

P-728. How old were you (the first time you got sick from cutting down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] or used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to keep from having withdrawal)?

(AGE AT ONSET)

P-729. When was the last time (you got sick from cutting down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] or used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to keep from having withdrawal)?

(SKIP TO Q. P-731)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5-
	More than one year ago	6

P-730. How old were you (the last time you got sick from cutting down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] or used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to keep from having withdrawal)?

(AGE OF RECENCY)

P-731. Did you have any health problems like an accidental overdose, a persistent cough, a seizure (fit), an infection, a cut, sprain, burn, or other injury as a result of taking prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)?

(SKIP TO Q. P-737)	No	1
	Yes	5

P-732. When was the first time (prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] caused a health problem)?

(SKIP TO Q. P-734)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-733. How old were you (the first time prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] caused a health problem)?

(AGE AT ONSET)

P-734. When was the last time (prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] caused a health problem)?

(SKIP TO Q. P-736)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-735. How old were you (the last time prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] caused a health problem)?

(AGE OF RECENCY)

P-736. Did you use prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) on more than one occasion after you knew it caused these health problems?

No 1

Yes 5

P-737. Did prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-743) No 1

Yes 5

P-738. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-740) One month to less than six months ago 3

Six months to less than one year ago 4

In the last twelve months, DK exact time 5

More than one year ago 6

P-739. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE AT ONSET)

P-740. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-742)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, EX exact time	5
	More than one year ago	6

P-741. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE OF REGENCY)

P-742. Did you use prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

P-743. Have you often been high or suffering the after-effects of prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) while working (or taking care of children)?

(SKIP TO Q. P-748)	No	1
	Yes	5

P-744. When was the first time (you were high or suffering the after-effects of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] while working [or taking care of children])?

(SKIP TO Q. P-746)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-745. How old were you (the first time you were high or suffering the after-effects of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] while working [or taking care of children])?

(AGE AT ONSET)

P-746. When was the last time (you were high or suffering the after-effects of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] while working [or taking care of children])?

(SKIP TO Q. P-748)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-747. How old were you (the last time you were high or suffering the after-effects of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] while working [or taking care of children])?

(AGE OF RECENCY)

P-748. Did you have any emotional or psychological problems from using prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)--such as feeling uninterested in things, depressed, suspicious of people, paranoid, or having strange ideas?

(SKIP TO Q. P-754)	No	1
	Yes	5

P-749. When was the first time (you had an emotional or psychological problem from using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-751)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-750. How old were you (the first time you had an emotional or psychological problem from using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE AT ONSET)

P-751. When was the last time (you had an emotional or psychological problem from using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

	Within the last two weeks -	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-753)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-752. How old were you (the last time you had an emotional or psychological problem from using prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE OF REGENCY)

P-753. Did you use prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) on more than one occasion after you found out it was causing you emotional problems?

No 1

Yes 5

P-754. Have you ever given up or greatly reduced important activities in order to use prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)-- activities like sports, work, or associating with friends or relatives?

(SKIP TO Q. P-760) No 1

Yes 5

P-755. When was the first time you gave up important activities for prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-757) One month to less than six months ago 3

Six months to less than one year ago 4

In the last twelve months, -DK exact time 5

More than one year ago 6

P-756. How old were you (the first time you gave up important activities for prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE AT ONSET)

P-757. When was the last time your use of prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) kept you from important activities?

(SKIP TO Q. P-759)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-758. How old were you (the last time your use of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] kept you from important activities)?

(AGE OF REGENCY)

P-759. Did you ever give up any important activities for prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) for a month or more, or several times?

No	1
Yes	5

P-760. Have you ever been under the effects of prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat, using knives, machinery, or guns, crossing against heavy traffic, climbing or swimming?

(SKIP TO Q. P-766)	No	1
	Yes	5

P-761. When was the first time (you took prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-763)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-762. How old were you (the first time you took prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-763. When was the last time (you took prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-765)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-764. How old were you (the last time you took prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] in a situation where it increased your chances of getting hurt)?

(AGE OF REGENCY)

P-765. Have you been in situations like that several times?

No 1

Yes 5

(IF NO ADDICTION BEHAVIORS OR EFFECTS REPORTED IN QQ. P-104, P-135, P-252, P-295, P-326, P-363, P-400, P-419 OR P-420, P-469, P-506, P-543, P-574, P-611 OR P-648, SKIP TO Q. D-1.)

IF NO ADDICTION BEHAVIORS OR EFFECTS REPORTED IN QQ. P-685, P-690, P-695, P-701, P-706, P-712, P-718, P-721 OR P-722, P-731, P-737, P-743, P-748, P-754 OR P-760, SKIP TO Q. D-1.)

P-766. Let's go over what you told me about your experiences with drugs. You said that you (used drugs every day for two weeks or more/stayed high for a whole day/spent a great deal of your time using drugs, getting drugs, or getting over their effects/used larger amounts than you intended to/felt dependent/tried to cut down on drugs but found you couldn't/became tolerant/had withdrawal symptoms/had health problems as a result of taking drugs/had considerable problems because of drugs/had been high on drugs while working [or taking care of children]/had emotional or psychological problems from using drugs/had given up or greatly reduced important activities to use drugs/had been under the effects of drugs in a situation where it increased your chances of getting hurt).

Did you ever tell a doctor that any of these experiences were causing problems for you?

No 1

Yes 5

P-767. Did you talk to any other professional about any problems with drugs?

No 1

Yes 5

P-768. Did you take medication more than once for any of these problems with drugs?

No 1

Yes 5

P-769. Did any of these problems with drugs interfere with your life or activities a lot?

No 1

Yes 5

D-1. Have you ever had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious--that is when you were not in danger, or the center of attention or anything like that?

(SKIP TO Q. E-1)	No	1
	Yes	5

D-2. Could you tell me about one spell or attack like that?

D-3. Did you tell a doctor about the spell or attack?

	No	1
(SKIP TO Q. D-10)	Yes	5

D-4. Did you tell any other professional about the spell or attack?

	No	1
(SKIP TO Q. D-7)	Yes	5

D-5. Did you take medication more than once for the spell or attack?

	No	1
(SKIP TO Q. D-7)	Yes	5

D-6. Did the spell or attack interfere with your life or activities a lot?

(SKIP TO Q. D-18)	No	1
	Yes	5

D-7. Was the spell or attack ever the result of a physical illness or injury?

(SKIP TO Q. D-9)	No	1
	Yes	5

D-8. What caused the spell or attack?

(PHYSICAL ILLNESS OR INJURY)

(ALL SKIP TO Q. D-10)

D-9. Was the spell or attack ever the result of taking medication, drugs, or alcohol?

(SKIP TO Q. D-18)	No	1
(SKIP TO Q. D-12)	Yes	5

D-10. When you told the doctor, what was the diagnosis? (What did he say was causing the spell or attack?)

(SKIP TO Q. D-18)	Nerves, stress, anxiety, depression, mental illness (SPECIFY): _____	1
(SKIP TO Q. D-12)	Medication, drugs, alcohol (SPECIFY): _____	2
(SKIP TO Q. D-15)	Physical illness or injury (SPECIFY): _____	3
	No definite diagnosis	4

D-11. Did he find anything abnormal when he examined you or took tests or x-rays?

(SKIP TO Q. D-18) Nerves, stress, anxiety, depression, mental illness
(SPECIFY): _____ 1

Medication, drugs, alcohol
(SPECIFY): _____ 2

(SKIP TO Q. D-15) Physical illness or injury
(SPECIFY): _____ 3

(SKIP TO Q. D-18) No, no exam, don't know 4

D-12. Was the spell or attack always the result of taking medication, drugs or alcohol?

No 1

(SKIP TO Q. D-17) Yes 5

(IF NO DOCTOR TOLD IN Q. D-3, SKIP TO Q. D-18)

D-13. When the spell or attack was not due to taking medication, drugs or alcohol, was it always the result of a physical illness or injury?

(SKIP TO Q. D-18) No 1

Yes 5

D-14. What caused the spell or attack (when it was not due to taking medication, drugs or alcohol)?

(PHYSICAL ILLNESS OR INJURY)

(ALL SKIP TO Q. D-18)

D-15. Was the spell or attack always the result of a physical illness or injury such as (SPECIFY RESPONSE TO Q. D-8/Q. D-10/Q. D-11)?

No 1

(SKIP TO Q. D-18) Yes 5

D-16. When the spell or attack was not due to a physical illness or injury, was it always the result of taking medication, drugs or alcohol?

(SKIP TO Q. D-18)	No	1
	Yes	5

(IF RESPONSE TO Q. D-10 OR Q. D-11 IS MEDICATION, DRUGS OR ALCOHOL, SKIP TO Q. D-18)

D-17. What caused the spell or attack (when it was not due to a physical illness or injury)?

(MEDICATION, DRUG OR ALCOHOL)

D-18. During one of your worst spells of suddenly feeling frightened or anxious or uneasy, did you ever notice that you had any of the following problems?

During this spell were you short of breath--having trouble catching your breath?

No	1
Yes	5

D-19. (During this spell) did your heart pound?

No	1
Yes	5

D-20. (During this spell) were you dizzy or light-headed?

No	1
Yes	5

D-21. (During this spell) did you have tightness or pain in your chest?

No	1
Yes	5

D-22. (During this spell) did your fingers or feet tingle?

No 1

Yes 5

D-23. (During this spell) did you feel like you were choking?

No 1

Yes 5

D-24. (During this spell) did you feel faint?

No 1

Yes 5

D-25. (During this spell) did you sweat?

No 1

Yes 5

D-26. (During this spell) did you tremble or shake?

No 1

Yes 5

D-27. (During this spell) did you have hot flashes or chills?

No 1

Yes 5

D-28. (During this spell) did you or things around you seem unreal?

No 1

Yes 5

D-29. (During this spell) were you afraid that you might die?

No 1

Yes 5

D-30. (During this spell) were you afraid that you might act in a crazy way?

No	1
Yes	5

D-31. (During this spell) did you have nausea?

No	1
Yes	5

D-32. (During this spell) did you have belly pain?

No	1
Yes	5

D-33. (During this spell) did you feel like ~~you were~~ smothering?

No	1
Yes	5

D-34. (NUMBER OF YES RESPONSES TO QQ. D-18 TO D-33):

(SKIP TO Q. E-1)	0 - 3	1
	4 or more	5

D-35. How old were you the first time you had one of these sudden spells of feeling frightened or anxious when you had four or more of these problems like (shortness of breath/heart pounding/feeling dizzy or light-headed/tightness or pain in your chest/fingers or feet tingling/choking/feeling faint/sweating/trembling/hot flashes or chills/things seeming unreal/being afraid you might die/being afraid you might act crazy/nausea/belly pain/smothering)?

	Age at onset	
(SKIP TO Q. D-37)	Don't know <u>and</u> under 40 years old	01
	Don't know <u>and</u> 40 or older	02

D-36. Would you say it was before or after you were 40?

Before 40	01
After 40	95
Don't know	98

D-37. When was the last time (you had one of these sudden spells of feeling frightened or anxious and had four or more of these other problems)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. D-39)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

D-38. How old were you (the last time you had one of these sudden spells of feeling frightened or anxious and had four or more of these other problems)?

(AGE OF REGENCY)

D-39. Have you ever had three spells like this close together--say, within a three-week period?

(SKIP TO Q. D-41)	No	1
	Yes	5

D-40. Have you ever had four spells or attacks within a four-week period?

	No	1
(SKIP TO Q. D-42)	Yes	5

D-41. After having an attack, did you ever have a month or more when you were afraid that you might have another attack?

	No	1
	Yes	5

D-42. During at least several of your attacks of feeling frightened or anxious, did some of these problems such as (shortness of breath/heart pounding/feeling dizzy or light-headed/tightness or pain in your chest/fingers or feet tingling/choking/feeling faint/sweating/trembling/hot flashes or chills/things seeming unreal/being afraid you might die/being afraid you might act crazy/nausea/belly pain/smothering) begin suddenly, and get worse within the first few minutes of the attack?

No	1
Yes	5

E-1. Now I want to ask you about periods of at least a month or more of feeling worried and anxious. Have you ever had a period of a month or more when most of the time you felt worried and anxious?

(SKIP TO Q. F-1)	No	1
	Yes	5

E-2. What is the longest period you've had of feeling worried and anxious?

(SKIP TO Q. E-4)	Number of months	_____
	Don't know	98

E-3. Was it for six months or more?

Six months or more	95
Less than six months	01
Don't know	98

(IF LESS THAN SIX MONTHS IN Q. E-2 OR Q. E-3, SKIP TO Q. E-9)

E-4. During one of those periods, were you worrying about things that were unlikely to happen?

	No	1
(SKIP TO Q. E-6)	Yes	5

E-5. Were you worrying a great deal over things that were not really serious?

No	1
Yes	5

E-6. During any of those periods, did you have different worries on your mind at the same time?

(SKIP TO Q. E-9)	No	1
	Yes	5

E-7. Were any of your worries about what other people might do or what might happen to them?

	No	1
(SKIP TO Q. E-9)	Yes	5

E-8. What sort of things did you worry about?

(SPECIFY BELOW)	Nervousness, depression, drinking too much, taking drugs, being overweight, panic attack, not sleeping, feeling suicidal, avoiding things feared	1
	Other	5

SPECIFY:

E-9. I'd like to ask you about other problems you might have had when you were worried and anxious--problems that could not be entirely explained by a physical illness or any medication, drugs or alcohol you had taken.

When you were worried and anxious, were you also easily tired?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-10. When you were worried and anxious, were you also easily startled?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-11. When you were worried and anxious, were you also trembly or shaky?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-12. When you were worried and anxious, were you also restless?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-13. When you were worried and anxious, were you also bothered by tense, sore, or aching muscles?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-14. When you were worried and anxious, were you also having a lot of trouble keeping your mind on what you were doing?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-15. When you were worried and anxious, were you also keyed up or on edge?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-16. When you were worried and anxious, were you also particularly irritable?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-17. When you were worried and anxious, were you also sweating a lot?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-18. When you were worried and anxious, were you also aware of your heart pounding or racing?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-19. When you were worried and anxious, were you also having cold and clammy hands?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-20. When you were worried and anxious, were you also feeling dizzy or light-headed?

No
Yes--due to physical illness, drugs or alcohol 1
Yes 5

E-21. When you were worried and anxious, were you also having a dry mouth?

No
Yes--due to physical illness, drugs or alcohol 1
Yes 5

E-22. When you were worried and anxious, were you also having nausea or diarrhea?

No
Yes--due to physical illness, drugs or alcohol 1
Yes 5

E-23. When you were worried and anxious, were you also having to urinate too frequently?

No
Yes--due to physical illness, drugs or alcohol 1
Yes 5

E-24. When you were worried and anxious, were you also having hot flashes or chills?

No
Yes--due to physical illness, drugs or alcohol 1
Yes 5

E-25. When you were worried and anxious, were you also short of breath or feeling like you were smothering?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-26. When you were worried and anxious, were you also having trouble swallowing?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

E-27. When you were worried and anxious, were you also having trouble falling or staying asleep?

No	
Yes--due to physical illness, drugs or alcohol	1
Yes	5

(IF RESPONSES TO ALL OF QQ. E-9 TO E-27 ARE NO OR
DUE TO PHYSICAL ILLNESS, DRUGS OR ALCOHOL, SKIP TO Q. F-1)

E-28. When was the first time you were worried and anxious or afraid most of the time for at least a month and had some of these other problems like (tiring easily/being easily startled/trembling or shaking/feeling restless/tense, sore or aching muscles/trouble keeping your mind on what you were doing/being keyed up/being particularly irritable/sweating/heart pounding or racing/cold and clammy hands/feeling dizzy or light-headed/having a dry mouth/nausea or diarrhea/urinating too frequently/hot flashes or chills/shortness of breath/trouble swallowing/trouble falling or staying asleep)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. E-30)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

E-29. How old were you (the first time you were worried and anxious or afraid most of the time for at least a month and had some of these other problems)?

Age at onset _____

Whole life 02

E-30. How long has it been since your last period of a month or more of feeling anxious and having some of these other problems?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. F-1)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

E-31. How old were you at that time?

(AGE OF REGENCY)

(IF NO TO Q. D-1, SKIP TO Q. G-1)

F-1. Some people have such an unreasonably strong fear of being in a crowd, leaving home alone, traveling in buses, cars or trains, or crossing a bridge that they always get very upset in such a situation or avoid it altogether. Did you ever go through a period when being in such a situation always frightened you badly?

(SKIP TO Q. F-7)	No	1
	Yes	5

F-2. Did you feel this way about being in a crowd or standing in line?

No	1
Yes	5

F-3. Did you feel this way about being alone away from home?

No 1

Yes 5

F-4. Did you feel this way about riding on trains or buses, planes,
or in a car?

No 1

Yes 5

F-5. Did you feel this way about crossing a bridge?

No 1

Yes 5

(IF YES TO ANY OF QQ. F-2 TO F-5, SKIP TO Q. F-7)

F-6. What sort of situations did you have in mind when you said some
situations made you unreasonably afraid?

None 1

Example (SPECIFY): 5

F-7. Have you ever had an unreasonable fear of being alone in your own home?

No 1

Yes 5

F-8. You mentioned spells when you felt suddenly anxious or uneasy and had problems like (tiring easily/being easily startled/trembling or shaking/feeling restless/tense, sore or aching muscles/trouble keeping your mind on what you were doing/being keyed up/being particularly irritable/sweating/heart pounding or racing/cold and clammy hands/feeling dizzy or light-headed/having a dry mouth/nausea or diarrhea/urinating too frequently/hot flashes or chills/shortness of breath/trouble swallowing/trouble falling or staying asleep). Did those spells occur only when you were (in a crowd or standing in line/alone away from home/riding on trains or buses, planes or in a car/crossing a bridge)?

Yes, spells only with fears 1

No, spells at other times also 5

G-1. A few people have terrible experiences that most people never go through-- things like being attacked, being in a fire or flood or bad traffic accident, being threatened with a weapon, or seeing someone being badly injured or killed. Did something like this ever happen to you?

	No	1
(SKIP TO Q. G-3)	Yes	5

G-2. Did you ever suffer a great shock because something like that happened to someone close to you?

(SKIP TO Q. H-1)	No	1
	Yes	5

G-3. What was the worst thing like this that you experienced?

X

(SPECIFY AND SKIP TO Q. G-5)

QUALIFYING EVENTS

Military combat	01
Rape	02
Physical assault	03
Seeing someone hurt/killed	04
Disaster	05
Threat	06
Narrow escape	07
Sudden injury/accident	08
News of sudden death/accident	09
Other personal shock	10
Shock occurring to another	11

NONQUALIFYING EVENTS

Book	70
Enduring family problems	71
Illness	72
Job/Finance	73
Marital	74
Mental problems	75
Movie	76
Natural death	77
Television	78
Other (SPECIFY):	79

G-4. Anything else?

(SKIP TO Q. H-1)	No	00
<u>QUALIFYING EVENTS</u>		
(SPECIFY):	Military combat	01
	Rape	02
	Physical assault	03
	Seeing someone hurt/killed	04
	Disaster	05
	Threat	06
	Narrow escape	07
	Sudden injury/accident	08
	News of sudden death/accident	09
	Other personal shock	10
	Shock occurring to another	11

<u>NONQUALIFYING EVENTS</u>		
	Book	70
	Enduring family problems	71
	Illness	72
	Job/Finance	73
(SKIP TO Q. H-1)	Marital	74
	Mental problems	75
	Movie	76
	Natural death	77
	Television	78
	Other (SPECIFY):	79

G-5. How old were you when this happened?

(AGE AT FIRST SHOCKING EVENT)

G-6. Have you had any other terrible or shocking experience?

(SKIP TO Q. G-14)	No	1
	Yes	5

G-7. What happened?

X (SPECIFY AND SKIP TO Q. G-9)

QUALIFYING EVENTS

Military combat	01
Rape	02
Physical assault	03
Seeing someone hurt/killed	04
Disaster	05
Threat	06
Narrow escape	07
Sudden injury/accident	08
News of sudden death/accident	09
Other personal shock	10
Shock occurring to another	11

NONQUALIFYING EVENTS

Book	70
Enduring family problems	71
Illness	72
Job/Finance	73
Marital	74
Mental problems	75
Movie	76
Natural death	77
Television	78
Other (SPECIFY): _____	79

G-8. Anything else?

(SKIP TO Q. G-14)	No	00
<u>QUALIFYING EVENTS</u>		
(SPECIFY):	Military combat	01
_____	Rape	02
_____	Physical assault	03
_____	Seeing someone hurt/killed	04
_____	Disaster	05
_____	Threat	06
_____	Narrow escape	07
_____	Sudden injury/accident	08
_____	News of sudden death/accident	09
_____	Other personal shock	10
_____	Shock occurring to another	11
<u>NONQUALIFYING EVENTS</u>		
	Book	70
	Enduring family problems	71
	Illness	72
	Job/Finance	73
(SKIP TO Q. G-14)	Marital	74
	Mental problems	75
	Movie	76
	Natural death	77
	Television	78
	Other (SPECIFY): _____	79

G-9. How old were you when this happened?

(AGE AT SECOND SHOCKING EVENT)

G-10. Have you had any other terrible or shocking experience?

(SKIP TO Q. G-14)	No	1
	Yes	5

G-11. What happened?

X (SPECIFY AND SKIP TO Q. G-13)

QUALIFYING EVENTS

Military combat	01
Rape	02
Physical assault	03
Seeing someone hurt/killed	04
Disaster	05
Threat	06
Narrow escape	07
Sudden injury/accident	08
News of sudden death/accident	09
Other personal shock	10
Shock occurring to another	11

NONQUALIFYING EVENTS

Book	70
Enduring family problems	71
Illness	72
Job/Finance	73
Marital	74
Mental problems	75
Movie	76
Natural death	77
Television	78
Other (SPECIFY): _____	79

G-12. Anything else?

(SKIP TO Q. G-14)	No	00
<u>QUALIFYING EVENTS</u>		
(SPECIFY):	Military combat	01
	Rape	02
	Physical assault	03
	Seeing someone hurt/killed	04
	Disaster	05
	Threat	06
	Narrow escape	07
	Sudden injury/accident	08
	News of sudden death/accident	09
	Other personal shock	10
	Shock occurring to another	11

<u>NONQUALIFYING EVENTS</u>		
	Book	70
	Enduring family problems	71
	Illness	72
	Job/Finance	73
(SKIP TO Q. G-14)	Marital	74
	Mental problems	75
	Movie	76
	Natural death	77
	Television	78
	Other (SPECIFY):	79

G-13. How old were you when this happened?

(AGE AT THIRD SHOCKING EVENT)

G-14. Bad experiences can cause changes in the way some people feel. You might or might not have experienced any of these changes. For example, did you keep remembering (FIRST EVENT) when you didn't want to?

No	1
Yes	5

G-15. Did you keep having dreams or nightmares about (FIRST EVENT) afterwards?

No	1
Yes	5

G-16. Did you ever suddenly act or feel as though (FIRST EVENT) was happening again, even though it wasn't?

No	1
Yes	5

G-17. After (FIRST EVENT), did you ever experience something that was similar or that reminded you of it?

(SKIP TO Q. G-20)	No	1
	Yes	5

G-18. Did that upset you very much?

No	1
Yes	5

G-19. Did you sweat or did your heart beat fast or did you tremble?

No	1
Yes	5

G-20. Did you go out of your way to avoid activities or situations that might have reminded you of (FIRST EVENT)?

No	1
Yes	5

G-21. After (FIRST EVENT), did you try hard not to think about it?

No	1
Yes	5

G-22. Do you remember (FIRST EVENT) well or is your memory blank for all or part of it?

Remember well	1
Memory blank for all/part	5

(IF FIRST EVENT IS NOT PERSONAL MILITARY COMBAT, RAPE, PHYSICAL ASSAULT, DISASTER OR SUDDEN INJURY OR ACCIDENT, SKIP TO Q. G-26)

G-23. Were you injured during the (FIRST EVENT)?

(SKIP TO Q. G-26)	No	1
	Yes	5

G-24. Did you suffer a head injury as a result of (FIRST EVENT)?

(SKIP TO Q. G-26)	No	1
	Yes	5

G-25. Were you unconscious for more than 10 minutes?

No	1
Yes	5

G-26. After (FIRST EVENT), did you lose interest in doing things that used to be important to you?

No	1
Yes	5

G-27. After (FIRST EVENT), did you find you no longer had loving or warm feelings toward anyone?

No	1
Yes	5

G-28. After (FIRST EVENT), did you feel isolated or distant from other people?

No	1
Never close to people	2
Yes	5

G-29. After (FIRST EVENT), did you begin to feel that there was no point in thinking about the future anymore?

No	1
Yes	5

G-30. After (FIRST EVENT), did you have more trouble sleeping than is usual for you--either trouble falling asleep, or staying asleep?

No	1
Yes	5

G-31. After (FIRST EVENT), did you act unusually irritable or lose your temper a lot?

No	1
Yes	5

G-32. After (FIRST EVENT), did you have more trouble concentrating than is usual for you?

No	1
Yes	5

G-33. After (FIRST EVENT), did you become overly concerned about danger or overly careful and watchful?

No	1
Yes	5

G-34. After (FIRST EVENT), did you become jumpy or easily startled so that ordinary noises or movements would make you jump or put you on guard?

No	1
Yes	5

(IF LESS THAN THREE YES RESPONSES TO QQ. G-14 TO G-16, G-18 TO G-22 AND G-26 TO G-34 AND NO OTHER EVENT REPORTED, SKIP TO Q. H-1.

IF LESS THAN THREE YES RESPONSES TO QQ. G-14 TO G-16, G-18 TO G-22 AND G-26 TO G-34 AND SECOND EVENT REPORTED, SKIP TO Q. G-40.)

G-35. You said that you had problems after (FIRST EVENT) like (remembering it often/dreams or nightmares/feeling it was happening again/becoming upset or feeling sweaty or trembly when reminded of it/avoiding situations that might have reminded you of it/trying not to think about it/your memory being blank/losing interest in things/no longer having loving or warm feelings/feeling distant from other people/seeing no point in thinking about the future/trouble sleeping/acting unusually irritable/trouble concentrating/becoming overly concerned or careful/becoming jumpy or easily startled).

How soon after (FIRST EVENT) did you start to have any of these problems?

Same day	1
That week	2
That month	3
Within six months	4
Within one year	5
Within three years	6
More than three years	7
Don't know	8

G-36. Over how many days, weeks, months or years did you continue to have any of these problems at least a few times a week because of (FIRST EVENT)?

	Less than one week	1
	Less than one month	2
(SKIP TO Q. G-38)	Less than six months	3
	Less than one year	4
	Less than three years	5
	More than three years	6
	Don't know	8

G-37. Was it at least one month?

No	1
Yes	5

G-38. When was the last time you had any of these problems as a result of (FIRST EVENT)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. G-40)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

G-39. How old were you (the last time you had any of these problems as a result of [FIRST EVENT])?

(AGE OF RECENCY)

(IF NO SECOND EVENT, SKIP TO Q. H-1)

G-40. Now let's talk about (SECOND EVENT). Did you keep remembering (SECOND EVENT) when you didn't want to?

No	1
Yes	5

G-41. Did you keep having dreams or nightmares about (SECOND EVENT) afterwards?

No	1
Yes	5

G-42. Did you ever suddenly act or feel as though (SECOND EVENT) was happening again, even though it wasn't?

No	1
Yes	5

G-43. After (SECOND EVENT), did you ever experience something that was similar or that reminded you of it?

(SKIP TO Q. G-46)	No	1
	Yes	5

G-44. Did that upset you very much?

No	1
Yes	5

G-45. Did you sweat or did your heart beat fast or did you tremble?

No	1
Yes	5

G-46. Did you go out of your way to avoid activities or situations that might have reminded you of (SECOND EVENT)?

No	1
Yes	5

G-47. After (SECOND EVENT), did you try hard not to think about it?

No	1
Yes	5

G-48. Do you remember (SECOND EVENT) well or is your memory blank for all or part of it?

Remember well	1
Memory blank for all/part	5

(IF SECOND EVENT IS NOT PERSONAL MILITARY COMBAT, RAPE, PHYSICAL ASSAULT, DISASTER OR SUDDEN INJURY OR ACCIDENT, SKIP TO Q. G-52)

G-49. Were you injured during the (SECOND EVENT)?

(SKIP TO Q. G-52)	No	1
	Yes	5

G-50. Did you suffer a head injury as a result of (SECOND EVENT)?

(SKIP TO Q. G-52)	No	1
	Yes	5

G-51. Were you unconscious for more than 10 minutes?

No	1
Yes	5

G-52. After (SECOND EVENT), did you lose interest in doing things that used to be important to you?

No	1
Yes	5

G-53. After (SECOND EVENT), did you find you no longer had loving or warm feelings toward anyone?

No	1
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Yes	5
-----	---

G-54. After (SECOND EVENT), did you feel isolated or distant from other people?

No	1
----	---

Never close to people	2
-----------------------	---

Yes	5
-----	---

G-55. After (SECOND EVENT), did you begin to feel that there was no point in thinking about the future anymore?

No	1
----	---

Yes	5
-----	---

G-56. After (SECOND EVENT), did you have more trouble sleeping than is usual for you--either trouble falling asleep, or staying asleep?

No	1
----	---

Yes	5
-----	---

G-57. After (SECOND EVENT), did you act unusually irritable or lose your temper a lot?

No	1
----	---

Yes	5
-----	---

G-58. After (SECOND EVENT), did you have more trouble concentrating than is usual for you?

No	1
----	---

Yes	5
-----	---

G-59. After (SECOND EVENT), did you become overly concerned about danger or overly careful and watchful?

No	1
Yes	5

G-60. After (SECOND EVENT), did you become jumpy or easily startled so that ordinary noises or movements would make you jump or put you on guard?

No	1
Yes	5

(IF LESS THAN THREE YES RESPONSES TO QQ. G-40 TO G-42, G-44 TO G-48 AND G-52 TO G-60 AND NO OTHER EVENT REPORTED, SKIP TO Q. H-1.

IF LESS THAN THREE YES RESPONSES TO QQ. G-40 TO G-42, G-44 TO G-48 AND G-52 TO G-60 AND THIRD EVENT REPORTED, SKIP TO Q. G-66.)

G-61. You said that you had problems after (SECOND EVENT) like (remembering it often/dreams or nightmares/feeling it was happening again/becoming upset or feeling sweaty or trembly when reminded of it/avoiding situations that might have reminded you of it/trying not to think about it/your memory being blank/losing interest in things/no longer having loving or warm feelings/feeling distant from other people/seeing no point in thinking about the future/trouble sleeping/acting unusually irritable/trouble concentrating/becoming overly concerned or careful/becoming jumpy or easily startled).

How soon after (SECOND EVENT) did you start to have any of these problems?

Same day	1
That week	2
That month	3
Within six months	4
Within one year	5
Within three years	6
More than three years	7
Don't know	8

G-62. Over how many days, weeks, months or years did you continue to have any of these problems at least a few times a week because of (SECOND EVENT)?

	Less than one week	1
	Less than one month	2
(SKIP TO Q. G-64)	Less than six months	3
	Less than one year	4
	Less than three years	5
	More than three years	6
	Don't know	8

G-63. Was it at least one month?

No	1
Yes	5

G-64. When was the last time you had any of these problems as a result of (SECOND EVENT)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. G-66)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

G-65. How old were you (the last time you had any of these problems as a result of (SECOND EVENT))?

(AGE OF RECENCY)

(IF NO THIRD EVENT, SKIP TO Q. H-1)

G-66. Now let's talk about (THIRD EVENT). Did you keep remembering (THIRD EVENT) when you didn't want to?

No	1
----	---

Yes	5
-----	---

G-67. Did you keep having dreams or nightmares about (THIRD EVENT) afterwards?

No	1
----	---

Yes	5
-----	---

G-68. Did you ever suddenly act or feel as though (THIRD EVENT) was happening again, even though it wasn't?

No	1
----	---

Yes	5
-----	---

G-69. After (THIRD EVENT), did you ever experience something that was similar or that reminded you of it?

(SKIP TO Q. G-72)	No	1
-------------------	----	---

Yes	5
-----	---

G-70. Did that upset you very much?

No	1
----	---

Yes	5
-----	---

G-71. Did you sweat or did your heart beat fast or did you tremble?

No	1
----	---

Yes	5
-----	---

G-72. Did you go out of your way to avoid activities or situations that might have reminded you of (THIRD EVENT)?

No	1
----	---

Yes	5
-----	---

G-73. After (THIRD EVENT), did you try hard not to think about it?

No	1
----	---

Yes	5
-----	---

G-74. Do you remember (THIRD EVENT) well or is your memory blank for all or part of it?

Remember well	1
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Memory blank for all/part	5
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(IF THIRD EVENT IS NOT PERSONAL MILITARY COMBAT, RAPE, PHYSICAL ASSAULT, DISASTER OR SUDDEN INJURY OR ACCIDENT, SKIP TO Q. G-78)

G-75. Were you injured during the (THIRD EVENT)?

(SKIP TO Q. G-78)	No	1
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Yes	5
-----	---

G-76. Did you suffer a head injury as a result of (THIRD EVENT)?

(SKIP TO Q. G-78)	No	1
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Yes	5
-----	---

G-77. Were you unconscious for more than 10 minutes?

No	1
----	---

Yes	5
-----	---

G-78. After (THIRD EVENT), did you lose interest in doing things that used to be important to you?

No	1
----	---

Yes	5
-----	---

G-79. After (THIRD EVENT), did you find you no longer had loving or warm feelings toward anyone?

No	1
Yes	5

G-80. After (THIRD EVENT), did you feel isolated or distant from other people?

No	1
Never close to people	2
Yes	5

G-81. After (THIRD EVENT), did you begin to feel that there was no point in thinking about the future anymore?

No	1
Yes	5

G-82. After (THIRD EVENT), did you have more trouble sleeping than is usual for you--either trouble falling asleep, or staying asleep?

No	1
Yes	5

G-83. After (THIRD EVENT), did you act unusually irritable or lose your temper a lot?

No	1
Yes	5

G-84. After (THIRD EVENT), did you have more trouble concentrating than is usual for you?

No	1
Yes	5

G-85. After (THIRD EVENT), did you become overly concerned about danger or overly careful and watchful?

No	1
Yes	5

G-86. After (THIRD EVENT), did you become jumpy or easily startled so that ordinary noises or movements would make you jump or put you on guard?

No	1
Yes	5

(IF LESS THAN THREE YES RESPONSES TO QQ. G-66 TO G-68, G-70 TO G-74, AND G-78 TO G-86, SKIP TO Q. H-1.)

G-87. You said that you had problems after (THIRD EVENT) like (remembering it often/dreams or nightmares/feeling it was happening again/becoming upset or feeling sweaty or trembly when reminded of it/avoiding situations that might have reminded you of it/trying not to think about it/your memory being blank/losing interest in things/no longer having loving or warm feelings/feeling distant from other people/seeing no point in thinking about the future/trouble sleeping/acting unusually irritable/trouble concentrating/becoming overly concerned or careful/becoming jumpy or easily startled).

How soon after (THIRD EVENT) did you start to have any of these problems?

Same day	1
That week	2
That month	3
Within six months	4
Within one year	5
Within three years	6
More than three years	7
Don't know	8

G-88. Over how many days, weeks, months or years did you continue to have any of these problems at least a few times a week because of (THIRD EVENT)?

	Less than one week	1
	Less than one month	2
(SKIP TO Q. G-90)	Less than six months	3
	Less than one year	4
	Less than three years	5
	More than three years	6
	Don't know	8

G-89. Was it at least one month?

No	1
Yes	5

G-90. When was the last time you had any of these problems as a result of (THIRD EVENT)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. H-1)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

G-91. How old were you (the last time you had any of these problems as a result of [THIRD EVENT])?

(AGE OF REGENCY)