Phase 38 Data Directory

SECTION 10

MENTAL HEALTH

- Mental Health Interview
- Emotional Health History Calendar
- Informant Form & Questionnaire

PHASE 38: MENTAL HEALTH INTERVIEW

ID No.

SM's first name: ____________________

MH1. *Interview Date:*

MH1i. *Day* _________

MH1ii. *Month* ________

MH1iii. *Year* _________

MH3. *Interview Completed:* 1 = YES 0 = NO

a. *If NO, code reason and write in comments:*

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MH4. *Reason coding:*

(1) Out of time
(2) Modules/questions refused
(3) Interview declined
(4) Interview stopped by upset
(5) Interview interrupted
(6) Other

MH5. *Interview location code*

(1) The Unit
(2) Field, private
(3) Field, public
(4) Prison
(5) Hospital or other
(6) Telephone

MH6. *Interviewer Name and code no.:* ______________ ________

______________ ________

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Interviewer No.

INTRODUCTION

Instruct the study member to sit back and relax. Record data out of his/her view. You may need to stand up, stretch, and change seating.

- Every interview since you were 11, we've asked you about depression, anxiety, and drug use, and this is that part of the interview.
- We ask these questions each time because we're interested in knowing how people change and stay the same, and because people have different problems at different ages.
- These questions are mostly about how things have been IN THE LAST YEAR. However, some ask about ANY TIME in your life. We will be sure to let you know the period we will be discussing. For most of the questions you just need to answer yes or no.

Study members should be encouraged to answer 'yes' or 'no'. If they are unwilling to choose, you may code 'maybe'.

Coding:	***0 = NO, or gated out*** ***1 = Maybe/Sometimes*** ***2 = YES*** ***9 = Only for missing (don't know, refused, out of time)***

If the study member does not pass the gate for a disorder, code all subsequent items for that disorder as 0.

	No (0)	Maybe (1)	Yes (2)

MAN

Think of any time in your life…

		No	Maybe	Yes
MAN1.	Looking back over your whole adult life, has a doctor ever said you have a manic illness, like manic-depression, bipolar disorder, or a manic episode?	0	1	2
MAN2.	Have you ever had a period of days when you felt unusually high-energy, active, happy and excited for no particular reason, and your family and friends didn't think it was normal for you, or people said you were manic? Did it last four days or more?	0	1	2
MAN3.	Has there been a period of four days or more, when you were so unusually irritable or so angry that you started arguments or shouted at people?	0	1	2

GATE: If any of these 3 three questions is coded 2, continue. If not, go to next module.

Think about a week when you felt unusually excited, happy or irritable.

		No	Maybe	Yes
MAN4.	During that week, were you much more active than usual?	0	1	2
MAN5.	Were you so much more restless or fidgety than usual that you paced up and down or couldn't sit still?	0	1	2
MAN6.	Were you much more interested in sex than is usual for you?	0	1	2
MAN7.	During that week, did you spend so much money that it caused you financial trouble? Or did you get involved in foolish schemes for making money?	0	1	2
MAN8.	Did you behave in a way you would ordinarily think was inappropriate - maybe talking about sex a lot or approaching people in a sexual manner?	0	1	2
MAN9.	Did you talk much more than usual, or feel you had to keep talking all the time?	0	1	2
MAN10.	Did your thoughts seem to jump from one thing to another, or race through your head so fast you could not keep track of them?	0	1	2

	No (0)	Maybe (1)	Yes (2)
MAN11. Did you sleep much less than is usual and still not feel tired or sleepy?	0	1	2
MAN12. During that week, were you so easily distracted that any little interruption could get you off track?	0	1	2
MAN13. Were you feeling very important at that time, or did you feel that you were a remarkable person who had a special talent, gift or special powers?	0	1	2
MAN14. During that week, did other people notice that you were feeling and acting different from the way you usually are?	0	1	2
MAN15. Have you had one of those episodes in the past 12 months?	0	1	2
MAN16. If you have not had these problems in the past year, is that because you took medication that suppressed excitement?	0	1	2
MAN17. Were you ever in your life hospitalised overnight because of your being too high-energy, happy and excited, or irritable?	0	1	2

MAN18. How long was the longest episode you have ever had when you felt happy and excited, or irritable, and did several of these high-energy things? Days: ____________

Calculate days as: Weeks x 7, Months x 30, Years x 365. If more than 996, code 996

MAN19. I have described symptoms of irritable, hyper or manic mood. On a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, or work in the past year? ***Show Card MH1***

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
MAN20. In the past year, was there any time when you wanted to talk to a doctor or other professional about these manic or hyper symptoms?	0	1	2
MAN21. Did you do so?	0	1	2
MAN22. Did a doctor tell you this change in your behaviour was caused by a physical illness or a side effect of a medication?	0	1	2

Reason: ____

For women:

	No (0)	Maybe (1)	Yes (2)
MAN23. In your view, were these behaviours because of pre-menstrual syndrome (PMS)?	0	1	2

MAN Notes: ***(record study member's comments)*** No (0) Yes (2)

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SCH

No	Maybe	Yes
(0)	(1)	(2)

DELUSIONS...

I want to ask you next, whether you have been bothered by certain beliefs or unpleasant thoughts at ANY TIME in your life.

SCH1.	Have you believed you were being secretly tested or experimented on?	0	1	2
SCH2.	Have you believed that someone was plotting against you or trying to hurt or poison you?	0	1	2
SCH3.	Have you believed that someone was spying on you?	0	1	2
SCH4.	Have you been bothered by the belief that someone was following you?	0	1	2
SCH5.	Have you thought that people whom you didn't know, were talking about you or laughing at you?	0	1	2
SCH6.	Have you believed that someone was reading your mind?	0	1	2
SCH7.	Have you believed that you could hear what another person was thinking, even though they were not speaking?	0	1	2
SCH8.	Have you believed that others could hear your thoughts?	0	1	2
SCH9.	Have you believed that a person, power or force could control your movements or thoughts against your will?	0	1	2
SCH10.	Have you believed that someone or something could put thoughts into your mind that were not your own?	0	1	2
SCH11.	Have you felt that someone or something took your thoughts out of your mind?	0	1	2
SCH12.	Have you ever been convinced that someone you had not met was in love with you?	0	1	2
SCH13.	Have you believed that you were being sent special messages through the television or radio, or that a programme, song or news story had been made just for you?	0	1	2

	No (0)	Maybe (1)	Yes (2)
SCH14. Have you felt strange forces working on you, as if you were being hypnotised, hit by x-rays or laser beams, or as if magic was being performed on you?	0	1	2
SCH15. Have you believed that you did something terrible for which you should have been punished?	0	1	2

If any 2's for DELUSIONS (SCH1-15) then ask SCH16. Otherwise, skip to SCH17.

SCH16. You said you have … ***(remind SM of symptoms)***. Have you experienced any of these in the past year?	0	1	2

HALLUCINATIONS...

SCH17. Have you ever had the experience of seeing things, or people, that others who were there at the time could not see, that is, having a vision when you were completely awake?

Check - was this only on drugs, or did they see a deceased family member?
(Code NO if only while on drugs)

Coding ***(0)*** ***NO, or only on drugs***
(1) ***YES, but it was a recently deceased family member***
(2) ***YES***

SCH18. Have you experienced hearing things or hearing voices that other people cannot hear?
If YES ask: Did this happen more than once?

Check - was this only on drugs, or did they hear a deceased family member?
(Code NO if only while on drugs)

Coding ***(0)*** ***NO, only once, or only on drugs***
(1) ***YES, but it was a recently deceased family member***
(2) ***YES***

If NO SCH18, go to SCH23, otherwise continue.

SCH19. Did you hear voices that were commenting on what you were doing or thinking?	0	1	2
SCH20. Did you hear voices that were telling you what to do?	0	1	2
SCH21. Did you hear two or more voices talking to each other, that other people could not hear?	0	1	2
SCH22. Did you ever carry on a conversation with the voices?	0	1	2

	No (0)	Maybe (1)	Yes (2)
SCH23. Have you been bothered by strange smells around you that no one else seemed to be able to smell, perhaps an odour coming from your own body?	0	1	2
SCH24. Have you had unusual feelings inside, or on your body, like being touched when there was nothing there, or feeling as if something was moving inside your body?	0	1	2
SCH25. Have you been bothered by strange tastes in your mouth that were not from anything you had eaten?	0	1	2

If any 2's for HALLUCINATIONS (SCH17-SCH25) then ask SCH25A. Otherwise, check gate.

SCH25A. You said you have … ***(remind SM of symptoms)***.
Have you experienced any of these in the past year? 0 1 2

GATE : If any delusion or hallucination symptoms are coded 2, continue. Otherwise, go to PTSD.

We have talked about certain beliefs or experiences you have had.

SCH26. Have you ever had a month or more when you have had beliefs like these most of the time or you have had one of these experiences almost every day? ***If NO***, was that because you were given medication that stopped the symptoms?

Coding
(0) lasted less than a month
(1) Medication taken to stop symptoms
(2) lasted a month or more

	No (0)	Maybe (1)	Yes (2)
SCH27. Did those beliefs or experiences occur during a period when you were feeling nervous, upset, or unable to do things you usually do?	0	1	2
SCH28. After these beliefs or experiences began, did you find that you were less able to do your work?	0	1	2
SCH29. After these beliefs or experiences began, were you less able to make friends or enjoy social relationships?	0	1	2
SCH30. After these beliefs or experiences began, did you go through a period when you would not bathe or wash your clothes, or you generally neglected your grooming? ***If grooming is poor, or has body odour code 2***	0	1	2
SCH31. Did you find that you could not have feelings, either happy or sad? ***If emotionally unresponsive or showed no facial expression, code 2***	0	1	2

	No (0)	Maybe (1)	Yes (2)
SCH32. Did you have trouble talking? ***If speech is odd, illogical or slow, code 2***	0	1	2
SCH33. Did you have trouble moving? ***If no gestures, sits completely still, code 2***	0	1	2
SCH34. Did any of these problems we have been talking about (beliefs, experiences, nervousness, inability to work, socialise or groom yourself) last six months?	0	1	2

SCH35. In the past year, have you felt you are back to normal? (that is, you have had none of these beliefs or experiences and are able to work, take care of yourself and enjoy social relationships) ***If YES***, were you well all year because you are taking medication?

Coding ***(0) back to normal, no medication***
(1) on medication
(2) still sick

SCH36. We have been talking about unusual beliefs and strange experiences. In the past year, how much have beliefs or experiences like these caused you problems with life, family, friends or work? ***Show card MH1***

1	2	3	4	5
very little				very much

SCH37. In the past year, was there any time when you wanted to talk to a doctor or other professional about these symptoms?	0	1	2
SCH38. Did you do so?	0	1	2
SCH39a. Did a doctor tell you this change in your behaviour was caused by a physical illness or a side effect of medication?	0	1	2
SCH39b. Or, did you have all these strange experiences when high on a drug like LSD?	0	1	2

Reason: ____

SCH Notes: ***(any reason to think this study member has suffered an episode of psychosis or serious mental illness)*** No (0) Yes (2)

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PTSD

- Now I would like to ask you about terrible or frightening experiences you may have had at any time in your life.
- Here we are talking about experiences that involve danger of death, injury, assault, or sexual violation
  - To you personally
  - To someone else and you witnessed it personally
  - To someone you love (SM saw it or heard all details about it)
  - Or if you endured repeated or extreme exposure to horrible details of unnatural death, injury, assault, or sexual violation (as in war, not in media).

	No (0)	**Maybe** (1)	**Yes** (2)
PTS1. Have you ever had an experience like these? Something very frightening or horrible.	0	1	2

GATE: If NO go to next module, if YES continue.

Do you mind telling me what that was? If you prefer not to describe it that is OK.
(More than one, list all.)

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If SM describes more than 1 trauma, say…I'd like to focus on the traumatic experience that affected you the most, the one that has still affected you since age 32 when we saw you last. Orient SM to the period since age 32.

Show card MH2 if needed

PTS2. How old were you when it happened? ______________________

Code 10 (birth to 10)
Code 19 (11 to 19)
Code 29 (20 to 29)
Code year, beyond these categories

		No (0)	Maybe (1)	Yes (2)
PTS3.	Since age 32, did you keep thinking about it over and over, or when you didn't want to?	0	1	2
PTS4.	Did you keep having bad dreams or nightmares about it?	0	1	2
PTS5.	Did you ever suddenly feel as though you were experiencing it all over again?	0	1	2
PTS6.	Did being reminded of it or being in a similar situation make you very upset or anxious?	0	1	2
PTS7.	Did you notice that your heart would pound, you would sweat, or become physically ill when you were reminded of it?	0	1	2

GATE: Any item coded yes=2 in PTS3 – PTS7?
If NO, go to next module, If YES, continue.

		No (0)	Maybe (1)	Yes (2)
PTS8.	Since age 32, did you try to avoid thinking or talking about it?	0	1	2
PTS9.	Did you stay away from certain places, or activities to avoid being reminded of it?	0	1	2
PTS10.	Did you stay away from certain people to avoid being reminded of it?	0	1	2

GATE: Any item coded yes=2 in PTS8-PTS10?
If NO, go to next module. If YES, continue.

		No (0)	Maybe (1)	Yes (2)
PTS11.	Since age 32, did you get amnesia, that is forget part of it (not because you were unconscious)?	0	1	2
PTS12.	Because it happened, did you lose interest in activities that were important or enjoyable?	0	1	2
PTS13.	Did you begin to feel isolated or distant from other people?	0	1	2
PTS14.	Because it happened, did you find it more difficult to feel love for other people?	0	1	2
PTS15.	Did you begin to feel there was no point in planning for the future?	0	1	2

	No (0)	Maybe (1)	Yes (2)
PTS16. Did you begin to blame yourself harshly or feel guilt for what happened?	0	1	2
PTS17. Did you have strong feelings like horror, terror, or anger?	0	1	2
PTS18. Did you have extreme negative ideas, such as "Nobody can be trusted" or "My nerves are permanently damaged"?	0	1	2

GATE: In PTS11 – PTS18, are <u>three or more</u> coded 2? If NO, go to next module. If YES, continue.

	No (0)	Maybe (1)	Yes (2)
PTS19. Since age 32, because of this experience were you having more trouble than usual falling asleep or staying asleep?	0	1	2
PTS20. Were you more irritable or short tempered?	0	1	2
PTS21. Did you do anything self-destructive or reckless?	0	1	2
PTS22. Were you having more trouble than usual keeping your mind on what you were doing?	0	1	2
PTS23. Because it happened, did you become much more concerned about danger or much more careful about things? (hypervigilent?)	0	1	2
PTS24. Did you feel jumpy or get easily startled by ordinary noises or movements?	0	1	2

GATE: In PTS19 – PTS24, are <u>two or more</u> coded 2? If NO, go to next module. If YES, continue.

	No (0)	Maybe (1)	Yes (2)
PTS25. Did all these problems go away in the first month after it was over?	0	1	2

GATE: If YES go to next module. If NO, continue.

	No (0)	Maybe (1)	Yes (2)
PTS26. Were you still having these problems in the past 12 months, for a month or more?	0	1	2

PTS27. I have described having a traumatic stress reaction. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, work or everyday activities?
Show Card MH1

1	2	3	4	5
very little				very much

PTS28. In the past year, was there any time when you wanted to talk to a doctor or other professional about these worries? 0 1 2

PTS29. Did you do so? 0 1 2

PTS Notes: ***(record study member's comments)*** No (0) Yes (2)

SH

We asked all Study Members about self harm when we saw you at age 18, 21, 26, and 32. Are you happy to go forward with a few questions about that?

SINCE YOU WERE 32 YEARS OLD, when we last saw you in 2004/2005...

		No (0)	Yes (2)
SH1.	Have you tried to kill yourself? Attempted suicide?	0	2
SH2.	Have you tried to hurt yourself, to cope with stress or emotional pain?	0	2

GATE: If no to both SH1 and SH2, skip to NEXT SECTION
If yes to either, continue

We are going to go through a list of ways people hurt themselves. Please let me know if you have done any of these things. Remember, we are updating since age 32.

Show card SH1 and READ THE LIST OF METHODS ALOUD

First ask about each method used (then go back to boxes and ask follow-ups).

		No (0)	Yes (2)
SH3.	Cut or stabbed yourself	0	2

If Yes:
You said you cut or stabbed yourself in the past five years.

SH3a.	How many times did you do that?	______	
SH3b.	Were you trying to kill yourself?	0	2
SH3c.	Did you ever require medical treatment for the harm done?	0	2

SH4.	Overdosed on pills	0	2

If Yes:
You said you overdosed on pills in the past five years.

SH4a.	How many times did you do that?	______	
SH4b.	Were you trying to kill yourself?	0	2
SH4c.	Did you ever require medical treatment for the harm done?	0	2

SH5. Took some poison 0 2

If Yes:
You said you took some poison in the past five years.
SH5a. How many times did you do that? ____________
SH5b. Were you trying to kill yourself? 0 2
SH5c. Did you ever require medical treatment for the harm done? 0 2

SH6. Tried to gas yourself 0 2

If Yes:
You said you tried to gas yourself in the past five years.
SH6a. How many times did you do that? ____________
SH6b. Were you trying to kill yourself? 0 2
SH6c. Did you ever required medical treatment for the harm done? 0 2

SH7. Tried to hang (or strangle) yourself 0 2

If Yes:
You said you tried to hang (or strangle) yourself in the past five years.
SH7a. How many times did you do that? ____________
SH7b. Were you trying to kill yourself? 0 2
SH7c. Did you ever required medical treatment for the harm done? 0 2

SH8. Tried to shoot yourself 0 2

If Yes:
You said you tried to shoot yourself in the past five years.
SH8a. How many times did you do that? ____________
SH8b. Were you trying to kill yourself? 0 2
SH8c. Did you ever required medical treatment for the harm done? 0 2

SH9. Tried to drown yourself 0 2

If Yes:
You said you tried to drown yourself in the past five years.
SH9a. How many times did you do that? ____________
SH9b. Were you trying to kill yourself? 0 2
SH9c. Did you ever required medical treatment for the harm done? 0 2

SH10. Jumped from a high place 0 2

If Yes:
You said you jumped from a high place in the past five years.
SH10a. How many times did you do that? ____________
SH10b. Were you trying to kill yourself? 0 2
SH10c. Did you ever required medical treatment for the harm done? 0 2

SH11. Crashed a car or motorcycle on purpose 0 2

If Yes:
You said you crashed a car or motorcycle in the past five years.
SH11a. How many times did you do that? ____________
SH11b. Were you trying to kill yourself? 0 2
SH11c. Did you ever required medical treatment for the harm done? 0 2

SH12. Burnt yourself on purpose 0 2

If Yes:
You said you burnt yourself in the past five years.
SH12a. How many times did you do that? ____________
SH12b. Were you trying to kill yourself? 0 2
SH12c. Did you ever required medical treatment for the harm done? 0 2

SH13. OTHER method _______________ 0 2

If Yes:		
You said you _______________ in the past five years.		
SH13a. How many times did you do that?	___________	
SH13b. Were you trying to kill yourself?	0	2
SH13c. Did you ever required medical treatment for the harm done?	0	2

GATE: If YES to any methods, go back to boxes and ask follow-ups.

SH14. SINCE AGE 32, on a scale of 1 to 5, how much has this interfered with your life, family, friends, work or everyday activities?
Show Card MH1

1	2	3	4	5
very little				very much

		0	1	2
SH15.	Since age 32, was there any time when you wanted to talk to a doctor or other professional about harming yourself?	0	1	2
SH16.	Did you do so?	0	1	2

SH Notes: ***(record study member's comments)*** No (0) Yes (2)

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MDE		**No** (0)	**Maybe** (1)	**Yes** (2)
MDE1.	In the past year, have there been at least TWO WEEKS when NEARLY EVERY DAY you felt sad, depressed, empty or tearful most of the time?	0	1	2
MDE2.	In the past year, have you had a period of at least TWO WEEKS when, NEARLY EVERY DAY, you lost all interest in most things, or got no pleasure from things which would usually make you happy?	0	1	2
MDE3.	In the past year, has there been at least TWO WEEKS when NEARLY EVERY DAY you felt irritable, cross, or in an angry mood?	0	1	2
MDE3a.	In the past year, have you taken medication prescribed by a doctor for depression?	0		2

GATE: If sadness, anhedonia, irritability, or meds are all coded 0 or 1, go to MDE30, otherwise continue.

MDE4. In the past year, when you had a period of feeling this way, was it because...

1 = Side effects of a prescribed medication or physical illness _________

____

2 = Bereavement, death in the family

MDE5.	Did you have any episodes of depression this year for two weeks apart from these reasons?	0	1	2

Think about a period WITHIN THE LAST 12 MONTHS, of at least TWO WEEKS, when you felt depressed or sad, or had lost interest in most things (or felt irritable or cross or angry).

MDE6.	During these weeks, was your appetite less than normal?	0	1	2
MDE7.	Did you LOSE weight without trying to? As much as one kilo a week/4 kilos a month?	0	1	2

		No (0)	Maybe (1)	Yes (2)
MDE8.	During these weeks, did you have an increase in appetite nearly every day?	0	1	2
MDE9.	Did you GAIN weight without trying to? As much as a kilo a week/4 kilos a month?	0	1	2
MDE10.	During these weeks, did you have difficulty falling asleep nearly every night?	0	1	2
MDE11.	During these weeks, were you bothered by waking up in the night?	0	1	2
MDE12.	Did you wake up too early, two hours before you wanted nearly every morning?	0	1	2
MDE13.	Were you sleeping too much nearly every day?	0	1	2
MDE14.	At the time, did you lack energy or feel much more tired than usual even when you had not been working very hard?	0	1	2
MDE15.	During these weeks, nearly every day, were you talking or moving more slowly than is normal for you, or hardly talking at all?	0	1	2
MDE16.	Nearly every day, were you much more restless or fidgety than usual, so that you couldn't sit still or paced up and down?	0	1	2
MDE17.	At the time, was your interest in sex a lot less than usual?	0	1	2
MDE18.	During these weeks, nearly every day, did you feel worthless?	0	1	2
MDE19.	Did you feel sinful or guilty even though you didn't deserve to feel that way?	0	1	2
MDE20.	Nearly every day, did you have a lot more trouble concentrating than was normal for you?	0	1	2
MDE21.	Did you have unusual trouble remembering things?	0	1	2
MDE22.	At this time, did your thoughts come much slower or seem mixed up?	0	1	2
MDE23.	Nearly every day, were you unable to make up your mind about things you ordinarily would have had no trouble deciding about?	0	1	2
MDE24.	During this time did you think a lot about your own or someone else's death or death in general?	0	1	2

	No (0)	Maybe (1)	Yes (2)
MDE25. Did you think a lot about committing suicide?	0	1	2
MDE26. Did you attempt suicide?	0	1	2

MDE27. We have been talking about symptoms of depression. IN THE PAST 12 MONTHS, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, work or everyday activities? ***Show Card MH1***

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
MDE28. In the past year, was there any time when you wanted to talk to a doctor or other professional about feeling depressed or uninterested in things?	0	1	2
MDE29. Did you do so?	0	1	2

ASK OF ALL SMs (show card MH2a)

MDE30. Looking back over the years of your adult life, would you say...

0. You have never had depression that interfered with your life.
1. You have been depressed, but as an episode. You felt well before and after.
2. You have felt depressed for a period of years. It doesn't really go away.

MDE Notes: ***(record study member's comments)*** No (0) Yes (2)

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ALC

Now I am going to ask you some questions about your use of alcohol.

When I use the term "drink" I mean a glass of wine, a can or bottle of beer, a 'shot' or 'nip' of hard liquor either alone or in a mixed drink.

ALC1. In the past year, how many weeks out of 52, have you had any wine, beer or other drink containing alcohol?
Code number of weeks. ___________

ALC2. In a typical week when you had something to drink, how many drinks would you have, in total, from Monday to Thursday, on work days?
SUM Total drinks Monday - Thursday (4 days) ___________

Maximum number of drinks coded as 98

ALC3. And how many drinks, in total, would you usually have from Friday through to Sunday, on weekends?
SUM Total drinks Friday - Sunday (3 days) ___________

ALC4. In the past year, how many times did you have five or more drinks in one sitting or occasion (binged)? ___________

	No (0)	**Yes** (1)
ALC5. What about last night? Did you have 5 or more drinks in the last night?	0	1

GATE: If has many drinks (9+/wk), or had binged, continue.
If neither of these, go to next module

In the past year, has drinking caused you to have any of the following problems:

	No (0)	**Maybe** (1)	**Yes** (2)
ALC6. Problems with your family?	0	1	2
ALC7. Problems with your friends?	0	1	2
ALC8. Problems with people at work or where you study?	0	1	2
ALC9. While drinking, have you gotten into physical fights?	0	1	2
ALC10. Have you had a traffic accident when you were under the influence of alcohol?	0	1	2

		No (0)	Maybe (1)	Yes (2)
ALC11.	Have you continued to drink once you knew drinking was causing you any of these problems?	0	1	2
ALC12.	In the past year, have you been under the influence of alcohol in situations where you could have caused an accident or gotten hurt, for example whilst driving, riding a bike, operating machinery, or anything else?	0	1	2
ALC13.	Did drinking or being hung-over often make you neglect your responsibilities at work, at home, or caring for children?	0	1	2
ALC14.	In the past year, has your drinking caused you to be arrested by the Police for disturbing the peace, or for driving while under the influence of alcohol?	0	1	2
ALC15.	Have you felt a strong desire for alcohol, a craving for it?	0	1	2
ALC16.	Have there been many days when you had a lot more to drink than you meant to when you began, or your drinking continued for more days in a row than you intended?	0	1	2
ALC17.	In the past year, has there been a period when you spent so much time drinking or getting over the effects of alcohol that you had little time for anything else?	0	1	2
ALC18.	Has your drinking caused you to give-up or greatly reduce any important activities IN ORDER to drink, such as sports, work or socialising with friends or family?	0	1	2
ALC19.	Have you been tolerant to alcohol, that is, you needed to drink a lot more to get an effect or found that you could no longer get the same effect from the amount you used to drink?	0	1	2
ALC20.	In the past year have you <u>wanted</u> to quit or cut-down on your drinking?	0	1	2
ALC21.	Have you <u>tried</u> to quit or cut-down on your drinking?	0	1	2

If NO, go to ALC23.

		No (0)	Maybe (1)	Yes (2)
ALC22.	Were you able to quit or cut-down for at least one month at a time?	0	1	2

ALC23. People who drink regularly can have withdrawal symptoms when they try to cut-down or quit drinking, if they run out of drink, or if they are in a situation where they can't drink. Within a few hours or days after not drinking, or drinking less than usual, did you experience any withdrawal symptoms such as...

		No (0)	**Maybe** (1)	**Yes** (2)
ALC23a.	The shakes?	0	1	2
ALC23b.	Difficulty sleeping?	0	1	2
ALC23c.	Feeling anxious?	0	1	2
ALC23d.	Sweating?	0	1	2
ALC23e.	Your heart beating fast?	0	1	2
ALC23f.	Seeing, feeling or hearing unusual things?	0	1	2

If YES to any of ALC23a-23f, ask ALC24, otherwise skip to ALC25.

ALC24.	In the past year did problems like this, after cutting-down or going without alcohol, bother you a great deal or interfere with your job or activities at home?	0	1	2
ALC25.	In the past year, have you had a drink or taken a sedative to keep from having a hang-over (or the shakes etc as above), or had a drink to make withdrawal symptoms go away?	0	1	2
ALC26.	Has your drinking caused you any health problems, such as ulcers, vomiting blood, liver problems or loss of memory?	0	1	2
ALC27.	Have you injured yourself when you had been drinking, such as a bad fall, cut yourself?	0	1	2
ALC28.	Have you continued to drink knowing that drinking caused you health problems or injuries, or made a health problem worse?	0	1	2
ALC29.	In the past year, have you kept drinking after objections from your partner, family, friends, doctor, minister or employer?	0	1	2

Has alcohol caused you emotional or psychological problems this year such as...

		No (0)	**Maybe** (1)	**Yes** (2)
ALC30.	Feeling uninterested in things?	0	1	2
ALC31.	Feeling depressed?	0	1	2
ALC32.	Feeling suspicious of others, or paranoid?	0	1	2
ALC33.	Believing things that were not true?	0	1	2
ALC34.	Losing your temper?	0	1	2

If YES to any of ALC30-34, ask ALC 35, otherwise skip to ALC36.

ALC35. Have you continued to drink after knowing that drinking caused you problems like this, or made them worse? 0 1 2

ALC36. I have described symptoms associated with alcohol use. In the past year on a scale from 1 to 5, how much have problems like these interfered with your life, family, friends, work, or everyday activities?

Show card MH 1

1	2	3	4	5
very little				very much

ALC37. In the past year, was there any time when you wanted to talk to a doctor or other professional or go to Alcoholics Anonymous or some other therapy to get help for your drinking? 0 1 2

ALC38. Did you do so? 0 1 2

ALC Notes: ***(record study member's comments)*** No (0) Yes (2)

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DRUG

Now I would like to ask about your experiences with medicines and drugs.

Show card MH3 and READ THE LIST OF DRUGS ALOUD

In the past year, which ones of these have you used, either when they were not prescribed to you or for longer than prescribed in order to feel more active or alert, to feel calm, or to feel good/high?

For each substance used, first ask about use of each drug in turn (do not ask questions in the box yet).

In the past year, how often have you used...?

Coding	***(0)***	***Not used***
	(1)	***Less than six times***
	(2)	***Six or more times***

		0	**<6**	**6+**
DRG1.	Marijuana, Cannabis, Hashish, Hash Oil	0	1	2

If 6 or more times this year:
You said you had used marijuana quite a few times this year.

		0		2
DRG1a.	Have you used it in the past week?	0		2
DRG1b.	… in the past 24 hours?	0		2

DRG2.	Stimulants: Amphetamines, Methamphetamine, P, Speed, BZP, Viagra, Ritalin, Diet Pills, Dexedrine	0	1	2

If 6 or more times this year:
You said you had used stimulants quite a few times this year.

DRG2a.	Have you used it in the past week?	0		2
DRG2b.	… in the past 24 hours?	0		2

		0	<6	6+
DRG3.	Sedatives: Tranquillizers, Sleeping Pills like Temazepam, Benzodiazepines like Valium or Xanax	0	1	2

If 6 or more times this year:
You said you had used sedatives quite a few times this year.

DRG3a.	Have you used them in the past week?	0	2
DRG3b.	… in the past 24 hours?	0	2

DRG4.	Cocaine, Crack	0	1	2

If 6 or more times this year:
You said you had used cocaine quite a few times this year.

DRG4a.	Have you used it in the past week?	0	2
DRG4b.	… in the past 24 hours?	0	2

DRG5.	Prescription Opiates (for non-prescription use): Codeine, Pethidine, Oxycodone (Oxynorm, Oxycontin), Morphine Sulfate	0	1	2
DRG6.	Street Opiates: Heroin, Opium, Poppies, Homebake	0	1	2

If 6 or more times to DRG5 or DRG6 this year:
You said you had used Opiates quite a few times this year.

DRG5a.	Have you used them in the past week?	0	2
DRG5b.	… in the past 24 hours?	0	2

DRG7.	In the past year, have you been on methadone maintenance treatment?	0	1	2
DRG8.	PCP, Ketamine, Angel Dust	0	1	2

If 6 or more times this year:
You said you had used PCP or Angel Dust quite a few times this year.

DRG8a.	Have you used them in the past week?	0	2
DRG8b.	… in the past 24 hours?	0	2

		0	<6	6+
DRG9.	Hallucinogens: LSD, Magic Mushrooms, Ecstasy, Mescaline, Peyote, Datura	0	1	2

If 6 or more times this year:
You said you had used hallucinogens quite a few times this year.

DRG9a.	Have you used them in the past week?	0	2
DRG9b.	… in the past 24 hours?	0	2

		0	<6	6+
DRG10.	Inhalants: Glue, Petrol, LPG, Butane, Aerosols	0	1	2

If 6 or more times this year:
You said you had used inhalants quite a few times this year.

DRG10a.	Have you used them in the past week?	0	2
DRG10b.	… in the past 24 hours?	0	2

		0	<6	6+
DRG11.	Other: Betel Nut, Kava, GHB, Nitrous Oxide (NOS), Amyl Nitrite, Poppers,	0	1	2

If 6 or more times this year:
You said you had used ___________ quite a few times this year.

DRG11a.	Have you used them in the past week?	0	2
DRG11b.	… in the past 24 hours?	0	2

GATE: If NO substances were taken 6+ times this year, go to next module

If YES to any, go back to boxes and ask follow-ups on recent past use (for those substances taken 6+ times).

If only marijuana was used 6+ times, ask all questions below about marijuana only. If only other drugs were used 6+ times, ask all questions about those drugs in general, not in specifics about each drug. If both marijuana and other drugs were used 6+ times, ask each question about marijuana and then about other drugs.

	No (0)	Maybe (1)	Yes (2)
In the past year, have you spent a great deal of time using *DRUG*, trying to get *DRUG*, or getting over the effects of *DRUG*? How about other drugs?			
DRG12. Marijuana	0	1	2
DRG13. Other drugs	0	1	2
Was it sometimes hard for you to stick with a decision you had made about how much *DRUG* you would use on a particular day; for instance, have you often taken a much larger amount than you intended to, or for more days in a row than you intended? How about other drugs?			
DRG14. Marijuana	0	1	2
DRG15. Other drugs	0	1	2
Have you noticed that you needed to use a lot more *DRUG* in order to get an effect, or found that you could no longer get the same effect from the amount you used to use? How about other drugs?			
DRG16. Marijuana	0	1	2
DRG17. Other drugs	0	1	2
In the past year, have there been times when you wished you could cut-down, or had more control over when and how much you used *DRUG*? How about other drugs?			
DRG18. Marijuana	0	1	2
DRG19. Other drugs	0	1	2
Have you tried to cut-down on *DRUG* but found you couldn't? How about other drugs?			
DRG20. Marijuana	0	1	2
DRG21. Other drugs	0	1	2

	No (0)	Maybe (1)	Yes (2)

Within a few hours or days after not taking *DRUG*, or taking much less than usual, did you experience any withdrawal symptoms, such as sleep problems, appetite changes, feeling bad, seeing things, upset stomach, fits, flu symptoms? How about other drugs?

DRG22. Marijuana	0	1	2
DRG23. Other drugs	0	1	2

What kind of withdrawal symptoms, ***Read list.***

DRG23a. Irritable, angry, or aggressive	0	1	2
DRG23b. Nervous or anxious	0	1	2
DRG23c. Sleep problems	0	1	2
DRG23d. Appetite change or weight loss	0	1	2
DRG23e. Restless	0	1	2
DRG23f. Feeling bad, depressed	0	1	2
DRG23g. Flu symptoms (sweating, fever, chills, Headache, shakiness)	0	1	2
DRG23h. Stomach upset or pain	0	1	2
DRG23i. Seeing things	0	1	2
DRG23j. Fit or seizure	0	1	2

Did any sort of withdrawal problems from *DRUG*, after cutting down, bother you a great deal or interfere with your job, or activities at home? How about other drugs?

DRG24. Marijuana	0	1	2
DRG25. Other drugs	0	1	2

Have you taken a drug (or a drink) to prevent or stop withdrawal symptoms from *DRUG*? How about other drugs?

DRG26. Marijuana	0	1	2
DRG27. Other drugs	0	1	2

	No (0)	Maybe (1)	Yes (2)

Have you continued to take *DRUG* even though it caused you physical health problems such as trouble breathing, losing a lot of weight, an overdose, sexual problems, an injury or burn? How about other drugs?

DRG28. Marijuana	0	1	2
DRG29. Other drugs	0	1	2

Have you kept using *DRUG* even though it caused you emotional or psychological problems such as feeling depressed, anxious, hyperactive, paranoid, memory problems, or getting into fights? How about other drugs?

DRG30. Marijuana	0	1	2
DRG31. Other drugs	0	1	2

Has your use of *DRUG* caused you to give up or greatly reduce any important activities IN ORDER to use it, or to associate with other users? Activities like sport, work, socialising with friends or family? How about other drugs?

DRG32. Marijuana	0	1	2
DRG33. Other drugs	0	1	2

In the past year, have you kept using *DRUG* after objections from partner, family, friends, doctor, minister or employer? How about other drugs?

DRG34. Marijuana	0	1	2
DRG35. Other drugs	0	1	2

In the past year, have you been under the influence of *DRUG* in situations where you could have caused an accident or gotten hurt, for example while driving, riding a bike, operating machinery or anything else? How about other drugs?

DRG36. Marijuana	0	1	2
DRG37. Other drugs	0	1	2

	No	Maybe	Yes
	(0)	(1)	(2)

Did being under the influence of *DRUG* frequently make you neglect your responsibilities at work, home or caring for children? How about other drugs?

		No	Maybe	Yes
DRG38.	Marijuana	0	1	2
DRG39.	Other drugs	0	1	2
DRG40.	In the past year, did the Police arrest you or take you to an emergency room or detox centre because of the way you were acting or driving when you had taken a drug? NOT for possession.	0	1	2

Have you felt a strong desire for DRUG, a craving for it? How about other drugs?

		No	Maybe	Yes
DRG41.	Marijuana	0	1	2
DRG42.	Other drugs	0	1	2

DRG43. ***If study member is a marijuana user...*** Think of the week in the past year when you smoked the most marijuana. How many joints or pipes did you smoke in that week?

DRG44. How many weeks in the past year did you smoke that much?

DRG45. I have described symptoms associated with drug use. In the past year on a scale from 1 to 5, how much have problems like these interfered with your life, family, friends, work, or everyday activities?
Show card MH1 – interference

1	2	3	4	5
very little				very much

		No	Maybe	Yes
DRG46.	In the past year, was there any time when you wanted to talk to a doctor or other professional about these symptoms, or go to rehab, detox, or attend Narcotics Anonymous or any other therapy to help you quit using?	0	1	2
DRG47.	Did you do so?	0	1	2

	No (0)	Maybe (1)	Yes (2)

DRG48. Which drug(s) do you think you have these problems with? Apart from marijuana, which drugs were you thinking about when answering the problem questions in this section?

DRG48a. Stimulants	0	1	2
DRG48b. Sedatives	0	1	2
DRG48c. Cocaine, Crack	0	1	2
DRG48d. Opiates	0	1	2
DRG48e. PCP, Angel Dust	0	1	2
DRG48f. Hallucinogens	0	1	2
DRG48g. Inhalants	0	1	2
DRG48h. Others	0	1	2

DRG Notes: No (0) Yes (2)

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	No (0)	Maybe (1)	Yes (2)

GAD

		No	Maybe	Yes
GAD1.	Next, I want to ask you about periods in the last year when MOST OF THE TIME you have felt worried and anxious. Have you felt worried and anxious most days for a month or more in the last year?	0	1	2

If NO, go to next module. If YES, continue

WORRIES

What kinds of things did you worry about at this time? ***Record up to five concerns:***

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

GAD2. Code the number of concerns, 1-5

Note: At least two of the concerns must be about events, activities or others. Examples of GAD worries are work, finances, chores, car repairs, being late, health of family, how to cope.
DO NOT count worries about their own health, appearance or behaviour. Examples of non-GAD worries are being ill (somatisation disorder), gaining weight (eating disorder), public speaking (social phobia).

Are there 2 or more GAD concerns? ***If NO, go to next module***
If YES, continue
If unsure, continue

		No	Maybe	Yes
GAD3.	Did you worry about things like ***(use study member's examples)*** much more than you should have?	0	1	2
GAD4.	Did you find it difficult to stop worrying about things like this?	0	1	2
GAD5.	Have you put off doing things or making decisions because of your worries?	0	1	2
GAD6.	Have you repeatedly sought reassurance about your worries from friends or family?	0	1	2
GAD7.	Have you put time and effort into preparing in case your worries come true?	0	1	2

GAD8. Did you avoid situations where your worries might come true? 0 1 2

If YES to any of GAD3 to GAD8, continue. If not, SKIP to next module.

GAD9. You've described a period(s) worrying about (examples) in the last year. How long have you been worrying like that? _______________
Code in months, Max = 12

ANXIETY SYMPTOMS

While you were worried did you feel…

		No (0)	Maybe (1)	Yes (2)
GAD10a.	Feeling restless, keyed-up or on-edge a lot of the time?	0	1	2
GAD10b.	Easily tired?	0	1	2
GAD10c.	Having a lot of trouble keeping your mind on what you were doing?	0	1	2
GAD10d.	Feeling irritable?	0	1	2
GAD10e.	Bothered by tense, sore or aching muscles?	0	1	2
GAD10f.	Having trouble falling asleep or staying asleep, or waking up tired?	0	1	2
GAD10g.	Easily startled (jumpy)?	0	1	2
GAD10h.	Trembly or shaky?	0	1	2
GAD10i.	Sweating a lot?	0	1	2
GAD10j.	Aware your heart was pounding or racing?	0	1	2
GAD10k.	Having cold or clammy hands?	0	1	2
GAD10l.	Having a dry mouth?	0	1	2
GAD10m.	Having nausea or diarrhea?	0	1	2
GAD10n.	Having to urinate too frequently?	0	1	2
GAD10o.	Having hot flushes or chills?	0	1	2
GAD10p.	Short of breath or feeling that you were being smothered?	0	1	2
GAD10q.	Having trouble swallowing?	0	1	2

GATE: If no anxiety symptoms, go to next module.
Otherwise continue.

GAD11. Has a doctor told you that all your anxiety symptoms are caused by a physical illness you have or some medication you take? ***(rule out medical cause)*** 0 1 2

GAD12. We have been talking about worrying or feeling anxious a lot about things. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, work or everyday activities?
Show Card MH1

1	2	3	4	5
very little				very much

GAD13. In the past year, was there any time you wanted to talk to a doctor or other professional about these worries? 0 1 2

GAD14. Did you do so? 0 1 2

GAD Notes: ***(record study member's comments)*** No (0) Yes (2)

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PAD

		No (0)	Maybe (1)	Yes (2)
PAD1.	In the past year have you suddenly had an attack of feeling very frightened, anxious or uneasy, or as though something terrible was about to happen? This is an abrupt surge of fear.	0	1	2

In the last year, did you ever have an attack where you suddenly had several problems like...

PAD2.	You were short of breath or feeling like you were being smothered?	0	1	2
PAD3.	Your heart was pounding or beating very fast?	0	1	2
PAD4.	Feeling dizzy or lightheaded, faint or unsteady?	0	1	2
PAD5.	Having discomfort or pain in your chest?	0	1	2

GATE: If NO 2's coded, go to next module, otherwise continue...

PAD6.	Your face, fingers, or feet tingling or feeling numb?	0	1	2
PAD7.	Feeling like you were choking?	0	1	2
PAD8.	Sweating?	0	1	2
PAD9.	Trembling or shaking?	0	1	2
PAD10.	Having hot flushes or chills?	0	1	2
PAD11.	Things around you seeming unreal or as though you were watching yourself from outside your body?	0	1	2
PAD12.	Being afraid you were dying?	0	1	2
PAD13.	Being afraid you were going crazy or that you might act in a crazy way?	0	1	2
PAD14.	Being nauseated, sick to your stomach, or having pain in your gut?	0	1	2

GATE: 4 or more 2's in Q. PAD2 – PAD14? If NO, got to next module
If YES, continue

	No (0)	Maybe (1)	Yes (2)
PAD15. Did these problems usually reach their worst within the first ten minutes after an attack started?	0	1	2
PAD16. Have all of these attacks lasted more than a day? ***(panic attacks last less than a day)***	0	1	2

GATE*: *If PAD16 is YES, go to next module*, *otherwise continue

PAD17. In the past year, how many of these attacks have you had? ________________

GATE: If only 1 panic attack, go to next module; if 2+ continue Max. code 500

	No (0)	Maybe (1)	Yes (2)
PAD18. Did you have reason to think all of the attacks were caused by a physical illness or a drug, for example, did your doctor tell you this (e.g., a thyroid problem)? ***(rule out medical cause)***	0	1	2
PAD19. Have at least two of these attacks been unpredicted, that is happened when you had no reason to expect an attack because you were not in a special situation? (***rule out phobias***)	0	1	2

In the past year, was there a month or more when you...

	No (0)	Maybe (1)	Yes (2)
PAD20. Worried about having another attack?	0	1	2
PAD21. Acted differently than you used to before these attacks started?	0	1	2
PAD22. Worried that the attacks might mean something is seriously wrong with you?	0	1	2

PAD23. I have described attacks of panic that kept you from doing things you might have otherwise done. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, work or everyday activities? ***Show Card MH1***

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
PAD24. In the past year, was there any time when you wanted to talk to a doctor or other professional about these attacks?	0	1	2
PAD25. Did you do so?	0	1	2

PAD Notes: ***(record study member's comments)*** No (0) Yes (2)

ADULT ADHD

It used to be thought that only children had problems with attention and concentration. But many adults seem to have concerns about this, too. I want to ask you some questions like those we asked when you were 11 years old.

Coding: 0 = No, Does Not Apply
1 = Yes, Sometimes
2 = Yes, Often

Do any of the following apply to you, during the past year?

Show Card MH4

ATTENTION

		No (0)	Sometimes (1)	Often (2)
ADHD1.	I'm easily distracted, I get sidetracked easily.	0	1	2
ADHD2.	I make careless mistakes, I'm not a detail person.	0	1	2
ADHD3.	I don't listen.	0	1	2
ADHD4.	I get bored quickly.	0	1	2
ADHD5.	I misplace my wallet, keys, eyeglasses, paperwork.	0	1	2
ADHD6.	I waste time searching for lost things, or going back for things forgotten.	0	1	2
ADHD7.	I can't concentrate, my mind wanders	0	1	2
ADHD8.	I'm messy, disorganized.	0	1	2
ADHD9.	I miss deadlines, forget appointments, am often late.	0	1	2
ADHD10.	I forget to do errands, return calls, pay bills.	0	1	2
ADHD11.	I tune out when I should focus.	0	1	2

IMPULSIVITY

		No (0)	Sometimes (1)	Often (2)
ADHD12.	I jump into projects without reading the instructions.	0	1	2
ADHD13.	I lack self-discipline.	0	1	2

	No (0)	Sometimes (1)	Often (2)
ADHD14. I leave projects unfinished.	0	1	2
ADHD15. I have difficulty waiting; I'm impatient.	0	1	2
ADHD16. I make "snap" decisions (too fast).	0	1	2
ADHD17. I put off tasks that require lots of effort.	0	1	2
ADHD18. I'm an under-achiever, I'm not living up to my potential.	0	1	2
ADHD19. I'm impulsive, I act without thinking about what might happen.	0	1	2
ADHD20. I have difficulty organizing tasks that have many steps.	0	1	2
ADHD21. I can't resist temptation.	0	1	2
ADHD22. I can't stop when I know I should.	0	1	2
ADHD23. I tailgate the car in front, follow too closely.	0	1	2

ACTIVITY

	No (0)	Sometimes (1)	Often (2)
ADHD24. I talk too much.	0	1	2
ADHD25. I get uncomfortable sitting still; I need to get up and move.	0	1	2
ADHD26. I dislike quiet activities.	0	1	2
ADHD27. I'm too loud or noisy.	0	1	2
ADHD28. I have difficulty unwinding or relaxing.	0	1	2
ADHD29. I'm always on the go, in a hurry, as if driven by a motor.	0	1	2
ADHD30. I'm exhausting or draining to others.	0	1	2
ADHD31. I have accidents or injuries from over-doing it.	0	1	2
ADHD32. I drive too fast, excessive speeding.	0	1	2
ADHD33. I feel fidgety, restless, squirmy.	0	1	2

ADHD34. We have been talking about problems with attention and hyperactivity. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, or work?

Show Card MH1

1	2	3	4	5
very little				very much

ADHD35. In the past year was there any time when you wanted to talk to a doctor or other professional about these problems? 0 1 2

ADHD36. Did you do so? 0 1 2

ADHD Notes: ***(record study member's comments)*** No (0) Yes (2)

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COGNITIVE COMPLAINTS

In the past year, have you had any of the following memory difficulties?

Show Card MH4

		No (0)	Sometimes (1)	Often (2)
COG1.	I have difficulty finding the word I want to use.	0	1	2
COG2.	I have to make lists to remember to do things.	0	1	2
COG3.	I find it harder to think when the radio or TV are going.	0	1	2
COG4.	My work needs more double-checking than typical.	0	1	2
COG5.	I need to check a map or get directions, even when I've been there before.	0	1	2
COG6.	I need to keep a calendar or diary or I forget appointments.	0	1	2
COG7.	I repeat myself, I tell the same story to the same person.	0	1	2
COG8.	I have difficulty multi-tasking, doing many things at once.	0	1	2
COG9.	I cannot do maths in my head.	0	1	2
COG10.	I've started to rely on someone else to make plans and decisions.	0	1	2
COG11.	Complicated tasks take me more time than they used to.	0	1	2
COG12.	I forget why I went from one part of the house to the other	0	1	2
COG13.	I forget that I've turned off a light or the stove or locked the door	0	1	2
COG14.	I forget where I put things, like glasses, keys, cell phone, or a book.	0	1	2
COG15.	I start doing one thing at home and get distracted into doing something else (unintentionally).	0	1	2

	No (0)	Sometimes (1)	Often (2)
COG16. I can't quite remember something although it's on "the tip of my tongue".	0	1	2
COG17. I forget what I came to the shop to buy.	0	1	2

COG18. I have described some difficulties with memory. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends, work, or every day activities?

Show Card MH1

1	2	3	4	5
very little				very much

	No (0)	Sometimes (1)	Often (2)
COG19. In the past year, was there any time when you wanted to talk to a doctor or other professional about these difficulties?	0	1	2
COG20. Did you do so?	0	1	2

	Same (0)	Gradual (1)	Sudden (2)
COG21. Thinking about your memory, has your memory been the same as it has always been, gradually got worse with age, or have you noticed a sudden change? ***Show Card MH5***	0	1	2

COG Notes: ***(record study member's comments)*** No (0) Yes (2)

____

____

____

____

____

OB

I want to ask you about being bothered by certain unpleasant ideas or mental pictures that kept entering your mind when you didn't want them to.

In the past year, have you been bothered by unpleasant and persistent thoughts such as...

		No (0)	Maybe (1)	Yes (2)
OB1.	Persistent ideas that your hands are dirty or have germs on them no matter how often you wash them?	0	1	2
OB2.	Relatives who are away have been hurt or killed?	0	1	2
OB3.	You might hurt or kill someone you love even though you don't want to?	0	1	2
OB4.	You have accidentally done something that harmed or endangered someone?	0	1	2
OB5.	Having thoughts you were ashamed of, but couldn't keep out of your mind?	0	1	2
OB6.	Any other thoughts that bothered you? ***If YES, could you give me an example of the kinds of thoughts that bothered you (other than the thoughts you've told me about already)***	0	1	2

____

____

____

Coding for OB6
(0) NO
(1) YES, plausible worry
(2) YES, seems like an obsession

GATE: Any thoughts coded 2? ***If NO, go to COM***
If YES, continue

OB7.	Have these thoughts bothered you <u>again and again</u> over a period of at least two weeks?	0	1	2

	No (0)	Maybe (1)	Yes (2)
OB8. Have these unpleasant thoughts kept coming back into your mind again and again no matter how hard you tried to get rid of them?	0	1	2
OB9. Have these thoughts often bothered you for more than an hour at a time?	0	1	2
OB10. Have these thoughts caused you a lot of emotional upset, or made it hard for you to do things you want to do?	0	1	2
OB11. Did any of these thoughts seem to you to be unreasonable? ***(must be aware the thoughts are not reasonable)***	0	1	2
OB12. Were the thoughts only about problems you really had (such as emotional problems, problems with alcohol or drugs, problems with your health or appearance, or realistic financial problems or family problems)? ***(rule out reasonable concerns)***	0	1	2
OB13. Did you think someone or something was putting these ideas into your head?	0	1	2

OB14. We have been talking about thoughts that might have bothered you.
In the past year, how much did problems like these interfere with your life, family, friends or work?
Show card MH1

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
OB15. In the past year, was there any time you wanted to talk to a doctor or other professional about these symptoms?	0	1	2

	No (0)	Maybe (1)	Yes (2)
OB16. Did you do so?	0	1	2
OB17. Did a doctor tell you this problem was caused by a physical illness or a side effect of a medication?	0	1	2

Reason: ______________________________

OB Notes: ***(record study member's comments)*** No (0) Yes (2)

____

____

____

____

____

COM

Some people have the unpleasant feeling that they have to do something over and over again even though they know it is really foolish, but they can't resist doing it.

		No (0)	Maybe (1)	Yes (2)
COM1.	In the past year, have you had to wash your hands again and again?	0	1	2
COM2.	In the past year, have you had to go back several times to be sure you have locked the door or turned off the iron or the stove?	0	1	2
COM3.	In the past year, have you felt like you had to do something, like getting dressed, in a certain order, and had to start all over again if you did it in the wrong order?	0	1	2
COM4.	Have you had to repeat something exactly, like a sentence or a prayer, and have to start over if you didn't repeat it exactly right?	0	1	2
COM5.	In the past year, have you felt like you had to count something, like the squares on a tile floor, or always touch a particular thing, and you couldn't resist doing it even if you tried?	0	1	2
COM6.	Have you had to collect, buy, or store up things you don't need? Do you feel like you must keep a lot of things other people would discard? (Hoarding)	0	1	2
COM7.	Is there anything else you have to do?	0	1	2

Example: ____

GATE: Any compulsions? If YES, continue.
If NO, go to next module.

COM8.	Would you feel very uncomfortable if you couldn't do these things?	0	1	2
COM9.	Did you feel something bad would happen if you didn't do these things?	0	1	2

	No (0)	Maybe (1)	Yes (2)
COM10. Have you been very upset with yourself for having to do these things?	0	1	2
COM11. Did you ever think that doing these things was entirely unreasonable or that you overdid them?	0	1	2
COM12. Did the feeling that you had to do these things last for at least <u>two consecutive weeks</u>?	0	1	2
COM13. Did having to do these things often take you more than <u>an hour a day</u>?	0	1	2

COM14. We have been talking about thoughts or behaviours that might have bothered you. In the past year, how much did problems like these interfere with your life, family, friends or work?
Show card MH1

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
COM15. In the past year, was there any time you wanted to talk to a doctor or other professional about these symptoms?	0	1	2
COM16. Did you do so?	0	1	2
COM17. Did a doctor tell you this problem was caused by a physical illness or a side effect of a medication?	0	1	2

Reason: ____

COM Notes: ***(record study member's comments)*** No (0) Yes (2)

____

____

____

____

____

TIME CHECK- if there are only 5 minutes left, SKIP to SERVICE USE

SOP

Some people have a strong fear of doing things in front of others because they think other people may look at them and judge them. They fear that they might embarrass themselves.

In the past year have you had a strong fear of...

		No (0)	Maybe (1)	Yes (2)
SOP1.	Starting or keeping up a conversation?	0	1	2
SOP2.	Speaking to people in authority (teacher, boss, etc)?	0	1	2
SOP3.	Public speaking or talking in a group?	0	1	2
SOP4.	Eating or drinking in public?	0	1	2
SOP5.	Talking to people you don't know well?	0	1	2
SOP6.	Going to parties?	0	1	2
SOP7.	Writing while someone watches you?	0	1	2

If any 2's are coded ask: Was this just because...

a. You were drunk or high at the time and worried people might notice?

b. You have a physical disability that makes the act difficult?

If the fear is explained by intoxication or disability, change the 2 to a 1.

GATE: Any 2's for SOP1 – SOP7? If No, go to next module
If Yes, continue

SOP8.	Were your fears of doing things in front of others unreasonable or much greater than they should have been?	0	1	2
SOP9.	Have you been very upset with yourself for having any of these fears?	0	1	2

No (0)	Maybe (1)	Yes (2)

SOP10. Was your fear so great that you would try to avoid situations like.. ***name the study member's social fears*** 0 1 2

SOP11. When you have to ***(describe a fearful situation)*** does it almost always make you extremely nervous, panicky or upset? ***(Code 1 if the study member doesn't know because they always avoid the situation)*** 0 1 2

SOP12. I have described symptoms of fear of doing things in front of others. On a scale of 1 to 5, how much have problems like these interfered with your life, family, friends or work in the past year?

Show Card MH1

1	2	3	4	5
very little				very much

SOP13. In the past year, was there any time when you wanted to talk to a doctor or other professional about these fears? 0 1 2

SOP14. Did you do so? 0 1 2

SOP Notes: ***(record study member's comments)*** No (0) Yes (2)

____

SIP

Some people have an intense, strong fear of being around certain things or in certain kinds of places. Even thinking they are going to be around these places or things will sometimes make them fearful.

In the past year have you felt intensely fearful about...

		No (0)	Maybe (1)	Yes (2)

Read list, but circle as 1 for now.

		No (0)	Maybe (1)	Yes (2)
SIP1.	Heights, like being on a high bridge?	0	1	2
SIP2.	Storms?	0	1	2
SIP3.	Being in water, like a lake, pool or ocean?	0	1	2
SIP4.	Spiders, birds, rats, insects, dogs, or other animals?	0	1	2
SIP5.	Getting a shot or injection?	0	1	2
SIP6.	Seeing blood or an injured person?	0	1	2
SIP7.	Flying in an aeroplane?	0	1	2
SIP8.	Riding on a bus, train, subway?	0	1	2
SIP9.	Riding in a car?	0	1	2
SIP10.	Elevators or lifts?	0	1	2
SIP11.	Being in small spaces, tunnels, or tiny rooms without windows?	0	1	2
SIP12.	Loud noises like firecrackers?	0	1	2
SIP13.	Dentists?	0	1	2
SIP14.	Being around people who are sick?	0	1	2
SIP15.	Anything else? ______________________________	0	1	2

GATE: Any 1's for SIP1 – SIP15? If no, go to next module
If yes, continue

SIP16.	Were any of these fears unreasonable or excessive, much greater than they should have been?	0	1	2
SIP17.	Have you been very upset with yourself for having these fears?	0	1	2

	No (0)	Maybe (1)	Yes (2)
SIP18. Did you try hard to avoid being in any of those situations?	0	1	2
SIP19. When you had to be in those places or around those things, did it almost always make you extremely nervous or panicky? ***(Code 1 if the study member doesn't know because they always avoid the situation.)***	0	1	2
SIP20. Would you become nervous or panicky right away?	0	1	2

SIP21. We have been talking about symptoms of fear or phobia. In the past year, on a scale of 1 to 5, how much have fears like these interfered with your life, family, friends or work?

Show Card MH1

1	2	3	4	5
very little				very much

	No (0)	Maybe (1)	Yes (2)
SIP22. In the past year was there any time when you wanted to talk to a doctor or other professional about these fears?	0	1	2
SIP23. Did you do so?	0	1	2

If study member has answered "yes" to all of SIP16 – SIP20 ask

You said that your fears were unreasonable, but that you try to avoid the situation because it would make you panicky, so it interferes with your life. Which things are you that afraid of?

Go back and change code to "2" if study member identifies any phobia as serious.

SIP Notes: ***(record study member's comments)*** No (0) Yes (2)

____

____

____

____

____

AGPH

Some people have a strong fear of being out in certain places because it would be difficult or embarrassing to escape or to get help if they suddenly became ill, dizzy or panicky.

In the past year have you felt fearful about...

		No (0)	Maybe (1)	Yes (2)
AGP1.	Being alone away from home?	0	1	2
AGP2.	Being in a crowd?	0	1	2
AGP3.	Waiting in a line or queue?	0	1	2
AGP4.	Being on a bridge or in a tunnel etc. where there is a long distance between exits?	0	1	2
AGP5.	Travelling on public transport?	0	1	2
AGP6.	Being in an open space, like a market or parking lot?	0	1	2

What was it about ***(situations coded above)*** that was so frightening for you?

____

____

Exclusions: AGPH fear should be motivated by fear of getting ill, having panic symptoms or diarrhea. If explanation is accounted for by another disorder such as SIP (limited and specific fear of object or situation itself; e.g. riding in a bus due to fear of crashing), or SOP (fear of embarrassment in social situation) then code the fear as 1 instead of 2.

GATE: Any 2's in AGP1 – AGP6? If NO, go to next module
If YES, continue

AGP7.	Have you avoided any of these situations because of your strong fears?	0	1	2
AGP8.	Have any of these fears kept you from travelling where you wanted to?	0	1	2

	No (0)	Maybe (1)	Yes (2)
AGP9. When you had to be in one of these situations, did it almost always make you extremely nervous, panicky, dizzy or give you abdominal cramps? ***(Code 1 if the study member doesn't know because they always avoid the situation.)***	0	1	2
AGP10. When you had to be in these situations, did you feel you needed to have someone with you? ***(Code 1 if the study member doesn't know because they always avoid the situation.)***	0	1	2

AGP11. I have described fears that kept you from doing things you might have done otherwise. In the past year, on a scale of 1 to 5, how much have problems like these interfered with your life, family, friends or work? ***Show Card MH1***

1	2	3	4	5
very little				very much

AGP12. In the past year, was there any time when you wanted to talk to a doctor or other professional about these fears?	0	1	2
AGP13. Did you do so?	0	1	2

AGPH Notes: ***(record study member's comments)*** No (0) Yes (2)

____

____

____

____

____

SERVICE USE

No	Maybe	Yes
(0)	(1)	(2)

Today we have talked about problems with anxiety, depression, mania, mental illness, stress reaction, alcohol and drugs. In the past year, have you received treatment for any of the kinds of problems that we've talked about? Have you used any of the following services?
Show response card MH6.
<u>Read out</u> the list of services one at a time. Circle all that apply.

		NO	YES
SER1.	Medical doctor, GP	0	2
SER2.	Psychiatrist	0	2
SER3.	Emergency Services, EPS, A&E	0	2
SER4.	Psychologist, counsellor, psychotherapist	0	2
SER5.	Educational Guidance Counsellor	0	2
SER6.	Government department; Social Welfare	0	2
SER7.	Courts or Police	0	2
SER8.	Telephone help line	0	2
SER9.	Minister, Priest, or Tohunga	0	2
SER10.	Maori Health Provider or Cultural Worker	0	2
SER11.	AA or other self-help groups.	0	2
SER12.	Marriage guidance/relationship counselling	0	2
SER13.	Women's shelter, refuge	0	2
SER14.	Homeopathy, acupuncture, alternative therapies	0	2
SER15.	Drug rehabilitation centre or clinic	0	2
SER16.	Other (e.g. Neurologist, hormone specialist)	0	2

When it is unclear whether a study member received a treatment because of emotional or physical problems, for instance if they sought help for tense, sore muscles, ask the following question to clarify:

Were you yourself concerned that this was because of emotional problems?

SER17. In the past year, did you spend any time in hospital for the kinds of problems I have asked you about? ***Record the number of days.***

____

		NO	YES
SER18.	Have you taken any medication this year because of any of these problems?	0	2

If YES, specify medication(s) ________________________________
____
Source: ____
For how long? ____

What are you taking the medication for?

		NO	YES
SER19.	Anxiety	0	2
SER20.	Depression	0	2
SER21.	Mania	0	2
SER22.	Schizophrenia or other psychosis	0	2
SER23.	Alcohol problem	0	2
SER24.	Drug problem	0	2
SER25.	Eating disorder	0	2
SER26.	Tried to commit suicide or hurt yourself	0	2
SER27.	After a trauma upset	0	2
SER28.	Attention Deficit Hyperactivity Disorder (ADHD)	0	2
SER29.	Memory or Cognitive Problem	0	2
SER30.	Other Please specify	0	2

____

____

____

SER 31. **INTERVIEWER'S IMPRESSION ABOUT THE VALIDITY OF THIS INTERVIEW**

0 = Certainly INVALID
1 = Possibly INVALID
2 = Mostly VALID
3 = Seems VALID

Thank you for your patience in going through all of these questions!

Module No.

8	0	7

1 Very Little

2

3

4

5 Very Much

Birth to 10 (childhood)

11 to 19 (teens)

20 to 29 (twenties)

30

31

32

33

34

35

36

37

38

39

SH1

Cut or stabbed yourself

Overdosed on pills

Took some poison

Tried to gas yourself

Tried to hang or (strangle) yourself

Tried to shoot yourself

Tried to drown yourself

Jumped from a high place

Crashed a car or motorcycle

Burnt yourself

Other method

Looking back over the years of your adult life, would you say...

You have never had depression that interfered with your life.

You have been depressed, but as an episode. You felt well before and after.

You have felt depressed for a period of years. It doesn't really go away.

Marijuana, Cannabis, Hashish, Hash Oil

Stimulants: Amphetamines, Methamphetamine, P, Speed, BZP, Viagra, Ritalin, Diet Pills, Dexedrine

Sedatives: Tranquillizers, Sleeping Pills like Temazepam, Benzodiazepines like Valium or Xanax

Cocaine, Crack

Prescription Opiates: Codeine, Pethidine, OxyCondone (Oxynorm, Oxycontin), Morphine Sulfate

Street Opiates: Heroin, Opium, Poppies, Homebake

PCP, Ketamine, Angel Dust

Hallucinogens: LSD, Magic Mushrooms, Ecstasy, Mescaline, Peyote, Datura

Inhalants: Glue, Petrol, LPG, Butane, Aerosols

Other: Betel Nut, Kava, GHB, Nitrous Oxide (NOS), Amyl Nitrite, Poppers

No

Sometimes

Often

Thinking about your memory, has your memory…

Been the same as it has always been

Gradually got worse with age

Suddenly got worse

SERVICES

Medical doctor, GP

Psychiatrist

Emergency Services, EPS, A&E

Psychologist, counsellor, psychotherapist

Educational Guidance Counsellor

Government department; Social Welfare

Courts or Police

Telephone help line

Minister or Priest, or Tohunga

Maori Health Provider or Cultural Worker

AA or self-help groups

Marriage guidance, relationship counselling

Women's shelter or refuge

Homeopathy, acupuncture, alternative therapies

Drug rehabilitation centre or clinic

Other (e.g. Neurologist, hormone specialist)

First name ______________________

day	month	year	Date of Birth
day	month	year	Interview Date
			SNUM

DUNEDIN STUDY HISTORY CHART - STRICTLY CONFIDENTIAL

Year

Age	31	32	33	34	35	36	37	38	39
Hospital Stay	H	H	H	H	H	H	H	H	H
Looked for help	L	L	L	L	L	L	L	L	L
Medication	M	M	M	M	M	M	M	M	M
Conditions									
Symptoms of phobias	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Panic attacks	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Symptoms of anxiety	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Alcohol problems	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Drug problems	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Symptoms of depression	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Suicide attempts	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Symptoms of mania	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Hearing voices/strange thoughts	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S
Other condition	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S	H L M S

H = Hospital stay
L = Looked for help
M = Medication
S = Symptoms

Notes: ____

____

____

Interviewer ______________

Name: ________________________

ID No.

Dunedin Multidisciplinary Health and Development Research Unit
Significant Other Record Form

As when you were 32, we are asking permission to send a short questionnaire to someone nominated by you who knows you well. This time we are asking for the names of three people who know you well to get a more rounded view of you. These people could be a partner, a sibling, a friend, a parent, an employer, or anyone who you think knows you well. We will send them a questionnaire along with a letter that briefly explains the history of the Dunedin Study.

Show the study member the informant form.

If you are not able to complete this form today, but we can call you to get the information at a later date, please tick this box. Many thanks for your help! ☐

1.
Name: ____________________________

Address: __________________________

____

____

____

Phone: area code:____ no:____________

Cell: area code:______ no:____________

Email address:_____________________

The relationship of this person to you (eg. Partner, friend etc):

____

2.
Name: ___________________________

Address: _________________________

____

____

____

Phone: area code: ____ no: ___________

Cell: area code: ____ no.______________

Email address: _____________________
The relationship of this person to you (eg. Partner, friend etc.):

____

3.
Name: _______________________________

Address: ____________________________

____

____

____

Phone: area code: ____ no: ______________

Cell: area code: _____ no: _______________

Email address: _______________________

The relationship of this person to you (eg. Partner, friend etc.):

____

For office use only

	Date	Signed
#1. Questionnaire sent out		
#2. Questionnaire sent out		
#3. Questionnaire sent out		

ID No.

1

PHASE 38: INFORMANT FORM
FORM TO DESCRIBE DUNEDIN STUDY MEMBER

First name of study member: ____________________

IN1. Are you (please tick) male ☐ female ☐

IN2. What is your age? ______________years

IN3. What is your relationship to …………………? (please tick)

Parent	☐	Spouse/partner	☐
Brother/sister	☐	Close friend	☐
Other relative	☐	Employer	☐

Other (specify) __________________

IN4. How well do you know ……………………? (please tick)

Not very well ☐ Moderately well ☐ Very well ☐

Here are some words and phrases describing strengths and problems that 38 year olds may show. We would like you to think about .... and to tell us how well the statement fits them.

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies
IN5.	Talks a lot	☐	☐	☐
IN6.	Forgive others easily	☐	☐	☐
IN7.	Careful	☐	☐	☐
IN8.	Relaxed	☐	☐	☐
IN9.	Original, has new ideas	☐	☐	☐
IN10.	Keeps thoughts to themselves	☐	☐	☐
IN11.	Cold and distant with others	☐	☐	☐
IN12.	Hard worker	☐	☐	☐

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies	Office use only
IN13.	Tense	☐	☐	☐	☐
IN14.	Good imagination	☐	☐	☐	☐
IN15.	Makes things exciting	☐	☐	☐	☐
IN16.	Kind and considerate	☐	☐	☐	☐
IN17.	Very organised	☐	☐	☐	☐
IN18.	Worries a lot	☐	☐	☐	☐
IN19.	Creative	☐	☐	☐	☐
IN20.	Quiet	☐	☐	☐	☐
IN21.	Sometimes rude	☐	☐	☐	☐
IN22.	Works until a thing is done	☐	☐	☐	☐
IN23.	Keeps calm in difficult situations	☐	☐	☐	☐
IN24.	Likes to think and play with ideas	☐	☐	☐	☐
IN25.	Outgoing; likes people	☐	☐	☐	☐
IN26.	Likes to be co-operative	☐	☐	☐	☐
IN27.	Does things quickly and carefully	☐	☐	☐	☐
IN28.	Gets nervous easily	☐	☐	☐	☐
IN29.	Knows a lot about art, music or books	☐	☐	☐	☐
IN30.	Makes good use of opportunities	☐	☐	☐	☐
IN31.	Works to his/her ability	☐	☐	☐	☐
IN32.	Has lots of common sense	☐	☐	☐	☐
IN33.	A leader	☐	☐	☐	☐

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies	Office use only
IN34.	Good at sport	☐	☐	☐	☐
IN35.	Shows initiative	☐	☐	☐	☐
IN36.	Has a good sense of humour	☐	☐	☐	☐
IN37.	A "good citizen"	☐	☐	☐	☐
IN38.	Seems to be a loner	☐	☐	☐	☐
IN39.	Is successful in his/her career	☐	☐	☐	☐
IN40.	Is the type to be a great mum or dad/Is a great mum or dad?	☐	☐	☐	☐

IF STUDY MEMBER IS A PARENT, PLEASE ANSWER:

IN41.	Has difficulty coping with being a parent	☐	☐	☐	☐

To the best of your knowledge, did .... have any of these problems over the last 12 months? Please tick the box that applies.

		Not a problem	Bit of a problem	Yes, a problem	
IN42.	Controlling anger, hot temper	☐	☐	☐	☐
IN43.	Gets in to fights	☐	☐	☐	☐
IN44.	Thinks others are out to get them	☐	☐	☐	☐
IN45.	Gets jealous	☐	☐	☐	☐
IN46.	Blames others for own problems	☐	☐	☐	☐
IN47.	Does not show guilt or regret after doing something bad	☐	☐	☐	☐
IN48.	Suspicious of other people	☐	☐	☐	☐
IN49.	Has trouble making friends	☐	☐	☐	☐
IN50.	Feels that no one loves them	☐	☐	☐	☐

		Not a problem	Bit of a problem	Yes, a problem	Office use only
IN51.	Seems lonely	☐	☐	☐	☐
IN52.	Feels depressed, miserable, sad or unhappy	☐	☐	☐	☐
IN53.	Has unreasonable fears or worries	☐	☐	☐	☐
IN54.	Hears things that aren't there	☐	☐	☐	☐
IN55.	Talks about suicide	☐	☐	☐	☐
IN56.	Has conflicts with people at work	☐	☐	☐	☐
IN57.	Problems finding or keeping a job	☐	☐	☐	☐
IN58.	Poor money manager	☐	☐	☐	☐
IN59.	Lacks enough money to make ends meet	☐	☐	☐	☐
IN60.	Impulsive, rushes into things without thinking about what might happen	☐	☐	☐	☐
IN61.	Has alcohol problems	☐	☐	☐	☐
IN62.	Marijuana or other drug problems	☐	☐	☐	☐
IN63.	Does things against the law	☐	☐	☐	☐
IN64.	Has friends who get in to trouble	☐	☐	☐	☐
IN65.	Has health difficulties	☐	☐	☐	☐
IN66.	Has problems with memory	☐	☐	☐	☐

We are now going to talk about problems with attention and concentration.

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies	
IN67.	Is easily distracted, gets sidetracked easily	☐	☐	☐	☐

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies	Office use only
IN68.	Makes careless mistakes, not a detail person	☐	☐	☐	☐
IN69.	Gets bored quickly	☐	☐	☐	☐
IN70.	Misplaces wallet, keys, eyeglasses, paperwork	☐	☐	☐	☐
IN71.	Can't concentrate, mind wanders	☐	☐	☐	☐
IN72.	Misses deadlines, appointments, is often late	☐	☐	☐	☐
IN73.	Tunes out instead of focusing	☐	☐	☐	☐
IN74.	Jumps into projects without reading the instructions	☐	☐	☐	☐
IN75.	Lacks self-discipline	☐	☐	☐	☐
IN76.	Leaves projects unfinished	☐	☐	☐	☐
IN77.	Messy, disorganized	☐	☐	☐	☐
IN78.	Has difficulty waiting; impatient	☐	☐	☐	☐
IN79.	Makes "snap" decisions (too fast)	☐	☐	☐	☐
IN80.	Puts off tasks that require lots of effort	☐	☐	☐	☐
IN81.	Has difficulty organizing tasks that have many steps	☐	☐	☐	☐
IN82.	Can't resist temptation	☐	☐	☐	☐
IN83.	Can't stop when he/she should	☐	☐	☐	☐
IN84.	Is uncomfortable sitting still	☐	☐	☐	☐
IN85.	Doesn't enjoy quiet activities	☐	☐	☐	☐

		No, doesn't apply	Yes, applies somewhat	Yes, certainly applies	Office use only
IN86.	Is loud, noisy	☐	☐	☐	☐
IN87.	Has difficulty unwinding or relaxing	☐	☐	☐	☐
IN88.	Is always on the go, in a hurry, fast-paced	☐	☐	☐	☐
IN89.	Is exhausting, draining	☐	☐	☐	☐
IN90.	Fidgety, restless	☐	☐	☐	☐
IN91.	Has accidents or injuries from overdoing it	☐	☐	☐	☐
IN92.	Does not listen	☐	☐	☐	☐
IN93.	Wastes time searching for lost things, or goes back for things forgotten	☐	☐	☐	☐
IN94.	Forgets to do errands, return calls, pay bills	☐	☐	☐	☐
IN95.	Tailgates the car in front, follows too closely	☐	☐	☐	☐
IN96.	Drives too fast, excessive speeding	☐	☐	☐	☐
IN97.	Is an under-achiever, not living up to potential	☐	☐	☐	☐

Thank you for your help with our research. Your reply is strictly confidential.

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