symptoms treated?

COVID_Treated

- ☐ Hospitalized and intubated (i.e., put on a ventilator)
- ☐ Hospitalized but not intubated (i.e., not put on a ventilator)
- ☐ Quarantined or isolated at home under orders of a health care professional
- ☐ Given instructions on self-treatment and told to avoid public places but not told to quarantine or isolate
- ☐ Not treated

C7. (C2 = "YES" OR C3 = "YES" OR C5 = "DEFINITELY HAD IT" OR C5 = "PROBABLY HAD IT" OR C5 = "POSSIBLY": Do you know anyone else who was infected with COVID-19?/ALL OTHERS: Do you know anyone who was infected with COVID-19?)

COVID_OthGot_YN

- ☐ Yes
- ☐ No

CKPT.C8.

1. C7 = "YES," GO TO C8
2. ALL OTHERS GO TO C11

C8. How many people of each type were infected with COVID-19?

	Number of people
a. Someone living with you at the time COVIDOthGot_1	
b. Any close loved one not living with you at the time (e.g., parent, child, sibling, other relative) COVIDOthGot_2	
c. Someone working with you COVIDOthGot_3	
d. Close friend not living or working with you at the time COVIDOthGot_4	
e. Anyone else you know (e.g., neighbor, acquaintance) COVIDOthGot_5	

CKPT.C9.

1. C8a = 1 OR MORE OR C8b = 1 OR MORE OR C8c = 1 OR MORE OR C8d = 1 OR MORE OR C8e = 1 OR MORE, GO TO C9
2. ALL OTHERS GO TO C11

C9. (C8a + C8b + C8c + C8d + C8e = 1: Did this person die from COVID-19?/C8a + C8b + C8c + C8d + C8e = 2: Did either of these people die from COVID-19?/ALL OTHERS: Did any of these people die from COVID-19?)

COVID_OthDied_YN

- ☐ Yes

☐ No

CKPT.C10.

1. C9 = "NO," GO TO C11
2. ALL OTHERS GO TO C10

C10. Who died from COVID-19? (Check all that apply.)

- ☐ One or more of your parents COVIDOthDied_1
- ☐ Your significant other, partner, or spouse COVIDOthDied_2
- ☐ Any other close relatives COVIDOthDied_3
- ☐ One or more of your close friends COVIDOthDied_4
- ☐ One or more of the people you work with COVIDOthDied_5
- ☐ Anyone else you know (e.g., neighbors, acquaintances) COVIDOthDied_6

C11. Think of the month when your stress related to the COVID-19 outbreak was greatest. During that month, how much stress did the outbreak cause you in each of the following areas of your life?

		Very severe stress	Severe	Moderate	Mild	No stress
a.	Family finances (e.g., lost income or investments) COVIDStr_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Increased social isolation COVIDStr_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Difficulty getting needed help to your loved ones COVIDStr_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Increased arguments with your family or friends COVIDStr_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Worry about you getting infected COVIDStr_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Worry about loved ones getting infected COVIDStr_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END OF SECTION

SECTION B: YOUR HEALTH

B1. How would you rate your overall physical health?

PhysH_Rate

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

B2. How would you rate your overall mental health?

MentH_Rate

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

B3. The next questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities (e.g., moving a table, pushing a vacuum cleaner, bowling, playing golf) HiHLim_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs HiHLim_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4. In the past 12 months, how much did problems with your mental or emotional health (e.g., feeling depressed or anxious) interfere with...

	Very severe interference	Severe	Moderate	Mild	No interference
a. your performance at school? MentImp12m_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. your personal or social life? MentImp12m_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B5. In the past 30 days, how often have you had any of the following problems with your schoolwork, work, or other regular activities as a result of your physical health?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like PhysHProb_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities PhysHProb_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c.	Had difficulty performing work or other activities (e.g., it took extra effort) PhysHProb_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Cut down on the amount of time you spent on work or other activities PhysHProb_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B6. In the past 30 days, how often have you had any of the following problems with your schoolwork, work, or other regular activities as a result of any emotional problems (e.g., feeling depressed or anxious)?

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Accomplished less than you would like MentHProb_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Did work or activities less carefully than usual MentHProb_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Cut down on the amount of time you spent on work or other activities MentHProb_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B7. In the past 30 days, how much of the time has your physical health or emotional problems interfered with your social activities, like going out with friends or participating in extracurricular activities?

PhysMent_Inter

- ☐ All or almost all the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

B8. In the past 30 days, how often did you...

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	have sleep problems (e.g., falling asleep, staying asleep, waking too early, sleeping too much)? Hlth30d_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	have a lot of energy? Hlth30d_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	feel calm or peaceful? Hlth30d_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	feel emotionally much higher, happier, or excitable than usual? Hlth30d_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	feel much more hyper or wound up than usual? Hlth30d_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	have thoughts race through your mind so fast you could hardly keep track of them? Hlth30d_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B9. In the past 30 days, how much did pain interfere with your normal work, including schoolwork, work outside the home, and housework?

Pain_Inter

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

B10. Have you ever in your life had any of the following emotional problems?

	Yes	No
a. Depression EmoProbEver_1	<input type="radio"/>	<input type="radio"/>
b. Manic-depression, mania, or bipolar disorder EmoProbEver_2	<input type="radio"/>	<input type="radio"/>
c. Panic attacks EmoProbEver_3	<input type="radio"/>	<input type="radio"/>
d. Problems with anxiety (nerves, worries, fears, compulsions, obsessions) EmoProbEver_4	<input type="radio"/>	<input type="radio"/>
e. Any other serious emotional problem EmoProbEver_5	<input type="radio"/>	<input type="radio"/>

END OF SECTION

SECTION D: ATTENTION AND CONCENTRATION

D1. In the past 6 months, how often did you have problems with organization or concentration, such as being easily distracted in class, disorganized, or had difficulty wrapping up a project or assignment?

ADHD_Freq

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

CKPT.D2.

1. D1 = "OFTEN" OR "VERY OFTEN," GO TO D2
2. ALL OTHERS GO TO NEXT SECTION

D2. How often did you have each of the following difficulties with organization, concentration, or impulsivity in the past 6 months?

	Very often	Often	Sometimes	Rarely	Never
a. You avoided or delayed getting started when you had a task that required a lot of thought ADHD6mSxs_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had problems remembering appointments or obligations ADHD6mSxs_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had difficulty getting things in order when you had to do a task that required organization ADHD6mSxs_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You had trouble wrapping up the final details of a project once the challenging parts were done ADHD6mSxs_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You felt overly active and compelled to do things, like you were driven by a motor ADHD6mSxs_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You fidgeted or squirmed with your hands or feet when you had to sit down for a long time ADHD6mSxs_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.D3.

1. THREE OR MORE RESPONSES IN D2a-f SERIES = AT LEAST "SOMETIMES," GO TO D3
2. ALL OTHERS GO TO NEXT SECTION

D3. About how old were you the very first time you had problems with organization, concentration, or impulsivity?

ADHD_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

END OF SECTION

SECTION E: EMOTIONAL PROBLEMS

NOTE: We are screening 5 disorders: panic (E14-E22), bipolar disorder (E24-E34), PTSD (E39-E43), alcohol use disorder (F4-F10), and self-harm (G3-G5, G7-G10, G12-G19, G21-G23). All participants will be asked the screener questions for all of these 5 disorders: panic = E13, bipolar disorder = E23, PTSD = E38, alcohol use disorder = F1-F3, self-harm = G1-G2 and G20. Then they will be randomly assigned to be administered the full set of disorder-specific questions for a random 2 out of these 5 questions. If a screener is not endorsed for one or both of the disorders assigned to the respondent, then that respondent will not be administered any additional questions about those disorders. There are 10 logically possible ways to create 2 out of 5, so each respondent will be assigned to 1 of 10 groups, where each group is assessed for only 2 disorders. The below checkpoint lists the groups, numbered 1 to 10.

[PROGRAMMER NOTE: RANDOMLY ASSIGN EACH PARTICIPANT TO ONE OF TEN GROUPS IN CKPT.E1 USING THE CODES BELOW TO INDICATE THE GROUP. CHECKPOINTS THROUGHOUT THE SURVEY REFERENCE THESE CODES FOR SKIPS.]

CKPT.E1.

- 1 Alcohol use disorder + self-harm
- 2 Bipolar disorder + alcohol use disorder
- 3 Bipolar disorder + PTSD
- 4 Bipolar disorder + self-harm
- 5 Panic + alcohol use disorder
- 6 Panic + bipolar disorder
- 7 Panic + PTSD
- 8 Panic + self-harm
- 9 PTSD + alcohol use disorder
- 10 PTSD + self-harm

E1. The next questions are about emotional difficulties you might have experienced at some time in your life.

(B10a = "YES": Earlier in the survey you reported having a history of depression. Think about a time in your life lasting 2 weeks or longer when you had the strongest feelings of this sort. During those 2 weeks, how often did you have each of the following experiences?/ALL OTHERS: Virtually everyone has times in their life when they feel sad, depressed, or discouraged about how things are going in their life. Think about a time in your life lasting 2 weeks or longer when you had the strongest feelings of this sort. During those 2 weeks, how often did you have each of the following experiences? (If you are one of the few people that never had such times, mark "none of the time" to all the following questions.))

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Feel sad or depressed DeprLTCritA1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Feel discouraged about how things were going in your life DeprLTCritA1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Take little or no interest or pleasure in things DeprLTCritA1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Feel down on yourself, no good, or worthless DeprLTCritA1_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E2.

1. (E1a OR E1b = AT LEAST "MOST OF THE TIME") OR (E1c = AT LEAST "MOST OF THE TIME"), GO TO E2
2. E1a = "NONE OF THE TIME" AND E1b = "NONE OF THE TIME" AND E1c = "NONE OF THE TIME" AND E1d = "NONE OF THE TIME," GO TO E7
3. ALL OTHERS GO TO E6

E2. During those 2 weeks, how often did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Think a lot about death (your own, someone else's, or death in general) DeprLTCritA2_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have trouble concentrating or making day-to-day decisions DeprLTCritA2_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have a poor appetite or overeat DeprLTCritA2_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have problems falling asleep, staying asleep, waking up too early, or sleeping too much DeprLTCritA2_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Talk or move more slowly than usual DeprLTCritA2_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel tired out, low in energy, or easily fatigued DeprLTCritA2_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feel so low that it either caused distress or interfered with your activities at home, work, school, or in your social life DeprLTCritA2_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E3.

- (FIVE OR MORE RESPONSES IN (E1a OR E1b), E1c, E1d, E2a, E2b, E2c, E2d, E2e, E2f = AT LEAST "SOME OF THE TIME") AND [(E1a OR E1b = AT LEAST "MOST OF THE TIME") OR (E1c = AT LEAST "MOST OF THE TIME")], GO TO E3
- ALL OTHERS GO TO E6

E3. About how old were you the very first time you (E1a = AT LEAST "MOST OF THE TIME": felt sad or depressed/E1b = AT LEAST "MOST OF THE TIME": felt discouraged/ALL OTHERS: took little interest or pleasure in things) for 2 weeks or longer and had some of the other problems you just mentioned?

Depr_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

E4. About how many different years in your life did you have problems like these lasting 2 weeks or longer?

Depr_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

E5. About how many months in the past 12 did you have problems like these?

Depr_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

E6. In the past 30 days, how often did you have each of the following experiences?

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Feel sad or depressed Depr30d_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Feel discouraged about how things were going in your life Depr30d_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Take little or no interest or pleasure in things Depr30d_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Feel down on yourself, no good, or worthless Depr30d_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E7. (B10d = "YES": Earlier in the survey you reported having a history of anxiety. Think about a time in your life lasting 6 months or longer when you had the strongest feelings of this sort. During those 6 months, how often did you have each of the following experiences?/ALL OTHERS: Virtually everyone has times in their life when they feel worried or anxious. Think about a time in your life lasting 6 months or longer when you had the strongest feelings of this sort. During those 6 months, how often did you have each of the following experiences? (If you are one of the few people that never had such times, mark "never" to all the following questions.))

		Just about every day	More days than not	1-3 days a week	Less than 1 day a week	Never
a.	Feel worried or anxious AnxLTCritA_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Worry about a number of different things in your life, such as your work, family, health, or finances AnxLTCritA_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Feel more worried than other people in your same situation AnxLTCritA_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Worry excessively or too much AnxLTCritA_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Have trouble controlling your worry AnxLTCritA_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E8.

1. E7a = AT LEAST "1-3 DAYS A WEEK" AND E7b = AT LEAST "1-3 DAYS A WEEK," GO TO E8
2. E7a = "NEVER" AND E7b = "NEVER" AND E7c = "NEVER" AND E7d = "NEVER," GO TO E13
3. ALL OTHERS GO TO E12

E8. During those 6 months, how often did you have each of the following experiences?

		Just about every day	More days than not	1-3 days a week	Less than 1 day a week	Never
a.	Feel restless, keyed up, or on edge AnxLTCritC_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Feel tired out, low in energy, or easily fatigued AnxLTCritC_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Have difficulty concentrating or your mind going blank AnxLTCritC_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Feel irritated, annoyed, or grouchy AnxLTCritC_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Have muscle aches or tension AnxLTCritC_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- f. Have difficulty falling or staying asleep or have restless, unsatisfying sleep ☐ ☐ ☐ ☐ ☐
AnxLTCritC_6
- g. Feel so upset that it either caused distress or interfered with your activities at home, work, school, or in your social life ☐ ☐ ☐ ☐ ☐
AnxLTCritC_7

CKPT.E9.

- (E7a = AT LEAST "1-3 DAYS A WEEK") AND (E7b = AT LEAST "1-3 DAYS A WEEK") AND (THREE OR MORE RESPONSES IN E8a, E8b, E8c, E8d, E8e, E8f = AT LEAST "1-3 DAYS A WEEK"), GO TO E9
- ALL OTHERS GO TO E12

E9. About how old were you the very first time you felt worried and anxious for 6 months or longer and had some of the other problems you just mentioned?

Anx_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

E10. About how many different years in your life did you have problems like these lasting 6 months or longer?

Anx_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

E11. About how many months in the past 12 did you have problems like these?

Anx_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

E12. In the past 30 days, how often did you have each of the following experiences?

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Feel worried or anxious Anx30d_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Worry about a number of different things in your life, such as your work, family, health, or finances Anx30d_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Feel more worried than other people in your same situation Anx30d_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Worry excessively or too much Anx30d_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E13. (B10c = "YES": Earlier in the survey you reported having a history of panic attacks. About how many panic attacks did you ever have in your life?/ALL OTHERS: The next question is about panic attacks, also sometimes called anxiety attacks. These are sudden, strong feelings of fear or anxiety that reach their peak within a few minutes and are usually accompanied by physical reactions like racing heart, sweating, shortness of breath, feeling faint, or feeling sick to your stomach. People who have panic attacks sometimes feel like they might lose control, go crazy, or suddenly die. With this definition in mind, about how many panic attacks did you ever have in your life?) (You can use any number between 0 and 999 to answer.)

Panic_NumAtt

_____ NUMBER OF PANIC ATTACKS

CKPT.E14.

1. $E13 \geq 3$ AND \neq MISSING AND CODE AT CKPT.E1 = 5 OR 6 OR 7 OR 8, GO TO E14
2. ALL OTHERS GO TO CKPT.E23

E14. Which of the following problems do you usually have during these attacks? (Check all that apply.)

- ☐ A pounding or racing heart **PanicLTCritA_1**
- ☐ Sweating **PanicLTCritA_2**
- ☐ Trembling or shaking **PanicLTCritA_3**
- ☐ Shortness of breath **PanicLTCritA_4**
- ☐ Feeling like you might throw up **PanicLTCritA_5**
- ☐ Chest pain or discomfort **PanicLTCritA_6**
- ☐ Feelings of choking **PanicLTCritA_7**
- ☐ Feeling dizzy, light-headed, or faint **PanicLTCritA_8**
- ☐ Chills or heat sensations **PanicLTCritA_9**
- ☐ Numbness or tingling **PanicLTCritA_10**
- ☐ Fear of losing control or going crazy **PanicLTCritA_11**
- ☐ Fear of dying **PanicLTCritA_12**
- ☐ Feeling like things around you were unreal or like a dream **PanicLTCritA_13**
- ☐ Feeling like you were "not really there," like you were watching a movie of yourself **PanicLTCritA_14**

CKPT.E15.

1. FOUR OR MORE RESPONSES CHECKED IN E14, GO TO E15
2. ALL OTHERS GO TO CKPT.E23

E15. Attacks like these sometimes happen without provocation ("out of the blue") and other times occur in situations where a person has a strong fear (e.g., a fear of heights or of snakes) or is in real danger (e.g., a motor vehicle accident). When did your panic attacks occur?

Panic_OutBlue

- ☐ All of your attacks occurred without provocation ("out of the blue")
- ☐ Some of your attacks occurred "out of the blue" and others in situations where you had a strong fear or were in real danger
- ☐ All of your attacks occurred in situations where you had a strong fear or were in real danger

CKPT.E16.

1. E15 = "ALL OF YOUR ATTACKS OCCURRED WITHOUT PROVOCATION," GO TO E17
2. E15 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER," GO TO E16
3. E15 = "ALL OF YOUR ATTACKS OCCURRED IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER," GO TO E21
4. ALL OTHERS GO TO E16

E16. About how many "out of the blue" attacks did you ever have in your life? (You can use any number between 1 and 999 to answer.)

Panic_NumOutBlue

_____ NUMBER OF ATTACKS

CKPT.E17.

1. E15 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" AND E16 = 0-2, GO TO E21
2. E15 = MISSING AND E16 = 0-2, GO TO E21
3. ALL OTHERS GO TO E17

E17. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: After having one of these "out of the blue" attacks, did you ever have a time lasting 1 month or longer when you often worried that you might have another attack or that something terrible might happen because of the attacks like an accident, heart attack, or that you might lose control?/ALL OTHERS: After having one of these attacks, did you ever have a time lasting 1 month or longer when you often worried that you might have another attack or that something terrible might happen because of the attacks like an accident, heart attack, or that you might lose control?)

Panic_MonWorry

- ☐ Yes
☐ No

CKPT.E18.

1. E17 = "YES," GO TO E19
2. ALL OTHERS GO TO E18

E18. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: After having one of these "out of the blue" attacks, did you ever have a time lasting 1 month or longer when you changed your everyday activities because of fear about having another attack?/ALL OTHERS: After having one of these attacks, did you ever have a time lasting 1 month or longer when you changed your everyday activities because of fear about having another attack?)

Panic_MonChgAct

- ☐ Yes
☐ No

E19. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: About how old were you the very first time you had an "out of the blue" panic attack?/ALL OTHERS: About how old were you the very first time you had a panic attack?)

Panic_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

E20. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: About how many different years in your life did you have at least one of these "out of the blue" attacks?/ALL OTHERS: About how many different years in your life did you have at least one of these attacks?)

Panic_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

NOTE: In the DSM-IV World Mental Health College Student Survey, Question E21 asked: "About how many days out of 365 in the past year did you have one or more of these attacks?" This question was edited in the current version of the survey to instead ask about the number of months in the past year. These need to be converted to the same metric when doing analysis.

E21. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: About how many months in the past 12 did you have one or more "out of the blue" panic attacks?/ALL OTHERS: About how many months in the past 12 did you have one or more panic attacks?)

Panic_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E22.

1. E21 = 1-12, GO TO E22
2. ALL OTHERS GO TO CKPT.E23

E22. (E15 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER" OR E15 = MISSING: About how many days in the past 30 did you have one or more "out of the blue" panic attacks?/ALL OTHERS: About how many days in the past 30 did you have one or more panic attacks?)

Panic_Num30d

[DROPDOWN LIST] 0 days, 1, ..., 29, 30 days

CKPT.E23.

1. B10b = "YES" AND CODE AT CKPT.E1 = 2 OR 3 OR 4 OR 6, GO TO E24
2. B10b = "YES," GO TO E35
3. ALL OTHERS GO TO E23

E23. The next question is about whether you ever had an episode lasting 2 days or longer when your mood was much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things.

During these episodes, people are often much more excitable than usual, extremely self-confident, or optimistic. They often do things they would normally not do. And this sometimes gets them in trouble or puts them at risk of trouble.

With this definition in mind, did you ever in your life have an episode of this sort lasting 2 days or longer?

Bip_Ever

- ☐ Yes
☐ No

CKPT.E24.

1. E23 = "YES" AND CODE AT CKPT.E1 = 2 OR 3 OR 4 OR 6, GO TO E24
2. ALL OTHERS GO TO E35

E24. (B10b = "YES": Earlier in the survey you reported having a history of manic-depression, mania, or bipolar disorder. Think about a typical intense episode lasting 2 days or longer when your mood was much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things. How much of the time during that episode.../ALL OTHERS: Think about a typical intense episode of this sort lasting 2 days or longer. How much of the time during that episode...)

**All or
almost all
the time**

**Most of
the time**

**Some of
the time**

**A little of
the time**

**None of
the time**

a.	were you in a much better mood, much happier, or much more excitable than usual? BipLTCritA1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	were you much more irritable or quick to take offense than usual? BipLTCritA1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c.	were you a lot more self-confident or optimistic than usual or believed you could do anything? BipLTCritA1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E25.

1. E24a OR E24b = AT LEAST "SOME OF THE TIME," GO TO E25
2. ALL OTHERS GO TO E35

E25. How much of the time during that episode were you...

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	much more active or energetic than usual? BipLTCritA2_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	much more hyper or wound up than usual? BipLTCritA2_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	much more engaged, busy, or productive than usual at school or work? BipLTCritA2_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	much more sociable or outgoing than usual? BipLTCritA2_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	much more involved than usual in thinking about or doing something sexual? BipLTCritA2_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E26. How much of the time during that episode...

		All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a.	did you sleep much less than usual and still did not get tired or sleepy? BipLTCritB_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	did you talk so much that other people couldn't get their say? BipLTCritB_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	did thoughts race through your mind so fast you could hardly keep track of them? BipLTCritB_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	did you have a hard time concentrating on what you were doing? BipLTCritB_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	did you make bad decisions that could have caused problems for you? BipLTCritB_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E27.

1. (E24a OR E24b = AT LEAST "SOME OF THE TIME") AND (ONE OR MORE RESPONSES IN E25a-e SERIES = AT LEAST "SOME OF THE TIME") AND (TWO OR MORE RESPONSES IN E24c, (E25a OR E25b OR E25c OR E25d OR E25e), E26a, E26b, E26c, E26d, E26e = AT LEAST "SOME OF THE TIME"), GO TO E27

2. ALL OTHERS GO TO E35

E27. About how old were you the very first time you had an episode of this sort lasting 2 days or longer?

Bip_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

E28. About how many different years in your life did you have an episode of this sort lasting 2 days or longer?

Bip_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

E29. What was the longest number of days in a row you ever had an episode of this sort?

Bip_LongEpi

[DROPDOWN LIST]

- ☐ 1-3 days
- ☐ 4-6 days
- ☐ 7-14 days
- ☐ 15 or more days

E30. How much did episodes of this sort ever interfere with your activities at home, work, school, or in your social life?

Bip_Inter

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

E31. How often during episodes of this sort did anyone notice or comment that you were much more energetic, wound up, productive, or outgoing than usual?

Bip_OthNotice

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

E32. Were you ever hospitalized for one of these episodes?

Bip_Hosp

- ☐ Yes
- ☐ No

NOTE: In the DSM-IV World Mental Health College Student Survey, Question E33 asked: "About how many days out of 365 in the past year did you have an episode of this sort?" This question was edited in the current version of the

survey to instead ask about the number of months in the past year. These need to be converted to the same metric when doing analysis.

E33. About how many months in the past 12 did you have an episode of this sort?

Bip_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E34.

1. E33 = 1-11, GO TO E34
2. ALL OTHERS GO TO E35

E34. Did you have an episode of this sort at any time in the past 30 days?

Bip_30day

- ☐ Yes
☐ No

E35. Did you ever in your life have repeated attacks of anger when all of a sudden you lost control and broke or smashed something, hit or tried to hurt someone, or threatened someone?

Anger_Ever

- ☐ Yes
☐ No

CKPT.E36.

1. E35 = "YES," GO TO E36
2. ALL OTHERS GO TO E38

E36. About how many months in the past 12 did you have one or more of these anger attacks?

Anger_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E37.

1. E36 = 1-11, GO TO E37
2. ALL OTHERS GO TO E38

E37. Did you have one of these attacks at any time in the past 30 days?

Anger_30day

- ☐ Yes
☐ No

E38. Did you ever in your life have times lasting 1 month or longer after an extremely stressful experience when you had one or more of the following: frequent upsetting memories or dreams, felt jumpy, felt emotionally distant or depressed, or had trouble sleeping or concentrating?

PTSD_Ever

- ☐ Yes
☐ No

CKPT.E39.

1. E38 = "YES" AND CODE AT CKPT.E1 = 3 OR 7 OR 9 OR 10, GO TO E39
2. ALL OTHERS GO TO E44

E39. During that month, how much were you bothered by the following reactions to any extremely stressful experience that ever happened to you?

	Extremely	A lot	Some	A little	Not at all
a. Avoiding external reminders of a stressful experience (e.g., people, places, conversations, activities, objects, situations) PTSDLTSxs_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling distant or cut off from other people PTSDLTSxs_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling irritable, having angry outbursts, or acting aggressively PTSDLTSxs_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Suddenly feeling or acting as if a stressful experience were actually happening again, as if you were actually back there reliving it PTSDLTSxs_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E40. About how old were you the very first time you had reactions like these lasting 1 month or longer to any extremely stressful experience?

PTSD_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

E41. About how many different years in your life did you have reactions like these lasting 1 month or longer?

PTSD_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

E42. About how many months in the past 12 did you have reactions like these?

PTSD_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E43.

1. E42 = 1-11, GO TO E43
2. ALL OTHERS GO TO E44

E43. Did you have reactions like these at any time in the past 30 days?

PTSD_30day

- ☐ Yes
☐ No

E44. Did you ever have a time in your life when you were much more fearful, anxious, or shy than other people about being in social situations (e.g., meeting new people, attending a party, eating in public, talking to people in authority, speaking up in class)?

SocAnx_Ever

- ☐ Yes
- ☐ No

CKPT.E45.

1. E44 = "YES," GO TO E45
2. ALL OTHERS GO TO E49

E45. How often do you try to avoid these social situations?

SocAnx_Avoid

- ☐ All or almost all the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

E46. How much does your fear, anxiety, or avoidance of social situations ever interfere with your life?

SocAnx_Inter

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

CKPT.E47.

1. E45 = AT LEAST "SOME OF THE TIME" OR E46 = AT LEAST "SOME," GO TO E47
2. ALL OTHERS GO TO E49

E47. About how many months in the past 12 were you much more fearful, anxious, or shy than other people about being in social situations?

SocAnx_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E48.

1. E47 = 1-11, GO TO E48
2. ALL OTHERS GO TO E49

E48. Did you have this fear or anxiety at any time in the past 30 days?

SocAnx_30day

- ☐ Yes
- ☐ No

E49. Did you ever in your life have times lasting 3 months or longer when you had eating binges at least once a week; that is, your eating was out of control and you ate a very large amount of food over a short period of time (2 hours or less)?

Binge_Ever

- ☐ Yes
☐ No

CKPT.E50.

1. E49 = "YES," GO TO E50
2. ALL OTHERS GO TO E52

E50. About how many months in the past 12 did you binge eat at least once a week?

Binge_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E51.

1. E50 = 1-11, GO TO E51
2. ALL OTHERS GO TO E52

E51. Did you binge eat at least once a week in the past 30 days?

Binge_30day

- ☐ Yes
☐ No

E52. (E49 = "YES": Did you ever in your life have times lasting 3 months or longer when you made yourself vomit, took laxatives, or did other things to avoid gaining weight after binge eating?/ALL OTHERS: Did you ever in your life have times lasting 3 months or longer when you made yourself vomit, took laxatives, or did other things to avoid gaining weight?)

Purge_Ever

- ☐ Yes
☐ No

CKPT.E53.

1. E52 = "YES," GO TO E53
2. ALL OTHERS GO TO NEXT SECTION

E53. (E49 = "YES": About how many months in the past 12 did you make yourself vomit, take laxatives, or do other things to avoid gaining weight after binge eating?/ALL OTHERS: About how many months in the past 12 did you make yourself vomit, take laxatives, or do other things to avoid gaining weight?)

Purge_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.E54.

1. E53 = 1-11, GO TO E54
2. ALL OTHERS GO TO NEXT SECTION

E54. Did you do these things at any time in the past 30 days?

Purge_30day

- ☐ Yes

☐ No

END OF SECTION

FOR COMMENT ONLY. DO NOT DISTRIBUTE OR USE

SECTION F: ALCOHOL AND DRUGS

F1. The following questions have to do with drinking alcohol. How often do you have a drink containing alcohol?

Alc_Freq

- ☐ 4 or more times a week
- ☐ 2-3 times a week
- ☐ 2-4 times a month
- ☐ Monthly or less
- ☐ Never

CKPT.F2.

1. F1 = "NEVER," GO TO F11
2. ALL OTHERS GO TO F2

F2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Alc_Quan

- ☐ 10 or more
- ☐ 7 to 9
- ☐ 5 or 6
- ☐ 3 or 4
- ☐ 1 or 2
- ☐ I never drink alcohol [PROGRAMMER NOTE: RESPONSE OPTION ONLY DISPLAYS IF F1 = MISSING]

CKPT.F3.

1. F1 = MISSING AND F2 = MISSING OR "I NEVER DRINK ALCOHOL," GO TO F11
2. ALL OTHERS GO TO F3

F3. (A2 = "MALE": How often do you have 5 or more drinks on one occasion?/ALL OTHERS: How often do you have 4 or more drinks on one occasion?)

Alc_Binge

- ☐ Daily or almost daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less than monthly
- ☐ Never

CKPT.F4.

1. (F1 = "MONTHLY OR LESS" OR MISSING) AND (F2 = "1 OR 2" OR MISSING) AND (F3 = "NEVER" OR MISSING), GO TO F11
2. CODE AT CKPT.E1 = 1 OR 2 OR 5 OR 9, GO TO F4
3. ALL OTHERS GO TO F11

F4. How often in the past 12 months have you...

**Daily or
almost
daily**

Weekly

Monthly

**Less than
monthly**

Never

a.	found that you were not able to stop drinking once you had started? Alc12mSxs_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	failed to do what was normally expected of you because of drinking? Alc12mSxs_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	needed a first drink in the morning to get yourself going after a heavy drinking session? Alc12mSxs_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	had a feeling of guilt or remorse after drinking? Alc12mSxs_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	been unable to remember what happened the night before because of your drinking? Alc12mSxs_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F5. Have you or someone else been injured because of your drinking?

Alc_AnyInjury

- ☐ Yes, in the past 12 months
☐ Yes, but not in the past 12 months
☐ No

F6. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

Alc_AnyConcern

- ☐ Yes, in the past 12 months
☐ Yes, but not in the past 12 months
☐ No

CKPT.F7.

1. F3 = AT LEAST "LESS THAN MONTHLY," GO TO F7
2. ONE OR MORE RESPONSES IN F4a-e SERIES = AT LEAST "LESS THAN MONTHLY," GO TO F7
3. F5 OR F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS," GO TO F7
4. ALL OTHERS GO TO F11

F7. [(F3 = AT LEAST "LESS THAN MONTHLY") AND (ALL RESPONSES IN F4a-e SERIES = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING) AND (A2 = "MALE")]: You reported having 5 or more drinks on at least one occasion in your life./ (F3 = AT LEAST "LESS THAN MONTHLY") AND (ALL RESPONSES IN F4a-e SERIES = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING) AND (A2 ≠ "MALE")]: You reported having 4 or more drinks on at least one occasion in your life./ (F3 = "NEVER" OR MISSING) AND (F4a = AT LEAST "LESS THAN MONTHLY") AND (F4b AND F4c AND F4d AND F4e = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING): You reported that you were not able to stop drinking once you had started./ (F3 = "NEVER" OR MISSING) AND (F4b = AT LEAST "LESS THAN MONTHLY") AND (F4a AND F4c AND F4d AND F4e = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING): You reported that you failed to do what was expected of you because of drinking./ (F3 = "NEVER" OR MISSING) AND (F4c = AT LEAST "LESS THAN MONTHLY") AND (F4a AND F4b AND F4d AND F4e = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING): You reported that you needed a drink in the morning to get yourself going./ (F3 = "NEVER" OR MISSING) AND (F4d = AT LEAST "LESS THAN MONTHLY") AND (F4a AND F4b AND F4c AND F4e = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING): You reported that you felt guilt or remorse after drinking./ (F3 = "NEVER" OR MISSING) AND (F4e = AT LEAST "LESS THAN MONTHLY") AND (F4a AND F4b AND F4c AND F4d = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "NO" OR MISSING): You reported that you were unable to remember what happened the night before because of

drinking./ (F3 = "NEVER" OR MISSING) AND (ALL RESPONSES IN F4a-e SERIES = "NEVER" OR MISSING) AND (F5 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS") AND (F6 = "NO" OR MISSING): You reported that you or someone else has been injured because of your drinking./ (F3 = "NEVER" OR MISSING) AND (ALL RESPONSES IN F4a-e SERIES = "NEVER" OR MISSING) AND (F5 = "NO" OR MISSING) AND (F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS"): You reported that others have been concerned about your drinking./ ALL OTHERS: You reported several experiences associated with drinking alcohol.] [(TWO OR MORE RESPONSES IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY") OR (ONE RESPONSE IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY" AND F5 OR F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS") OR (F5 AND F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS")): About how old were you the very first time you had any of these experiences?/ ALL OTHERS: About how old were you the very first time you had this experience?]

Alc_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

F8. About how many different years in your life did you have [(TWO OR MORE RESPONSES IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY") OR (ONE RESPONSE IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY" AND F5 OR F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS") OR (F5 AND F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS")): any of these experiences/ ALL OTHERS: this experience] associated with drinking alcohol?

Alc_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

F9. About how many months in the past 12 did you have [(TWO OR MORE RESPONSES IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY") OR (ONE RESPONSE IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY" AND F5 OR F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS") OR (F5 AND F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS")): any of these experiences/ ALL OTHERS: this experience] associated with drinking alcohol?

Alc_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.F10.

1. F9 = 1-11, GO TO F10
2. ALL OTHERS GO TO F11

F10. Did you have [(TWO OR MORE RESPONSES IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY") OR (ONE RESPONSE IN F3, F4a-e SERIES = AT LEAST "LESS THAN MONTHLY" AND F5 OR F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS") OR (F5 AND F6 = "YES, IN THE PAST 12 MONTHS" OR "YES, BUT NOT IN THE PAST 12 MONTHS")): any of these experiences/ ALL OTHERS: this experience] associated with drinking alcohol at any time in the past 30 days?

Alc_30day

- ☐ Yes
- ☐ No

F11. Think of the times in your life when you used each of the following substances most often. During those times, how often did you use each substance?

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. Cannabis (marijuana, pot, grass, hash, etc.) DrugType_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cocaine (coke, crack, etc.) DrugType_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any other street drugs (e.g., opioids, LSD, speed, ecstasy) DrugType_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any prescription drug, either without a doctor's prescription or more than prescribed to get high, buzzed, or numbed out (e.g., a stimulant, tranquilizer, muscle relaxant, or pain medication) DrugType_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.F12.

1. ONE OR MORE RESPONSES IN F11a-d SERIES = AT LEAST "LESS THAN ONCE A MONTH," GO TO F12
2. ALL OTHERS GO TO NEXT SECTION

F12. Think of the 1 year in your life when your drug use interfered most with your life. During that year, how often did you have each of the following experiences?

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. How often did your drug use or being under the influence interfere with your responsibilities at home, work, or school? DrugLTCritA1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you continue to use even when it caused arguments or other serious problems with your family or friends? DrugLTCritA1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence in situations where you could get hurt? DrugLTCritA1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you greatly reduce important activities with family, friends, or at work because of your drug use? DrugLTCritA1_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you either use more or spend more time using than you intended when you started? DrugLTCritA1_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F13. During that year, how often did you have each of these other experiences?

Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
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a.	How often did you spend a great deal of time obtaining, using, or recovering from drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_1							
b.	How often did you have a strong desire or craving to use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_2							
c.	How often did you feel the need to cut down or stop your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_3							
d.	How often did you continue to use even when it either caused or worsened a physical or emotional health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_4							
e.	You developed tolerance; that is, either the same amount no longer had the same effect or you needed to use a lot more to get the same effect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_5							
f.	You experienced withdrawal symptoms like trouble sleeping, emotional problems, restlessness, sweating, or nausea when you tried to cut down your use or you continued to use in order to avoid having withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugLTCritA2_6							

CKPT.F14.

1. TWO OR MORE RESPONSES IN F12a-e SERIES, F13a-f SERIES = AT LEAST "LESS THAN ONCE A MONTH," GO TO F14
2. ALL OTHERS GO TO NEXT SECTION

F14. You reported several experiences associated with using drugs. About how old were you the very first time you had any of these experiences?

Drug_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

F15. About how many different years in your life did you have any of these experiences?

Drug_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

F16. About how many months in the past 12 did you have any of these experiences?

Drug_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.F17.

1. F16 = 1-11, GO TO F17
2. ALL OTHERS GO TO NEXT SECTION

F17. Did you have any of these experiences in the past 30 days?

Drug_30day

- ☐ Yes
- ☐ No

END OF SECTION

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SECTION G: SELF-HARM

G1. Did you ever in your life wish you were dead or would go to sleep and never wake up?

Ideat_PassEver

- ☐ Yes
☐ No

G2. Did you ever in your life have thoughts of killing yourself?

Ideat_ActEver

- ☐ Yes
☐ No

NOTE: CKPT.G3 response #2 sends respondents who are not coded in the group that is asked the full self-harm question series but who endorsed suicidal ideation at G1 or G2 to G6 to ask about ideation in the past 30 days and then to G11 to ask about likelihood of acting on suicidal thoughts.

CKPT.G3.

1. G1 OR G2 = "YES" AND CODE AT CKPT.E1 = 1 OR 4 OR 8 OR 10, GO TO G3
2. G1 OR G2 = "YES," GO TO G6
3. ALL OTHERS GO TO G20

G3. About how old were you the very first time you (G1 = "YES" AND G2 = "NO" OR MISSING: wished you were dead or would go to sleep and never wake up/G1 = "NO" OR MISSING AND G2 = "YES": had thoughts of killing yourself/ALL OTHERS: wished you were dead, wished you would go to sleep and never wake up, or had thoughts of killing yourself)?

Ideat_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

G4. About how many different years in your life did you (G1 = "YES" AND G2 = "NO" OR MISSING: wish you were dead or would go to sleep and never wake up/G1 = "NO" OR MISSING AND G2 = "YES": have thoughts of killing yourself/ALL OTHERS: wish you were dead, wish you would go to sleep and never wake up, or have thoughts of killing yourself)?

Ideat_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

G5. About how many months in the past 12 did you (G1 = "YES" AND G2 = "NO" OR MISSING: wish you were dead or would go to sleep and never wake up/G1 = "NO" OR MISSING AND G2 = "YES": have thoughts of killing yourself/ALL OTHERS: wish you were dead, wish you would go to sleep and never wake up, or have thoughts of killing yourself)?

Ideat_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.G6.

1. G5 = 0, GO TO CKPT.G7
2. ALL OTHERS GO TO G6

G6. In the past 30 days, how often did you (G1 = "YES" AND G2 = "NO" OR MISSING: wish you were dead or would go to sleep and never wake up/G1 = "NO" OR MISSING AND G2 = "YES": have

thoughts of killing yourself/ALL OTHERS: wish you were dead, wish you would go to sleep and never wake up, or have thoughts of killing yourself)?

Ideat_Freq30day

- ☐ All or almost all the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

CKPT.G7.

1. CODE AT CKPT.E1 = 1 OR 4 OR 8 OR 10, GO TO G7
2. G6 = AT LEAST "A LITTLE OF THE TIME," GO TO G11
3. ALL OTHERS GO TO G20

G7. Did you ever think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?

SuiPlan_Ever

- ☐ Yes
- ☐ No

CKPT.G8.

1. G7 = "YES," GO TO G8
2. ALL OTHERS GO TO G11

G8. About how old were you the very first time you thought about how you might kill yourself or worked out a plan of how to kill yourself?

SuiPlan_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

G9. About how many different years in your life did you think about how you might kill yourself or work out a plan of how to kill yourself?

SuiPlan_NumYrs

[DROPDOWN LIST] 1 year, 2, ..., 35, 36 or more

G10. About how many months in the past 12 did you think about how you might kill yourself or work out a plan of how to kill yourself?

SuiPlan_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

G11. In the next 12 months, what is the likelihood that you will act on those thoughts of killing yourself?

Ideat_12mActOn

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not very likely
- ☐ Not at all likely

CKPT.G12.

1. CODE AT CKPT.E1 = 1 OR 4 OR 8 OR 10, GO TO G12
2. ALL OTHERS GO TO G20

G12. Think of the one week in your life when you thought most about (G1 = "YES" AND G2 = "NO" OR MISSING: wanting to be dead/G1 = "NO" OR MISSING AND G2 = "YES": killing yourself/ALL OTHERS: wanting to be dead or about killing yourself). How many days during that worst week did you have those thoughts?

Ideat_NumDayWrst

[DROPDOWN LIST] 1 day, ..., 6, 7 days

G13. (G12 ≥ 2 AND ≠ MISSING: How long during that worst week did those thoughts usually last on the days that you had them?/ALL OTHERS: How long during that worst week did those thoughts last on the day that you had them?)

Ideat_LongLast

- ☐ Just a few seconds or minutes
- ☐ Less than 1 hour
- ☐ 1-4 hours
- ☐ 5-8 hours
- ☐ 9 or more hours

G14. During that worst week, how easy was it for you to control those thoughts or push them out of your mind when you wanted to?

Ideat_CntrlTho

- ☐ Easy
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Impossible; unable to control the thoughts

G15. People who think about wanting to die sometimes do dangerous things as a way to tempt fate (e.g., take a lot of drugs, drive too fast, volunteer for dangerous missions, act recklessly). How often in your life did you ever do dangerous things like that to tempt fate?

Ideat_TemptFate

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

G16. Have you ever made a suicide attempt (i.e., purposefully hurt yourself with at least some intent to die)?

SuiAtt_Ever

- ☐ Yes
- ☐ No

CKPT.G17.

1. G16 = "NO" OR MISSING, GO TO G20
2. ALL OTHERS GO TO G17

G17. About how old were you the very first time you made a suicide attempt?

SuiAtt_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

G18. How many different suicide attempts have you ever made?

SuiAtt_NumLT

_____ NUMBER OF SUICIDE ATTEMPTS IN LIFETIME

G19. How many different suicide attempts have you made in the past 12 months?

SuiAtt_Num12m

_____ NUMBER OF SUICIDE ATTEMPTS IN PAST YEAR

G20. Did you ever do something to hurt yourself on purpose, without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

NSSI_Ever

- ☐ Yes
☐ No

CKPT.G21.

1. G20 = "YES" AND CODE AT CKPT.E1 = 1 OR 4 OR 8 OR 10, GO TO G21
2. ALL OTHERS GO TO NEXT SECTION

G21. About how old were you the very first time you did something to hurt yourself on purpose, without wanting to die?

NSSI_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

G22. About how many times in your life did you do something to hurt yourself on purpose, without wanting to die?

NSSI_NumLT

[DROPDOWN LIST]

- ☐ 1-2 times
☐ 3-4 times
☐ 5-10 times
☐ 11-20 times
☐ 21-30 times
☐ 31-50 times
☐ 51-100 times
☐ 101 or more times

G23. About how many times in the past 12 months did you do something to hurt yourself on purpose, without wanting to die?

NSSI_Num12m

[DROPDOWN LIST]

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-4 times
- ☐ 5-10 times
- ☐ 11-20 times
- ☐ 21-30 times
- ☐ 31-50 times
- ☐ 51-100 times
- ☐ 101 or more times

END OF SECTION

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SECTION H: SEEKING TREATMENT

H1. Did you ever in your life receive psychological counseling, medication, or some other type of treatment for an emotional or substance use problem?

	Yes	No
a. Psychological counseling TxtTypeEver_1	<input type="radio"/>	<input type="radio"/>
b. Medication TxtTypeEver_2	<input type="radio"/>	<input type="radio"/>
c. Other type of treatment (e.g., traditional healer, minister, rabbi, self-help group) TxtTypeEver_3	<input type="radio"/>	<input type="radio"/>

CKPT.H2.

1. H1a = "NO" OR MISSING AND H1b = "NO" OR MISSING AND H1c = "NO" OR MISSING, GO TO H6
2. ALL OTHERS GO TO H2

H2. About how old were you the very first time you received psychological counseling, medication, or some other type of treatment for an emotional or substance use problem?

Txt_Onset

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

H3. About how many months in the past 12 did you receive psychological counseling, medication, or some other type of treatment for an emotional or substance use problem?

Txt_Num12m

[DROPDOWN LIST] 0 months, 1, ..., 11, 12 months

CKPT.H4.

1. H3 = 1-12, GO TO H5
2. ALL OTHERS GO TO H4

H4. How old were you the most recent time you received psychological counseling, medication, or some other type of treatment for an emotional or substance use problem?

Txt_Recency

[DROPDOWN LIST] 4 or younger, 5, ..., 35, 36 or older

GO TO H6

H5. Are you still in treatment or have you stopped?

Txt_CurrentTxt

- ☐ Still in treatment
- ☐ Stopped

CKPT.H6.

1. H5 = "STILL IN TREATMENT," GO TO NEXT SECTION
2. ALL OTHERS GO TO H6

H6. How would you rate your readiness or willingness to change any emotional or substance use problems you are experiencing at this time?

Txt_Willingness

- ☐ I do not have a problem that I need to change
- ☐ I have a problem, but I am not yet sure I want to take action to change it
- ☐ I have a problem and I intend to address it
- ☐ I have a problem and I already am working actively to change it
- ☐ I had a problem, but I have addressed it and things are better now

CKPT.H7.

1. H3 = 1-12, GO TO NEXT SECTION
2. ALL OTHERS GO TO H7

H7. Was there ever a time in the past 12 months when you felt that you might need psychological counseling, medication, or some other type of treatment for any emotional or substance use problems?

Txt_Need12m

- ☐ Yes
- ☐ No → GO TO NEXT SECTION

[PROGRAMMER NOTE: SKIP MISSING WITH "NO"]

H8. How important were each of the following reasons for why you did NOT seek help for your problem(s)?

	Very important	Important	Moderately important	Of little importance	Unimportant
a. You were not sure if available treatments were very effective TxtNotSeek_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You wanted to handle the problem on your own TxtNotSeek_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were too embarrassed TxtNotSeek_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You talked to friends or relatives instead TxtNotSeek_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It costs too much money TxtNotSeek_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You were unsure of where to go or who to see TxtNotSeek_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You had problems with time, transportation, or scheduling TxtNotSeek_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were afraid it might harm your school or professional career TxtNotSeek_8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You worried that people would treat you differently if they knew you were in treatment TxtNotSeek_9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- j. Some other reason (*Briefly describe in the text box below*)



TxtNotSeek_10

TxtNotSeek_10_TEXT

END OF SECTION

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SECTION I: CHILDHOOD BACKGROUND

NOTE: We are randomizing the childhood experiences series (I2-I5) and stressful experiences (J1-J3) based on responses to disorder-related questions earlier in the survey (we also randomize personality, see note in section L). The variable names created below are used to indicate whether the respondent met the threshold for the disorder (screeners). For example, if they endorse 3 or more at least sometimes in the ADHD question series, then they screened positive for ADHD, so the SCR_ADHD variable = yes. At CKPT.I2 we use these screening variables to determine how to randomize respondents. 100% of respondents who screened positive for 5 disorders will be asked all of the childhood and stressful experiences questions (this is the "long" version of the survey). If they screened positive for 3 or 4 disorders, a random 50% of respondents will receive the long version; the remaining 25% of respondents with less than 3 disorders will be asked the long version; the remaining respondents will receive the short version (so the remaining 50% of respondents with 3 or 4 disorders and remaining 75% with less than 3). Note that we create a variable name called V3_LENGTH to indicate if the respondent was randomized to receive the "long" version – i.e., asked all childhood and stressful experiences questions – or if they were randomized to the "short" version – i.e., they were NOT asked about childhood or stressful experiences.

[PROGRAMMER NOTE: CREATE THE FOLLOWING VARIABLES, WHICH WILL BE USED AT CHECKPOINT I2]

1. **SCR_HIST** = YES IF ONE OR MORE RESPONSES IN B10a-e SERIES = "YES"
2. **SCR_ADHD** = YES IF THREE OR MORE RESPONSES IN D2a-f SERIES = AT LEAST "SOMETIMES"
3. **SCR_MDE** = YES IF (FIVE OR MORE RESPONSES IN (E1a OR E1b), E1c, E1d, E2a, E2b, E2c, E2d, E2e, E2f = AT LEAST "SOME OF THE TIME") AND [(E1a OR E1b = AT LEAST "MOST OF THE TIME") OR (E1c = AT LEAST "MOST OF THE TIME")]
4. **SCR_GAD** = YES IF (E7a = AT LEAST "MORE DAYS THAN NOT") AND (E7b = AT LEAST "MORE DAYS THAN NOT") AND (THREE OR MORE RESPONSES IN E8a, E8b, E8c, E8d, E8e, E8f = AT LEAST "1-3 DAYS A WEEK")
5. **SCR_PD** = YES IF E13 ≥ 3 AND ≠ MISSING
6. **SCR_BP** = YES IF E23 = "YES"
7. **SCR_IED** = YES IF E35 = "YES"
8. **SCR_PTSD** = YES IF E38 = "YES"
9. **SCR_SA** = YES IF E45 = AT LEAST "SOME OF THE TIME" OR E46 = AT LEAST "SOME"
10. **SCR_BINGE** = YES IF E49 = "YES"
11. **SCR_PURGE** = YES IF E52 = "YES"
12. **SCR_ALC** = YES IF F1 = "4 OR MORE TIMES A WEEK" AND F2 = "5 OR 6" OR "7 TO 9" OR "10 OR MORE"
13. **SCR_DRUG** = YES IF TWO OR MORE RESPONSES IN F12a-e SERIES, F13a-f SERIES = AT LEAST "LESS THAN ONCE A MONTH"
14. **SCR_IDEATION** = YES IF G2 = "YES"

I1. What is the highest level of education of either of your parents or the people who raised you?

Parent_Educ

- ☐ None
- ☐ Elementary school
- ☐ Secondary school
- ☐ Some post-secondary education
- ☐ University graduate
- ☐ Doctoral degree
- ☐ Don't know

[PROGRAMMER NOTE: USE THE VARIABLES CREATED ABOVE IN THE CHECKPOINT BELOW. CREATE A VARIABLE CALLED V3_LENGTH TO INDICATE IF THE RESPONDENT RECEIVED THE LONG OR SHORT VERSION OF THE INSTRUMENT USING THE CHECKPOINT BELOW]

CKPT.I2.

1. 100% OF RESPONDENTS WITH 5 OR MORE OF SCR_HIST, SCR_ADHD, SCR_MDE, SCR_GAD, SCR_PD, SCR_BP, SCR_IED, SCR_PTSD, SCR_SA, SCR_BINGE, SCR_PURGE, SCR_ALC, SCR_DRUG, SCR_IDEATION = YES, CODE V3_LENGTH = LONG AND GO TO I2

2. RANDOM 50% OF RESPONDENTS WITH 3 OR 4 OF SCR_HIST, SCR_ADHD, SCR_MDE, SCR_GAD, SCR_PD, SCR_BP, SCR_IED, SCR_PTSD, SCR_SA, SCR_BINGE, SCR_PURGE, SCR_ALC, SCR_DRUG, SCR_IDEATION = YES, CODE V3_LENGTH = LONG AND GO TO I2
3. RANDOM 25% OF RESPONDENTS WITH 0-2 OF SCR_HIST, SCR_ADHD, SCR_MDE, SCR_GAD, SCR_PD, SCR_BP, SCR_IED, SCR_PTSD, SCR_SA, SCR_BINGE, SCR_PURGE, SCR_ALC, SCR_DRUG, SCR_IDEATION = YES, CODE V3_LENGTH = LONG AND GO TO I2
4. ALL OTHERS CODE V3_LENGTH = SHORT AND GO TO J4

I2. How much of the time did you have each of the following experiences up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. One of your parents (or the people who raised you) had a serious emotional or mental health problem ChildhExp1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. One of your parents (or the people who raised you) had a serious alcohol or drug problem ChildhExp1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. One of your parents (or the people who raised you) attempted suicide or died by suicide ChildhExp1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. One of your parents (or the people who raised you) was involved in criminal activities ChildhExp1_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your parents (or the people who raised you) hit each other or were violent to each other ChildhExp1_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Someone in your family hit you so hard that it left bruises or marks ChildhExp1_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I3. And how much of the time did you have each of these experiences up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. You were physically abused at home ChildhExp2_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Someone in your family repeatedly said hurtful or insulting things to you ChildhExp2_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were emotionally abused at home ChildhExp2_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Someone in your family made you feel special or important ChildhExp2_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Someone in your family touched you or made you touch them in a sexual way against your will ChildhExp2_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I4. And how much of the time did you have each of these experiences up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. You were sexually abused at home ChildhExp3_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| b. | You were seriously neglected at home (e.g., nobody took care of you or protected you or made sure you had the things you needed) ChildhExp3_2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. | You had to do chores too hard or dangerous for someone your age ChildhExp3_3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. | You felt loved and cared for by your family/at home ChildhExp3_4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. | People in your family looked out for you and took care of you ChildhExp3_5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. | You felt emotionally close to your family members ChildhExp3_6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. The next questions are about how often you were bullied up through age 17. The term “bullying” refers to times when someone hurts or scares another person on purpose and the person being bullied has a hard time defending themselves. Usually, bullying happens over and over. With this definition in mind, how often were you bullied in each of the following ways up through age 17?

- | | | Very often | Often | Sometimes | Rarely | Never |
|----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. | How often were you bullied at school physically (i.e., repeatedly punched, shoved or physically hurt)? ChildhBully_1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. | How often were you bullied at school verbally (i.e., teased, called names)? ChildhBully_2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. | How often were you bullied at school by someone who purposefully ignored you, excluded you, or spread rumors about you behind your back? ChildhBully_3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. | How often were you bullied over the internet (e.g., Facebook, Twitter) or by text messaging? ChildhBully_4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. | How often were you in a romantic relationship where your partner repeatedly hit you or hurt you? ChildhBully_5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. | How often were you in a romantic relationship where your partner repeatedly said hurtful or insulting things to you? ChildhBully_6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

END OF SECTION

SECTION J: RECENT EXPERIENCES

J1. Did you have any of the following stressful experiences in the past 12 months?

		Yes	No
a.	A life-threatening illness or injury of a very close friend or family member StrExpOth_1	<input type="radio"/>	<input type="radio"/>
b.	The death of a close friend or family member StrExpOth_2	<input type="radio"/>	<input type="radio"/>
c.	A break-up with a romantic partner StrExpOth_3	<input type="radio"/>	<input type="radio"/>
d.	You discovered that a romantic partner cheated on you StrExpOth_4	<input type="radio"/>	<input type="radio"/>
e.	A serious betrayal by someone else close to you StrExpOth_5	<input type="radio"/>	<input type="radio"/>
f.	Serious ongoing arguments or break-ups with some other close friend or family member StrExpOth_6	<input type="radio"/>	<input type="radio"/>

J2. Did you have any of the following stressful experiences in the past 12 months?

		Yes	No
a.	A life-threatening illness or injury StrExpYou_1	<input type="radio"/>	<input type="radio"/>
b.	You were bullied StrExpYou_2	<input type="radio"/>	<input type="radio"/>
c.	You were physically assaulted (e.g., mugged) StrExpYou_3	<input type="radio"/>	<input type="radio"/>
d.	You were sexually assaulted or raped StrExpYou_4	<input type="radio"/>	<input type="radio"/>
e.	You were sexually harassed (e.g., someone made inappropriate sexual remarks about you or your body) StrExpYou_5	<input type="radio"/>	<input type="radio"/>
f.	You had trouble with the police StrExpYou_6	<input type="radio"/>	<input type="radio"/>
g.	You had a serious legal problem StrExpYou_7	<input type="radio"/>	<input type="radio"/>
h.	Any other very stressful event (Briefly describe in the text box below) StrExpYou_8 StrExpYou_8_TEXT	<input type="radio"/>	<input type="radio"/>

J3. How much stress do you currently have in each of the following areas of your life?

		Very severe	Severe	Moderate	Mild	None
a.	Your financial situation SevStress_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Your health SevStress_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Your academic performance SevStress_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Your love life SevStress_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Your relationships with your family SevStress_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Problems getting along with people at work or school SevStress_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	The health of your loved ones SevStress_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Other problems experienced by your loved ones SevStress_8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Your life overall SevStress_9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J4. The next few questions are about your social life. In a typical day, about how much time do you spend using social media (e.g., Facebook, Twitter, Instagram, Snapchat, TikTok)?

SocLif_SocMedia

[DROPDOWN LIST]

- ☐ Never
- ☐ Less than 1 hour a day
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours a day

J5. (J4 = AT LEAST "LESS THAN 1 HOUR A DAY": Not counting the time you spend on social media, how/ALL OTHERS: How) often do you talk on the phone, video chat (e.g., Skype, FaceTime, Zoom), text, or chat online with friends?

SocLif_FreqTlk

- ☐ Every day or almost every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Never

CKPT.J6.

1. J5 = AT LEAST "LESS THAN ONCE A MONTH," GO TO J6
2. ALL OTHERS GO TO J8

J6. On the days you do so, about how much time do you usually spend talking on the phone, video chatting, texting, or chatting online with friends?

SocLif_TimeTlk

[DROPDOWN LIST]

- ☐ 1-15 minutes a day
- ☐ 16-30 minutes
- ☐ 31-59 minutes
- ☐ 1-2 hours
- ☐ More than 2 hours a day

J7. About how many friends do you talk to on the phone, video chat, text, or chat with online at least once a month?

SocLif_NumTlk

[DROPDOWN LIST]

- ☐ 1
- ☐ 2
- ☐ 3-4

- ☐ 5-9
- ☐ 10 or more

J8. How often do you get together in person with friends?

SocLif_FreqHang

- ☐ Every day or almost every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Never

CKPT.J9.

1. J8 = AT LEAST "ONCE A MONTH," GO TO J9
2. ALL OTHERS GO TO J10

J9. About how many friends do you get together with in person at least once a month?

SocLif_NumHang

[DROPDOWN LIST]

- ☐ 1
- ☐ 2
- ☐ 3-4
- ☐ 5-9
- ☐ 10 or more

J10. How often do you attend either in-person or virtual meetings of religious, fraternal, political, social, or recreational groups?

SocLif_FreqGrp

- ☐ Every day or almost every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Never

J11. How much do the people in your personal life make you feel loved and cared for?

SocSup_Loved

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

J12. How much could you depend on the people in your personal life for help if you needed it?

SocSup_Depend

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

J13. How much do the people in your personal life understand the way you feel about things?

SocSup_Understnd

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

J14. How much do the people in your personal life show concern for your feelings and problems?

SocSup_Concern

- ☐ Extremely
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

J15. How often do the people in your personal life make unreasonable demands on you?

SocSup_Demand

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

J16. How often do the people in your personal life argue with you or say things that make you feel bad?

SocSup_Argue

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

J17. How many people in your personal life could you confide in without fear of negative judgement?

SocSup_NumConf

[DROPDOWN LIST]

- ☐ None
- ☐ 1

- ☐ 2
- ☐ 3-4
- ☐ 5-9
- ☐ 10 or more

CKPT.J18.

1. J17 = "1" OR "2" OR "3-4" OR "5-9" OR "10 OR MORE," GO TO J18
2. ALL OTHERS GO TO J19

J18. When you have a problem or worry, how often do you let (J17 = "1": that person/J17 = "2": either of those people/ALL OTHERS: any of those people) know about it?

SocSup_FreqConf

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

J19. How often do you feel lonely?

SocSup_FreqLonely

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

CKPT.J20.

1. J19 = "NEVER," GO TO NEXT SECTION
2. ALL OTHERS GO TO J20

J20. How severe are your feelings of loneliness when you have them?

SocSup_SevLonely

- ☐ Very severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild

END OF SECTION

SECTION K: SEXUALITY

K1. What is your sexual orientation?

SexOrient

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Not sure
- ☐ Other (*Briefly describe in the text box below*)

SexOrient_6_TEXT

K2. Which of the following best describes your feelings of sexual attraction to women?

SexAttr_Women

- ☐ Very sexually attracted
- ☐ A good deal sexually attracted
- ☐ Somewhat sexually attracted
- ☐ A little sexually attracted
- ☐ Not at all sexually attracted

K3. Which of the following best describes your feelings of sexual attraction to men?

SexAttr_Men

- ☐ Very sexually attracted
- ☐ A good deal sexually attracted
- ☐ Somewhat sexually attracted
- ☐ A little sexually attracted
- ☐ Not at all sexually attracted

K4. In the past 5 years, who have you had sex with? (*We use the word "sex" to mean any kind of sexual contact with another person, including sexual intercourse, oral sex, and non-penetrative sex.*)

SexPartGender

- ☐ Men only
- ☐ Women only
- ☐ Both men and women
- ☐ I have not had sex

K5. What is your marital status?

MaritalStatus

- ☐ Married → GO TO NEXT SECTION
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

[PROGRAMMER NOTE: SKIP MISSING WITH "NEVER MARRIED"]

K6. Which of the following best describes your current relationship situation?

RelatStatus

- ☐ Living with someone in a marriage-like relationship or engaged to be married
- ☐ Steadily dating one person, but not engaged
- ☐ Dating one or more people, but not in a steady relationship
- ☐ Not currently dating

END OF SECTION

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SECTION L: CONCEPT OF SELF

NOTE: Questions L1-L4 are the Personality Inventory for DSM-5 Brief Form (PID-5-BF). We created a short 10-item version of the PID-5-BF (questions L5-L6) by taking 2 items from each personality trait domain (there are 5 domains: negative affect, detachment, antagonism, disinhibition, psychoticism). CKPT.L1 randomizes participants to receive the full PID-5-BF or the 10-item version, based on whether they were randomized to the long or short version of the survey at CKPT.I2. As described above in section I, respondents who were randomized to the long version are asked the childhood and stressful experiences question series and those randomized to the short are skipped over these questions. At CKPT.L1, 50% of the long version respondents will be randomized to the short 10-item PID-5-BF; 50% of the remaining long version respondents and 50% of short version respondents will be randomized to the full PID-5-BF. The rest will be skipped out of the section (i.e., 25% with long version and 50% with short version will not be asked any PID-5-BF questions).

CKPT.L1.

1. RANDOM 50% OF RESPONDENTS WITH V3_LENGTH = LONG, GO TO L5
2. REMAINING 50% OF RESPONDENTS WITH V3_LENGTH = LONG, GO TO L1
3. RANDOM 50% OF RESPONDENTS WITH V3_LENGTH = SHORT, GO TO L1
4. ALL OTHERS GO TO END OF SURVEY

L1. Below is a list of things different people might say about themselves. How well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. People would describe me as reckless LongPers1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel like I act totally on impulse LongPers1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Even though I know better, I can't stop making rash decisions LongPers1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I often feel like nothing I do really matters LongPers1_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Others see me as irresponsible LongPers1_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I'm not good at planning ahead LongPers1_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L2. How well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. My thoughts often don't make sense to others LongPers2_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I worry about almost everything LongPers2_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get emotional easily, often for very little reason LongPers2_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I fear being alone in life more than anything else LongPers2_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I get stuck on one way of doing things, even when it's clear it won't work LongPers2_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have seen things that weren't really there LongPers2_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L3. How well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. I steer clear of romantic relationships LongPers3_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I'm not interested in making friends LongPers3_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get irritated easily by all sorts of things LongPers3_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I don't like to get too close to people LongPers3_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It's no big deal if I hurt other peoples' feelings LongPers3_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I rarely get enthusiastic about anything LongPers3_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L4. And how well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. I crave attention LongPers4_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I often have to deal with people who are less important than me LongPers4_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I often have thoughts that make sense to me but that other people say are strange LongPers4_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I use people to get what I want LongPers4_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I often "zone out" and then suddenly come to and realize that a lot of time has passed LongPers4_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Things around me often feel unreal, or more real than usual LongPers4_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It's easy for me to take advantage of others LongPers4_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO END OF SURVEY

L5. Below is a list of things different people might say about themselves. How well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. People would describe me as reckless ShrtPers1_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Even though I know better, I can't stop making rash decisions ShrtPers1_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get emotional easily, often for very little reason ShrtPers1_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have seen things that weren't really there ShrtPers1_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| e. | I steer clear of romantic relationships
ShrtPers1_5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

L6. How well does each of the following statements describe you?

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. I get irritated easily by all sorts of things ShrtPers2_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I don't like to get too close to people ShrtPers2_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It's no big deal if I hurt other peoples' feelings ShrtPers2_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I use people to get what I want ShrtPers2_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Things around me often feel unreal, or more real than usual ShrtPers2_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L7. The following are descriptions of relationship styles. Please read each description and indicate how well each statement describes you.

	Exactly like you	A lot	Somewhat	A little	Not at all like you
a. I find it relatively easy to get close to people. I am comfortable depending on others and having them depend on me. I do not worry about being abandoned or about someone getting too close to me. Attachment_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am somewhat uncomfortable being close to others. I find it difficult to trust them completely and difficult to depend on them. I am nervous when anyone gets too close to me. Attachment_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I find that others are reluctant to get as close as I would like. I often worry that people who I care about do not love me or will not want to stay with me. I want to merge completely with another person and this desire sometimes scares people away. Attachment_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am comfortable without close emotional relationships. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me. Attachment_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO END OF SURVEY