PREVALENCE OF HIV INFECTION AND RELATED FACTORS AMONG ADULT OUT-PATIENTS WITH MENTAL DISORDERS- MUHIMBILI NATIONAL HOSPITAL

By
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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Medicine (Psychiatry) of Muhimbili University of Health and Allied Sciences.

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CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled: *Prevalence of HIV infection and associated factors among adult out- patients with mental disorders – Muhimbili National Hospital*, in partial fulfilment of the requirements for the degree of Master of Medicine (Psychiatry) of the Muhimbili University of Health and Allied Sciences.

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DECLARATION AND COPYRIGHT

I, Dr. Kissah Eliah Mwambene declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature _____ Date 27th Nov. 2008

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DEDICATION

This work is dedicated to my lovely son Hans Benson Benedict Mturi and my family for their understanding and patience for the moments I could not pay attention to their needs due to the high demands of this dissertation. Also to my best friend Dr. Easther Ngadaya, and above all to my parents, who made me the person I am today.

ABSTRACT

Background: Several factors contribute to a greater vulnerability to HIV infection among patients with mental disorders. Some symptoms of mental disorder may contribute directly to an inability to safeguard against the transmission of sexually transmitted infections and HIV/AIDS, for example impulsivity and cognitive impairment. It has also been found that the patients with chronic mental disorders display less knowledge on HIV/AIDS; are less motivated to engage in safer sex options and due to chronicity tend to decline socially and economically making trading sex a viable option for survival. This study aims at filling a void in information- linking mental disorder with the HIV pandemic in Tanzania.

Aim: The aim of the study was to determine the prevalence of HIV infection among patients with mental disorders attending the psychiatry out-patient clinic. It also related HIV seroprevalence with patients' demographic characterstics and their pattern of sexual behaviours. Patients were also investigated for their level of CD4 counts to determine the stage of disease.

Study site and design: The cross-sectional hospital based study, conducted at the psychiatry unit of Muhimbili National Hospital, over a period of six months (September 2007 to February 2008).

Methods: A total of 150 patients with mental disorders aged 18 years and above, attended the psychiatry outpatient clinic and who gave an informed consent, were recruited into the study. Data was obtained through the Composite International Diaganostic Interview (CIDI) and through a sexual behavior questionnaire (developed specifically for the study). Pre-test counseling, testing for HIV as well as post-test counselling was done using the National HIV Counseling and Testing Guidelines.Those who tested HIV positive, had CD4 counts done and were then referred to HIV- Care and Treatment Clinics (CTC).

Results: Of 150 patients recruited into the study, 59.3% were male while 40.7% were female. The age range was 18 to 66 years, with mean age of 34.2. Most patients were in the younger age group of 18 to 34 years (62.0%). Fifty six percent were never married; male to female gender among those who were unmarried was 1.5:1. The prevalence of HIV infection was found to be 8.7%. Female had a higher prevalence of HIV positivity (21.3%) compared to

male 0%, the difference being statistically different (p-value 0.001). The age specific prevalence was highest in the age group 18-34 years. Being married or cohabiting was associated with a lower prevalence of HIV (p-value =0.033). The mean of CD4 count was 237.6cells/mm^3 with only 4 requiring to be initiated on ARV's.

The most common mental disorders among HIV infected patients were abnormal psychological reaction at 55.6% with p-value = 0.002 and mood/affective disorders 40.7% with p-value = 0.001 and psychosis (1/13). All patients who were dependent on alcohol (14.4%) were HIV negative. Most patients with HIV infection had single sexual partners in the past one year (53.8%). A little over three quarters (84.6%) had a single sexual partner in the past 3 months. Almost all HIV infected patients (12/13) had never used a condom during a sexual encounter. Majority of the non infected patients (83.9%) did not meet their partner at high risk venues (p-value =0.008). All patients denied involvement in trading sex in the past one year.

Conclusion and Recommendation: In this population, those who were HIV infected were all female, and from the younger age group. Furthermore, those who screened positive for HIV had never used condoms during any sexual encounters.Though expected; mental disordered patients did not trade sex as a survival strategy. However, interpretation and inference of the HIV association should be made with caution due to small numbers of those who tested HIV positive.

This study shows the need for a wide range of skills for mental health practitioners- such as comprehensive diagnostic evaluation, assessment of mental disorder and full assessment of the HIV risk behaviour in supporting HIV preventive, care and treatment interventions for their patients. The paucity of studies in this area, an d lack of targeted programs for the mentally disordered patients points to the need for mentally disordered patients to be considered a "most at risk population" (MARPS). Furthermore the dual illnesses are stigmatized so targeted interventions are required for HIV as well as mental disorders as an emergency. These two areas are understudied but need a larger study to address the documented needs.

TABLE OF CONTENTS

CERTIFICATION ii

DECLARATION AND COPYRIGHT iii

ACKNOWLEDGEMENT iv

DEDICATION v

ABSTRACT vi

LIST OF TABLES x

LIST OF FIGURES xi

ABBREVIATIONS xii

DEFINITION OF TERMS xiii

1.0. INTRODUCTION AND REVIEW OF THE LITERATURE 1

1.1. OVERVIEW OF HIV/AIDS

ERRO

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1.2. HIV AND MENTAL DISORDERS

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R! BOOKMARK NOT DEFINED.

1.3. COMMON MENTAL DISORDERS ASSOCIATED WITH HIV/AIDS 5

1.3.1. ABNORMAL PSYCHOLOGICAL REACTIONS 6

1.3.2. MOOD/AFFECTIVE DISORDERS 6

1.3.3 HIV RELATED DELIRIUM AND DEMENTIA 7

1.3.4 PSYCHOTIC DISORDERS 7

1.4. COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI) 7

1.4.1 RELIABILITY AND VALIDITY OF CIDI 8

2.0 STATEMENT OF THE PROBLEM 9

3.0 STUDY OBJECTIVES 9

3.1 BROAD OBJECTIVE 10

3.2 SPECIFIC OBJECTIVES 10

4.0 SIGNIFICANCE OF THE STUDY Error! Book

5.0 METHODOLOGY **11**
5.1 DESCRIPTION OF STUDY AREA. 11
5.2 STUDY DESIGN 11
5.3 SAMPLE SIZE 11
5.4. STUDY POPULATION 12
5.5. SAMPLING PROCEDURE AND DATA COLLECTION 12
5.6. EXCLUSION CRITERIA. 15
5.7. DATA COLLECTION INSTRUMENT. 15
5.8. DATA QUALITY CONTROL 15
5.9. INVESTIGATIONS 16
5.9.1. BLOOD SPECIMEN COLLECTION 16
5.9.2. HIV TESTING 16
5.9.3. CD4 COUNTS 16
5.10. DATA PROCESSING AND ANALYSIS 17
5.11. ETHICAL CONSIDERATION 17
6.0 RESULTS **19**
6.1 DESCRIPTION OF THE STUDY PARTICIPANTS 19
6.2 PREVALENCE OF HIV INFECTION AMONG PATIENTS WITH MENTAL DISORDERS 21
6.4 MENTAL DISORDERS AMONG HIV INFECTED PATIENTS AND NON INFECTED PATIENTS 22
6.5 SEXUAL BEHAVIORS AMONG PATIENTS WITH MENTAL DISORDERS 24
7.0. DISCUSSION **26**
7.1 PREVALENCE OF HIV INFECTION 26
7.2 HIV INFECTION AND EPIDEMIOLOGICAL BASIC PROFILE 27
7.3 REPORTED MENTAL DISORDERS AMONG HIV INFECTED PATIENTS 28
7.4 SEXUAL BEHAVIOUR OF HIV INFECTED MENTAL DISORDERED PATIENTS 29
8.0 CONCLUSION **31**
9.0. RECOMMENDATIONS **32**
10.0. REFERENCES **33**
APPENDIX I: CONSENT FORM (ENGLISH VERSION) **36**

APPENDIX II: HIV/AIDS KNOWLEDGE AND RISK BEHAVIOURS- ADDITION QUESTIONNAIRE (ENGLISH VERSION) 39

APPENDIX III: THE COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW: ENGLISH VERSION 40

LIST OF TABLES

		PAGE
Table 1:	Sample size calculation	14
Table 2:	Descriptions of the study participants and their HIV status	22
Table 3:	Distribution of CD4 counts among the HIV posive patients	24
Table 4:	Mental disorders among the patients with HIV infenction	25
Table 5:	HIV prevalence by sexual behaviour characteristics	27

LIST OF FIGURES

PAGE

Figure 1: Sampling procedure and Data collection 16

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CDC	US Centre of Disease Control and Prevention
CD4	Cluster of Differentiation, type 4
CIDI	Composite International Diagnostic Interview
CTC	Care and Treatment Clinic
CPL	Central Pathology Laboratory
CPN	Community Psychiatry Nurse
EDTA	Ethyline Diamine Tetraacetic Acid
ELISA	Enzyme Linkage Immunosorbent Assay
HIV	Human Immunodeficiency Virus
MHIC	Muhimbili Health Information Centre
MNH	Muhimbili National Hospital
MUHAS	Muhimbili University of Health and Allied Sciences
NIMR	National Institute for Medical Research
OCD	Obsessive compulsive disorder
OPD	Outpatient Department
PTSD	Posttraumatic stress disorder
QIN	Questionnaire Identification number
TACAIDS	Tanzania Commission for AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

DEFINITION OF TERMS

Basic epidemiological descriptive profiles: These include the social demographic profiles of the patient such as age, gender, marital status, education level and occupation.

Mental disorders: These include somatoform disorders, anxiety disorders, mood disorders (depressive disorders, mania, BPD) schizophrenia, schizoaffective disorders, dissociative disorders, eating disorders, cognitive impairment, and substance use disorders.

1.0. INTRODUCTION

World wide HIV/AIDS is the fourth biggest killer, with a prevalence in North America of 1.0 million people; Western and central Europe - 610,000 people; Eastern Europe and Central Asia -1.4 million people[1]. It is estimated that 33.2 million people were living with HIV/AIDS world wide[1]. Adults (15-49years) living with HIV/AIDS being 30.8 million, among these women are 15.4 million. A total of 2.5 million people were newly infected with HIV/AIDS in 2007[1]. More than 95% of new infections are in low and middle income countries with Africa carrying an estimated 70% of HIV infection worldwide. Sub-Saharan Africa is more heavily affected by HIV/AIDS than any other region of the world. An estimated 22.5 million people (adult 15-49 years) are living with HIV/AIDS 50%[1], among these 12.2 million are women. The extent of the epidemic is now becoming clear in many African countries, as increasing numbers of people with HIV are becoming ill.

The overall prevalence of HIV infection among blood donors during 2005 was 7.9%[2]. The age group 20-49 years remained the most affected for both sexes, an observation that has remained consistent for several years since the beginning of the epidemic in the country. Of all AIDS cases reported during the year 2005, 55.7% were married, while 22.0% were single. Prevalence of HIV infection by marital status showed that women and men who are separated or divorced have significantly higher rate of HIV infection than currently married or never married respondents[2].

The surveillance of HIV and syphilis infection among antenatal clinic attendees 2005/2006, which covered 15 regions[3], revealed the prevalence of HIV infection was 8.2%. This ranged from a prevalence of 3.5% in the region with the lowest prevalence (Kigoma) to 18.2% being the highest (Iringa). The higher prevalence was in women living in urban areas, aged between 25-34 years.

According to the Tanzania National HIV testing campaign 2007/2008, which involves all the regions of Tanzania mainland[4], the overall prevalence of HIV infection is 5.4%. The highest prevalence is in Iringa 14.7%, followed by Dar-es-Salaam 8.9%, Mbeya 7.9% and Shinyanga 7.6%. AIDS increases the number of people seeking health services and health professionals must attend to the increasing number of AIDS patients. In the absence of

massively expanded prevention, treatment and care efforts, it is expected that the HIV/AIDS death toll on the continent will continue to rise[5].

This study is one of its kinds to be done in Tanzania. As far as the knowledge of the principal investigator, there is no any other similar sudy which has been done on the prevalence of HIV infection among patients with mental disorders.

2.0. REVIEW OF THE LITERATURE

Worldwide prevalence of HIV/AIDS in population with mental disorder is not clear. However, some studies have been done to establish the prevalence of HIV/AIDS among specific patient populations with mental disorders. For example, a study done in New York in 1990 showed the prevalence of HIV-1 among patients admitted to two psychiatric hospitals to be 5.5%[6]. Researchers charted risk behavior in 36.0% of the 25 HIV positive patients. The rate of HIV positivity was compared in women and men, and was linked to age, ethnicity and two risk behaviors; male homosexual activity and injection drug use. Ethnicity and a history of homosexual activity among men or use of injected drugs were strongly associated with seropositivity.

Another study done by Rosenberg and colleagues, showed the prevalence of HIV in people with severe mental illness to be 3.1%[7]. This was approximately eight times the estimated US population rate.

The study done by Grassil, et al., showed the growing spread of HIV infection and AIDS incidence has led the medical milieu to increase efforts in the study of the at-risk population and in the development of prevention programmes[8]. Nevertheless, little attention has been focused on psychiatric patients as a vulnerable and disadvantaged segment of the population with high risk of HIV infection. In fact, several studies in recent years have shown that high-risk behaviour, especially intravenous drug abuse and non-protected sexual intercourse, is reported by 20-50%[8] of psychiatric patients, particularly those affected by bipolar disorders and schizophrenia. The prevalence of HIV infection has also been found to be higher in psychiatric patients than in the general population. In general, only 15-50% of

HIV-positive psychiatric patients have knowledge about their serological status, while the others do not know that they have been infected[8].

McKinnon, et al in Columbia, in their study looked at the relative contributions of psychiatric and alcohol or other drugs (AOD) use disorders on sexual risk for HIV infection among people with severe mental illness[9]. Forty nine percent had known high-risk sex partners; 34% used AOD during sex; 28% has traded sex for money; and 59% never used condoms[9]. The likelihood of being sexually active decreased with age and cognitive symptoms, increased with excited symptoms, and was more than twice as high for African-American patients as others. The likelihood of trading sex increased with cognitive symptoms. The likelihood of having a history of sexually transmitted disease (reported by 32% of all patients) increased with depressed and/or anxious symptoms, and lifetime AOD use diagnosis (obtained for 57% of patients)[9].

Another study done on the *"Understanding Associations between Serious Mental Illness and HIV among Patients in the VA Health System compared the recorded prevalence of HIV among veterans with and without serious mental illness"* showed that HIV diagnoses were recorded for 1.0% of patients with serious mental illness and 5% of patients without serious mental illness[31]. Multivariate analyses indicated that individuals with bipolar disorder were no more likely than those without serious mental illness to have a recorded HIV diagnosis (OR=1.08, CI=.93–1.24), whereas those with other psychoses were more likely to have one (OR=1.18, CI=1.01–1.38). An interaction was observed between schizophrenia and substance use disorder. Compared with patients who had neither schizophrenia nor a substance use disorder, those with schizophrenia without a substance use disorder were less likely to have a recorded HIV diagnosis (OR=.49, CI=.42–.58), whereas those with schizophrenia with substance use disorder were more likely to have a recorded HIV diagnosis (OR=1.22, CI=1.04–1.43). The study concluded that, despite the elevated crude recorded prevalence of HIV, multivariate analyses on the serious mental illiness and HIV suggested that HIV-related risk factors underlie the associations between HIV sero-status and the serious mental illness diagnoses. For patients with schizophrenia, this study is the first to demonstrate reduced HIV risk in the absence of a substance use disorder[10].

Another three year (2001 to 2004) retrospective study to determine the prevalence of comorbid HIV infection and mental illness in a general psychiatric outpatients population in Durbin, USA found that HIV infection was present in 1.2% of the psychiatric outpatients; approximately four times the occurrence of HIV infection in the general adult population [11]. The major psychiatric diagnostic categories with a high prevalence of HIV infection were personality disorders (31%), substance abuse disorders (5%), bipolar disorders (2.6%) and posttraumatic stress disorder (2.1%).These were estimated to have significantly higher risk of HIV infection than the general psychiatric population. In the same study they compared demographic data for psychiatric outpatients in the full outpatient sample, women out-numbered men (60% versus 40%). However, HIV/AIDS was more prevalent in men than in women (69% versus 31%)[11]

In Sub- Saharan Africa, there are studies which have been done on HIV/AIDS and mental illness, among them the studies done in three South African sites, Epworth, Zimbabwe and Uganda.

In the three South African studies, major depression was diagnosed in between 35% and 38 % of people living with HIV/AIDS (PLHIV). In one study, an additional 22 percent were diagnosed with dysthymia - a form of mood disorder characterized by a lack of enjoyment in life. 'AIDS mania' is estimated to occur in around 1.4 percent of cases.

In Epworth Zimbabwe, the prevalence of HIV/AIDS and psychiatric disorders and their related risk factors among adults was studied. This study revealed that overall point prevalence of HIV infection was 59.3%[12]. Comparative analyses between seropositive and seronegative HIV/AIDS subjects showed 71.3% of the HIV positive subject had psychiatric disorders, more than those with HIV negative 44.3%. Also subjects aged 35 years and less were mostly HIV seronegatives. The overall prevalence of alcohol use/misuse was 21.1%, with a higher prevalence rate among HIV positive subjects 24.3% than those who were HIV negative 16.5%[12]. The commonest psychiatric symptoms/signs were emotional withdrawal, depressed mood, suspiciousness, apparent sadness, reduced sleep and suicidal thoughts (especially among women).

The study done in Uganda (East Africa) on the prevalence of HIV infection among the first-time admitted patients with severe mental illness at psychiatric wards in Butabika and Mulago Hospital revealed a total of 272 patients were recruited into the study. Forty-two patients (15.4%) were recruited from Mulago Hospital; the rest (84.6%) were from Butabika Hospital. The male to female ratio was 1.3:1. Fifty patients (18.4%) were HIV positive[13]. The rate of HIV infection among the female patients (30.2%) was about three times higher than that in males (9.6%). Forty six percent of the HIV positive patients presented with mania, 16% had depression, 10% presented with acute psychotic disorders, 8% had delirium while 14% had schizophrenia. Forty two percent of the HIV positive patients had CD4 counts of ≤ 200 and were in CDC/WHO clinical categories of HIV/AIDS; C1, C2 and C3 with an AIDS defining condition[13]

2.1. Common Mental Disorders associated with HIV/AIDS

Mental symptoms and disorders are becoming increasingly evident in HIV/AIDS patients alsopre-existing mental disorders may predate HIV related illness.

While data on the prevalence of mental disorders among HIV/AIDS patients vary in published studies, medical providers commonly encounter mental disorders in persons with HIV/AIDS. Stresses associated with living with HIV disease may contribute to mental disorders. Pre-existing mental disorders may predate HIV related illness. Research into HIV infection provides evidence of greater vulnerability among patients with mental disorders [14, 15]. Patients infected with HIV infection may present with neuro-psychiatric disorders across all stages of the disease. Frequently these patients may present with more than one neuro-psychiatric disorder concomitantly.

2.1.1. Abnormal psychological reactions

Abnormal psychological reaction on recognizing one is HIV infected includes obsessive-compulsive disorder, panic attacks, posttraumatic stress disorder, generalized anxiety disorders, adjustment disorders and phobias[16, 17]. Adjustment disorders occur in about 30% of HIV infected people referred for mental health services[16, 17.] Phobias and fears related to HIV and AIDS have been reported early in the history of HIV infection[18]. In early eighty's, there had been reports describing problems of the 'worried well', people with an overwhelming fear of having contracted HIV infection. Subsequently, there have been reports of a spectrum of disorders such as anxiety disorders, panic, hypochondriacal beliefs and obsessive-compulsive disorders related to HIV[18]. Manifestations of personality disorder may also occur as an associated factor, especially avoidant, dependent, narcissistic, histrionic features and substance abuse[16]. Psychological distress has been associated with decreased number of helper cells (T-lymphocytes) and B cells at low levels of viral burden, hence the rapid progression of HIV/AIDS diseas[19].

2.1.2. Mood/affective disorders

Depression is the commonest mood disorder reported in studies among HIV infected individuals. Other mood disorders include manic episodes, mixed episodes, suicidal behaviour and sexual dysfunction[18,20,]. Severe depression is seen in 15-30% of referrals to psychiatric services. The differences in prevalence of depression are often a reflection of the setting of the study, the tools used, stage of the illness and the population studied[18]. Depression has been reported to have an effect on the natural course of HIV infection. Several studies have assessed the role of gender in mental disorders, particularly depression and anxiety[18]. Majority of studies have shown higher rates of anxiety and depression in women[18, 21]. Women with HIV infection face higher caregiver burden, more stigma and poorer health care and these may contribute to higher prevalence of depression[18, 21.] People who are rejected or discriminated against may become more depressed. This can result in a more rapid progression of the disease[5]. Mania reaction is the most frequent reason for hospitalization[16, 21].

2.1.3 HIV related Delirium and Dementia

Patients with symptomatic HIV infection are at an increased risk of developing delirium due to Central Nervous System (CNS) impairment, multiple medications, systemic illnesses, pulmonary disease, meningitis, sepsis, and space occupying lesions of the brain[22, 23]. Delirium is suggested by symptoms of rapid onset of confusion and cognitive impairment. Dementia is also common in patients with HIV/AIDS. It is typically characterized by forgetfulness, poor concentration, slowness and difficulties with problem solving and may be accompanied by apathy and social withdrawal[22, 23].

2.1.4 Psychotic disorders

Psychosis is a severe mental disorder that greatly reduces functioning and affects thinking, perception, and cognition. Psychotic disorders include acute/brief psychotic disorders, schizophreniform disorders, schizophrenia and schizoaffective disorder[15]

2.1.5 HIV and alcohol and other drug use

People who abuse substances and suffer from severe mental illness are at increased risk of infection. Moreover some PLHIV may be at risk of becoming substance abusers or developing severe mental illness. Infected people may turn to alcohol and drugs to cope with their disease. Psychosis may occur in late stage AIDS, though this is rare. Coping with being HIV positive can be made more difficult by the reactions of communities and even friends and family.

2.2. Composite International Diagnostic Interview (CIDI) – APPENDIX III

The CIDI is a comprehensive, fully standardized interview that can be used to assess mental disorders according to the definitions and criteria of ICD-10 and DSM-IV. It was developed as a collaborative project between the World Health Organization and the US National Institutes of Health. It is the most widely used structured diagnostic interview in the

world. The CIDI has been designed for use in a variety of cultures and settings. It is primarily intended for use as an epidemiological tool, but can be used for research and clinical purposes. The CIDI has been used in two major epidemiological surveys in the US and in the National Survey of Mental Health and Well-being conducted in Australia in 1997. The CIDI interview is modular and presently covers somatoform disorders, anxiety disorders, depressive disorders, mania, schizophrenia, eating disorders, substance use disorders and cognitive impairment. The interview is highly structured, quite complex in its decision rules yet it can be administered very reliably by trained interviewers.

2.2.1 Reliability and Validity of CIDI

The CIDI is available in lifetime and 12-month versions, and in both paper-and- pencil and computer-administered version. The latter version is suitable for self-administration in cooperative subjects. The CIDI is available in many languages. It is supported by ten centers around the world, which conduct regular training programmes for interviewers. The training programmes are standardized and the training materials are comprehensive.

The data from the CIDI is entered into standard data entry format and the scoring program outputs the diagnosis when the criterion was met. The paper-and-pencil version of the CIDI (which was used in this study) has been shown to be reliable in large international field trials[10, 11]. Similarly, the validity of the CIDI has been demonstrated in a number of small scale studies[12]. The Swahili version of CIDI (paper-and-pencil version) was validated in Kilimanjaro-Tanzania on a population of people with mental disorders.

Administration of the interview requires training in following skip instructions, in invoking the Probe Flow Chart when necessary, in assembling lists of the symptoms which have been endorsed for the onset and regency questions, and in the use of the data entry and scoring program. In this study CIDI was administered by the principal investigator who underwent training on how to administer the CIDI.

3.0 PROBLEM STATEMENT AND SIGNIFICANCE OF THE STUDY

HIV infection and mental disorders have a complex relationship. Patients with mental disorders are more vulnerable to HIV infection and patients with HIV are likely to present with a wide range of mental disorders.

HIV infection among patients with mental disorders has emerged as a significant public health problem worldwide. Specific to this study, focusing on the relationship between mental disorders and vulnerability to HIV acquisition it would appear the main contributing factors to risk of HIV infection in patients with mental disorders are: (1) inaccurate information regarding several aspects of HIV transmission; (2) lack of awareness of the degree to which patient's own behavior places them at risk of HIV acquisition; (3) their symptoms for instance impulsivity and cognitive impairment, may contribute directly to an inability to safeguard against the transmission of sexually transmitted infections and HIV/AIDS; (4) patients with mental disorders maybe less motivated to engage in safer sex options; and (5) with chronic mental disorders patients may have social and economic decline making them seek for alternatives means of support including trading sex to survive. Untreated mental disorders may contribute to a patient's decline in function and quality of life as well as cause physical disability. Besides, mental disorder may cause poor compliance to medications used in the treatment of HIV/AIDS and opportunistic infections. Mental symptoms and disorders are becoming increasingly evident in HIV/AIDS patients. Pre-existing mental disorders may predate HIV related illness. Research into HIV infection provides evidence of greater vulnerability among the severely mentally people.This study offers an opportunity to link mental disorders and the HIV pandemic in Dar- es -Salaam and is an important entry point for HIV prevention Care and Treatment for the mentally disordered patients.

Use of the CIDI was guided by its versatility in covering all the mental diagnoses scoring algorithm according to DSM-IV and ICD-10 diagnoses. It has been used in many international settings and has been validated using the Kiswahili language in Tanzania. While it has not been widely used in mentally disordered populations in Africa, its use for this study allows for comparisons with any other similar studies in the future.

4.0 THE AIM OF THE STUDY

4.1 Broad objective

To determine the prevalence of HIV infection and related factors among adult outpatients with mental disorders in the psychiatric unit of MNH

4.2 Specific objectives

4.2.1 To dete rmine the related mental disorders among HIV infected patients.

4.2.2 To determine the CD4 count of patiens with mental disorder and who test positive for HIV infection.

4.2.3 To determine the related sexual behaviors among patients with mental disorders by HIV serostatus.

The obtained study results will be disseminated to the funding urgencies and also will do puplication through the Tanzania Medical Journal.

5.0 METHODOLOGY

5.1 Description of study area.

The study area was the psychiatric unit at Muhimbili National Hospital. It is a tertiary referral hospital, located in Ilala municipality. The pyschiatry unit receives patients who are referred from Dar-es-Salaam muninicipal hospitals, Ilala, Temeke and Mwananyamala, among others. There are few patients who are self referred. Apart from the inpatients services; the unit also provides services for outpatients as well as outreach to satellite mental health clinics. The outpatient services include: regular follow up clinics, new case clinics, psychotherapeutic interventions, psycho education, occupational therapy (OT) and supportive group therapy as well as a child and adolescent clinic provided once a week. I chose this site due to the limitation of time in completion of this dissertation study.

5.2 Study design

The study is a cross-sectional hospital based study, conducted over 6 month's period from September 2007 to February 2008.

5.3 Sample size

This was calculated by using software EpiInfo –version 6.4 (repeatable calculator), using the following parameters: (i) the 95% CI as the precision of the study, and (ii) based on the assumption that the previous estimate of HIV prevalence among patients with mental disorders in Mulago and Mutabika hospitals (Uganda), was 18.4%.

The study population of patients with mental disorder who attended the psychiatry unit at MNH in a year is approximated to be 8,320. There was no statistical significant difference when the sample size was calculated using a study population of 999,999 as both lead to the sample size of 157. The required sample sizes for different levels of true minimum sensitivity at the 95% confidence level are calculated using different point prevalence.

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Table1: Sample Size Calculation

Prevalence estimate	Worst accepted prevalence	Sample size
18.4	12.4	157
	24.4	157
	11.4	116
	25.4	116
	13.4	224
	23.4	224
	7.4	47
	29.4	47

Due to the funding and time limitations I was only able to cover 150 patients and not the required 157 (Table 1).

5.4. Study population

Adults with mental disorders, aged 18 years and above, attending the outpatient clinic in the psychiatric unit at Muhimbili National Hospital.

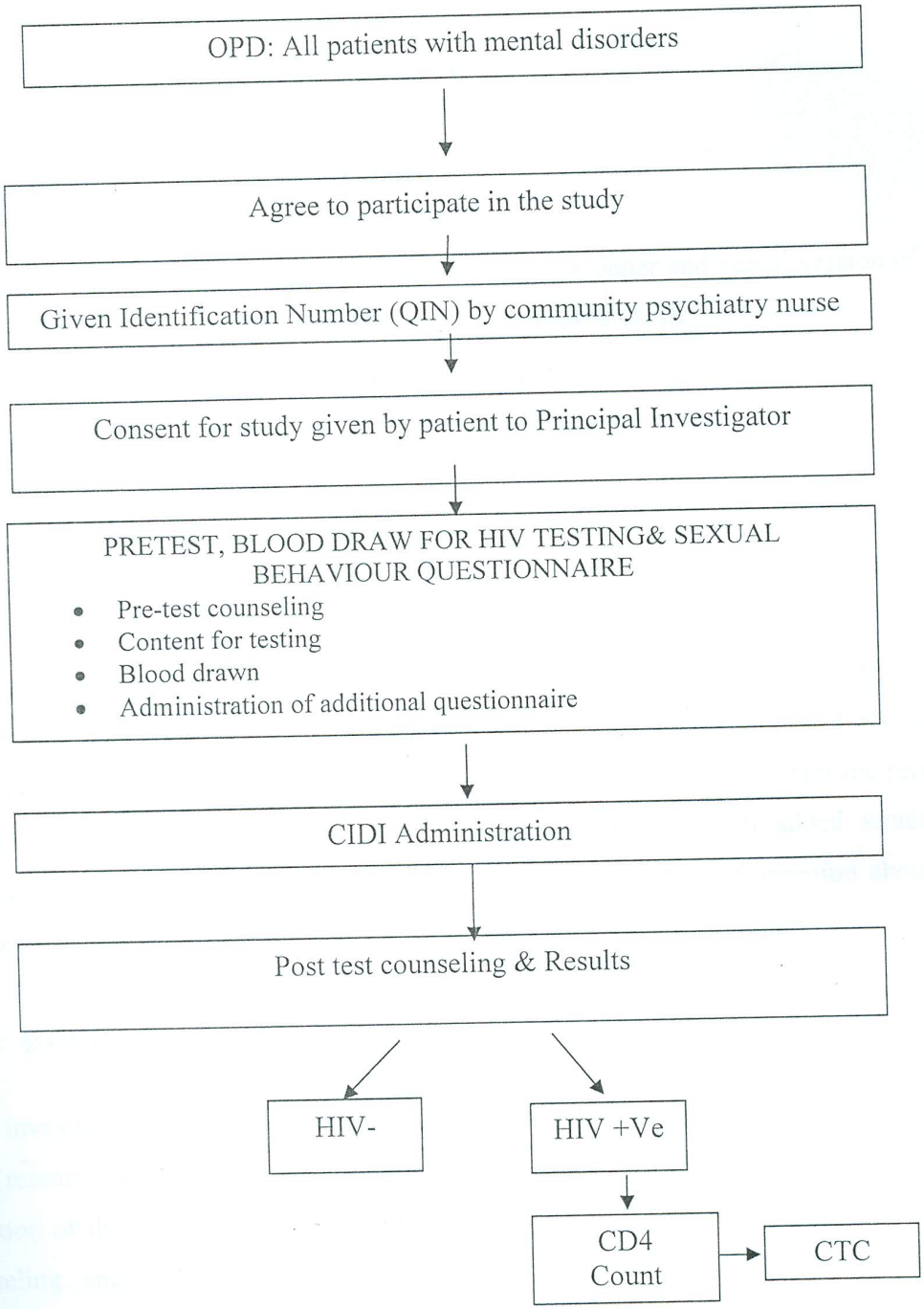
5.5. Sampling procedure and Data collection

All patients attending the outpatient clinic at the psychiatry unit-MNH were invited to participate in the study. Patients were recruited on a daily basis (Monday to Friday), except on Thursday and during public holidays. The study was carried out over six months from September 2007 to February 2008. Patients meeting the following eligibility criteria being mentally ill, aged 18 years and above, attendance at the health education session, acceptance

to be given questionnaire identification number (QIN) were selected for the informed consent process and recruitment into the study.

Patients were then seen by their consulting doctors for regular follow up, after which the principal investigator asked for informed consent. An average of 4 patients accepted to give informed consent in any given clinic day. Those who gave informed consent, underwent pre- test counseling which was done at the psychiatric unit by a nurse -counselor, she also did the blood draw and administered an additional structured questionnaire on sexual behaviors. The blood sample for HIV test was sent to the Microbiology Laboratory (MUHAS) for processing. After that, the CIDI was administered by the principal investigator (trained in administration of the CIDI), then patients underwent post-test counseling and were given their HIV test results on the same day by the same nurse-counselor. Those who tested HIV negative were counseled for negative results. Those who tested positive for HIV, were counseled for positive results and their remaining blood sample sent to the Central Pathology Laboratory (CPL) at MNH for CD4 counting after which the patient was referred to the Muhimbili CTC for comprehensive care and treatment. Two of the patients who screened positive for HIV decided to go back to their home village after learning their status. Referrals were made for them to the respective regional hospitals, Morogoro and Singida (c.f figure 1 for procedures)

Figure 1: Sampling Procedure and Data Collection



5.6. Exclusion criteria.

Those who refused to give an informed consent.

5.7. Data collection Instrument.

The data collection diagnostic instrument used was the paper and pencil version of the CIDI. The information obtained regarding the basic epidemiological descriptive profiles of the patients as well as the general health information, and their mental disorders was gathered by this tool. During the CIDI interview, respondents were asked questions about symptoms of psychiatric disorders.

Positive responses to symptom questions were followed by questions from the Probe Flow Chart which determined whether the symptom is a possible psychiatric symptom (i.e., it is clinically significant and is not due to medication, drugs or alcohol or to a physical illness or injury). Negative responses to symptom questions often lead to later questions being skipped.

If enough symptoms are endorsed, and these symptoms occur in a pattern which suggests a diagnosis might be present, respondents are asked about the onset and the recency of the particular cluster of symptoms which they have endorsed. An added structured questionnaire administered by the nurse counselor was used to obtain information about the patient's sexual behavior.

5.8. Data Quality Control

An investigator trained in performing the CIDI interviewed patients. A trained nurse counselor (research assistant) assisted in pre-test counseling, collection of blood samples and administration of the additional questionnaire on sexual behavior (Appendix II) and the post test counseling and results. Two Laboratory Technologists performed serological and hematological analysis for HIV and CD4 counts respectively. To assure blinding, confidentiality and concordance between questionnaire and blood sample, questionnaire

identification number (QIN) appeared on the questionnaire, laboratory form and on the specimen containers.

5.9. Investigations

5.9.1. Blood specimen collection

The venous blood was drawn from each patient by using a 5cc disposable syringe. This was done after cleaning the site with a cotton wool swab soaked in spirit (70% alcohol). About 5mls of blood was drawn, samples were then sent to the laboratory for investigations. About 2mls of blood was used for HIV test and for those with positive results, the remaining sample subjected to CD4 counting. Samples were drawn together (at the same time) to avoid the repetition of needle piercing to the patient which may lead to both physical and emotional discomfort and may inadvertently cause disclosure of serostatus before patient is able to inform those who they wish to be informed.

5.9.2. HIV testing

Test for HIV infection was done based on the National Testing Algorithm recommended for use in VCT sites in Tanzania, i.e. using two Rapid HIV Tests (Capillus and Determine) run sequentially, i.e. starting with Capillus test, then Determine for those tests showing a positive result. If first test results showed negative – they were reported as negative and patient was counseled for negative results. Those who tested positive on first test were subjected to a second test. If both Capillus and Determine showed positive results, patient was counseled for positive results. There were no tests which showed discordant results.

5.9.3. CD4 Counts

CD_4 T-lymphocytes were quantified using a BD FACS Calibur, machine for CD4/CD8. The CD4 classification criteria for the stage of HIV-1 infection by World Health Organization (WHO) are as follows:

1) CD4 **>500 cells/ mm^3** – Normal level
2) CD4 **200 -499 cells/mm^3** – Moderate immunosuppressant

3) CD4 **<200 cells/mm^3** – Severe immunosuppressant

In this study, the CD4 classification used according to the Tanzania eligibility criteria for the initiation of ARV's in the patients with HIV Infection, i.e.

1) **<200 cells/mm^3** - Eligible for the initiation of ARV's, at any stage of the disease.
2) **200 cells/mm^3 and above** –Not eligible for the initiation of ARV's, considering the stage of the disease.

5.10. Data processing and analysis

Soon after data collection, all questionnaires were checked for completeness. The responses to all the questions were checked and any inconsistencies were noted and corrected. Data entry, cleaning were done using SPSS for Windows version 15. Analysis was done by using EpiInfo version 6.4 and SPSS for Windows version 15. Epical was used to compare the proportion between the two groups, HIV positive and HIV negative. Simple frequency tables, cross-tabulation, chi-square, logistic regression for the bivariate variables and multinomial logistic was done at 95% CI, to explore the existence of statistical significance difference between variables of interest.

5.11. Ethical Consideration

Ethical clearance was obtained from Muhimbili University of Health and Allied Sciences Committee of Research and Publications (CRP). Prior to interview, patient was given information about the study, and signed an informed consent. The consent form addressed all important concerns such as purpose of the study, participants, HIV testing, confidentiality, potential benefits and risks as well as voluntary participation and right to withdraw. They were given contacts of the principal investigator and Director of Research and Publication (DRP), in case they had question(s) needed to be clarified or the study conduct contravened their rights as respondents. Patients, who agreed to participate in the study, signed the informed consent form (Appendix I). To ensure confidentiality, and concordance between questionnaires (CIDI

and the additional sexual behavior questionnaire) and blood sample, only questionnaire identification number (QIN) was used on the laboratory form and on the specimen containers of the sample for serological and hematological. Patient was identified by the same number written on the questionnaire. Signed consent forms that had the same QIN and names were kept under lock and key for confidentiality purposes. Only the principal investigator had access to these documents that could link a person to a QIN and HIV-related test results.

6.0 RESULTS

6.1 Description of the study participants

A total of 150 patients were recruited in this study, among them 59.3% (n= 89) were male while 40.7% (n= 61) were female. The age range was 18 to 66 years, with mean age of 34.2. Most patients were in the young age group 18 to 34 years, i.e. 62.0% (n=93), compared to the older group aged of 35+ whom were 38% (n= 57), (c.f.Table 2).

Most of the patients 56% (n= 84) were never married, there was an overrepresentation of male to female gender among those who were unmarried (1.5:1). Most of the patients completed primary level of education 70 (46.7%) – no difference between male and female. Those who attained secondary and tertiary level of education were each at 20.7%. Fifty five percent (n=83) were unemployed of these 47.2% and 67.2% were male and female respectively (c.f. Table 2).

Table 2: Descriptions of the Study Participants and their HIV Status

Variables		HIV Status				Total	
		+Ve		-Ve			
		n	%	n	%	n	%
Age (Years)	18-34	7	53.8	86	62.8	93	62
	35+	6	46.2	51	37.2	57	38
	Total	**13**	**100**	**137**	100	**150**	**100**
Marital status	Ever married /Cohabiting[¥]	3	23.1	36	26.3	39	26.0
	Separated/Widow	5	38.5	22	16.1	27	18.0
	Never married	5	38.5	79	57.7	84	56.0
	Total	**13**	**100**	**137**	**100**	**150**	**100**
Education level	No education	1	7.7	5	3.6	6	4.0
	Primary incomplete	0	0	12	8.8	12	8.0
	Primary complete	10	76.9	60	43.8	70	46.7
	Secondary	1	7.7	30	21.9	31	20.7
	Tertiary	1	7.7	30	21.9	31	20.7
	Total	**13**	**100**	**137**	100	**150**	**100**
Occupation	Unemployed	8	61.5	75	54.7	83	55.3
	Self employed	4	30.8	44	32.1	48	32.0
	Employed	1	7.7	18	13.1	19	12.7
	Total	**13**	**100**	**137**	100	**150**	**100**
Gender	Male	0	0	89	65.0	89	59.3
	Female[¥¥]	13	100	48	35.0	61	40.7
	Total	**13**	**100**	**137**	100	**150**	**100**

¥: (Wald Statistics = 6.825, df = 2, p-value =0.033)

¥¥: (X^2 =20.77, df =1, p-value 0.001)

6.2 Prevalence of HIV infection among patients with mental disorders

The prevalence of HIV infection among the 150 studied patients with mental disorders, was found to be 8.7% (13/150, 95% CI, 4.9-14.0). For female patients the prevalence of HIV positivity was 21.3% (n=13) as opposed to that of male (0%). This result was statistically significant (X^2 =20.77, df =1, p-value 0.001), (c.f. Table 2). The distribution of basic epidemiological profile by the HIV status showed that, patients aged 18-34 had higher prevalence of HIV infection 53.8% (n=7), compared to their older counterparts 46.2% (n=6), there was no statistical significant difference, (X^2 = 2.75, df = 1, p-value = 0.097). Those who were married had a lower prevalence of HIV infection 23.1% (n=3). This result was statistically significant (Wald statistics = 6.825, df = 2, p-value =0.033). Patients who completed primary education, had the highest prevalence of HIV infection, 76.9% (n=10). Unemployed patients had higher prevalence of HIV positivity recorded at 61.5% (n=8), this was however not statistically significant.

6.3 CD4 count of patient with mental disorder and who test positive for HIV infection.

The CD4 counts ranged from 110 to 347cells/mm^3, with a mean CD4 count of 237.6cells/mm^3. Only 4 (30.8%) participants had CD4 count of <200 cells/ mm^3, hence were eligible to start ARV's. These patients were referred to the Muhimbili, Morogoro and Singida CTCs for treatment.

Table 3: Distribution of CD4 Counts among the HIV Positive Patients

Variable		HIV +Ve n
CD4 cells/mm^3	<200	4
	200+	9
	Total	13

6.4 Mental disorders among HIV infected patients and non infected patients

The most common diagnostic mental disorders were abnormal psychological reactions [dissociative disorders (n=35), anxiety disorders (n=28), somatic symptoms (n=2), PTSD (n=29), OCD (n=1), somatization (n=31)], followed by alcohol dependence (n=19), mood/affective disorders [mania (n=5), depression (n=3) and BPD (n=5)], and psychosis (schizophrenia (n=1)]. Among the patients who had abnormal psychological reaction 55.6% (n=15) were HIV positive and 84.1% (n=111) were HIV negative, (Table 4). The statistical tests to compare the two proportions were done. i.e. abnormal psychological reaction and the HIV serostatus, against other diagnostic mental disorders (mood/affective disorders, psychosis and alcohol dependence). The results showed that most patients with abnormal psychological reaction were HIV negative, and this found to be statistically si gnificant difference, (X^2 =11.80, df =1, p-value = 0.002). In patients with mood/affective disorders 40.7% (n=11) found to be HIV positive and 1.5% (n=2) were HIV negative. When compared these two groups against other diagnoses (abnormal psychological reaction, alcohol dependence and psychosis), results showed that most patients with mood disorders were HIV positive. This result found to have statistical difference between the two proportions with Yate's corrected X^2 = 40.54, df =1, p-value = 0.001. However these findings interpretation should be made with caution due to the small number of patients who were HIV positive. All patients who

were alcohol dependent, 14.4% (n=19) were HIV negative. Among all the HIV positive patients, none was diagnosed to abuse other substance like cannabis, cocaine etc. (Table 4).

There are other diagnoses which showed inconclusive results i.e. did not reach the criteria for caseness according to the ICD-10/DSM-IV. These patients were not included in Table 4. The diagnoses were as follows: alcohol dependence 31.3% (n= 47) schizoaffective 43.3% (n=65), BPD 24.7% (n=37), depression 24.7% (n=37) and anxiey disorders 12.7% (n=19).

Table 4: Mental Disorders among the Patients with HIV Infection and without HIV infecion

Mental disorders	HIV Status			
	Positive		Negative	
	N	%	n	%
Abnormal Psychological Reaction¥	15	55.6	111	84.I
Mood/Affective disorders¥¥	11	40.7	2	1.5
Psychosis	1	3.7	0	0
Alcohol dependence	0	0	19	14.4
Total*	27**	100	132	100

¥ (X^2 =11.80, df =1, p-value = 0.002)

¥¥ (Yate's corrected X^2 =40.54, df =1, p-value = 0.001)

* Patients may have more than one mental disorder (cormobid diagnoses), hence total add to more than 150 patients.

** N = 27, as shown as a total HIV positive patients also explained by the fact that, patients had cormobid diagnoses of mental disorders.

6.5 Sexual behaviors among patients with mental disorders

The sexual behavior of the patients with mental disorders, were assessed. These included having multiple sexual partners (more than 1) in the past one year and the past three months. The number of times a patient did not use a condom during a sexual encounter, having a high risk partner, (that is partner known to have HIV infection or other sexual transmitted infections, or had sex with a sex worker, etc) or having sex with a partner they met in a high risk venue (that is bar, night clubs, guest houses). I also assessed whether the patient had been involved in trading sex.

The results showed that, most patients with HIV infection had only one sexual partner in the past one year, 53.8% (n=7) and in the past 3 months, 84.6% (n=11). A little over ninety percent of the patients with HIV infection had never used a condom during a sexual encounter, though not statistically significant. When compared to patients who screened negative for HIV, 115 (83.9%) who did not meet their partner at high risk venues (X^2=7.083, d.f= 1, p-value =0.008) c.f Table 5 below. All patients denied being involved in trading sex in the past one year.

Table 5: HIV Prevalence by Sexual Behaviour Characteristics

Variables		HIV Status			
		+Ve		-Ve	
		N	%	n	%
Sex partners in life time	0	0	0	14	10.2
	1	0	0	35	25.5
	2+	13	100	88	64.2
	Total	**13**	**100**	**137**	**100**
Sex partners in past one year	0	1	7.7	42	30.7
	1	7	53.8	68	49.6
	2+	5	38.5	27	19.7
	Total	**13**	**100**	**137**	**100**
Sex partners in past three months	0	2	15.4	54	39.4
	1	11	84.6	69	50.4
	2+	0	0	14	10.2
	Total	**13**	**100**	**137**	**100**
No. of times not use condom	All the time	12	92.3	99	72.3
	once	0	0	26	19.0
	2+	1	7.7	12	8.8
	Total	**13**	**100**	**137**	**100**
Met a partner at high risk area	Yes	6	46.2	22	16.1
	No[¥]	7	53.8	115	83.9
	Total	**13**	**100**	**137**	**100**
Sex with high risk partner	Yes	3	23.1	18	13.1
	No	10	76.9	119	86.9
	Total	**13**	**100**	**137**	**100**

[¥]= (X^2=7.083, d.f= 1, p-value =0.008)

7.0. DISCUSSION

The discussion of results is for the study conducted from September 2007 to February 2008 at the Department of Psychiatry of Muhimbili National Hospital. A total of 150 outpatients with mental disorders were recruited, consented and interviewed (CIDI and sexual behaviour questionnaire). They had blood drawn, tested for HIV and for those screening HIV positive, CD4 counts were conducted. The results have been reported in the previous pages.

7.1 Prevalence of HIV infection

The prevalence of HIV infection among the adult out-patients population with mental disorders was estimated to be 8.7% (n=13, 95% CI, 4.9-14.0). The obtained prevalence is higher by1.4 times the current reported HIV prevalence in the general population of Tanzania (5.4%)[4]. The prevalence of HIV infection in the general population in Tanzania has dropped from 7.9%[2] to 5.4%[4]. It is possible that while the HIV prevalence rate is reducing in the general population in Tanzania; it is not doing so among patients with mental disorders.

Data on the prevalence of HIV infection among psychiatric patients available from other studies also showed that the mentally disordered populations have higher prevalence of HIV infection compared with the general population. These studies include a study one done in New York[6] which showed the prevalence of HIV-1 among patients admitted to two Psychiatric hospitals to be 5.5% (i.e. 25 out of 451 patients), while the US population HIV prevalence is 0.3%. The obtained results are also similar to those from another study done in 2004 on the prevalence of HIV, in people with severe mental illness showing the prevalence of HIV infection to be 3.1%[7]. This was approximately eight times the estimated US population rate. The obtained results are also in agreement with another three year (2001 to 2004) retrospective study to determine the prevalence of comorbid HIV infection and mental illness in a Psychiatric Outpatients population in Durbin, which found that HIV infection was present in 1.2%[11] of the psychiatric outpatients; approximately four times the occurrence of HIV infection in the general adult population of the US.

Likewise in Sub-Saharan Africa, the study done in Epworth, Zimbabwe on the prevalence of HIV/AIDS and psychiatric disorders and HIV-related risk factors among adults, revealed the overall point prevalence of HIV infection was 59.3%[12] while that of the general population is (30%)[28]. This rate in patients with psychiatry disorder is about twice that of the the general population. These results are also evident in the East African study conducted in Uganda, on the prevalence of HIV infection among patients admitted for the first time with severe mental illness at psychiatric wards in Butabika and Mulago hospital where fifty patients (18.4%) [13] were found to be HIV positive. Compared to the general population (6.5%) this is 2.8 times higher than the general population.

7.2 HIV infection and epidemiological basic profile

The distribution of basic epidemiological profile by the HIV status showed that all patients who were infected with HIV were females, and this was statistically significant. These findings are in agreement with the study done in Uganda which showed the rate of HIV infection among the female patients (30.2%) was about three times higher than that in males (9.6%)[13]. The physiological nature of the female genital tract, social dependence on male partners, lowered educational attainment and lowered employment opportunities, make women more economical dependent at times on physically abusive partnerships putting them at increased risk of HIV infection [29]. Only the study done in Durbin (S.A), showed HIV/AIDS was more prevalent in men than in women (69% versus 31%)[11] reflecting men who have sex with men epidemic (MSM) rather than a heterosexual epidemic.

The distribution of basic epidemiological profiles by HIV status showed that, patients aged 18-34 years had higher prevalence of HIV infection 53.8% (n=7), compared to those who are 35 years and older 46.2% (n=6), though not statistically significant. These results are similar to the results obtained from the general population which showed higher prevalence of HIV in especially women of the ages between 25-34 years[3]. Similarly, a study done in Uganda showed that HIV prevalence in patients with mental disorders was found to be higher in the

age group 21-30 years[13]. The Epworth study does not reflect these findings with lowered rates amongst the younger age group (under 35s).

On marital status, the results showed that patients in partnerships (married or cohabiting) had a lowered prevalence of HIV infection compared to those who were separated or widowed and those who never married. These results found to be statistically significant and are in concordance with the results obtained in the Tanzania general population which showed the prevalence of HIV infection by marital status in women and men who are separated or divorced had significantly higher rate of HIV infection than currently married[2]. Contrary to this, the study done in Mulago (Uganda), found higher prevalence of HIV in the married population of patients with mental disorders[13].

7.3 Reported mental disorders among HIV infected patients

The mental disorders in this study were diagnosed using CIDI[26, 27]. The most common diagnostic mental disorders were abnormal psychological reaction (dissociative disorders, anxiety disorders, somatic symptoms, PTSD, OCD, somatization) followed by mood/affective disorders (mania, depression and BPD), alcohol dependence and psychosis (schizophrenia). Higher HIV prevalence was found in patients who met the criterion of abnormal psychological reactions a finding that reaches statistical difference. These results may suggest that this group of mentally disordered patients may have been worried that they are HIV infected or have other unrelated causes for acute reactive psychological symptoms that need to be determined.

The second commonest reported mental disorders among the HIV positive patients were mood or affective disorders, results shown to be statistical significant. Results are similar with those obtained from a study done in Uganda which found a higher rate of HIV infection among patients with mania followed by depression[13]. All patients who were alcohol dependent were HIV negative. There was no reported dependency to other drugs in this population. This is not comparable to a retrospective study in a Psychiatric Outpatients population in Durbin that found substance abusing patients having a high prevalence of HIV infection[11]. In general, patients who abuse substances are estimated to have a significantly higher risk of HIV infection than the other mental disorders. The discrepancies in my study could be explained by

the fact that, the instrument (CIDI) used to diagnose mental disorders needed rigid diagnostic criteria of ICD-10 and DSM-IV, hence the diagnoses which didn't reach the criteria (inconclusive diagnoses) were not included in the analysis.

7.4 Sexual behaviour of HIV infected mental disordered patients

In the assessment of sexual behavior of the patients, the results showed that patients who tested negative for HIV did not meet their partners at a high risk venue, a finding that was statistically significant. All patients reported non involvement in trading sex. With reference to condom use, 92.3% of those with HIV infection reported they had never use a condom. This finding was not a statistically significant, may be due to the small sample size. These findings are contrary to those of a study done by McKinnon, et al in Columbia[9] where non use of condoms was significantly associated with a HIV positive status.

7.5 Study Limitation

Some of the limitations of this study were: (1) Due to the small sample size, further statistical analysis was limited, and consequently further data interpretations were not possible; (2) The principal investigator was limited by available financial resources and time limiting the scope of the enquiry; (3) the use of CIDI was not as user friendly as anticipated as it consumed a lot of time to administer. This is due to its complex structure and many pages (over 80pages) that contained by CIDI. Patients often commented to the bulkiness of the instrument. No patient who gave consent terminated the interview on the grounds of bulkiness of the questionnaire. Another limitation was that, among those who tested HIV positive, there was lack of awareness as to what came first, the HIV infection or the mental disorder; hence, hindered further statistical associations.

7.6 Strength of the study

This is the first time that a study of the prevelenvce of HIV infection among the mentally disordred population haes been conducted in Tanzania, using the CIDI as well as biological markers of HIV infectivity and stage of illness. Results of this study will support interventions for HIV infection among stigmatized mentally disordered patients.

8.0 CONCLUSION

8.1. HIV infection has been a growing public health problem among patients with mental disorders. The higher rates of HIV prevalence among patients with mental disorders, such as found in this study present a big challenge to the mental health practitioners. This also brings to the forefront the need for focused interventions for this vulnerable and disadvantaged segment of the population with high risk of HIV infection. Provision of comprehensive management of these patients, who because of disease specific behaviors are at a higher risk of HIV infection requires mental health practitioners to be fully aware of the wide range of medical, psychological and ethical issues involved.

8.2. There is need for a wider range of skills such as comprehensive diagnostic evaluation, assessment of mental disorder and need for regular comprehensive assessment of HIV risk behaviour in all patients presenting with mental disorders.

8.3 Mentally disordered specific HIV preventive care and treatment interventions need to be implemented in this population.

8.4. The obtained results are important in the highlighting of the higher prevalence of HIV infection in the patients with mental disorders, and need for more close observation and understanding of how this public health problem affects mentally disordered patients. This suggests an unmet need for both primary and secondary prevention of HIV/AIDS.

9.0. RECOMMENDATIONS

Overall, there is need for developing skills for special programmes on HIV/AIDS for the patients with mental disorder. These programmes should include:

1) Increased staff awareness of the links between mental disorder and HIV/AIDS

2) Imparting counseling and testing skills to the mental health practitioners taking care of patients with mental disorder should be a priority area

3) Provision of mental health focused Voluntary HIV counseling and testing in psychiatric hospitals as well psychiatry departments.

4) Provision of services focused on sexual health and HIV/STD prevention should be part of management in patients with mental disorders.
   - Preliminary studies showed that educational programmes specifically developed for mentally disordered patients reduced patients' HIV-risk behaviour.

5) Due to the many facets of possible effects of HIV on the mentally disordered the provision of comprehensive care and treatment of patients with HIV/AIDS should be considered within mental health care systems.

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APPENDIX I: CONSENT FORM (ENGLISH VERSION)

Introduction

Greetings Madam/Sir,

My name is Dr. Kissah Mwambene, I am working at the Muhimbili National Hospital and I am also involved in a research on Prevalence of HIV infection among patients with mental disorders in Psychiatric unit.

Purpose of the study

I will recruit patients with mental disorders, who are attending outpatient clinic in this unit. From those, I would like to know how many of them are infected with HIV, the diagnosis of their mental disorder and the CD4 count.

Participants

Those willing to participate, they will undergo VCT (pre-test counseling) and for those who will agree testing will be done; venopuncture will be performed where by 5mls of blood will be drawn for investigations. There after you will be interviewed on some questions related to the research using a questionnaire (CIDI).Before we begin this process the patient has to sign a consent form to indicate his/her willingness to participate

Confidentiality

Your name will not appear on any form/document; instead an identification number will be used in the questionnaire, laboratory forms and in the computer where all the information will be stored. All the information we collect from you will be confidential and will only be used for the purpose of this study and for provision better treatment and care. No one else other than the people involved in the study will have access to this information. Only an investigator will excess this consent form

Benefits and Risks

You will benefits from the study by knowing your HIV-1 status. Also you will be able to get the medical advice at any time you need during the period of the study by communicating with the doctor involved in this research. We hope that information we shall learn from this research will be useful in terms of offering better care and treatment to mental disordered patients with HIV-1 infection, including the appropriate referral to HIV Care and Treatment Clinic. Apart from benefits, you will feel some little pain when the needle pierces when drawing the blood samples

Voluntary Participation & Rights to Withdraw

Your participation is voluntary and you have the right to discontinue from participating in this study at any time. However your decision may be, it will not affect in any way your rights to care and treatment at our unit.

Incase of Injury

We do not anticipate any harm as a result of taking part in this research. However, should physical injury occur, we provide you treatment you with treatment according to the current standard of care in Tanzania. For emotional injury, patients will be referred to clinical Psychologist for appropriate psychotherapy.

Contact Person

If you have questions about this study, please do not hesitate to contact:

Dr. Kissah .E. Mwambene, Principal Investigator;
Department of Ps ychiatry,
MUHAS
P.O. Box 65001,
Dar-es-salaam.
Mobiles: 0757- 528 295

APPENDIX II: HIV/AIDS KNOWLEDGE AND RISK BEHAVIOURS- ADDITION QUESTIONNAIRE (ENGLISH VERSION)

Questionnaire Identification No----------

Date: -------/-------/--------

Knowledge of HIV / AIDS status

(1) Knowledge on the HIV-1 serostatus

1 = Knew status

2= Did not know status.

HIV risk behaviour:

(2) At what age did you begin sexual intercourse..... Years

(3) No of sexual partners in a life time.....

(4) Number of sexual partners in past one year.....

(5) No of active sexual partners: (Within last three months).....

(6) Number of risky, causal sex, unprotected sex.....

(7) Sex trading in last one year.

1= Yes

2= No

(8) Partner has known risk e.g. STD, HIV

1= Yes

2= No

(9) Met partner in bar, street, etc

1= Yes

2= No

APPENDIX III: THE COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW: ENGLISH VERSION

COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI)

CORE VERSION 2.1

(JANUARY 1997)

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CONTENTS[1]

CIDI Format Conventions ii

Section A: Demographics 1

Section B: Disorders resulting from the use of tobacco (F17) 3

Section C: Somatoform (F45) and dissociative (conversion) disorders (F44) 7

Section D: Phobic (F40) and other anxiety disorders (F41) 16

Section E: Depressive disorders (F32/F33) and dysthymic disorder (F33) 32

Section F: Manic (F30) and bipolar affective disorder (F31) 44

Section G: Schizophrenia and other psychotic disorders (F20, F22, F23, and F25) 49

Section H: Eating disorders (F5) 57

Section J: Disorders resulting from use of alcohol (F10) 62

Section K: Obsessive-compulsive disorder (F42) and Post-traumatic stress disorder (F43) 68

Section L: Substance-related disorders (F11-F16, F18, and F19) 77

Section M: Dementia, amnestic and other cognitive disorders (F0) 96

Section P: Interviewer observations 100

Section X: Interviewer ratings 102

Cards 105

[1] The CIDI is structured in sections from A (Demographics) to X (Interviewer ratings). Questions are identified by section letter and number. Although DSM-IV as well as ICD diagnoses are made, only the F numbers from ICD-10 are shown.

CIDI FORMAT CONVENTIONS

1. All questions are to be read, unless there is a skip instruction associated with a code or following the question. If not instructed to skip, the interviewer always drops to the next instruction or question after coding a response. All questions are numbered from A1 to X9. The first question following a line across the page is a main question.

2. Capitalized text is reserved for interviewer instructions. Capitalized interviewer instructions where coding is required are numbered.

3. Questions to be read to the respondent are written in lower case type. Lower case words in parentheses that contain no slashes are to be read only if needed to clarify the meaning. Lower case words within parentheses that are separated by slashes are for the interviewer to select among, depending on previous responses. Capitalized words in parentheses are generic items, which should be replaced by the term previously volunteered by the respondent. Words inside a left bracket [are to be read in the first reading. When the interviewer returns a second time for Column II, the phrase from the left bracket to the end of the question is read.

4. There are different types of questions and coding patterns in the CIDI:

   (a) Questions that directly indicate the meaning of the code (no = 1, yes = 5)

   (b) Questions with horizontal codes labelled PRB: 1 2 3 4 5 begin with the interview question, but are then followed up with questions as described in the Probe Flow Chart (PFC). The Probe Flow Chart is attached to the back of the interview.

   (c) Horizontal codes labelled ONS (Onset) and REC (Recency) are scored with questions in the Probe Flow Chart.

   (d) Probe Flow Chart questions include a generic reference to the symptom being scored: (SX). The interviewer substitutes the underlined words in the interview question for the additional Probe, ONS and REC questions.

   (e) When a phrase labelled "SX = " appears below the question, there is no underlined word in the question, and this phrase is to be substituted in the Probe Flow Chart question.

5. The INDEX in the left margin of the interview shows the corresponding Diagnosis, the Diagnostic System, and the specific criterion for which this question is being used in the diagnostic algorithm. Interviewers may ignore the Index.

6. Interviewer and Respondent Cards: In some sections of the interview the interviewer is directed to use interviewer and respondent cards. These are attached to the back of the CIDI interview.

7. Probe Flow Chart: The meaning of the PRB, ONS, and REC codes is explained in the Probe Flow Chart attached to the interview.

INTERVIEWER'S NAME _____ INT CODE ___/___/___

ID CODE ___/___/___/___/___/___/___ LANGUAGE OF INTERVIEW_____

TIME BEGAN hr _____/_____/min _____/_____ DATE DAY___/___MO___/___YR___/___

SECTION A

DEMOG	A1	RECORD SEX AS OBSERVED.	MALE.....1 FEMALE.....2
DEMOG	A2	How old are you?	AGE ___/___
DEMOG	A3	What is your birthdate?	DAY___/___ MO___/___ YR___/___
DEMOG	A4	Are you presently married, or are you widowed, separated, divorced, or have you never been married?	MARRIED ..... (ASK A).....1 WIDOWED .....(ASK B).....2 SEPARATED .....(ASK B).....3 DIVORCED.....(ASK B).....4 NEVER MARRIED .....(ASK B).....5
		A. IF CURRENTLY MARRIED (A4=1), ASK: Are you currently living with your (husband/wife)?	NO .....1 YES .....(SKIP TO A5) 5
		B. Are you currently living with someone as though you were married?	NO .....1 YES 5
DEMOG	A5	How many children have you had, not counting any who are yours by adoption or who were born dead?	# CHILDREN ___/___
DEMOG	A6	Now I want to ask you about work. In the last twelve months, how many months have you been employed? COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE, CODE 00 AND SKIP TO A8. IF LESS THAN 1 MONTH CODE 01.	# MOS ___/___

DEMOG	A7	Are you employed now?	NO.....(SKIP TO A8).....1 YES 5
		A. Do you work full-time or part-time?	FULL-TIME.....1 PART-TIME 2
		B. What kind of work do you do? RECORD:_____	
		C. In what kind of business or industry are you working? RECORD: _____	
DEMOG	A8	How many years of schooling have you completed?	YEARS ___/___
DEMOG	A9	Are you still in school?	NO .....1 YES .....(SKIP TO A11).....5
		A. How old were you when you stopped being a full-time student?	AGE ___/___
DEMOG	A10	Did you (graduate from/complete) the last school you attended?	NO .....1 YES 5
DEMOG	A11	Do you usually speak (LANGUAGE OF INTERVIEW) at home?	NO .....1 YES .....(SKIP TO B1).....5
		A. When did you begin speaking (LANGUAGE OF INTERVIEW)?	AGE ___/___

DEMOG	A7	Are you employed now?	NO.....(SKIP TO A8).....1 YES 5
		A. Do you work full-time or part-time?	FULL-TIME.....1 PART-TIME 2
		B. What kind of work do you do? RECORD:_____	
		C. In what kind of business or industry are you working? RECORD: _____	
DEMOG	A8	How many years of schooling have you completed?	YEARS ___/___
DEMOG	A9	Are you still in school?	NO .....1 YES .....(SKIP TO A11).....5
		A. How old were you when you stopped being a full-time student?	AGE ___/___
DEMOG	A10	Did you (graduate from/complete) the last school you attended?	NO .....1 YES 5
DEMOG	A11	Do you usually speak (LANGUAGE OF INTERVIEW) at home?	NO .....1 YES .....(SKIP TO B1).....5
		A. When did you begin speaking (LANGUAGE OF INTERVIEW)?	AGE ___/___

SECTION B

TW4A B1 Now I'm going to ask you some questions about using tobacco. Have you ever (READ CHOICES) daily for a month or more? CODE IN COLUMN A.

		COLUMN A		COLUMN B
		NO	YES	NO. PER DAY
a)	smoked cigarettes	1	5	___/___
b)	smoked cigars	1	5	___/___
c)	smoked a pipe	1	5	___/___
d)	used snuff or chewed tobacco	1	5	___/___

IF NO 5 CODED IN COLUMN A, SKIP TO C1.

FOR EACH 5 IN COLUMN A ASK AND CODE IN COLUMN B. How many (cigarettes/cigars/pipes/chews or pinches of snuff) did you (smoke/use) per day during the period when you were (smoking/using) the most?

TD41 TD10A4 B2 Did you find that after you had been using tobacco for a while, you needed to use it more often or had to use a stronger type to feel satisfied?

NO..... 1
YES...(CIRCLE B2, CARD B1) 5

IF B1a-B1c ALL CODED 1, SKIP TO B4.

TD45 B3 Have you ever been a chain-smoker, that is, starting another smoke as soon as you had finished one?

NO..... 1
YES...(CIRCLE B3, CARD B1) 5

TD43 TD10A2 B4 Have you often had periods of days when you (smoked a lot more/used a lot more tobacco) than you intended to?

NO..... 1
YES...(CIRCLE B4, CARD B1) 5

TD10A2 TD44 B5 Have you more than once wanted to quit or cut down on (smoking/using tobacco)?

NO..... 1
YES...(CIRCLE B5, CARD B1) 5

TD44 TD10A2 B6 Have you ever tried to quit or cut down on tobacco and found you could not?

NO..... 1
YES...(CIRCLE B6, CARD B1) 5

TD42A TD10A3 TW4B	B7	I'm going to ask you about some problems you might have had in the first few days after you quit or cut down. IF VOLUNTEERS NEVER QUIT OR CUT DOWN, CODE B7.1=6 AND SKIP TO B12. OTHERS READ ITEMS 1-12 AND CODE FOR EACH.		NO	YES	NEVER QUIT
TD10A31		1)	For instance, in those first few days, did you crave a (cigarette/cigar/ pipe/tobacco)?	1	5	6
TD42A3 TD10A35		2)	Were you more irritable or angry than is usual for you?	1	5	
TD42A4 TD10A33		3)	Were you more nervous than is usual for you?	1	5	
TD42A6 TD10A35		4)	Were you more restless than is usual for you?	1	5	
TD42A5 TD10A310		5)	Did you have more trouble concentrating than is usual for you?	1	5	
TD42A7		6)	Did your heart slow down?	1	5	
TD42A8 TD10A37		7)	Did your appetite increase or did you gain weight?	1	5	
TD42A1 TD10A34		8)	Did you feel depressed?	1	5	
TD42A2 TD10A36		9)	Did you have more trouble sleeping than is usual for you?	1	5	
TD10A32		10)	Did you feel more tired or weak than is usual for you?	1	5	
TD10A38		11)	Did you have a persistent cough?	1	5	
TD10A39		12)	Did you notice sores in your mouth?	1	5	
		IF NO 5 IN 1-12, SKIP TO B11. IF ANY 5 CODED IN 1-12, CIRCLE B7 ON CARD B1.				

TW4C	B8	Were any of these problems from quitting or cutting down on tobacco very uncomfortable or upsetting for you?	NO.....1 YES.....5

	B9	What was the longest any of these problems from quitting or cutting down lasted? ROUND TO NEAREST WEEK: 1-3 DAYS=00; 4-10 DAYS=01, ETC. 96+ WEEKS=96.	WEEKS ___/___
TW4C	B10	Did these problems from quitting or cutting down ever interfere with your ability to work or enjoy being with other people?	NO.....1 YES.....5
TD42B TD10A3	B11	Did you ever start using tobacco again to keep from having problems caused by quitting or cutting down?	NO.....1 YES...(CIRCLE B11, CARD B1).....5
TD47 TD10A6	B12	Have you ever continued to (smoke/use tobacco) when you had a serious illness that you knew made it unwise to use tobacco?	NO.....1 YES...(CIRCLE B12, CARD B1).....5
TH10AB	B13	Did tobacco ever cause you any health problems like coughs, problems with your heart or blood pressure, or lung trouble?	NO.....(SKIP TO B14).....1 YES.....5
TD47 TD10A6		A. Did you continue to use tobacco after you knew that it caused you health problems?	NO.....1 YES...(CIRCLE B13A, CARD B1)..5
TH10AB	B14	Did using tobacco ever make you nervous or jittery or cause you any other emotional problems?	NO.....(SKIP TO B15).....1 YES.....5
TD10A6 TD47		A. Did you continue to use tobacco after you knew that it made you nervous or caused you emotional problems?	NO.....1 YES...(CIRCLE B14A, CARD B1)..5
TD10A1	B15	Have you ever felt like you needed or were dependent on tobacco?	NO.....1 YES...(CIRCLE B15, CARD B1).....5
TD46	B16	Have you ever given up or greatly reduced important activities like sports or work or associating with friends or relatives, so you could (smoke/use tobacco)?	NO.....(SKIP TO B17).....1 YES.....5
TD10A5 TD45		A. Have you repeatedly given up important activities to (smoke/use tobacco) or have you done so for a month or more?	NO.....1 YES...(CIRCLE B16A, CARD B1)..5

	B17	IF NO ITEMS CIRCLED ON CARD B1, SKIP TO C1	
		ONS/REC: You said you (ITEMS CIRCLED ON CARD B1). When was the (first/last) time you had any of these experiences because of tobacco use?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
TD10A	B18	IF LESS THAN THREE ITEMS CIRCLED ON CARD B1, SKIP TO C1	
		Have you ever had 3 or more of these problems in a single year?	NO..... (SKIP TO C1).....1 YES.....5
TD10ON TD10RE TD4ON TD4RE	B19	ONS/REC: When was the (first/last) time you had 3 or more of these problems in a single year?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

SECTION C

SOM10D1 PP10A SOM4B1 PAIN4A	C1	Now I'm going to ask you some questions about your health. Have you ever had a lot of trouble with abdominal or belly pain (not counting times when you were menstruating)? MD:_____ OTHER:_____	PRB: 1 3 4 5
PP10A SOM4B1 PAIN4A	C2	Have you ever had a lot of trouble with back pain? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D13 PP10A SOM4B1 PAIN4A	C3	Have you ever had pains in the joints? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D13 PP10A SOM4B1 PAIN4A	C4	Have you ever had pains in your arms or legs other than in the joints? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
PP10A SOM10D8 SOM4B1 PAIN4A	C5	Have you ever had chest pains? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
PP10A SOM4B1 PAIN4A	C6	Have you ever had a lot of trouble with headaches? IF ALL PROBES IN PFC BOX A ARE NEGATIVE EXCEPT FOR MEDICATION, ASK: Did you ever take the medication for headaches three times or more in a single week? IF NO, CODE PRB 2. OTHERS CONTINUE PROBING. MD:_____ OTHER:_____	PRB: 1 2 3 4 5
PP10A SOM4B1 PAIN4A	C7	FOR WOMEN ONLY: Have you ever had a lot of trouble with excessively painful menstrual periods? IF ALL PROBES IN PFC BOX A ARE NEGATIVE EXCEPT FOR MEDICATION, ASK: Did you ever take the medication three times or more during one menstrual period? IF YES, CONTINUE PROBING. IF NO, CODE PRB 2. MD:_____ OTHER:_____	PRB: 1 2 4 5

PP10A SOM10D9 SOM4B1 PAIN4A	C8	Have you ever had pain when you urinated? MD:_____ OTHER:_____	PRB: 1 2 4 5
SOM10D9 SOM4B4 CON4A	C9	Have you ever had a period of 24 hours or longer when you were completely unable to urinate or had great difficulty urinating other than after surgery (or childbirth)? MD:_____ OTHER:_____	PRB: 1 3 4 5
SOM10D10 PP10A SOM4B1 PAIN4A	C10	(Other than your pain on urination,) have you ever had burning pain around your private parts? IF PAIN ONLY ON URINATION OR DURING INTERCOURSE, CODE PRB 1. MD:_____ OTHER:_____	PRB: 1 3 4 5
PP10A PAIN4A SOM4B1	C11	Have you ever had pain anywhere else, other than in the places we've already talked about? Where?_____ IF VOLUNTEERS PAIN ONLY IN SITES MENTIONED IN C1-C10 OR DURING INTERCOURSE, CODE PRB 1. SX = pain in (AREA MENTIONED) MD:_____ OTHER:_____	PRB: 1 2 3 4 5
		IF NO PRB 5 CODED IN C1-11, SKIP TO C15.	
PP10A PAIN4B	C12	Has there ever been a period of 6 months or more in your life when most of the time you were bothered a great deal by (LIST PAINS CODED PRB 5 IN C1-C11)?	NO .....1 YES.....5
SOM4A PAIN4B	C13	Did (this pain/these pains) keep you from working or seeing friends or relatives for 6 months or more?	NO .....1 YES.....5
SOM10A SOM4A SOM4ON SOM4RE SOM10ON SOM10RE PAIN4ON PAIN4RE PP10ON PP10RE	C14	ONS/REC: When was the (first/last) time you were bothered a lot by (this pain/these pains)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

SOM10D5 SOM4B2	C15	Have you ever had a lot of trouble with vomiting (when you were not pregnant)? MD:_____ OTHER:_____	PRB:	1 2 3 4 5
	C16	IF R IS MALE, SKIP TO C17.		
SOM10D5 SOM4B3		During any pregnancy did you vomit all through the pregnancy? IF NEVER PREGNANT, CODE PRB 1.	PRB:	1 5
SOM10D2 SOM4B2	C17	Have you ever had a lot of trouble with nausea, that is feeling sick to your stomach but not actually vomiting? MOTION SICKNESS IS COUNTED AS A PHYSICAL CONDITION. MD:_____ OTHER:_____	PRB:	1 2 3 4 5
SOM10D6 SOM4B2	C18	Have you ever had a lot of trouble with loose bowels or diarrhea? MD:_____ OTHER:_____	PRB:	1 2 3 4 5
SOM10D3 SOM4B2	C19	Have you ever had a lot of trouble with excessive gas or bloating of your stomach or abdomen? MD:_____ OTHER:_____	PRB:	1 2 3 4 5
SOM4B2	C20	Have you found there were several kinds of foods that you couldn't eat because they made you ill? MD:_____ OTHER:_____	PRB:	1 3 4 5
DIS10G1 DIS10B6 SOM4B4 CON4A	C21	Have you ever been blind in one or both eyes where you couldn't see anything at all for a few seconds or more? MD:_____ OTHER:_____	PRB:	1 3 4 5
DIS10G1 DIS10B6	C22	Has your vision ever become blurred for some period, when it wasn't just due to needing glasses or changing glasses? MD:_____ OTHER:_____	PRB:	1 2 3 4 5

DIS10G1 DIS10B6 SOM4B4 CON4A	C23	Have you ever been deaf when you completely lost your hearing for a period of time? MD:_____ OTHER:_____	PRB: 1 3 4 5
DIS10G1 DIS10B4 SOM4B4 CON4A	C24	Has there ever been a period in your life when you had trouble keeping your balance when walking or standing? MD:_____ OTHER:_____ IF CODED PRB 5, SKIP TO C25 A. Have you had a period when you became clumsy or awkward, perhaps losing your ability to lace your shoes or wrap packages? MD:_____ OTHER:_____	PRB: 1 2 3 4 5 PRB: 1 2 3 4 5
DIS10G1 DIS10B6 SOM4B4 CON4A	C25	Have you ever lost feeling in an arm or a leg other than when it had just fallen asleep from being in one position too long? IF NO, ASK A. IF YES, BEGIN PROBING. A. Have you ever lost feeling anywhere else? IF NO, CODE PRB 1. IF YES, BEGIN PROBING. MD:_____ OTHER:_____	 PRB: 1 3 4 5
DIS10G1 DIS10B4 SOM4B4 CON4A	C26	Have you ever been paralyzed ... that is, completely unable to move a part of your body for at least a few minutes? MD:_____ OTHER:_____	PRB: 1 3 4 5
DIS10G1 DIS10B4 SOM4B4 CON4A	C27	Was there ever a time when you lost your voice for 30 minutes or more and couldn't speak above a whisper? MD:_____ OTHER:_____	PRB: 1 4 5
DIS10G1 DIS10B5 SOM4B4 CON4A	C28	Have you ever had a seizure or convulsion since you were 12, where you were unconscious and your body jerked? MD:_____ OTHER:_____	PRB: 1 3 4 5

DIS10G1 DIS10B5	C29	Have you ever had fainting spells where you felt weak or dizzy and did not pass out? MD:_____ OTHER:_____	PRB: 1 3 4 5
SOM4B4 CON4A	C30	Have you ever been unconscious for any (other) reason? IF DUE TO CONVULSIONS, AMNESIA, OR FAINTING, CODE PRB 1. IF ALWAYS DUE TO ANESTHESIA, CODE PRB 3. MD:_____ OTHER:_____	PRB: 1 3 4 5
DIS10G1 DIS10B0 DIS10C0 SOM4B4 CON4A	C31	Have you ever had a period of amnesia -- that is, a period of several hours or days where you couldn't remember anything afterwards about what happened during that time? MD:_____ OTHER:_____	PRB: 1 3 4 5
		IF ANY PRB 5 CODED IN C21-C31, ASK C32. OTHER SKIP TO C34.	
SOM4A	C32	ONS: When was the first time you were bothered a lot by (LIST SYMPTOMS CODED PRB 5 IN C21-C31)? REC: When was the last time you were bothered a lot by any of these problems?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
DIS10G2 CON4B PAIN4C	C33	Did (this problem/any of these problems) begin right after you had a very stressful or troubling experience? IF YES, RECORD EVENT:_____ _____ IF EVENT ONLY COMPLICATED OPERATION OR ILLNESS, CODE 4.	NO ..... 1 UNCERTAIN ..... 2 EVENT WAS NOT EXTRAORDINARY ..... 4 YES 5
SOM4B4 CON4A	C34	Have you ever had problems with double vision? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D7	C35	Have you ever had shortness of breath when you had not been exerting yourself? MD:_____ OTHER:_____	PRB: 1 2 3 4 5

SOM4B4 CON4A	C36	Have you ever been bothered by periods of weakness, that is, when you could not lift or move things you could normally lift or move? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D12	C37	Have you ever been bothered a lot by blotchiness or discoloration of the skin? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D4	C38	Did you ever have a lot of trouble with a bad taste in your mouth or an excessively coated tongue? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D9	C39	Have you ever had a lot of trouble having to urinate too frequently? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM10D14	C40	Have you ever been bothered a lot by unpleasant numbness or tingling sensations? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM4B4 CON4A	C41	Have you ever felt as though there was a lump in your throat that made it difficult to swallow? IF VOLUNTEERS ONLY WHEN FEELING LIKE CRYING, CODE PRB 1. MD:_____ OTHER:_____	PRB: 1 4 5
	C42	IF R IS MALE, SKIP TO C44.	
SOM4B3		Other than your first year of menstruation, have your menstrual periods ever been irregular? IF VOLUNTEERS ONLY DUE TO STRENUOUS PHYSICAL EXERCISE OR WHEN ENTERING OR DURING MENOPAUSE, CODE PRB 1. MD:_____ OTHER:_____	PRB: 1 2 3 4 5

SOM10D11 SOM4B3	C43	Have you ever had excessive bleeding with your menstrual periods? IF VOLUNTEERS ONLY WHEN ENTERING OR DURING MENOPAUSE, CODE PRB 1. MD:_____ OTHER:_____	PRB: 1 2 3 4 5
		IF NO PRB 5 CODED IN C15 - C43, SKIP TO C45.	
	C44	ONS/REC: When was the (first/last) time you were bothered by any of these problems like (LIST SX CODED PRB 5 IN C15-C43)?	ONS 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
SOM4B3	C45	Now I'm going to ask you about your sexual experience. In general has your sex life been important to you, or have you felt you could have got along as well without sex?	IMPORTANT..... 1 COULD GET ALONG WITHOUT IT..... 5 NO SEXUAL EXPERIENCE ... 9
	C46	DOES R VOLUNTEER NO SEX EXPERIENCE?	NO..... 1 YES ..... (SKIP TO C52)..... 5
	C47	DOES R REFUSE SEX QUESTIONS?	NO..... 1 YES ..... (SKIP TO C52)..... 5
SOM4B1	C48	Has having sexual relations ever been physically painful for you? MD:_____ OTHER:_____	PRB: 1 2 4 5
SOM4B3	C49	Has there been a period of several months in your life when having sex was not pleasurable for you (even when it wasn't painful)? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
SOM4B3	C50	Have you had any other kind of sexual difficulties (FOR MEN, such as a period of two months or more when you had trouble having an erection)? MD:_____ OTHER:_____	PRB: 1 2 3 4 5
		IF NO PRB 5 CODED IN C45, C48, C49, C50, SKIP TO C52	

SOM4A SOM4ON SOM4RE SOM10ON SOM10RE	C51	ONS:	When was the first time you had (LIST SX CODED PRB 5 IN C45, C48, C49, C50)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___
		REC:	When was the last time you were bothered a lot by any of these problems?	REC: 1 2 3 4 5 6 AGE REC: ___/___
	C52		BEGINNING WITH C1, ARE THERE MORE THAN 5 QUESTIONS CODED PRB 5?	NO ..... (SKIP TO C55).....1 YES.....5
SOM10B SOM4A CON4E	C53		IS THERE AN ENTRY ON THE MD LINE FOR 3 OR MORE PRB 5's SINCE C1?	NO ..... (SKIP TO C55).....1 YES.....5
SOM10C		A.	You said you have talked to doctors about some of these problems, such as (MENTION SOME PRB 5's SINCE C1 WITH ENTRY ON MD LINE). Do you feel your doctor examined and handled your problems well, or were you dissatisfied with the way your problems were handled?	HANDLED WELL.....1 DISSATISFIED 5
SOM10C	C54		Did you often disagree with your doctor's diagnosis or with what you were told to do about these problems?	NO .....1 SOMETIMES.....2 YES.....5
HY4E HY10A	C55		Have you ever had a period of 6 months or more when most of the time you worried about having a serious physical illness or deformity? ASK A BEFORE PROBING.	NO ..... (SKIP TO D1).....1 YES.....5
HY10A HY4A		A.	What illness or deformity were you worried about? ILLNESS/DEFORMITY: _____ IF NOT PHYSICAL OR IF WORRIED ABOUT MORE THAN 2 PHYSICAL ILLNESSES, CODE PRB 1, AND SKIP TO D1. OTHERS PROBE. SX = <u>your worry about having (ILLNESS/DEFORMITY)</u> MD:_____ OTHER:_____	PRB: 1 2 3 4 5
HY4B		B.	IS THERE AN ENTRY ON THE MD LINE?	NO ..... (SKIP TO D1).....1 YES.....5

HY4ON HY4RE HY10ON HY10RE	C56	ONS/REC: When was the (first/last) time you worried a lot about (ILLNESS/DEFORMITY)?	ONS 1 2 3 4 5 6 AGE ONS: ___/___ REC 1 2 3 4 5 6 AGE REC: ___/___
HY10B	C57	Did this worry about having (ILLNESS /DEFORMITY) interfere a lot with your life?	NO .....1 YES.....5
HY10B	C58	Did you see your doctor several times or go to several doctors because of your worry about having (ILLNESS/DEFORMITY)?	NO .....1 YES.....5
HY10B HY4B	C59	Did you have several diagnostic tests or examinations to see if you had (ILLNESS/DEFORMITY)?	NO .....1 YES.....5
HY10C	C60	Do you feel that your doctor(s) examined you and investigated your illness well or were you dissatisfied with the way you were examined or handled?	HANDLED WELL .....1 DISSATISFIED 5
HY10C	C61	Did you often think your (doctor was/doctors were) mistaken about the cause or diagnosis, or what should be done about it?	NO .....1 SOMETIMES.....2 YES.....5

SECTION D

SPEC10A1 SPEC4A	D1	HAND CARD D1 TO RESPONDENT. On this list there are things that make some people so afraid that they avoid them, even when there is no real danger. Please look carefully at the list at the top of the card, which includes things like animals, heights, storms, being in closed spaces, and seeing blood. Have you ever had an unusually strong fear or needed to avoid any of the things on the list?	NO . (SKIP TO D33).... 1 YES..... 5
ANIM10A ANIM4A		A. Now look at the first group. Have you ever had an unusually strong fear of any of these living things, such as insects, snakes, birds, or other animals?	NO ..... 1 YES (CIRCLE GROUP 1, ... CD D1) 5
ANIM10A ANIM4D	D2	Have you ever avoided being near insects, snakes, birds, or other animals, even though there was no real danger?	NO ..... 1 YES (CIRCLE GROUP 1, ... CD D1) 5
		IF BOTH D1A AND D2 CODED 1 SKIP TO D9	
ANIM4E	D3	Did the (fear/avoidance) of insects, snakes, birds, or other animals ever interfere with your life or activities a lot?	NO, NOT A LOT .... 1 YES, A LOT..... 5
ANIM10C ANIM4C	D4	Was your (fear/avoidance) of insects, snakes, birds or other animals ever excessive, that is, much stronger than in other people?	NO ..... 1 YES..... 5
ANIM10C ANIM4C		A. Was your (fear/avoidance) of insects, snakes, birds or other animals ever unreasonable, that is, much stronger than it should have been?	NO ..... 1 YES..... 5
ANIM10C ANIM4E		B. Were you ever very upset with yourself for (having the fear of/avoiding) insects, snakes, birds or other animals?	NO ..... 1 YES..... 5
		IF NO 5's IN D4, D4A, OR D4B SKIP TO D9	
ANIM4D	D5	When you had to be near insects, snakes, birds, or other animals, or thought you would have to be, did you usually become very upset?	NO ..... 1 YES..... 5

ANIM10B ANIM4B	D6	Now look at the bottom of the card. When you were near insects, snakes, birds, or other animals, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D7)	NO	YES
		1. Did your heart pound or race?	1	5
		2. Did you sweat?	1	5
		3. Did you tremble or shake?	1	5
		4. Did you have a dry mouth?	1	5
		5. Were you short of breath?	1	5
		6. Did you feel like you were choking?	1	5
		7. Did you have pain or discomfort in your chest?	1	5
		8. Did you have nausea or discomfort in your stomach?	1	5
		9. Were you dizzy or feeling faint?	1	5
		10. Did you feel that you or things around you were unreal?	1	5
		11. Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
		12. Were you afraid that you might die?	1	5
		13. Did you have hot flushes or chills?	1	5
		14. Did you have numbness or tingling sensations?	1	5
ANIM10ON ANIM4ON ANIM10RE ANIM4RE	D7	ONS/REC: When was the (first/last) time you (were afraid of/avoided) insects, snakes, birds or other animals?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__	
ANIM10A ANIM4A	D8	Between the first time and the last time, was this (strong fear/avoidance) of insects, snakes, birds or other animals usually present whenever you were near them or thought you would have to be near them?	NO.....1 YES.....5	
NATU10A NATU4A	D9	Now look at the second group on the card. Have you ever had an unusually strong fear of any of these things, such as heights, storms, thunder or lightning, or being in still water like a swimming pool or lake?	NO.....1 YES (CIRCLE GROUP 2, ... CD D1) 5	
NATU10A NATU4D	D10	Have you ever avoided heights, storms, thunder or lightning, or being in still water even though there was no real danger?	NO.....1 YES (CIRCLE GROUP 2, ... CD D1) 5	
		IF BOTH D9 AND D10 CODED 1 SKIP TO D17		

NATU4E	D11	Did the (fear/avoidance) of heights, storms, thunder or lightning, or of being in still water ever interfere with your life or activities a lot?	NO, NOT A LOT.....1 YES, A LOT 5
NATU10C NATU4C	D12	Was your (fear/avoidance) of heights, storms, or still water ever excessive, that is, much stronger than in other people?	NO.....1 YES.....5
NATU10C NATU4C		A. Was your (fear/avoidance) of heights, storms, or still water ever unreasonable, that is, much stronger than it should have been?	NO.....1 YES.....5
NATU10C NATU4E		B. Were you ever very upset with yourself for (having the fear of/avoiding) heights, storms, or still water?	NO.....1 YES.....5
		IF NO 5's IN D12, D12A OR D12B SKIP TO D17	
NATU4D	D13	When you had to be near heights or storms or still water, or thought you would have to be, did you usually become very upset?	NO.....1 YES.....5

NATU10B NATU4B **D14** Look at the bottom of the card. When you were near heights or in storms or still water, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D15)

		NO	YES
1.	Did your heart pound or race?	1	5
2.	Did you sweat?	1	5
3.	Did you tremble or shake?	1	5
4.	Did you have a dry mouth?	1	5
5.	Were you short of breath?	1	5
6.	Did you feel like you were choking?	1	5
7.	Did you have pain or discomfort in your chest?	1	5
8.	Did you have nausea or discomfort in your stomach?	1	5
9.	Were you dizzy or feeling faint?	1	5
10.	Did you feel that you or things around you were unreal?	1	5
11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

NATU10ON NATU4ON NATU10RE NATU4RE	D15	ONS/REC: When was the (first/last) time you (were afraid of/avoided) heights, storms, or still water?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__
NATU10A NATU4A	D16	Between the first time and the last time, was this (strong fear/avoidance) of heights, storms or still water usually present whenever you were near them or thought you would have to be near them?	NO.....1 YES.....5
SITU10A SITU4A	D17	Look at the third group of situations on the card. Have you ever had an unusually strong fear of flying or of being in a closed space, like a cave, tunnel, or elevator?	NO.....1 YES (CIRCLE GROUP 3, CD D1).....5
SITU10A SITU4D	D18	Have you ever avoided flying or being in a closed space even though there was no real danger?	NO.....1 YES (CIRCLE GROUP 3, CD D1).....5
		IF BOTH D17 AND D18 CODED 1 SKIP TO D25	
SITU4E	D19	Did the (fear/avoidance) of flying or being in a closed space ever interfere with your life or activities a lot?	NO, NOT A LOT.....1 YES, A LOT 5
SITU10C SITU4C	D20	Was your (fear/avoidance) of flying or closed spaces ever excessive, that is, much stronger than in other people?	NO.....1 YES.....5
SITU10C SITU4C		A. Was your (fear/avoidance) of flying or closed spaces ever unreasonable, that is, much stronger than it should have been?	NO.....1 YES.....5
SITU10C SITU4E		B. Were you ever very upset with yourself for (having the fear of/avoiding) flying or closed spaces?	NO.....1 YES.....5
		IF NO 5's IN D20, D20A OR D20B SKIP TO D25	
SITU4D	D21	When you had to fly or be in a closed space, or thought you would have to, did you usually become very upset?	NO.....1 YES.....5

SITU10B SITU4B	D22	Look at the bottom of the card. When you had to fly or be in a closed space, or thought you would have to, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D23)	NO	YES
		1. Did your heart pound or race?	1	5
		2. Did you sweat?	1	5
		3. Did you tremble or shake?	1	5
		4. Did you have a dry mouth?	1	5
		5. Were you short of breath?	1	5
		6. Did you feel like you were choking?	1	5
		7. Did you have pain or discomfort in your chest?	1	5
		8. Did you have nausea or discomfort in your stomach?	1	5
		9. Were you dizzy or feeling faint?	1	5
		10. Did you feel that you or things around you were unreal?	1	5
		11. Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
		12. Were you afraid that you might die?	1	5
		13. Did you have hot flushes or chills?	1	5
		14. Did you have numbness or tingling sensations?	1	5
SITU10ON SITU4ON SITU10RE SITU4RE	D23	ONS/REC: When was the (first/last) time you (were afraid of/avoided) flying or closed spaces?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__	
SITU10A SITU4A	D24	Between the first time and the last time, was this (strong fear/avoidance) of flying or closed spaces usually present whenever you encountered them or thought you would have to encounter them?	NO ..... 1 YES..... 5	
BI10A BI4A	D25	Look at the last group of situations on Card D1. Have you ever had an unusually strong fear of any of these situations, like seeing blood, getting an injection, or going to the dentist or hospital?	NO ..... 1 YES (CIRCLE GROUP 4, ...CD D1)..... 5	

BI10A BI4D	D26	Have you ever avoided seeing blood, getting an injection, or going to the dentist or hospital even though there was no real danger?	NO ..... 1 YES (CIRCLE GROUP 4, ...CD D1)..... 5

IF BOTH D25 AND D26 CODED 1 SKIP TO D33

BI4E	D27	Did the (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever interfere with your life or activities a lot?	NO, NOT A LOT..... 1 YES, A LOT..... 5
BI10C BI4C	D28	Was your (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever excessive, that is, much stronger than in other people?	NO..... 1 YES..... 5
BI10C BI4C		A. Was your (fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital ever unreasonable, that is, much stronger than it should have been?	NO..... 1 YES..... 5
BI10C BI4E		B. Were you ever very upset with yourself for (having the fear of/avoiding) seeing blood, getting an injection, or going to the dentist or hospital?	NO..... 1 YES..... 5

IF NO 5's IN D28, D28A OR D28B SKIP TO D33

BI4D	D29	When you saw blood, or had to get an injection, or go to the dentist or hospital, or thought you would have to, did you usually become very upset?	NO..... 1 YES..... 5

BI10B
BI4B

D30 Now look at the bottom of the card. When you saw blood or had to get an injection or go to the dentist or hospital, or thought you would have to, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D31)

		NO	YES
1.	Did your heart pound or race?	1	5
2.	Did you sweat?	1	5
3.	Did you tremble or shake?	1	5
4.	Did you have a dry mouth?	1	5
5.	Were you short of breath?	1	5
6.	Did you feel like you were choking?	1	5
7.	Did you have pain or discomfort in your chest?	1	5
8.	Did you have nausea or discomfort in your stomach?	1	5
9.	Were you dizzy or feeling faint?	1	5
10.	Did you feel that you or things around you were unreal?	1	5

11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

BI10ON BI4ON BI10RE BI4RE	D31	ONS/REC: When was the (first/last) time you (were afraid of/avoided) seeing blood, getting an injection, or going to the dentist or hospital?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__
BI10A BI4A	D32	Between the first time and the last time, was this (strong fear/avoidance) of seeing blood, getting an injection, or going to the dentist or hospital usually present whenever you encountered them or thought you would have to encounter them?	NO ..... 1 YES..... 5
SOC10A1 SOC4A	D33	Now I would like to ask you about other situations in which you may have been anxious or afraid. Some people have a strong fear of doing things in front of others or of being the centre of attention.	
		HAND CARD D2 TO RESPONDENT. Look at the situations on Card D2. Have you ever had an unusually strong fear or avoidance of any of the situations on the list?:	NO . (SKIP TO D43) .... 1 YES..... 5

		NO	YES
A.	Have you ever had an unusually strong fear of:		
1.	eating or drinking where someone could watch you?	1	5
2.	talking to people because you might have nothing to say or might sound foolish?	1	5
3.	writing while someone watches?	1	5
4.	taking part or speaking in a meeting or class?	1	5
5.	going to a party or other social outing?	1	5
6.	giving a speech or speaking in public?	1	5

7.	Have you ever had an unusually strong fear of any other situation where you could be the centre of attention? IF CODED 1, SKIP TO D34, ELSE ASK: Could you give me an example of a situation you fear where you could be the centre of attention?	1	5

EXAMPLE:

_____

CIRCLE EACH ITEM CODED 5 ON CARD D2

SOC10A2 SOC4D	D34	Have you often avoided situations, like those on Card D2, where you could be the centre of attention? IF CODED 5, ASK: Which ones? (Any others?) CONTINUE ASKING UNTIL R. SAYS NO. CIRCLE ITEMS MENTIONED BY R THAT HAVE NOT ALREADY BEEN CIRCLED ON CARD D2	NO ..... 1 YES..... 5
		IF D33A.1-7 AND D34 ALL CODED 1 SKIP TO D43	
SOC4G SOC4H	D35	Did you tell a doctor about your (fear/avoidance) of situations, like those circled on Card D2, where you could be the centre of attention? CONTINUE PROBING, BUT NOTE THAT FEARS RELATED TO SPEECH DEFECTS, TREMBLING IN PHYSICAL ILLNESS, AND EATING PROBLEMS ARE TREATED AS PHYSICAL ILLNESSES. MD: _____ OTHER: _____	PRB: 2 3 4 5
SOC10A SOC4A	D36	(Were you afraid of/Did you avoid) situations where you could be the centre of attention, like those circled on Card D2, because you might show anxiety or act in a way that could be humiliating?	NO ..... 1 YES..... 5
SOC10C SOC4C	D37	Was your (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever excessive, that is, much stronger than in other people?	NO ..... 1 YES..... 5
SOC10C SOC4C		A. Was your (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever unreasonable, that is, much stronger than it should have been?	NO ..... 1 YES..... 5
SOC10C SOC4E		B. Were you ever very upset with yourself for (having the fear of/avoiding) situations where you could be the centre of attention, like those circled on Card D2?	NO ..... 1 YES..... 5
SOC4F		C. IF R IS UNDER 18 YEARS OLD, ASK C. OTHERS, SKIP TO D38. What is the longest period you have had of (being afraid/avoiding) any of these situations where you might be the centre of attention?	__/__ MOS

SOC4E	D38	Did the (fear/avoidance) of any of these situations where you could be the centre of attention, like those circled on Card D2, ever interfere with your life or activities a lot?	NO, NOT A LOT..... 1 YES, A LOT 5
SOC4D	D39	When you were in these situations where you could be the centre of attention, like those circled on Card D2, or thought you would have to be, did you usually become very upset?	NO ..... 1 YES..... 5

SOC10B SOC4B	D40	When you were in a situation where you could be the centre of attention, like those circled on Card D2, or thought you would have to be,	NO	YES
		1. Did you blush or shake?	1	5
		2. Did you have nausea or discomfort in your stomach or think you might vomit?	1	5
		3. Were you afraid that you might lose control of your bowels or bladder?	1	5
		A. Look at the bottom of the card. When you were in a situation where you could be the centre of attention, like those circled, or thought you would have to be (START ASKING 1-13 BUT AFTER TWO ITEMS CODED 5 SKIP TO D41),	NO	YES
		1. Did your heart pound or race?	1	5
		2. Did you sweat?	1	5
		3. Did you tremble or shake?	1	5
		4. Did you have a dry mouth?	1	5
		5. Were you short of breath?	1	5
		6. Did you feel like you were choking?	1	5
		7. Did you have pain or discomfort in your chest?	1	5
		8. Were you dizzy or feeling faint?	1	5
		9. Did you feel that you or things around you were unreal?	1	5
		10. Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
		11. Were you afraid that you might die?	1	5
		12. Did you have hot flushes or chills?	1	5
		13. Did you have numbness or tingling sensations?	1	5

SOC10ON SOC4ON SOC10RE SOC4RE SOC4F	D41	ONS/REC: When was the (first/last) time you (were afraid of/avoided) situations where you could be the centre of attention, like those circled on Card D2?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__

SOC4A	D42	Between the first time and the last time, was this (fear/avoidance) of situations where you could be the centre of attention, like those circled on Card D2, usually present whenever you encountered the situation or thought you would have to encounter the situation?	NO ..... 1 YES..... 5

AG10A
AG4A

D43 HAND CARD D3 TO RESPONDENT. Now I would like to ask you about more situations in which you may have been afraid. Look at the situations on Card D3. Have you ever had a strong fear or avoidance of any of the situations on the list?

NO . (SKIP TO D54) 1
YES 5

		NO	YES
A.	Have you ever had a strong fear of:		
1.	being outside your home alone?	1	5
2.	travelling in a bus, train, or car?	1	5
3.	being in a crowd or standing in line?	1	5
4.	being in a public place, like a shop?	1	5

CIRCLE EACH ITEM CODED 5 ON CARD D3

AG10A
AG4B

D44 Have you often avoided situations like those on Card D3 because of your fear? IF CODED 5, ASK: Which ones? (Any others?) CONTINUE ASKING UNTIL R. SAYS NO. CIRCLE ITEMS MENTIONED BY R THAT HAVE NOT ALREADY BEEN CIRCLED ON CARD D3

NO 1
YES 5

IF D43A1-4 AND D44 ALL CODED 1, SKIP TO D54.

AG4B

D45 Was there ever a time in your life when you were so afraid of these situations that you couldn't remain in them alone?

NO . (SKIP TO D46) 1
YES 5

A. Were you able to remain in the situations like those circled on Card D3 if you had someone you knew with you?

NO 1
YES 5

D46 Did you tell a doctor about your (fear/avoidance) of situations like those circled on Card D3? CONTINUE PROBING.

PRB: 2 3 4 5

MD: _____ OTHER: _____

AG4B	D47	When you were in a situation like those circled on Card D3, or thought you would have to be, did you usually become very upset?	NO ..... 1 YES 5

AG10B D48 Look at the bottom of the card. When you were in a situation like those circled, or thought you would have to be, (START ASKING 1-14, BUT AFTER TWO ITEMS CODED 5 SKIP TO D49):

		NO	YES
1.	Did your heart pound or race?	1	5
2.	Did you sweat?	1	5
3.	Did you tremble or shake?	1	5
4.	Did you have a dry mouth?	1	5
5.	Were you short of breath?	1	5
6.	Did you feel like you were choking?	1	5
7.	Did you have pain or discomfort in your chest?	1	5
8.	Did you have nausea or discomfort in your stomach?	1	5
9.	Were you dizzy or feeling faint?	1	5
10.	Did you feel that you or things around you were unreal?	1	5
11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

IF NO 5 CODED IN 1-14, SKIP TO D51

AG4A D49 (Were you afraid of/Did you avoid) situations like those circled on Card D3 because you would be unable to escape if you suddenly had some of these problems?

NO 1
YES..... 5

AG4A D50 (Were you afraid of/Did you avoid) situations like those circled on Card D3 because you might be unable to get help if you suddenly had some of these problems?

NO 1
YES..... 5

AG10C	D51		Was your (fear/avoidance) of any of the situations like those circled on Card D3 ever excessive, that is, much stronger than in other people?	NO ..... 1 YES..... 5
AG10C		A.	Was your (fear/avoidance) of any of the situations like those circled on Card D3 ever unreasonable, that is, much stronger than it should have been?	NO ..... 1 YES..... 5
AG10C		B.	Were you ever very upset with yourself (for having the fear of/avoiding) situations like those circled on Card D3?	NO ..... 1 YES..... 5

AG10ON AG4ON AG10RE AG4RE	D52	ONS/REC: When was the (first/last) time you (were afraid of/avoided) situations like those circled on Card D3?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__
AG10A	D53	Between the first time and the last time, was this strong (fear/avoidance) of situations like those circled on Card D3 usually present whenever you encountered the situation or thought you would have to encounter the situation?	NO ..... 1 YES..... 5
PAN10B1 PAN4A1 PAN10A	D54	Now I would like to ask you about attacks of fear that could happen anywhere. Have you ever had an attack when all of a sudden you felt frightened, anxious or very uneasy?	NO . (SKIP TO D63) .... 1 YES..... 5
PAN10A	D55	Did any of those attacks occur when you were in a life-threatening situation?	NO . (SKIP TO D56) .... 1 YES..... 5
		A. Did any of these attacks occur when you were **not** in a life-threatening situation?	NO . (SKIP TO D63) .... 1 YES..... 5
PAN10A PAN4A1	D56	In answering the following questions, think only of attacks that occurred when you were **not** in a life-threatening situation. Have you more than once had an attack like that which was totally unexpected?	NO . (SKIP TO D63) .... 1 MORE THAN..... ONCE..... 5

PAN10B4
PAN4A1

D57 HAND CARD D4 TO RESPONDENT. Look at Card D4. Think of a bad attack you have had. During that attack which of these problems did you have? (START ASKING 1-14, BUT AFTER 5 ITEMS CODED 5 SKIP TO D58)

		NO	YES
1.	Did your heart pound or race?	1	5
2.	Did you sweat?	1	5
3.	Did you tremble or shake?	1	5
4.	Did you have a dry mouth?	1	5
5.	Were you short of breath?	1	5
6.	Did you feel like you were choking?	1	5
7.	Did you have pain or discomfort in your chest?	1	5
8.	Did you have nausea or discomfort in your stomach?	1	5
9.	Were you dizzy or feeling faint?	1	5
10.	Did you feel that you or things around you were unreal?	1	5
11.	Were you afraid that you might lose control of yourself, act in a crazy way, or pass out?	1	5
12.	Were you afraid that you might die?	1	5
13.	Did you have hot flushes or chills?	1	5
14.	Did you have numbness or tingling sensations?	1	5

CIRCLE EACH ITEM CODED 5 ON CARD D4

IF LESS THAN FIVE SX ARE CODED 5 IN 1-14, SKIP TO D63

PAN10B2
PAN10B3
PAN4A1

D58 During your attacks of feeling frightened or anxious, did these problems begin suddenly and then get worse within the first few minutes of the attack?

NO . (SKIP TO D63) 1
YES..... 5

PAN4C

A. Did you tell a doctor about an attack like that? CONTINUE PROBING.

PRB: 2 3 4 5

MD: _____ OTHER: _____

D59 After having one of these attacks, was there ever a month or more when:

PAN4A2A	A. you often worried that you might have another attack?	NO ..... 1 YES 5
PAN4A2B	B. you were worried that the attacks might lead to something terrible happening, like dying, losing control, or going crazy?	NO ..... 1 YES 5
PAN4A2C	C. you changed your everyday activities because of fear of the attacks?	NO ..... 1 YES 5

PAN10SEV	D60	Have you ever had four of these attacks within a four-week period?	NO . (SKIP TO D61) .... 1 YES..... 5
		A. Did you ever have a period of a month when you had at least four attacks every week?	NO ..... 1 YES..... 5
PAN10ON PAN4ON PAN10RE PAN4RE	D61	ONS/REC: When was the (first/last) time you had one of these sudden attacks of feeling frightened or anxious?	ONS: 1 2 3 4 5 6 AGE ONS: __/__ REC: 1 2 3 4 5 6 AGE REC: __/__
		IF NO SITUATIONS CIRCLED ON CARDS D1, D2 AND D3, SKIP TO D63.	
PAN10A ANIM10D SITU10D NATU10D BI10D SOC10D AG10D	D62	Look at Cards D1, D2 and D3. You have also said that you have been afraid of or avoided some of the situations listed on the cards. Did the sudden attacks of being frightened or anxious occur only when you were in those situations?	YES ONLY IN FEARED SITUATIONS ..... 1 NO AT OTHER TIMES..... 5
GAD10A GAD4A	D63	Now I want to ask you about longer periods of feeling worried, tense or anxious. Have you ever had a period of a month or more when most of the time you felt worried, tense or anxious, about everyday problems such as work or family?	NO . (SKIP TO B) ..... 1 YES..... 5
		A. What is the longest period you have had of feeling worried, tense or anxious?	__/__ MOS
		IF D63A IS SIX MONTHS OR MORE, SKIP TO D64.	
		B. People differ a lot in how much they worry about things. Did you ever have a time in your life when you worried a lot more than most people would in your situation?	NO . (SKIP TO E1) ..... 1 YES..... 5
		C. What is the longest period of this sort you have had?	__/__ MOS
		IF D63C IS LESS THAN SIX MONTHS SKIP TO E1.	

D64 Think of your worst period of six months or more of feeling worried, tense, or anxious. During that period:

GAD4A A. do you think your worrying was excessive, that is, much stronger than in other people? NO ..... 1 YES 5

GAD10A GAD4A B. did you worry about these things most days? NO ..... 1 YES 5

GAD4B C. did you find it difficult to stop worrying? NO ..... 1 YES 5

GAD10A GAD4D D. what sort of things did you mainly worry about? OWN SX, BEING OVERWEIGHT, DRUGS ..... 1 ANYTHING ELSE 5

EXAMPLE:_____

IF EXAMPLE IS EXCLUSIVELY ABOUT OWN SYMPTOMS, WEIGHT OR DRUGS, ASK: Anything else?

IF EXAMPLE STILL DOES NOT INCLUDE OTHER WORRIES, CODE 1 AND SKIP TO E1.

GAD10B GAD4C D65 HAND CARD D5 TO RESPONDENT. Now look at Card D5. I would like you to look at the list of problems some people have during such periods of feeling worried, tense, or anxious. Think about your worst period of feeling worried, tense, or anxious. During that period:

		NO	YES
1.	were you restless?	1	5
2.	did you feel keyed up or on edge?	1	5
3.	were you easily tired?	1	5
4.	did you have difficulty keeping your mind on what you were doing?	1	5
5.	were you more irritable than usual?	1	5
6.	did you have tense, sore or aching muscles?	1	5
7.	did you have trouble falling or staying asleep?	1	5
8.	did your heart pound or race?	1	5
9.	did you sweat?	1	5
10.	did you tremble or shake?	1	5
11.	did you have a dry mouth?	1	5

IF NO 5'S ARE CODED IN 1-11, SKIP TO E1. IF 4 OR MORE 5'S ARE CODED IN 1-11, CIRCLE ITEMS CODED 5 ON CARD D5 AND SKIP TO D66. OTHERS ASK 12-24, BUT SKIP TO D66 AFTER A TOTAL OF 4 ITEMS ARE CODED 5 IN 1-24.

	12.	were you short of breath?	1	5
	13.	did you feel like you were choking?	1	5
	14.	did you have pain or discomfort in your chest?	1	5
	15.	did you have pain or discomfort in your stomach?	1	5
	16.	did you have nausea?	1	5
	17.	did you feel dizzy or light headed?	1	5
	18.	did you feel that you or things around you were unreal?	1	5
	19.	were you afraid that you might lose control, act in a crazy way, or pass out?	1	5
	20.	were you afraid that you might die?	1	5
	21.	did you have hot flushes or chills?	1	5
	22.	did you have numbness or tingling sensations?	1	5
	23.	did you feel like you had a lump in your throat?	1	5
	24.	were you easily startled?	1	5

CIRCLE ITEMS CODED 5 ON CARD D5

IF LESS THAN 4 ITEMS CIRCLED ON CARD D5
SKIP TO E1

GAD10D
GAD4F

D66 Did you tell a doctor about <u>the long periods of feeling worried, tense, or anxious</u> when you also had some of the problems on the list? CONTINUE PROBING

MD: _____ OTHER: _____

PRB: 2 3 4 5

GAD4E

D67 Have you ever been very upset with yourself for feeling worried, tense, or anxious for long periods of time?

NO 1
YES..... 5

GAD4E

D68 Did the period of worry, tension or anxiety ever interfere with your life or activities a lot?

NO, NOT A LOT..... 1
YES, A LOT 5

GAD10ON
GAD4ON

D69 ONS: When did your first period of six months or more of feeling worried, tense, or anxious and having these other problems on the list begin?

ONS: 1 2 3 4 5 6
AGE ONS:
__/__

GAD10RE GAD4RE	REC: When did your last period of being worried, tense, or anxious and having these problems on the list end?	REC: 1 2 3 4 5 6 AGE REC: __/__

SECTION E

			I EVER IN LIFETIME	
		CODE E1 - E24 IN COLUMN I		
DEP10B1 DP4A1	E1	Now I want to ask you about periods of feeling sad, empty, or depressed. In your lifetime, have you ever had two weeks or longer when nearly every day you felt sad, empty, or depressed for most of the day? MD:_____ OTHER:_____	PRB: 1 3 4 5	
DEP10B2 DP4A2 DEP10S1	E2	In your lifetime, have you ever had 2 weeks or longer when you lost interest in most things like work, hobbies, and other things you usually enjoyed? MD:_____ OTHER:_____	PRB: 1 3 4 5	
		IF E1 AND E2 BOTH CODED 1 SKIP TO E34.		

LACKING ENERGY			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10B3 DP4A6	E3	During a period lasting two weeks or longer when you (felt sad, empty or depressed/lost interest in things), [did you lack energy or feel tired all the time nearly every day, even when you had not been working very hard?	1	5	1	5

APPETITE CHANGE			I EVER IN LIFETIME NO	I EVER IN LIFETIME YES	II WHEN MOST SX NO	II WHEN MOST SX YES
DEP10C7 DP4A3 DEP10S6	E4	What about other problems you had during a period when you (felt depressed/lost interest in things/felt tired all the time) for two weeks or longer. [Did you have less appetite than usual almost every day?	1	5	1	5
DEP10C7 DP4A3	E5	During one of those periods [did you lose weight without trying to, as much as (two pounds/a kilo) a week for several weeks? IF E5 CODED 1, SKIP TO E6	1	5	1 IF CODED 5, ASK A. IF CODED 1, GO TO NEXT CODE 5 IN COL. I	5
DEP10S7		A. How much weight did you lose?	LB ___/___ KG ___/___		LB ___/___ KG ___/___	
DEP10C7 DP4A3	E6	During one of those periods, [did you have a much larger appetite than is usual for you almost every day for two weeks or more? CODE 1 IF ONLY BECAUSE GROWING FAST OR PREGNANT	1	5	1	5
DEP10C7 DP4A3	E7	During one of those periods, [did your eating increase so much that you gained weight - as much as (two pounds/a kilo) a week for several weeks? CODE 1 IF ONLY REGAINED WEIGHT LOST. IF E7 CODED 1, SKIP TO E8.	1	5	1 IF CODED 5, ASK A. IF CODED 1, GO TO NEXT CODE 5 IN COL. I	5
DP4A3		A. How much weight did you gain?	LB ___/___ KG ___/___		LB ___/___ KG ___/___	

SLEEP PROBLEMS			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
DEP10C6 DP4A4	E8	When you (were feeling depressed/had lost interest/lacked energy), [did you have trouble sleeping almost every night for two weeks or more - either trouble falling asleep, waking in the middle of the night, or waking up too early? IF NOT CODED 5, SKIP TO E9.	1	5	1	5
DEP10S3		A. [Did you wake up at least two hours before you wanted to every day for at least 2 weeks?	1	5	1	5
DEP10C6 DP4A4	E9	During a period when you (felt depressed/had lost interest/lacked energy) [were you sleeping too much almost every day?	1	5	1	5
SLOW/RESTLESS						
DEP10C5 DP4E	E10	During one of those periods [did you talk or move more slowly than is normal for you almost every day for at least two weeks? IF CODED 1, SKIP TO E11.	1	5	1	5
DEP10S5 DP4A5		A. [Did anyone else notice that you were talking or moving slowly?	1	5	1	5
DEP10C5 DP4A5 ML4B4	E11	During one of those periods, [did you have to be moving all the time--that is, you couldn't sit still and paced up and down or couldn't keep your hands still when sitting? IF CODED 1, SKIP TO E12	1	5	1	5
DEP10S5 DP4A5		A. [Did anyone else notice that you were moving all the time?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
WORTHLESS OR GUILTY			NO	YES	NO	YES
DEP10C2 DP4A7 DP4E	E12	During one of those periods [did you feel worthless nearly every day?	1	5	1	5
		A. [Did you feel guilty? IF E12 AND E12A CODED 1, SKIP TO E13.	1	5	1	5
		B. [Was there a particular reason for feeling (worthless/guilty)? COL. I ONLY: RECORD EXAMPLE:_____ IF E12B CODED 1, SKIP TO E13. COL. II ONLY: RECORD EXAMPLE:_____	1	5	1 IF B CODED 5, CODE C. IF CODED 1, GO TO NEXT CODE 5 IN COL. I	5
DP4A7		C. WAS R WORTHLESS/GUILTY ONLY ABOUT BEING IMPAIRED BY DEPRESSION?	YES .....1 NO 5		YES .....1 NO 5	
LACK OF CONFIDENCE						
DEP10C1	E13	During one of those periods [did you feel that you were not as good as other people?	1	5	1	5
DEP10C1	E14	[Did you have so little self-confidence that you wouldn't try to have your say about anything?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
TROUBLE THINKING			NO	YES	NO	YES
DEP10C4 DP4A8	E15	During one of those periods [did you have a lot more trouble concentrating than is normal for you?	1	5	1	5
		A. [Were you unable to read things that usually interest you or watch television or movies you usually liked, because you couldn't pay attention to them?	1	5	1	5
DEP10C4 DP4A8	E16	[Did your thoughts come much slower than usual or seem mixed up?	1	5	1	5
DEP10C4 DP4A8	E17	[Were you unable to make up your mind about things you ordinarily had no trouble deciding about?	1	5	1	5
THOUGHTS OF DEATH						
DEP10C3 DP4A9	E18	During one of those periods [did you think a lot about death?	1	5	1	5
DEP10C3 DP4A9	E19	[Did you feel so low you thought a lot about committing suicide? IF CODED 1, SKIP TO E21.	1	5	1	5
DP4A9 DEP10C3		A. [Did you make a plan as to how you might do it?	1	5	1	5
DEP10C3 DP4A9	E20	[Did you attempt suicide?	1	5	1	5
	E21	ADD TOGETHER THE NUMBER OF 5'S IN E1, E2, PLUS THE NUMBER OF BOXES WITH AT LEAST ONE 5. IS THE TOTAL 4 OR MORE? IF NO, SKIP TO E34.	NO .....1 YES 5			
DEP10S4	E22	During a two week period of (feeling depressed/having lost interest/lacking energy) [most days, did you feel particularly bad when you first got up, but felt better later in the day?	1	5	1	5

			I EVER IN LIFETIME NO	I EVER IN LIFETIME YES	II WHEN MOST SX NO	II WHEN MOST SX YES
DEP10S8	E23	During one of those periods [was your interest in sex a lot less than usual?	1	5	1	5
DEP10S2	E24	[Did you lose the ability to enjoy having good things happen to you, like winning something or being praised or complimented?	1	5	1 GO TO E34	5
DEP10A DP4E DP4D	E25	During any period of (feeling sad, empty, or depressed/having lost interest), did you tell a doctor about your feelings or about the problems you were having at the time with (LIST SXs CODED 5 IN E3-E20)? CONTINUE PROBING. MD:_____ OTHER:_____ IF NOT CODED PRB 5, SKIP TO E34.	PRB:	2 3 4 5		
DP4A DEP10A DP4E	E26	What is the longest period like that you've ever had? IF WHOLE LIFE OR MORE THAN 19 YEARS, ENTER 996. (YEARS X 52 = # WEEKS, MONTHS X 4 = # WEEKS.) IF 0 TO 13 DAYS CODE 001 AND SKIP TO E34.		__/__/__ WEEKS		
		A. Did any period lasting two weeks or longer seriously interfere with your ability to do your job, take care of your house or family, or take care of yourself?	NO ..... 1 YES 5			
DP4ON DEP10ON DP4RE DEP10RE	E27	ONS/REC: When was the (first/last) time you had a period of two weeks or more when you (felt sad, empty, or depressed/lost interest/lacked energy) and also had some of these problems like (SX CODED 5 IN E4-E20)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___			
	E28	IF E26 IS LESS THAN 26, SKIP TO E29.				
GA4F		IF D69 AGE ONS IS BLANK OR LESS THAN E27 AGE ONS, SKIP TO E29. OTHERS ASK: You said earlier that you had a long period when you were anxious and worried about several different things. Did your long periods of feeling anxious and worried fall entirely within one of these periods when you (were depressed/had lost interest)?	NO ..... 1 YES 5			

DEP10RG1
MDR4A

E29 In your lifetime, how many different periods have you had that lasted two weeks or more when you (felt depressed/lost interest in things/lacked energy) and had some of the problems we've talked about? IF 96 EPISODES OR MORE, ENTER 96.

__/__
#EPISODES

IF CODED 01, SKIP TO E30.

A. In between (any of) these periods of (feeling depressed/having no interest in things/lacking energy) were you feeling OK for some months?

NO ..... (SKIP TO E30) 1
OKAY IN BETWEEN 5

B. Between your periods of depression, were you as able to work and enjoy being with other people as you were before they began?

NO ..... (SKIP TO E30) 1
YES 5

C. Did that time when you felt OK and enjoyed being with other people last at least 2 months?

NO ..... (SKIP TO E30) 1
YES 5

D. How many separate periods of (being depressed/having no interest in things/lacking energy) did you have, if you count only periods where you felt OK for at least 2 months in between them?

__/__
#EPISODES WITH 2 MONTH INTERVALS

IF E29D CODED 1, SKIP TO E30

E. When your first period like that ended - that is, you had two months of feeling OK afterwards - how old were you?

__/__
AGE AT END OF FIRST EPISODE

DP4E	E30	Did (this period/any of these periods) of (depression/loss of interest) occur just after someone close to you died? IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH, CODE 1 AND SKIP TO C.	NO ..... (SKIP TO C) ..... 1 YES 5
		A. Have you had any period of (feeling depressed/having lost interest) along with these other problems (LIST 3 SX CODED 5 FROM E3-E20) at times when it wasn't just after the death of someone close to you?	NO, ONLY AFTER DEATH..... ..... (SKIP TO E31) ..... 1 YES, OTHER TIMES 5
		B. IF HAD DEPRESSED PERIOD IN LAST YEAR (E27 REC = 1-5), ASK: What about the period(s) you had in the last year? (Was that/were they all) shortly after the death of someone close to you?	YES, ONLY AFTER DEATH..... 2 NO, NOT ONLY AFTER DEATH 5
		C. IF MALE OR NO CHILDREN (A5=00), SKIP TO E31. Did (this/any of these) period(s) start within a month of having a baby?	NO ..... 1 YES 5
	E31	DID R HAVE 2 OR MORE SEPARATE DEPRESSED PERIODS (E29D CODED 2 OR MORE)?	NO.....(SKIP TO E34)..... 1 YES 5
	E32	Now I'd like to know about the time when you (were feeling depressed/lost interest/lacked energy) for at least two weeks and had the largest number of other problems we've talked about at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad two week period.)	___/___ AGE
	E33	I'll be asking which of these problems you had during the two weeks when you were ___/___ years old and had the largest number of these problems at the same time.	
		At that time, were you feeling sad or depressed?	NO ..... 1 YES 5
		A. Had you lost interest in almost everything?	NO ..... 1 YES 5
		(RETURN TO E3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT [. CODE IN COL. II.	

DP4E

E30 Did (this period/any of these periods) of (depression/loss of interest) occur just after someone close to you died?

NO ..... (SKIP TO C) 1
YES 5

IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH, CODE 1 AND SKIP TO C.

A. Have you had any period of (feeling depressed/having lost interest) along with these other problems (LIST 3 SX CODED 5 FROM E3-E20) at times when it wasn't just after the death of someone close to you?

NO, ONLY AFTER DEATH..... ..... (SKIP TO E31) 1
YES, OTHER TIMES 5

B. IF HAD DEPRESSED PERIOD IN LAST YEAR (E27 REC = 1-5), ASK: What about the period(s) you had in the last year? (Was that/were they all) shortly after the death of someone close to you?

YES, ONLY AFTER DEATH..... 2
NO, NOT ONLY AFTER DEATH 5

C. IF MALE OR NO CHILDREN (A5=00), SKIP TO E31. Did (this/any of these) period(s) start within a month of having a baby?

NO 1
YES 5

E31 DID R HAVE 2 OR MORE SEPARATE DEPRESSED PERIODS (E29D CODED 2 OR MORE)?

NO.....(SKIP TO E34)..... 1
YES 5

E32 Now I'd like to know about the time when you (were feeling depressed/lost interest/lacked energy) for at least two weeks and had the largest number of other problems we've talked about at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad two week period.)

___/___
AGE

E33 I'll be asking which of these problems you had during the two weeks when you were ___/___ years old and had the largest number of these problems at the same time.

At that time, were you feeling sad or depressed?

NO 1
YES 5

A. Had you lost interest in almost everything?

NO 1
YES 5

(RETURN TO E3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT [. CODE IN COL. II.

DY4A	E34	Have you ever had two years or more in your life when you felt depressed or sad most days, even if you felt OK sometimes?	NO ..... (SKIP TO F1) ..... 1 YES..... 5
DYS10A DY4C		A. Did any period like that ever last 2 years without an interruption of 2 full months when you felt OK? IF NO, CODE PRB 1, AND SKIP TO F1. During a period of 2 years or more of feeling depressed or sad, did you tell a doctor about those feelings? CONTINUE PROBING. MD:_____OTHER:_____	PRB: 1 2 3 4 5

			NO	YES
DYS10C2 DY4B2	E35	During such a long period of feeling depressed did you have trouble sleeping - either trouble falling asleep, waking in the middle of the night, or waking up too early?	1	5
DY4B2	E36	During a period of being depressed for two years or longer, did you often sleep too much?	1	5
DY4B1	E37	During a two year or longer period of being depressed, did you often have very little appetite for food?	1	5
DY4B1	E38	During two years of being depressed, did you frequently eat much more than is usual for you?	1	5
DYS10C1 DY4B3	E39	Did you lack energy or feel tired much of the time even when you had not been working very hard?	1	5
DYS10C3 DY4B4	E40	During a two year period of depression, did you often feel that you were not as good as other people?	1	5

			NO	YES
DYS10C3 DY4B4	E41	Did you have so little self-confidence that you wouldn't try to have your say about anything?	1	5
DYS10C4 DY4B5	E42	During a two year period of being depressed, did you have a lot more trouble concentrating than is normal for you?	1	5
DY4B5	E43	During a two year period of being depressed, were you unable to make up your mind about things you would ordinarily have had no trouble deciding about?	1	5
DYS10C5	E44	During a two year period of being depressed, were you often in tears?	1	5
DYS10C7 DY4B6	E45	During a two year period of being depressed, did you frequently feel hopeless -- that there was no way to improve things?	1	5
DYS10C8	E46	During any two year period of being depressed, did you often feel that you could not cope with your everyday life and responsibilities?	1	5
DYS10C9	E47	During a two year period of being depressed, did you feel that your life had always been bad and wasn't going to get any better?	1	5
DYS10C10	E48	During a long period of being depressed, did you find you no longer wanted to spend time with friends or relatives?	1	5
DYS10C11	E49	During a long period of being depressed, were you less talkative than is usual for you?	1	5

			NO	YES
DYS10C6	E50	During a two year period of being depressed, did you lose interest in most things like work and hobbies or things you usually liked to do for fun?	1	5
DYS10C6	E51	During a two year period of being depressed, was your interest in sex a lot less than usual?	1	5
		IF NO 5s CODED IN E35-E51, CODE E52 PRB 1 AND SKIP TO F1.		
DY4G	E52	Did you ever talk to a doctor about the problems you were having during this period of depression -- problems like (SX CODED 5 IN E35-E51)? CONTINUE PROBING. MD:_____ OTHER:_____ IF CODED 5, BUT RESPONDENT VOLUNTEERS SOME PROBLEMS DUE **SOLELY** TO PHYSICAL ILLNESS, LIST THOSE PROBLEMS. _____ _____ _____ _____ IF CODED 5, BUT RESPONDENT VOLUNTEERS SOME PROBLEMS DUE **SOLELY** TO MEDICATION, DRUGS, OR ALCOHOL, LIST THOSE PROBLEMS. _____ _____ _____ _____	PRB: 1 2 3 4 5	
DY4ON DYS10ON	E53	ONS: When did your first period of two years or longer begin where you felt sad or depressed and had some of these other problems like (SX CODED 5 IN E35-E51 AND NOT ATTRIBUTED SOLELY TO PHYSICAL ILLNESS OR MEDICATION, DRUGS OR ALCOHOL)?	AGE ONS:	___/___
DY4RE DYS10RE		REC: When did your last period like that end?	REC: 1 2 3 4 5 6 AGE REC:	___/___

GA4F	E54	IF D69 AGE ONS BLANK OR LESS THAN E53 AGE ONS, SKIP TO F1. You said earlier that you had a long period when you were anxious and worrying about several different things. Did this whole period of feeling anxious and worried fall within one of these long periods when you were depressed most of the time?	NO ..... 1 YES 5

SECTION F

MAN10A MA4A HP4A HP10A	F1	Has there ever been a period of at least four days when you were so happy or excited that you got into trouble, or your family or friends worried about it, or a doctor said you were manic? MD:_____ OTHER:_____ IF CODED PRB 5, SKIP TO F3.	PRB:	1 3 4 5
MAN10A MA4A HP10A HP4A	F2	Has there ever been a period of at least four days when you were unusually irritable so that you complained, started arguments, shouted at or hit people? MD:_____ OTHER:_____	PRB:	1 3 4 5

IF NO PRB 5 IN F1 OR F2, SKIP TO G1.

		CODE F3-F13A IN COLUMN I.	I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B1 HP10B1 MA4B6 HP4B6	F3	During a period of at least four days of being (happy or excited/irritable) [were you so much more active than usual that you or your family or friends were concerned about it?	1	5	1	5
HP10B1 MAN10B1 MA4B6 HP4B6	F4	During a period of at least four days of being (happy or excited/irritable) [were you unable to sit still and paced up and down?	1	5	1	5
MAN10B8 HP10B6 MA4B7 HP4B7	F5	During a period of at least four days of being (happy or excited/irritable) [did you go on spending sprees, spending so much money that it caused you or your family some financial trouble or you made foolish decisions about money?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B9 HP10B5 MA4B6 HP4B6	F6	During a period of at least four days of being (happy or excited/irritable) [did your interest in sex become so much stronger than usual that you wanted to have sex a lot more frequently or with people you ordinarily wouldn't be interested in? SX: your increased interest in sex	1	5	1	5
MA4B7 HP4B7 MAN10B9 HP10B6		A. During a period of at least four days of being (happy or excited/irritable) [did you become less careful about your sexual activities, for example, approaching people you ordinarily would not be interested in or talking about activities you would ordinarily have kept private? SX: becoming less careful about your sexual activities	1	5	1	5
MAN10B2 HP10B2 MA4B3 HP4B3	F7	During a period of at least four days of being (happy or excited/irritable) [did you talk so fast people said they couldn't understand you, or did you have to keep talking all the time?	1	5	1	5
MAN10B3 MA4B4 HP4B4	F8	During a period of at least four days of being (happy or excited/irritable) [did thoughts race through your head so fast that you couldn't keep track of them? SX: your thoughts racing	1	5	1	5
MAN10B4	F9	During a period of at least four days of being (happy or excited/irritable) [did you say or do things you would normally be embarrassed or ashamed to say or do?	1	5	1	5
HP10B7	F10	During a period of at least four days of being (happy or excited/irritable) [were you very friendly with people you normally wouldn't be friendly with?	1	5	1	5

			I EVER IN LIFETIME		II WHEN MOST SX	
			NO	YES	NO	YES
MAN10B6 MA4B1 HP4B1 MA4D	F11	During a period of at least four days of being (happy or excited/irritable) [did you <u>feel</u> that <u>you had</u> a <u>special gift or special powers</u> to do things others couldn't do or that you were a specially important person? IF YES, ASK FOR EXAMPLE BEFORE CODING. EXAMPLE:_____ IF EXAMPLE IS PLAUSIBLE, CODE 1. IF NOT CODED 5, SKIP TO F12.	1	5	1	5
MAN10C		A. DOES R VOLUNTEER S/HE ACTUALLY IS A PERSON S/HE CANNOT BE (E.G., JESUS OR ADVISOR TO PRESIDENTS)?	1	5		
MAN10C		B. DOES R VOLUNTEER S/HE HAS POWERS S/HE CANNOT HAVE (E.G., CONTROLLING FOREIGN POLICY OR READING THOUGHTS)?	1	5		
MAN10B5 HP10B4 MA4B2 HP4B2	F12	During a period of at least four days of being (happy or excited/irritable) [did you <u>hardly sleep at all but</u> still <u>didn't feel tired</u> or sleepy?	1	5	1	5
MAN10B7 HP10B3 MA4B5 HP4B5	F13	During a period of at least four days of being (happy or excited/irritable) [were you <u>easily distracted</u> so that any little interruption could get you off the track?	1	5	1	5
		A. During a period like that, did you constantly keep <u>changing your plans or activities</u>?	1	5	1 GO TO G1	5
	F14	IF ONLY 1 OR NO 5'S CODED IN COL. I F3-F13A, CODE PRB 1 AND SKIP TO G1.				
HP10B MAN10B HP10D MAN10D MA4D MA4E		Have you ever talked to a doctor about <u>a period of feeling</u> (too <u>excited or happy/irritable</u>) or about these behaviours you had during these periods like (SX CODED 5 IN F3-F13A)? MD:_____ OTHER:_____ IF NOT CODED PRB 5, SKIP TO G1.	PRB:	1 2 3 4 5		

MAN10A HP10A MA4A HP4A	F15	What is the longest period you've ever had when you felt (happy or excited/irritable) and also had several of these other experiences like (LIST SEVERAL ITEMS CODED 5 IN F3-F13A)? IF MORE THAN 3 YEARS, CODE 996. IF LESS THAN 4 DAYS SKIP TO G1. IF LESS THAN 7 DAYS, SKIP TO F17.	___/___/___ # DAYS
MIX4A	F16	IF E25 NOT CODED PRB 5, SKIP TO F17. You have had periods of feeling (excited/irritable) and of (feeling sad or depressed/loss of interest/lacking energy). I'd like to know whether these two kinds of periods followed one another closely, or were at separate times. Were your periods of feeling (excited/irritable) ever either just before or just after your periods of (depression/loss of interest/lacking energy)?	NO.....(SKIP TO F17).....1 YES.....5
		A. Were all your periods of feeling (excited/irritable) close to a period of (feeling depressed/loss of interest/lacking energy)?	NO.....1 YES.....5
		B. Were all your periods of (depression/loss of interest/lacking energy) close to a period of feeling (excited/irritable)?	NO.....1 YES.....5
MA4ON HP4ON MA10ON HP10ON	F17	ONS: When was the first time you had a period of four days or more when you were (happy or excited/irritable) at the same time you had some of these other feelings or experiences like (SX CODED 5 IN F3-F13A)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___
MA4RE HP4RE MA10RE HP10RE		REC: When did your last period of four or more days like that end?	REC: 1 2 3 4 5 6 AGE REC: ___/___
BIP10 B14A B24B	F18	In your lifetime, how many periods like that have you had that lasted 4 days or longer?	___/___ NUMBER
		A. How many periods like that lasted a week or longer?	___/___ NUMBER

MAN10A MAN10B HP10B HP4E MA4D MA4A	F19	Were you ever in a hospital overnight because of any spell like that?	NO.....1 YES.....5
	F20	IS MORE THAN ONE EPISODE CODED IN F18 OR F18A?	NO.....(SKIP TO G1).....1 YES.....5
	F21	Now I'd like to know about the time when you were feeling (happy or excited/irritable) and had the largest number of these other experiences at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad period.)	___/___ AGE
	F22	During that period of being (happy or excited/irritable), which of these experiences did you have? For instance, during that period (when you were ___/___ years old) RETURN TO F3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT [. CODE IN COL. II.	

SECTION G

SA10G24
SZ10G12A
SZ4A1
SF4A
DEL10A
DEL4A
BPD4A1

G1 Now I want to ask you about some ideas you might have had about other people. Have you ever <u>believed people were spying on you</u>?

NO..... (SKIP TO G2).....1
YES.....5

A. How did you know that was happening? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

SZ10G12A
SA10G24
SZ4A1
SF4A
DEL10A
DEL4A
BPD4A1

G2 Was there ever a time when you <u>believed people were following you</u>?

NO..... (SKIP TO B).....1
YES.....5

A. How did you know people were following you? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

B. Have you <u>thought</u> that <u>people</u> you saw talking to each other <u>were talking about you or laughing at you</u>?

NO..... (SKIP TO G3).....1
YES.....5

SZ4A1
SF4A
SZ10G12A
DEL10A
DEL4A
BPD4A1

C. What made you think it was you they were discussing or laughing at? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

SA10G22
SZ10G12A
SZ4A1
SF4A
DEL4A
DEL10A
BPD4A1

G3 Have you ever <u>believed</u> that <u>you were being secretly tested or experimented on</u>?

NO..... (SKIP TO G4).....1
YES.....5

A. How did you know you were being tested? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

SZ10G12A
SA10G22
SZ4A1
SF4A
DEL10A
DEL4A
BPD4A1

G4 Have you ever <u>believed</u> that <u>someone was</u> plotting against you or <u>trying to hurt you</u> or poison you?

NO..... (SKIP TO G5).....1
YES.....5

A. How did you know that this was happening? RECORD BELOW

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

DEL10A
DEL4A
SZ10G12A
SZ4A1
BPD4A1
SF4A

G5 Have you ever been <u>convinced</u> that <u>someone you had not met was in love with you</u>?

NO..... (SKIP TO G6).....1
YES.....5

A. How did you know that this person was in love with you? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

DEL10A
DEL4A
SZ10G12A
SZ4A1
BPD4A1
SF4A

G6 Have you ever been <u>convinced</u> that <u>your spouse or partner was being unfaithful</u>, although (he/she) told you that was not true?

NO..... (SKIP TO G7).....1
YES.....5

A. How did you know that your spouse or partner was unfaithful? RECORD BELOW.

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

SZ10G11D
SZ4A1
SF4A
BPD4A1

G7 Have you ever <u>believed</u> that <u>someone was reading your mind</u>?

NO..... (SKIP TO G8).....1
YES.....5

A. Did they actually know what you thought or were they just guessing from the look on your face or from knowing you for a long time? IF "JUST GUESS", CODE 1. OTHERS ASK B.

NO.....1
YES.....5*

B. How did you know they were reading your mind? RECORD BELOW.

EX:_____

SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G8	Have you ever <u>believed</u> you <u>could</u> actually <u>hear what another person was thinking</u>, even though he or she was not speaking? A. How was it possible for you to hear what a person thought if that person didn't say anything? RECORD BELOW. EX:_____	NO.....(SKIP TO G9).....1 YES.....5*
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G9	Have you ever <u>believed</u> that <u>others could hear your thoughts</u>? A. How did they do that? RECORD BELOW. EX:_____	NO.....(SKIP TO G10).....1 YES.....5*
SZ10G11B SA10G22 SZ4A1 SF4A BPD4A1	G10	Have you ever been <u>convinced</u> that <u>you were under the control of some</u> power or <u>force</u>, so that your actions and thoughts were not your own? A. Who or what power or force controlled you? RECORD BELOW. EX:_____ IS EXAMPLE IMPLAUSIBLE?	NO.....(SKIP TO G11).....1 YES.....5 NO.....1 YES.....5*
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G11	Have you ever been <u>convinced</u> that <u>strange thoughts</u>, or thoughts that were not your own, <u>were being put directly into your mind</u>? A. Could you tell me about a time that happened? RECORD BELOW. EX:_____	NO.....(SKIP TO G12).....1 YES.....5*
SZ10G11A SA10G21 SZ4A1 SF4A BPD4A1	G12	Have you ever been <u>convinced</u> that <u>someone</u> or something <u>could</u> take or <u>steal your thoughts</u> out of your mind? A. How did they do that? RECORD BELOW. EX:_____	NO.....(SKIP TO G13).....1 YES.....5*

SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G13	Have you ever <u>believed</u> that <u>you were being sent special messages</u> through television or the radio, or that a program had been arranged just for you alone?	NO..... (SKIP TO B).....1 YES.....5
		A. How did you know it was for you? RECORD BELOW. EX:_____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES.....5*
SZ4A1 SF4A SZ10G11D BPD4A1		B. Have you ever <u>felt</u> that <u>a book, or newspaper, or song was meant</u> only <u>for you</u> and no one else?	NO..... (SKIP TO G14).....1 YES.....5
		C. How did you know it was for you? RECORD BELOW. EX:_____	
		IS EXAMPLE IMPLAUSIBLE?	NO.....1 YES.....5*
SZ10G11B SA10G22 SZ4A1 SF4A BPD4A1	G14	Have you ever <u>felt strange forces working on you</u>, as if you were being hypnotized or magic was being performed on you, or you were being hit by x-rays or laser beams? A. What kind of force was it? RECORD BELOW. EX:_____	NO..... (SKIP TO G15).....1 YES.....5*
SZ10G11D SA10G24 SZ4A1 SF4A BPD4A1	G15	RECORD ANY VOLUNTEERED DELUSIONS NOT CODABLE IN G1-G14. IF NONE, CODE 1. IF ANY, RECORD BELOW. EX:_____	NO.....1 YES.....5*
SZ10G22 DEL10F TPD10G4 TPD10G5 SZ4E SA4D DEL4E	G16	IF NO 5* CODED IN G1-G15, CODE PRB 1 AND SKIP TO G17. Did you tell a doctor about <u>beliefs</u> you have had like (SX CODED 5* IN G1-G15)? CONTINUE PROBING. MD:_____ OTHER:_____	PRB: 1 3 4 5

SZ10G12A SZ4A2 SF4A DEL10D BPD4A2	G17	Have you ever seen something or someone that others who were present could not see -- that is, had a vision when you were completely awake? A. What did you see? RECORD BELOW. EX:_____	NO.....(SKIP TO G18).....1 YES.....5*
SZ4A2 SF4A SZ10G12A SA10G23 DEL10D BPD4A2	G18	Have you more than once heard things other people couldn't hear, such as a voice? A. How do you explain hearing things other people couldn't hear? RECORD: _____ B. What did you hear? RECORD BELOW EX:_____ IS EXAMPLE IMPLAUSIBLE? IF VOICE IS MENTIONED, SKIP TO G19A.	NO.....(SKIP TO G20).....1 YES.....5 NO.....1 YES.....5*
DEL10D BPD4A2	G19	Did you ever hear voices others could not hear?	NO.....(SKIP TO G20).....1 YES.....5*
SZ10G11C SA10G23 SZ4A2 SF4A		A. When you heard a voice, did this voice come from some part of your body?	NO.....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		B. Did you ever hear voices that other people couldn't hear that were commenting on what you were doing or thinking?	NO.....1 YES.....5
SZ10G11C SZ4A2 SA10G23 SF4A		C. Did you ever hear two or more voices that other people couldn't hear talking to each other?	NO.....(SKIP TO E).....1 YES.....5
SZ10G11C SA10G23		D. Were these voices discussing you?	NO.....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		E. Did you ever carry on a two-way conversation with the voices just as though someone was there with you?	NO.....(SKIP TO G20).....1 YES.....5
SZ10G11C SA10G23 SZ4A2 SF4A		F. Did you ever actually see who you were talking to when you carried on a conversation with the voices?	NO.....1 YES.....5

SZ10G12A
SZ4A2
SF4A
DEL10D
BPD4A2

G17 Have you ever seen something or someone that others who were present could not see -- that is, had a vision when you were completely awake?

NO.....(SKIP TO G18).....1
YES.....5*

A. What did you see? RECORD BELOW.

EX:_____

SZ4A2
SF4A
SZ10G12A
SA10G23
DEL10D
BPD4A2

G18 Have you more than once heard things other people couldn't hear, such as a voice?

NO.....(SKIP TO G20).....1
YES.....5

A. How do you explain hearing things other people couldn't hear?

RECORD: _____

B. What did you hear? RECORD BELOW

EX:_____

IS EXAMPLE IMPLAUSIBLE?

NO.....1
YES.....5*

IF VOICE IS MENTIONED, SKIP TO G19A.

DEL10D
BPD4A2

G19 Did you ever hear voices others could not hear?

NO.....(SKIP TO G20).....1
YES.....5*

SZ10G11C
SA10G23
SZ4A2
SF4A

A. When you heard a voice, did this voice come from some part of your body?

NO.....1
YES.....5

SZ10G11C
SA10G23
SZ4A2
SF4A

B. Did you ever hear voices that other people couldn't hear that were commenting on what you were doing or thinking?

NO.....1
YES.....5

SZ10G11C
SZ4A2
SA10G23
SF4A

C. Did you ever hear two or more voices that other people couldn't hear talking to each other?

NO.....(SKIP TO E).....1
YES.....5

SZ10G11C
SA10G23

D. Were these voices discussing you?

NO.....1
YES.....5

SZ10G11C
SA10G23
SZ4A2
SF4A

E. Did you ever carry on a two-way conversation with the voices just as though someone was there with you?

NO.....(SKIP TO G20).....1
YES.....5

SZ10G11C
SA10G23
SZ4A2
SF4A

F. Did you ever actually see who you were talking to when you carried on a conversation with the voices?

NO.....1
YES.....5

SZ4A2
SZ10G12A
DEL10D
SF4A
BPD4A2

G20 Have you ever been bothered by strange smells around you that nobody else seemed to be able to smell, perhaps even odors coming from your own body?

NO..... (SKIP TO C).....1
YES.....5*

A. What did you smell? RECORD BELOW.

EX:_____

B. Where did the strange smells or odors come from?

RECORD:_____

DEL10D
SZ10G12A
SZ4A2
SF4A
BPD4A2

C. Have you ever had strange tastes in your mouth that could not be explained by anything you had eaten or put in your mouth?

NO..... (SKIP TO G21).....1
YES.....5*

D. What was the taste? RECORD BELOW.

EX:_____

E. Where did it come from?

RECORD:_____

SZ4A2
SZ10G12A
SF4A
DEL10A
BPD4A2

G21 Have you ever had unusual feelings on your skin or inside your body--like being touched when nothing was there or feeling something moving inside your body?

NO..... (SKIP TO G22).....1
YES.....5*

A. What did you feel? RECORD BELOW.

EX:_____

SZ4A4
SZ10G12C
SA10G26
SF4A
BPD4A4

G22 Have you ever had a time when you were unable to move at all?

NO.....1
YES.....5*

A. Have you ever had a time when you moved constantly and couldn't stop?

NO.....1
YES.....5*

IF G22 AND G22A CODED 1, SKIP TO G23.

B. Why couldn't you move the way you wanted to? RECORD BELOW.

EX:_____

SZ10G22
DEL10F
TPD10G4
TPD10G5
SZ4E
SA4D
DEL4E

G23 IF NO 5* CODED IN G17-G22, CODE PRB 1 AND SKIP TO G24.

Did you tell a doctor about experiences you have had like (SX CODED 5* IN G17-G22)? CONTINUE PROBING.

PRB: 1 3 4 5

MD:_____ OTHER:_____

IF NO 5*'S CODED IN G1-G15 OR G17-G22, SKIP TO H1.

SZ4ON SZ10ON DEL4ON DEL10ON SF4ON SA4ON SA10ON	G24	ONS:	How old were you when you first had any of these beliefs or experiences like (LIST SX CODED 5* IN G1-G15 AND G17-G22)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___
SZ4RE SZ10RE DEL10RE DEL4RE SF4RE SA4RE SA10RE		REC:	When was the last time you had any of these beliefs or experiences?	REC: 1 2 3 4 5 6 AGE REC: ___/___
SZ10G1 SZ4C DEL10B TPD10G1 SA10G2 SZ4A SF4A DEL4A BPD4B	G25		How much time went by from the first time to the last time you had any of these beliefs or experiences? Was it ... (STOP AT FIRST YES)? IF ONLY FOR A FEW MOMENTS ONCE ON A SINGLE DAY, CODE 1 AND SKIP TO H1.	6 mos or more? .....7 3-5 mos?.....6 1-2 mos?.....5 2-3 wks?... .....4 1 wk?..... (SKIP TO G28).....3 2-6 days?.. (SKIP TO G28).....2 Only 1 day?. (SKIP TO H1).....1
SZ10G1 SZ4C DEL4A	G26		During this time were the beliefs or experiences present...(STOP AT FIRST YES)?	most of the time? .....1 some of the time? .....2 occasionally?.....3
GA4F GAD10C2	G27		IF D66 ("LONG PERIODS OF FEELING WORRIED, TENSE, OR ANXIOUS") IS NOT CODED 5, SKIP TO G28. You said earlier that you had a long spell when you were worrying about different things. Did the whole spell of worrying fall within the time when you were having these beliefs or experiences?	NO, WORRIED AT OTHER TIMES .....1 YES, ONLY THEN 5
SZ4C SF4B	G28		At the time you were having these beliefs or experiences, were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places, or unable to enjoy yourself?	NORMAL (SKIP TO G29).....1 NOT NORMAL 5
		A.	Did that period of not feeling well or not acting as usual last 6 months or more?	NO..... .....1 YES.....5
SZ4B DEL4C	G29		Since these beliefs or experiences began, have you been less able to do your work?	NO.....1 YES, LESS ABLE.....5
		A.	Since these beliefs or experiences began, have you been less able to make friends or enjoy social relationships?	NO.....1 YES, LESS ABLE.....5

SZ10G21 SA10G1 SA4A DEL10E SZ4D DEL4D	G30	WAS R EVER DEPRESSED OR MANIC? DEPRESSED IF: E25 CODED 5. MANIC IF: F14 CODED 5.	NEITHER.....(SKIP TO H1). 1 DEPRESSED ONLY.....2 MANIC ONLY .....3 BOTH 4
SZ10G21 SA4A	G31	You told me before that you have had spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable). Can you tell me which came first--those spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable) or the beliefs and experiences like (LIST SX CODED 5* IN G1-G15, G17-G22)?	DELUSIONS/ HALLUCINATIONS CAME FIRST.....1 DEPRESSED/HAPPY/ IRRITABLE CAME FIRST.....2 BEGAN AT SAME TIME.....3
MAN10C SA4A DEL10E SA10G3 SZ4D DEL4D	G32	Were the spells of feeling (depressed or losing interest or lacking energy/happy, excited, or irritable) ever present at the same time you were having these beliefs or experiences?	NO, NEVER TOGETHER..... (SKIP TO H1).....1 YES.....5
SA4A SA10G3	G33	Were they present at the same time for at least two weeks?	NO.....1 YES.....5
SA4B DEL4D DEL10E	G34	Did you ever have those beliefs or experiences for 2 weeks or more when you were **not** feeling (depressed or loss of interest or lacking energy/happy, excited, or irritable)?	NO, ONLY WHEN DEPRESSED/HAPPY/ IRRITABLE ..... (SKIP TO H1) .....1 YES, OTHER TIMES.....5
SZ4D DEL4D SZ4C	G35	Which lasted longer--these beliefs or experiences or the periods of feeling (depressed or loss of interest or lacking energy/happy, excited, or irritable)?	BELIEFS, EXPERIENCES .....1 MOOD.....2 SAME.....3

SECTION H

ANO4B	H1	Now I'd like to ask you about problems you might have had either with eating or with your weight. Have you ever had a concern about your weight, your eating, or being too fat?	NO .....1 YES.....5
ANO4A	H2	Have you ever lost a lot of weight, that is, (15 LBS/6.5 KG) or more, either by dieting or without meaning to, not by having (a baby or) an operation?	NO .....1 YES.....5
ANO4A	H3	Did relatives or friends ever say that you were much too thin or looked like a skeleton? SX = being too thin	NO .....1 YES.....5
ANO4A ANO10A	H4	IF H2 AND H3 BOTH CODED 1, CODE PRB 1 AND SKIP TO H10. OTHERS PROBE USING PHRASES IN H2/H3. CODE PRB 5 IF WEIGHT LOSS CAUSED BY DIET PILLS, WATER PILLS, LAXATIVES, ENEMAS, DIETING, SELF-INDUCED VOMITING, OR IF ANOREXIA WAS DIAGNOSED. MD: _____ OTHER: _____	PRB: 1 4 5
ANO4A ANO10A	H5	What is the lowest weight you ever (dropped to/had) after the age of 14? WOMEN: IF CODED 125 LBS/57 KG OR MORE, SKIP TO H10. MEN: IF CODED 140 LBS/64 KG OR MORE, SKIP TO H10. IF DK WEIGHT, CODE (998 LBS/98 KG) AND SKIP TO H6.	# LBS ___/___/___ # KG ___/___
ANO10A ANO4A		A. How tall were you then?	FT___ INCHES___/___ CM ___/___/___
ANO4C		B. At that time, when your weight was at its lowest, did other people say that you were too thin?	NO .....1 YES.....5

	H6	To lose that much weight or keep your weight down...	NO	YES
ANO10B ANO4A	1.	did you avoid fattening foods?	1	5
ANO4A	2.	did you exercise?	1	5
ANO4A	3.	did you take medicine or pills?	1	5
ANO4A	4.	did you make yourself vomit?	1	5
ANO4A	5.	did you take laxatives or enemas?	1	5
		IF NO 5 CODED IN 1-5, SKIP TO H7.		
		REC: When was the last time you did any of these things?	REC: 1 2 3 4 5 6 AGE REC: ___/___	

	H7	At the time when (you lost a lot of weight/people said you were too thin):	NO	YES
ANO4C ANO10C ANO4B	1.	were you afraid that you would regain the weight?	1	5
ANO4C ANO10C	2.	did you still think you were too fat?	1	5
ANO4C ANO10C	3.	did you think some parts of your body were too fat?	1	5
ANO4C	4.	did your weight affect how you thought about yourself?	1	5
ANO4C	5.	did others tell you that your low weight was a hazard to your health?	1	5

	H8	IF R IS MALE SKIP TO H9	
		How old were you when you had your first menstrual period? IF NEVER MENSTRUATED, CODE 7 AND SKIP TO H9.	ONS: 1 2 3 4 5 6 7 AGE ONS: ___/___
ANO4D ANO10D	A.	Did you ever <u>miss 3 menstrual periods in a row</u> around the time you (were losing weight/had this low weight)?	PRB: 1 3 4 5
		MD:_____ OTHER:_____	

IF NO 5'S CODED IN H6 OR H7, SKIP TO H10.

ANO4ON ANO10ON	H9	ONS: When was the first time you lost (15 LBS or more/6.5 KG or more/so much weight that other people said that you were too thin) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED 5 IN H6 AND H7)? IF DK AND R IS UNDER 25, CODE 01. IF DK AND R IS 25 OR OLDER, ASK: Do you think you were older or younger than 25?	AGE ___/___ YOUNGER THAN 25..... (RECORD 01) 25 OR MORE.... (RECORD 95) STILL DK..... (RECORD 98)
ANO4RE ANO10RE		REC: When (were you last (15 LBS or more/6.5 KG or more) below your previous weight/was the last time people thought you were much too thin)?	REC: 1 2 3 4 5 6 AGE REC: ___/___
BUL10A BUL4A1	H10	Have you ever had a time when you would eat abnormally large amounts of food within a few hours--that is, eat in binges?	NO .....(SKIP TO J1) .....1 YES.....5
		A. How long would one of these binges last?	___/___/___ MINUTES
		B. What kind of things would you eat during a typical binge? RECORD: _____	
		DOES R VOLUNTEER ONLY A MINIMAL AMOUNT OF FOOD (LIKE ONE YOGHURT OR ONE CHOCOLATE BAR)?	NO .....1 YES.....(SKIP TO J1) 5
BUL10A BUL4A	H11	Have you ever had a period when you went on eating binges at least twice a week?	NO .....(SKIP TO J1) .....1 YES.....5
BUL4C		A. What is the longest period you have had of eating binges at least twice a week?	___/___/___ WEEKS
BUL4ON BUL10ON BUL4RE BUL10RE	H12	ONS/REC: When did you have your (first/last) eating binge?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

	H13	During your eating binges, have you:	
		A. eaten more quickly than normal?	NO .....1 YES.....5
		B. eaten until you felt excessively full or bloated?	NO .....1 YES.....5
		C. eaten a lot even though you weren't hungry?	NO .....1 YES.....5
		D. eaten alone because you felt ashamed?	NO .....1 YES.....5
		E. After your eating binges, have you hated yourself?	NO .....1 YES.....5
		F. After your eating binges, have you felt depressed or guilty because you have eaten so much?	NO .....1 YES.....5
BUL10B ANO10E	H14	Around the time when you were binge eating, did you spend a lot of time thinking about eating?	NO ..... (SKIP TO H15).....1 YES.....5
		A. Did you find it difficult to resist going on an eating binge?	NO .....1 YES.....5
BUL4A2	H15	Have you ever been afraid that you might not be able to stop one of these eating binges once you started?	NO .....1 YES..... (SKIP TO H16).....5
		A. Have you ever felt that you had no control over what you were eating during an eating binge?	NO .....1 YES.....5

	H16	Have you ever done anything regularly in order to keep from gaining weight -- things like ...	NO	YES
BUL4B BUL10C3		1. exercising a lot?	1	5
BUL4B BUL10C4		2. staying on a strict diet?	1	5
BUL4B BUL10C2		3. taking water pills or diuretics?	1	5
BUL4B BUL10C1		4. taking laxatives or enemas?	1	5
BUL4B BUL10C3		5. making yourself vomit?	1	5
BUL4B BUL10C		6. fasting by not eating at all or only taking liquids?	1	5

	H17	Around the time when you were binge eating,	NO	YES
BUL4D	1.	was your self-esteem much more dependent on your body shape or weight than in other people?	1	5
BUL10D	2.	were you afraid that you would become too fat?	1	5
BUL10D	3.	did you think you were too fat?	1	5

SECTION J

J1 HAND CARD J1 TO RESPONDENT. Now I am going to ask some questions about your use of alcoholic beverages like (BEVERAGES USED LOCALLY - BEER, WINE, OR LIQUOR). In your entire lifetime, have you had at least 12 drinks of any kind of alcoholic beverage? Please count drinks as shown on this card.

NO 1
YES ..... (SKIP TO J2) 5

A. So, you've never had at least 12 drinks even if you count drinking on special occasions or holidays?

CORRECT, NEVER HAD 12+ DRINKS . .(SKIP TO K1) 1
HAS HAD 12+ DRINKS 5

J2 In the past 12 months, did you have at least 12 drinks of any kind of alcoholic beverage?

NO 1
YES ..... (SKIP TO J3) 5

A. What about in the past, in any one-year period of your entire life, did you have at least 12 drinks of any kind of alcoholic beverage?

NO .....(SKIP TO K1) 1
YES .....(SKIP TO J5A) 5

J3 In the past 12 months, did you have at least one drink... (CODE FIRST YES)

almost every day? 1
3 or 4 days a week? 2
1 or 2 days a week? 3
1 to 3 days a month? 4
less than once a month? 5

J4 On days when you drank an alcoholic beverage in the past 12 months, about how many drinks did you usually have in a single day? RECORD R'S ANSWER VERBATIM AND CODE # DRINKS USING CARD J1._____
_____

___/___
AVG. # DRINKS IN 24 HRS

J5 Now thinking about your whole life, has there ever been a year when you drank more than you did during the past 12 months?

NO .....(SKIP TO C) 1
YES 5

A. Focusing on the period when you drank the most, how often did you drink? Was it... (CODE FIRST YES)

almost every day? 1
3 or 4 days a week? 2
1 or 2 days a week? 3
1 to 3 days a month? 4
less than once a month? 5

		B.	During that year when you were drinking the most, on the days when you drank, about how many drinks would you usually have in a day? RECORD R'S ANSWER VERBATIM AND CODE # DRINKS USING CARD J1._____ _____	___/___ AVG. # DRINKS IN 24 HRS
		C.	When did you first begin to drink (FREQUENCY AND AMOUNT IN A AND B, OR IF BLANK, IN J3 AND J4)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___
		D.	When did you last drink (FREQUENCY AND AMOUNT IN A AND B, OR IF BLANK, IN J3 AND J4)?	REC: 1 2 3 4 5 6 AGE REC: ___/___
AA4A1	J6		Was there ever a time in your life when your drinking or being hung over frequently interfered with your work at school, on a job, or at home?	NO .....1 YES 5
	J7		Was there ever a time in your life when you frequently got into physical fights while drinking?	NO .....1 YES 5
		A.	Did your drinking frequently cause trouble between you and a family member or friend?	NO .....1 YES 5
			IF J7 AND J7A BOTH CODED 1, SKIP TO J8.	
AA4A4		B.	Did you continue to drink after you knew that it was causing you problems in getting along with other people?	NO .....1 YES 5
AA4A3	J8		Have you ever been arrested for disturbing the peace or for driving while under the influence of alcohol?	NO .....1 YES 5
AA4A2	J9		Have there been times in your life when you have often been under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?	NO .....1 YES 5
	J10		IF NO 5 CODED IN J6-J9, SKIP TO J11.	
AA4ON AA4RE			ONS/REC: When was the (first/last) time (SX CODED 5 IN J6-J9)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

AD41A AD10A4	J11	Was there ever a time when you had to drink much more than you used to to get the effect you wanted?	NO .....1 YES ..... (SKIP TO J12).....5*
AD41B AD10A4		A. Did you ever find that the same amount of alcohol had less effect on you than it once did?	NO .....1 YES 5*
AD10A1	J12	Was there ever a time when you felt such a strong desire or urge to drink that you could not keep from drinking?	NO .....1 YES ..... (SKIP TO J13).....5*
AD10A1		A. Did you ever want a drink so badly that you could not think of anything else?	NO .....1 YES 5*
AD43 AD10A2	J13	Has there ever been a period in your life when you often had more to drink than you intended to?	NO .....1 YES ..... (SKIP TO J14).....5*
AD43 AD10A2		A. Was there ever a period when you often kept drinking much longer than you intended to?	NO .....1 YES 5*
AD44 AD10A2	J14	Have there been times in your life when you wanted to stop or cut down on your drinking?	NO.....1 YES 5*
AD44 AD102		A. Have you more than once tried to stop or cut down but found you could not?	NO .....1 YES 5*
AD45 AD10A5	J15	Was there ever a period in your life when you spent a great deal of time drinking or getting over the effects of alcohol?	NO .....1 YES 5*
AD46 AD10A5	J16	Did drinking ever cause you to give up or greatly reduce important activities -- like participating in sports, going to school or work, or keeping up with friends or relatives?	NO .....1 YES 5*

				NO	YES	NEVER QUIT
AD42A AD10A3	J17	I'm going to ask you about some problems you might have had in the first few days after you quit or cut down. HAND CARD J2 TO RESPONDENT. IF VOLUNTEERS NEVER QUIT OR CUT DOWN, CODE J17.1 = 6 AND SKIP TO B. OTHERS READ ITEMS 1-11 AND CODE FOR EACH.				
AW10B1/AW4B2		1.	For instance, in those first few days, did you have the shakes (hands trembling)?	1	5	6
AW10B7/AW4B3		2.	did you have more trouble sleeping than is usual for you?	1	5	
AW4B7		3.	were you more nervous than is usual for you?	1	5	
AW10B5/AW4B6		4.	did you feel more restless than is usual for you?	1	5	
AW10B2/AW4B1		5.	did you sweat?	1	5	
AW10B4/AW4B1		6.	did you feel your heart beating fast?	1	5	
AW10B3/AW4B4		7.	did you have nausea or vomiting?	1	5	
AW10B6		8.	did you have headaches?	1	5	
AW10B8		9.	did you feel weak?	1	5	
AW10B9/AW4B5		10.	did you see, hear, or feel things that others could not?	1	5	
AW10B10/AW4B8		11.	did you have a seizure?	1	5	
		A.	ARE TWO OR MORE 5'S CODED IN 1-11?	NO ..... 1 YES ..... (SKIP TO J18) 5*		
		SX = stopping or cutting down caused problems				
AD10A3 AD42B		B.	Did you ever take a drink to keep from having these problems (or drink to make them go away)?	NO ..... 1 YES 5*		

AHM10AB	J18	HAND CARD J3 TO RESPONDENT. In your lifetime, has drinking ever caused you to have any of the medical problems on the card like:	NO	YES
		1. liver disease or hepatitis?	1	5
		2. stomach disease or vomiting blood?	1	5
		3. tingling feet or numbness?	1	5
		4. memory problems even when you weren't drinking?	1	5
		5. pancreatitis?	1	5
		6. any other disease? What?_____	1	5
		IF ANY 5 CODED IN 1-6, ASK A. OTHERS SKIP TO J19.		
AD47 AD10A6		A. Did you continue to drink after you knew that it was causing a medical problem?	NO .....1 YES 5*	

AD47 AD10A6	J19	Did you continue to drink when you knew you had any (other) serious physical illness that was made worse by drinking?	NO .....1 YES 5*

AHM10AB	J20	HAND CARD J4 TO RESPONDENT. Has alcohol ever caused you to have any of the emotional or psychological problems on the card, like:	NO	YES
		1. being uninterested in your usual activities?	1	5
		2. being depressed?	1	5
		3. being suspicious or distrustful of others?	1	5
		4. or having strange thoughts?	1	5
		IF ANY 5 CODED IN 1-4, ASK A. OTHERS SKIP TO B.		
AD47 AD10A6		A. Did you continue to drink after you knew that it was causing you emotional or psychological problems?	NO .....1 YES 5*	
		B. ARE THREE OR MORE SX CODED 5* IN J11-J20?	NO.....(SKIP TO J23).....1 YES 5	

J21	You said that (LIST ITEMS CODED 5* IN J11-J20). Was there ever a time in your life when you had three or more of these problems in the same year?	NO.....(SKIP TO J23).....1 YES 5
J22	ONS/REC: When was the (first/last) time you had three or more of these problems from drinking in the same year?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
J23	IF NO 5* CODED IN J11-J20, SKIP TO K1	
	ONS/REC: When was the (first/last) time you had any of the problems you mentioned?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___

SECTION K

OCO10A OCO10B OBS4A4 OBS4A1 OBS4A2	K1	I want to ask you next about whether you have ever been bothered by having certain unpleasant thoughts of your own that kept entering your mind against your wishes. An example would be the persistent idea that your hands are dirty or have germs on them. Have you ever had any unpleasant thoughts like that?	NO .....1 YES 5
OCO10A OCO10B OBS4A1 OBS4A2 OBS4A4		A. Another example of an unpleasant thought would be the persistent idea that you might harm someone, even though you really didn't want to. Or you might have had thoughts you were ashamed of, but couldn't keep out of your mind. Have you ever had any unpleasant and persistent thoughts like that?	NO .....1 YES 5
		B. IS EITHER K1 OR K1A CODED 5?	NO .....(SKIP TO K9) .....1 YES 5
OCO10A	K2	Did you have these thoughts only for a short time or did they ever bother you again and again over a period of at least 2 weeks?	LESS THAN 2 WEEKS ....(SKIP TO K9) .....1 2 WEEKS OR MORE 5
OBS4D	K3	Could you give me examples of the kind of thoughts that bothered you?	

EX:_____

ARE **ALL** EXAMPLES **EXCLUSIVELY** DESCRIBING:		NO	YES
1)	FEELINGS OF GUILT?	1	5
2)	CONCERNS ABOUT BODY SHAPE, WEIGHT, OR EATING?	1	5
3)	CONCERNS ABOUT GETTING, USING, OR RECOVERING FROM DRUGS OR OTHER SUBSTANCES?	1	5
4)	CONCERNS ABOUT HAIR-PULLING?	1	5
5)	CONCERNS ABOUT A SERIOUS ILLNESS?	1	5
6)	SOME COMBINATION OF 1-5?	1	5

IF ANY CODED 5, SKIP TO K9.

OCO10B2 OBS4B	K4	Did some of these thoughts seem to you to be unreasonable?	NO .....1 YES 5
		A. Were you thinking about these things more than you should have?	NO .....1 YES 5
OCO10B4		B. When you thought about these things, did you enjoy it?	NO .....1 YES 5
OCO10B3 OBS4A3 OBS4A1 OBS4E	K5	Did <u>these thoughts</u> keep coming back again and again into your mind no matter how hard you tried to resist, ignore, or get rid of them? IF NO, CODE PRB 1 AND SKIP TO K9. IF YES, PROBE. MD:_____ OTHER:_____ IF NOT CODED PRB 5, SKIP TO K9.	PRB: 1 3 4 5
OBS4C	K6	Did these thoughts often bother you for more than an hour at a time?	NO .....1 YES 5
OBS4C OCO10C	K7	Did thinking about these ideas interfere with your life or work, or cause you difficulty with your relatives or friends, or upset you a great deal?	NO .....1 YES 5
	K8	ONS/REC: When was the (first/last) time you were unable to put an unpleasant thought like that out of your mind?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
OCC10A COM4A1	K9	Some people have the unpleasant feeling that they have to <u>do something over and over again</u>, even though they know it is foolish, but they can't resist doing it -- things like washing their hands again and again or going back several times to be sure they've locked a door or turned off the stove. Have you ever had to do something like that over and over? IF CODED 5, ASK FOR EXAMPLE: EX:_____	NO .....1 YES 5

OCC10A COM4A1	K10	Was there a time when you felt you had to do something in a certain order, like getting dressed perhaps, and had to start all over again if you did it in the wrong order? IF CODED 5, ASK FOR EXAMPLE: EX:_____	NO .....1 YES 5
OCC10A COM4A1	K11	Has there ever been a period of several weeks when you felt you had to count something, like the squares in a tile floor, and couldn't resist doing it even when you tried to? IF CODED 5, ASK FOR EXAMPLE: EX:_____	NO .....1 YES 5
COM4A1 OCC10A	K12	Did you ever have a period when you had to say certain words over and over, either aloud or to yourself? IF CODED 5, ASK FOR AN EXAMPLE. EX:_____	NO .....1 YES 5
		IF K9-K12 ALL CODED 1, SKIP TO K22.	
OCC10B2 COM4B	K13	You mentioned that you had to (SX CODED 5 IN K9-K12). Did you think that this was unnecessary or that you overdid it?	NO .....1 YES 5
OCC10B3	K14	Did you try hard not to do these things, but did them anyway?	NO, COULD CONTROL.....1 DIDN'T TRY, SO DK .....3 YES 5
COM4A2	K15	Would you feel very uncomfortable if you did not do these things?	NO .....1 YES 5
		A. Did you feel that something bad might happen if you didn't do them?	NO .....1 YES 5

OCC10B4	K16	When you did these things, did you enjoy doing them?	NO .....5 YES 1
COM4E	K17	Did you tell a doctor about having to (SX CODED 5 IN K9-K12)? CONTINUE PROBING. MD:_____ OTHER:_____	PRB: 3 4 5
	K18	ONS/REC: When was the (first/last) time you had to do (this/any of these things)?	ONS: 1 2 3 4 5 6 AGE ONS: ___/___ REC: 1 2 3 4 5 6 AGE REC: ___/___
OCC10C COM4C	K19	Did having to (SX CODED 5 IN K9-K12) ever interfere with your life or work, or cause you difficulty with your relatives or friends, or upset you a great deal?	NO .....1 YES.....5
OCC10A	K20	Did you have to do any of those things most days over a period of at least two weeks?	NO .....1 YES.....5
COM4C	K21	Did you often spend more than an hour a day doing these things?	NO .....1 YES.....5

PT10A
PT4A1

K22 Now I would like to ask you about extremely stressful or upsetting events that sometimes occur to people. HAND CARD K1 TO RESPONDENT. Some events like that are listed on Card K1.

ASK K22.1-K22.11. CODE IN COL. I.

		COL. I		COL. II WORST EVENT	
		NO	YES	NO	YES
1.	Did you ever have direct combat experience in a war?	1	5	1	5
2.	Were you ever involved in a life-threatening accident?	1	5	1	5
3.	Were you ever involved in a fire, flood or other natural disaster?	1	5	1	5
4.	Did you ever witness someone being badly injured or killed?	1	5	1	5
5.	Were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?	1	5	1	5
6.	Were you ever sexually molested, that is someone touched or felt your genitals when you did not want them to?	1	5	1	5
7.	Were you ever seriously physically attacked or assaulted?	1	5	1	5
8.	Have you ever been threatened with a weapon, held captive, or kidnapped?	1	5	1	5
9.	Have you ever been tortured or the victim of terrorists?	1	5	1	5
10.	Have you ever experienced any other extremely stressful or upsetting event?	1	5	1	5
	IF YES, ASK: Briefly, what was the most stressful or upsetting experience of this sort that ever happened to you? DESCRIPTION:_____				
	IF OTHER EVENTS IN 10 ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.				

	11.	Have you ever suffered a great shock because one of the events on the list happened to someone close to you? IF YES, ASK: Briefly, what was the event that you found most stressful or upsetting when it happened to someone close to you? DESCRIPTION:_____ IF EVENTS IN 11 ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.	1	5	1	5

IF NO 5'S IN COL. I, SKIP TO L1

IF ONLY ONE 5 IN COL. I CODE 5 FOR THAT EVENT IN COL. II AND ASK K22A.1.
OTHERS SKIP TO K22A.2

K22A 1. You mentioned that you have experienced (EVENT CODED 5 IN COL. I). Did this happen only once in your lifetime or more than once? IF ONCE, SKIP TO K22B, OTHERS ASK: Of these times, was one of them more stressful or upsetting than the others? SKIP TO K22B.

2. You said that you have experienced (EVENTS CODED 5 IN COL. I). Of those events, which was the most stressful or upsetting? CODE 5 FOR THAT EVENT IN COL. II.

K22B FOR EVENT CODED 5 IN COL. II, ASK: How old were you when (EVENT) happened? AGE: ___/___

PT4A2 K22C FOR EVENT CODED 5 IN COL. II, ASK: When it happened, did you feel terrified? NO..... 1 YES..... 5

PT4A2 K22D FOR EVENT CODED 5 IN COL. II, ASK: When (EVENT) happened, did you feel helpless? NO..... 1 YES..... 5

Now I would like to ask you about the time after the stressful or upsetting experience happened to you.

ASK K23 TO K45 FOR EVENT CODED 5 IN COL. II..

PT10B PT4B1	K23	Did you keep remembering (EVENT) even when you didn't want to?	NO..... 1 YES..... 5
PT10B PT4B2	K24	After it, did you keep having bad dreams or nightmares about it?	NO..... 1 YES..... 5
PT10B PT4B3	K25	Did you suddenly act or feel as though (EVENT) was happening again even though it wasn't?	NO..... 1 YES..... 5
PT10B PT4B4	K26	Did you get very upset when you were reminded of it?	NO..... 1 YES..... 5
PT10B PT4B5	K27	Did you sweat or did your heart beat fast or did you tremble when you were reminded of (EVENT)?	NO..... 1 YES..... 5
		IF K23 TO K27 ALL CODED 1, SKIP TO L1.	
PT10D2 PT4D1	K28	After (EVENT) did you have trouble sleeping?	NO..... 1 YES..... 5
PT10D2 PT4D2	K29	After it, did you feel unusually irritable or lose your temper a lot more than is usual for you?	NO..... 1 YES..... 5
PT10D2 PT4D3	K30	After it, did you have difficulty concentrating?	NO..... 1 YES..... 5
PT10D2 PT4D4	K31	After (EVENT) did you become very much more concerned about danger or very much more careful?	NO..... 1 YES..... 5
PT10D2 PT4D5	K32	After (EVENT) did you become jumpy or easily startled by ordinary noises or movements?	NO..... 1 YES..... 5
		IF K28 TO K32 ALL CODED 1, SKIP TO L1.	

PT10C PT4C1	K33	Did you deliberately try not to think or talk about (EVENT)?	NO ..... 1 YES 5
PT10C PT4C2	K34	Did you avoid places or people or activities that might have reminded you of it?	NO ..... 1 YES 5
PT10D1 PT4C3	K35	After (EVENT) was your memory blank for all or part of (EVENT)?	NO..... (SKIP TO K36) ... 1 YES 5
		IF EVENT CODED 5 IN COL II. IS WITNESS OF AN ACCIDENT (K22.4) OR EVENT HAPPENED TO RELATIVES OR FRIENDS (K22.11), SKIP TO K36. OTHERS ASK:	
		A. Did you suffer a head injury as a result of (EVENT)?	NO ..... 1 YES 5
		B. Were you unconscious for more than ten minutes?	NO ..... 1 YES 5
PT4C4	K36	After (EVENT) did you lose interest in doing things that were once important or enjoyable for you?	NO ..... 1 YES 5
PT4C5	K37	After (EVENT) did you feel more isolated or distant from other people?	NO ..... 1 YES 5
PT4C6	K38	After (EVENT) did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?	NO ..... 1 YES 5
PT4C7	K39	After (EVENT) did you begin to feel that there was no point in thinking about the future anymore?	NO ..... 1 YES 5
		IF K33 TO K39 ALL CODED 1, SKIP TO L1.	

PT10E PT4ON PT10ON	K40	You said that you had problems after (EVENT) like (SX CODED 5 IN K23 TO K39). How soon after (EVENT) did you start to have any of these problems? CODE LOWEST NUMBER. IF MORE THAN 1 YEAR, ASK: How old were you?	SAME DAY ..... 1 THAT WEEK ..... 2 THAT MONTH ..... 3 WITHIN 6 MONTHS ..... 4 WITHIN 1 YEAR ..... 5 MORE THAN 1 YEAR ..... 6 AGE: ___/___
PT4E	K41	How long did you continue to have any of these problems because of (EVENT)? CODE LOWEST NUMBER.	LESS THAN 1 WEEK ..... 1 LESS THAN 1 MONTH ..... 2 LESS THAN 6 MONTHS ..... 3 LESS THAN 1 YEAR ..... 4 MORE THAN 1 YEAR 5
PT10RE PT4RE	K42	When was the last time you had any of these problems as a result of (EVENT)?	REC: 1 2 3 4 5 6 AGE REC: ___/___
	K43	Did you tell a doctor about the problems that occurred as a result of (EVENT)?	NO ..... 1 YES .....(SKIP TO 2) 5
		1. Did you tell any other professional?	NO ..... 1 YES 5
		2. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?	NO ..... 1 YES 5
		3. Did the problems which occurred as a result of it interfere with your life or activities a lot?	NO ..... 1 YES 5
PT4F	K44	Have you ever been very upset with yourself for having the problems which occurred as a result of (EVENT)?	NO ..... 1 YES 5
PT4F	K45	Have the problems which occurred as a result of (EVENT) ever kept you from going to a party, social event or meeting?	NO ..... 1 YES 5

SECTION L

L1 Now I'd like to ask about your experience with medicines. (HAND CARD L1 TO RESPONDENT).

Look at the medicines at the top of the card in Part A. Has a doctor ever prescribed any of them for you?

NO .....(GO TO L2) 1
YES 5

A. Did you ever use any of these medicines in Part A in larger amounts than was prescribed or for a longer period than was prescribed?

NO .....(GO TO L2) 1
YES 5

B. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 2A, 3A, OR 4A IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L2 Have you used any of these medicines in Part A more than five times when they were **not** prescribed for you, to get high, to relax, or to make you feel better, more active, or alert?

NO .....(SKIP TO L3).....1
YES 5

A. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 2, 3, OR 4 IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L3 Now I'd like to ask about your experience with other drugs. Look at the drugs in Part B on the card. Have you ever taken any of those more than 5 times?

NO .....(GO TO L4) 1
YES 5

A. Which ones? (Any others?) CONTINUE ASKING UNTIL R SAYS NO.

CIRCLE NAME IN 1, 2, 4-8 IN L4 AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

L4 Have you ever taken any other drugs not on the list more than 5 times to get high, to relax, or to make you feel better, more active, or alert?

NO ..... (GO TO L5) 1
YES 5

A. Which ones? ENTER NAME IN 9 BELOW AND CODE 5 FOR THAT CATEGORY IN COLUMN A. ASK: Any others? CONTINUE ASKING UNTIL R. SAYS NO AND CODE 5 FOR THAT CATEGORY IN COLUMN A.

		A		B
		NO	YES	ROUTE
1)	MARIJUANA, HASHISH, BHANG, GANJA	1	5	1 2 3 4 5 6
2)	STIMULANTS: AMPHETAMINES, KHAT, BETEL NUT	1	5	1 2 3 4 5 6
2A)	PRESCRIPTION STIMULANTS: AMPHETAMINES	1	5	
3)	SEDATIVES: TRANQUILIZERS, SLEEPING PILLS, BARBITURATES, SECONAL, VALIUM, LIBRIUM, XANAX, QUAALUDES	1	5	1 2 3 4 5 6
3A)	PRESCRIPTION SEDATIVES: TRANQUILIZERS, SLEEPING PILLS, BARBITURATES, SECONAL, VALIUM, LIBRIUM, XANAX, QUAALUDES	1	5	
4)	OPIOIDS: HEROIN, CODEINE, DEMEROL, MORPHINE, PERCODAN, METHADONE, DARVON, OPIUM, DILAUDID	1	5	1 2 3 4 5 6
4A)	PRESCRIPTION OPIOIDS: HEROIN, CODEINE, DEMEROL, MORPHINE, PERCODAN, METHADONE, DARVON, OPIUM, DILAUDID	1	5	
5)	COCAINE, CRACK, COCA LEAVES	1	5	1 2 3 4 5 6
6)	PCP	1	5	1 2 3 4 5 6
7)	PSYCHEDELICS: LSD, MESCALINE, PEYOTE, PSILOCYBIN, DMT	1	5	1 2 3 4 5 6
8)	INHALANTS/SOLVENTS: GLUE, TOLUENE, GASOLINE	1	5	1 2 3 4 5 6
9)	OTHER: WHICH?_____	1	5	1 2 3 4 5 6

L5 INTERVIEWER: CODE 1 IN ALL CATEGORIES NOT CODED 5. IF NO 5'S IN COLUMN A, SKIP TO M1. IF ANY 5'S, CIRCLE THE DRUGS CODED IN L4 ON CARD L2. HAND CARD L2 TO RESPONDENT FOR USE THROUGHOUT REMAINDER OF SECTION. CIRCLE SAME ON CARD L1 FOR YOUR USE.

Now, please look at Card L2. In the next questions I will be asking about categories of drugs, and when I say (DRUG CATEGORY), I want you to think about all the drugs circled in that category: NAME DRUGS CIRCLED IN DRUG CATEGORY.

L6 FOR EACH DRUG CATEGORY CODED 5 IN COLUMN A, ASK:
Please look at the bottom of Card L2. This is a list of various ways that people take medicines and drugs. What are all the ways you have taken (DRUG CATEGORY)?

CODE ALL THAT APPLY IN COLUMN B OF L4.

VEIN, IV	= 6	SNORT, SNIFF	= 3
UNDER SKIN, MUSCLE	= 5	BY MOUTH: PILLS, DRINKING CHEWING	= 2
SMOKE, FREEBASE	= 4	OTHER	= 1

L7 Think about the period of time when you were using (DRUG CATEGORY) the most frequently. At that time, about how often did you use (it/them)? Was it almost every day (PAUSE), 3 or 4 days a week (PAUSE), 1 or 2 days a week (PAUSE), 1 to 3 days a month (PAUSE), or less than once a month? (CODE FIRST "YES")

A. How old were you when you first began to use (DRUG CATEGORY) that frequently?
B. How old were you when you last used (DRUG CATEGORY) that frequently?
C. When did you last use (DRUG CATEGORY) at all?

	1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6
	AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___
	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___

	4/4A) Opioids	5) Cocaine	6) PCP
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6
	AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___
	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___

	7) Psychedelics	8) Inhalants	9) Other
1) Almost every day?	1	1	1
2) 3 or 4 days a week?	2	2	2
3) 1 or 2 days a week?	3	3	3
4) 1 to 3 days a month?	4	4	4
5) less than once a month?	5	5	5
	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6	A. ONS: 1 2 3 4 5 6
	AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6	B. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___
	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6	C. REC: 1 2 3 4 5 6
	AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___

L8 In your lifetime, did using any of these medicines or drugs frequently interfere with your work at school, on a job or at home?

NO .....(SKIP TO L9).....1
YES 5*

DA41 A. Did the use of (DRUG CATEGORY) frequently interfere with your work at school, on a job or at home?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO .....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES .....5#
4/4A) Opioids	5) Cocaine	6) PCP
A. NO .....1 YES.....5#	A. NO.....1 YES .....5#	A. NO.....1 YES .....5#
7) Psychedelics	8) Inhalants	9) Other
A. NO .....1 YES.....5#	A. NO.....1 YES .....5#	A. NO.....1 YES .....5#

L9 In your lifetime, has your use of any of these medicines or drugs ever led to problems with your family, friends, at work, or at school?

NO 1
YES 5*

A. In your lifetime, has your use of any of these medicines or drugs ever led to problems with the police?

NO 1
YES 5*

IF L9 AND L9A BOTH CODED 1, SKIP TO L10.

DA43 B. Did (DRUG CATEGORY) ever cause you problems with your family, friends, at work, at school, or with the police?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
IF YES, CODE 5 AND ASK C.

DA44 C. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these problems?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#
C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#
C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#
7) Psychedelics	**8) Inhalants**	**9) Other**
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#
C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#	C. NO ..... 1 YES ..... 5#

L10 Have there been times when you used any of these medicines or drugs in situations where you could get hurt--for example, when riding a bicycle, driving a car or boat, operating a machine, or anything else?

NO.....(SKIP TO L11).....1
YES.....5*

DA42 A. Have you used (DRUG CATEGORY) in situations where you could get hurt?

1) Marijuana

A. NO.....1
YES.....5#

2/2A) Stimulants

A. NO.....1
YES.....5#

3/3A) Sedatives

A. NO.....1
YES.....5#

4/4A) Opioids

A. NO.....1
YES.....5#

5) Cocaine

A. NO.....1
YES.....5#

6) PCP

A. NO.....1
YES.....5#

7) Psychedelics

A. NO.....1
YES.....5#

8) Inhalants

A. NO.....1
YES.....5#

9) Other

A. NO.....1
YES.....5#

L11 IF NO 5* CODED IN L8-L10, SKIP TO L12, OTHERS ASK:

You said you've had problems as a result of using (DRUG CATEGORY WITH A 5#) like (LIST ITEMS CODED 5# IN L8-L10 FOR EACH DRUG CATEGORY).

DA4ON
D4DON
DA4RE
D4DRE

ONS: When was the first time you had one of those problems as a result of using (DRUG CATEGORY WITH A 5#)?

REC: When was the last time?

1) Marijuana

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

2/2A) Stimulants

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

3/3A) Sedatives

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

4/4A) Opioids

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

5) Cocaine

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

6) PCP

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

7) Psychedelics

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

8) Inhalants

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

9) Other

ONS: 1 2 3 4 5 6
AGE ONS: ___/___

REC: 1 2 3 4 5 6
AGE REC: ___/___

L12 Did you ever find that you had to use much more of any of these medicines or drugs than before to get the effect you wanted?

NO 1
YES .....(SKIP TO B)..... 5*

A. Did you ever find that the same amount of any of these medicines or drugs had less effect on you than it once did?

NO .....(SKIP TO L13)..... 1
YES ... (ASK L12B WITHOUT PARENS)..... 5*

DD41
DD10A4

B. Did you ever find (you began to need much more [DRUG CATEGORY] to get the same effect or) that the same amount of [DRUG CATEGORY] had less effect than it once had?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
B. NO 1	B. NO.....1	B. NO.....1
YES.....5#	YES .....5#	YES .....5#
4/4A) Opioids	5) Cocaine	6) PCP
B. NO 1	B. NO.....1	B. NO.....1
YES.....5#	YES .....5#	YES .....5#
7) Psychedelics	8) Inhalants	9) Other
B. NO 1	B. NO.....1	B. NO.....1
YES.....5#	YES .....5#	YES .....5#

L13 Have you ever felt such a strong desire or urge to use any of these medicines or drugs that you could not keep from using them?

NO 1
YES .....(SKIP TO B)..... 5*

A. Did you ever want any of these medicines or drugs so badly, that you could not think of anything else?

NO .....(SKIP TO L14)..... 1
YES ... (ASK L13B WITHOUT PARENS)..... 5*

DD10A1

B. Did you ever (have such a strong desire for (DRUG CATEGORY) that you couldn't keep from using it or) want (DRUG CATEGORY) so badly that you couldn't think of anything else?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#
7) Psychedelics	**8) Inhalants**	**9) Other**
B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#	B. NO ..... 1 YES ..... 5#

L14 Have there been times in your life when you wanted to stop or cut down on any of these medicines or drugs?

NO.....(SKIP TO L15).....1
YES.....5*

DD10A2 A. Have you ever wanted to stop or cut down on (DRUG CATEGORY)?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
IF YES, CODE 5 AND ASK B.

DD44 B. Were you always able to cut down for at least one month?
SX = unable to cut down for one month

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1	A. NO.....1	A. NO.....1
YES.....5#	YES.....5#	YES.....5#
B. NO.....5#	B. NO.....5#	B. NO.....5#
YES.....1	YES.....1	YES.....1
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1	A. NO.....1	A. NO.....1
YES.....5#	YES.....5#	YES.....5#
B. NO.....5#	B. NO.....5#	B. NO.....5#
YES.....1	YES.....1	YES.....1
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1	A. NO.....1	A. NO.....1
YES.....5#	YES.....5#	YES.....5#
B. NO.....5#	B. NO.....5#	B. NO.....5#
YES.....1	YES.....1	YES.....1

L15 Has there ever been a period when you spent a great deal of time using medicines or drugs, getting them, or getting over their effects?

NO.....(SKIP TO L16).....1
YES.....5*

DD45
DD10A5

A. Have you ever spent a lot of your time using, getting, or getting over the effects of (DRUG CATEGORY)?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#

L16 Have you often had periods when you used more of any of these drugs than you intended to or when you used any of these drugs for much longer periods than you intended to?

NO 1
YES .....(SKIP TO B)..... 5*

A. Have you often started using a medicine or drug and found it difficult to stop before you became intoxicated or high?

NO .....(SKIP TO L17)..... 1
YES ... (ASK L16B WITHOUT PARENS)..... 5*

DD43
DD10A2

B. Have you <u>often (used (DRUG CATEGORY) in larger amounts or for a longer period than you intended</u> or) <u>found it difficult to stop using (DRUG CATEGORY) before you became intoxicated or high</u>?

1) Marijuana

B. NO 1
YES ..... 5#

2/2A) Stimulants

B. NO 1
YES ..... 5#

3/3A) Sedatives

B. NO 1
YES ..... 5#

4/4A) Opioids

B. NO 1
YES ..... 5#

5) Cocaine

B. NO 1
YES ..... 5#

6) PCP

B. NO 1
YES ..... 5#

7) Psychedelics

B. NO 1
YES ..... 5#

8) Inhalants

B. NO 1
YES ..... 5#

9) Other

B. NO 1
YES ..... 5#

L17 Within a few hours or days of stopping or cutting down on any of these medicines or drugs did you ever have any of the problems like those listed on this card? HAND CARD L3 TO RESPONDENT.

NO.....(SKIP TO L18).....1
YES.....5*

DD42A
DD10A3

A. Did stopping or cutting down on (DRUG CATEGORY) ever cause you any of these problems?

SX = stopping or cutting down caused problems

IF NO, CODE 1 AND ASK B.
IF YES, CODE 5 AND GO TO NEXT CIRCLED DRUG CATEGORY

DD42B
DD10A3

B. Did you ever use this or another drug just like it to keep from having problems like those on the card?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#

L18 Have you ever had any medical problems like an accidental overdose, a persistent cough, a seizure, an infection, hepatitis, abscesses, AIDS, heart trouble, or an injury as a result of using any of these medicines or drugs?

NO.....(SKIP TO L19).....1
YES.....5*

DHM10 A. Did (DRUG CATEGORY) ever cause you any of these health problems?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
IF YES, CODE 5 AND ASK B.

DD47
DD10A6
DHM10 B. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these health problems?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#

L19 Have you ever had any emotional or psychological problems from using these medicines or drugs -- such as being uninterested in your usual activities, being depressed, suspicious or distrustful of people, or having strange thoughts?

NO.....(SKIP TO L20).....1
YES.....5*

DHM10

A. Did (DRUG CATEGORY) ever give you any of these emotional or psychological problems?

IF NO, CODE 1 AND GO TO NEXT CIRCLED DRUG CATEGORY.
IF YES, CODE 5 AND ASK B.

DD47
D10D6
DHM10

B. Did you continue to use (DRUG CATEGORY) after you knew that it was causing you any of these emotional problems?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1 YES.....5	A. NO.....1 YES.....5	A. NO.....1 YES.....5
B. NO.....1 YES.....5#	B. NO.....1 YES.....5#	B. NO.....1 YES.....5#

L20 Have you ever given up or greatly reduced important activities in order to get or to use a medicine or drug -- activities like sports, work, or associating with friends or relatives?

NO.....(SKIP TO L21).....1
YES.....5*

DD46
DD10A5

A. Did you do this to use (DRUG CATEGORY) for a whole month, or several times over two months?

SX = given up important activities to use (DRUG CATEGORY)

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
4/4A) Opioids	**5) Cocaine**	**6) PCP**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#
7) Psychedelics	**8) Inhalants**	**9) Other**
A. NO.....1 YES.....5#	A. NO.....1 YES.....5#	A. NO.....1 YES.....5#

	L21	HAVE AT LEAST THREE 5* BEEN CODED IN L12-L20?	NO .....(SKIP TO L23).....1 YES.....5

DD4ON
DD4RE

L22 COUNT THE 5#'S FOR EACH DRUG CATEGORY FROM L12-L20. FOR EACH DRUG CATEGORY WITH THREE OR MORE 5#'s CODED IN L12-L20, ASK: You said that (DRUG CATEGORY WITH 3 5#'S) caused several problems for you, like (LIST ITEMS CODED 5# IN L12-L20). Did you ever have three or more of these problems with (DRUG CATEGORY) in the same year?

IF NO, CODE 1, AND GO ON TO NEXT DRUG CATEGORY WITH THREE OR MORE 5#'s CODED IN L12-L20.
IF YES, CODE 5 AND ASK ONS/REC

ONS: How old were you the first year you had three or more of these problems from (DRUG CATEGORY WITH 3 5#'S) in the same year?

REC: How old were you the last time you had three or more of these problems from (DRUG CATEGORY WITH 3 5#'S) in the same year?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
NO.....1 YES.....5	NO.....1 YES.....5	NO.....1 YES.....5
AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___
4/4A) Opioids	**5) Cocaine**	**6) PCP**
NO.....1 YES.....5	NO.....1 YES.....5	NO.....1 YES.....5
AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___
7) Psychedelics	**8) Inhalants**	**9) Other**
NO.....1 YES.....5	NO.....1 YES.....5	NO.....1 YES.....5
AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___	AGE ONS: ___/___ AGE REC: ___/___

L23 HAS AT LEAST ONE 5* BEEN CODED IN L12-L20? NO.....(SKIP TO M1)..... 1
YES 5

L24 FOR EACH DRUG CATEGORY WITH ONE OR MORE 5#'s CODED IN L12-L20, ASK:

ONS: When was the first time you had a problem from (DRUG CATEGORY WITH 5#)?

REC: When was the last time?

1) Marijuana	2/2A) Stimulants	3/3A) Sedatives
ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6
AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6
AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___
4/4A) Opioids	**5) Cocaine**	**6) PCP**
ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6
AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6
AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___
7) Psychedelics	**8) Inhalants**	**9) Other**
ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6	ONS: 1 2 3 4 5 6
AGE ONS: ___/___	AGE ONS: ___/___	AGE ONS: ___/___
REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6	REC: 1 2 3 4 5 6
AGE REC: ___/___	AGE REC: ___/___	AGE REC: ___/___

SECTION M

	M1	Now I'd like to ask you about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?		NO.....1 YES.....5	
ORG4 ORG10		Let me ask you a few questions to check your concentration and memory. (Most of them will be easy). ENTER ANSWER AND THEN CODE.		CORRECT	ERROR
	M2	What is the year?	YEAR:_____	1	5
	M3	What season of the year is it?	SEASON:_____	1	5
	M4	What is the date?	DATE:_____	1	5
	M5	What is the day of week?	DAY:_____	1	5
	M6	What is the month?	MONTH:_____	1	5
	M7	Can you tell me where we are right now? For instance, what (state/province) are we in?	STATE:_____	1	5
	M8	What county are we in?	COUNTY:_____	1	5
	M9	What (city/town) are we in?	CITY:_____	1	5
	M10	A. What floor of the building are we on?	FLOOR:_____	1	5
		B. What is this address (IF INSTITUTIONALIZED: or name of this place)?	ADDRESS/NAME: _____ _____	1	5
ORG4 ORG10	M11	I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes? "Apple" "Table" "Penny" Could you repeat the 3 items for me? SCORE FIRST TRIAL		CORRECT	ERROR
			1. APPLE.....	1	5
			2. TABLE.....	1	5
			3. PENNY	1	5
		REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.			

ORG4
ORG10

M12 Can you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting until I tell you to stop?

COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. TELL R TO STOP ONCE 5 ANSWERS HAVE BEEN GIVEN.

		CORRECT	ERROR	SAYS CAN'T DO	OTHER REFUSAL
1.	(93)	1	5	7	9
2.	(86)	1	5	7	9
3.	(79)	1	5	7	9
4.	(72)	1	5	7	9
5.	(65)	1	5	7	9

M13 Now I am going to spell a word forwards and I want you to spell it backwards. The word is "world", w-o-r-l-d. Spell "world" backwards. REPEAT SPELLING IF NECESSARY.

__ __ __ __ __
D L R O W

NO ERROR 6 | NUMBER OF ERRORS 1 2 3 4 5 | REFUSED 7

M14 Now what were the 3 objects I asked you to remember?

	CORRECT	ERROR
1. APPLE	1	5
2. TABLE	1	5
3. PENNY	1	5

ORG4
ORG10

M15 SHOW WRIST WATCH.
A. What is this called? WATCH 1 | 5

SHOW PENCIL.
B. What is this called? PENCIL 1 | 5

ORG4
ORG10

M16 I'd like you to repeat a phrase after me:
"No ifs, ands, or buts" 1 | 5
ALLOW ONLY 1 TRIAL. CODE 1 REQUIRES AN ACCURATELY ARTICULATED REPETITION.

ORG4
ORG10

M17 Read the words on this page and then do what it says. SHOW CARD M1 ("CLOSE YOUR EYES").
CODE 1 IF RESPONDENT CLOSES EYES.

CORRECT 1 | ERROR 5 | CAN'T READ 7

ORG4 ORG10	M18	READ FULL STATEMENT BELOW BEFORE HANDING RESPONDENT A BLANK PIECE OF PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH. I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. A. TAKES PAPER IN RIGHT HAND B. FOLDS PAPER IN HALF C. PUTS PAPER DOWN ON LAP		CORRECT 1 1 1	ERROR 5 5 5
ORG4 ORG10	M19	Write any complete sentence on that piece of paper for me. SENTENCE SHOULD HAVE A SUBJECT AND A VERB AND MAKE SENSE. SPELLING AND GRAMMATICAL ERRORS ARE OK.	CORRECT 1	ERROR 5	CAN'T WRITE 7
ORG4 ORG10	M20	Here's a drawing. Please copy the drawing on the same paper. HAND DRAWING (CARD M2) TO RESPONDENT. CORRECT IF 2 CONVEX FIVE-SIDED FIGURES, AND INTERSECTION MAKES A FOUR-SIDED FIGURE.	1	5	
	M21	DID YOU SKIP TO THIS SECTION BECAUSE R COULD NOT ANSWER EARLIER QUESTIONS?	NO.....(SKIP TO 01).....1 YES.....5		
	M22	ARE 12 OR MORE 5'S CODED IN M2-M11 AND M14-M20?	NO.....(RETURN TO LAST Q ASKED BEFORE SKIPPING AND CONTINUE).....1 YES.....(SKIP TO P).....5		

SECTION O

O1 As you can see, I tried to ask you about a lot of different kinds of emotional problems, memory problems, and habits that people might have. But, of course, everyone is different and I might have skipped something that has been important to you.

Have you had any problems I should have covered but didn't?

RECORD VERBATIM:_____

_____

_____

_____

_____

_____

_____

_____

TIME ENDED: ___/___ ___/___
HRS MINS

DATE: ___/___ ___/___ ___/___
DAY MO YR

SECTION P

INTERVIEWER OBSERVATIONS: CODE P1-P11 WITHOUT ASKING.

SZ10G12B SA10G25 SZ4A3 BPD4A3	P1	NEOLOGISMS (USE OF MADE-UP OR MEANINGLESS WORD) EX:_____ _____	NO .....1 YES .....(RECORD EXAMPLES BELOW) 5
SZ4A3 SZ10G12B SF10G25 BPD4A3	P2	THOUGHT DISORDER (VERBAL PRODUCTION THAT MAKES COMMUNICATION DIFFICULT BECAUSE OF LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION) EX:_____ _____	NO .....1 YES .....(RECORD EXAMPLES BELOW) 5
SZ4A5 SZ10G12D	P3	FLAT AFFECT (LACK OF EMOTIONAL RESPONSIVENESS SUCH AS SMILING, SADNESS, IRRITABILITY, ETC., I.E. TOTAL LACK OF FACIAL EXPRESSION. SHOULD PERSIST THROUGHOUT INTERVIEW TO BE CODED 5).	NO .....1 YES 5
	P4	BEHAVES AS IF HEARING VOICES OR SEEING VISIONS (LIPS MOVE SOUNDLESSLY, GIGGLES TO SELF AT ODD TIMES, GLANCES OVER SHOULDER, AS THOUGH SOMEONE WERE THERE).	NO .....1 YES 5
SZ4A5 SZ10G12D	P5	SLOW IN SPEECH: LONG DELAYS BEFORE ANSWERING	NO .....1 YES 5
SZ4A4 SZ10G12C BPD4A4	P6	SLOW TO MOVE: NO GESTURES. SITS VERY STILL.	NO .....1 YES 5
SZ4A5 SZ10G12D	P7	SPEECH BRIEF, LACONIC, EMPTY, NOT FLUENT (NOT DUE TO UNWILLINGNESS TO SPEAK).	NO .....1 YES 5
SZ4A4 SZ10G12D	P8	INABILITY TO INITIATE AND PERSIST IN GOAL-DIRECTED ACTIVITIES, AS MANIFESTED E.G. BY THE FACT THAT THE PERSON SITS FOR LONG PERIOD OF TIME AND SHOWS LITTLE INTEREST IN PARTICIPATING IN WORK OR SOCIAL ACTIVITIES	NO .....1 YES 5

SZ4A4 SZ10G12C BPD4A4	P9	CATATONIC SYMPTOMS: **OPPOSITION**: THE SUBJECT CONSISTENTLY DOES THE OPPOSITE OF WHAT IS ASKED **AMBIVALENCE**: FLUCTUATION BETWEEN TWO ALTERNATIVES **FORCED GRASPING**: R TAKES THE EXAMINER'S HAND REPEATEDLY OR IS UNABLE TO LET GO AGAIN **ECHOLALIA/ECHOPRAXIA**: IMITATES INTERVIEWER'S MOVEMENTS OR SPEECH **WAXY FLEXIBILITY**: R'S LIMBS ARE FLOPPY AND CAN BE MOVED PASSIVELY **NEGATIVISM**: MOVEMENT IN ANY DIRECTION IS COUNTERED BY EQUAL RESISTANCE IN THE OPPOSITE DIRECTION **JERKINESS**: LACK OF SMOOTHNESS OF VOLUNTARY MOVEMENT **FREEZING**: MAINTAINS ONE POSTURE FOR LONG TIME **AUTOMATIC OBEDIENCE**: EXCESSIVE CO-OPERATION IN PASSIVE MOVEMENT	NO .....1 YES 5
	P10	WAS R DRINKING ALCOHOL DURING THE INTERVIEW?	NO .....1 YES 5
	P11	DID R APPEAR DRUNK OR HIGH ON DRUGS DURING THE INTERVIEW (SPEECH SLURRED, STAGGERED OR STUMBLED WHEN WALKING, BREATH SMELLED OF ALCOHOL)?	NO .....1 YES 5

SECTION X

INTERVIEWER RATING: CODE X1-X9 WITHOUT ASKING.

X1 DID R ANSWER **ALL** APPLICABLE QUESTIONS?

DID NOT ANSWER 1 OR MORE QUESTIONS 1
ANSWERED ALL APPLICABLE QUESTIONS .....(SKIP TO X4) . . . 5

X2 DID R REFUSE TO ANSWER **ANY** QUESTION(S)?

NO..... (SKIP TO X3)..... 1
YES 5

A. HOW MANY QUESTIONS DID R REFUSE?

___/___/___
Q'S REFUSED

B. WHICH QUESTIONS DID R REFUSE?

Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ THROUGH Q ___ ___ ___

X3 DID R UNDERSTAND ALL QUESTION(S)?

NO..... 1
YES.....(GO TO X4)..... 5

A. WHICH QUESTIONS DIDN'T R UNDERSTAND?

Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ Q.___ ___ ___
Q.___ ___ ___ THROUGH Q ___ ___ ___

X4 IS R A MEMBER OF AN ETHNIC MINORITY?

NO..... (SKIP TO X5)..... 1
YES 5

A. IS R'S ETHNIC GROUP OF HIGH OR LOW STATUS?

HIGH..... 1
NOT DIFFERENT FROM MAJORITY 3
LOW..... 5