



Legend	
Blue=	interview instructions (not to be read aloud)
Gray=	rules and gating
Green=	lifetime version

Post-Traumatic Stress Disorder (PT) Module

PTSD MODULE ENTRY: SC35C=YES

[Screen 1]

In the next part of the interview, we ask about very stressful events that might have happened during your life.

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater than participant’s current age]

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did you experience this during the past 12 months?
PT1. Did you ever participate in <u>combat</u> , either as a member of the military, or as a member of an organized <u>non</u> -military group?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT2. (Other than the time (s) you participated in combat) did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political, ethnic, religious or other conflicts? <i>(IF NEC: A peacekeeper is a person who works for an international organization, a government, or a military organization to supervise and enforce a truce between hostile groups.)</i>	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT3. (Other than when you served as a relief worker) were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion? <i>(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)</i>	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT4. (Other than what you have already told me about) did you ever live as a civilian in a place where there was ongoing <u>terror</u> of civilians for political, ethnic, religious, or other reasons?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT5. Were you ever a refugee – that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>

TREAT DK/RF AS “NO”



[Screen 2]

[Still thinking of the very stressful events that might have happened during your life:]

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did you experience this during the past 12 months?
PT6. Were you ever kidnapped or held captive?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT7. Were you ever exposed to a toxic chemical or substance that could cause you serious harm?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT8. Were you ever involved in a life-threatening automobile accident?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT9. Did you ever have any other life-threatening accident, including on your job?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>

than participant's current age]
TREAT DK/RF AS "NO"

[Screen 3]

(Still thinking of the very stressful events that might have happened during your life:)

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater than participant's current age]

[INTERVIEWER: If PT10 is endorsed, read the bracketed portion of PT11]

[INTERVIEWER: If PT16 is endorsed, read the bracketed portion of PT17]

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did you experience this during the past 12 months?
PT11. (Other than the time(s) you've already told me about) were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT12. Did you ever have a life-threatening illness?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT13. As a child, were you ever badly beaten up by your <u>parents</u> or the people who raised you?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT14. Were you ever badly beaten up by a spouse or romantic partner?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT15. Were you ever badly beaten up by anyone <u>else</u> ?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT16. Have you ever been shot or stabbed?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT17. (Other than the time(s) you've already told me about) have you ever been mugged, held up, shot at, or threatened with a weapon?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>

TREAT DK/RF AS "NO"

[Screen 4]

(Still thinking of the very stressful events that might have happened during your life:)

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater than participant’s current age]

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did this happen during the past 12 months?
PT18. The next question is about rape. We define this as an event during which one person has sexual intercourse with or penetrates the body of another person without their consent, or when they were too young to know what was happening. Did you ever have an experience like the one I just described?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT19. The next question is about sexual assault. We define this as an event during which one person touches another person inappropriately, or <u>without</u> that person’s consent. Did you ever have an experience like the one I just described? TREAT DK/RF AS “NO”	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>

[Screen 5]

(Still thinking of the very stressful events that might have happened during your life)

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater than participant’s current age]

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did this happen during the past 12 months?
PT20. The next question is about stalking. We define this as when one person follows or keeps track of another person’s activities in a way that makes them feel that they are in serious danger. Did you ever have an experience like the one I just described?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT21. Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT22. Did you ever have a child who had a life-threatening illness or injury?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT23. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	<input type="radio"/>	<input type="radio"/>	____ yrs	<input type="checkbox"/>
PT24. When you were a child, did you ever witness serious physical fights at home, such as one parent beating up another?	<input type="radio"/>	<input type="radio"/>	____ yrs	N/A

TREAT DK/RF AS “NO”

[Screen 6]

(Still thinking of the very stressful events that might have happened during your life:)

[INTERVIEWER: If event is endorsed, ask the follow-up questions at right. Age should not be greater than participant’s current age]

	Yes (1)	No (0)	If Yes	
			How old were you when this first happened?	Did this happen during the past 12 months?
PT25. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	<input type="radio"/>	<input type="radio"/>	_____ yrs	<input type="checkbox"/>
PT26. Did you ever <u>do</u> something that <u>accidentally</u> led to the serious injury or death of another person? [INTERVIEWER: IF VOL “Maybe, not sure,” code no.]	<input type="radio"/>	<input type="radio"/>	_____ yrs	<input type="checkbox"/>
PT27. Did you ever seriously injure, torture, or kill another person <u>on purpose</u> ?	<input type="radio"/>	<input type="radio"/>	_____ yrs	<input type="checkbox"/>
PT28. Did you ever see atrocities or carnage such as mutilated bodies or mass killings?	<input type="radio"/>	<input type="radio"/>	_____ yrs	<input type="checkbox"/>

TREAT DK/RF AS “NO”

PT29. Did you ever experience any other extremely traumatic or life-threatening event that I haven’t asked about yet?

- Yes
- No GO TO PT30

IF DK/RF GO TO PT30

PT29a. Briefly, what was the one most traumatic event that you have not yet told me about?

[IF NEC: “If you have more than one event like this, tell me about the one you found to be the most traumatic.]

IF DK/RF GO TO PT30

PT29b. How old were you when this first happened?

[Interviewer: Age should not be greater than participant's current age]

[If unsure, prompt "About how old were you?"

If still unsure, prompt: "Was it before your teens?"

If yes, enter '12';

if no, prompt "Was it before your twenties?"

If yes, enter '19'

if no, enter '20'

IF VOL "NEVER" CODE 997]

years old

PT29c. Did you experience this within the past 12 months?

Yes

No

PT30. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, did you ever have a traumatic event that you didn't tell me about because you didn't want to talk about it?

Yes

No **GO TO CKPT.PT31**

IF DK/RF GO TO CKPT.PT31

PT30a. If I ask you any further questions about this event, I will refer to it as your "private event." How old were you when this private event first happened?

[Interviewer: Age should not be greater than participant's current age]

[If unsure, prompt "About how old were you?"

If still unsure, prompt: "Was it before your teens?"

If yes, enter '12';

if no, prompt "Was it before your twenties?"

If yes, enter '19'

if no, enter '20'

IF VOL "NEVER" CODE 997]

years old

PT30b. Did you experience this private event during the past 12 months?

Yes

No

CKPT.PT31.

0 or DK/RF on all events.... Go to next module [no events]

1..... Go to Grid Screen 16 [1 event]

2..... Go To PT34 [2 events]

3..... Go to PT34 [3 events]

4..... Go to PT34 [>3 events]

PT34. Let me review. You had *PTFILL1* *PTFILL1a*: *PTFILL2* you *PTFILL3*. After traumatic experiences like the ones you've had, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, or feeling jumpy or easily startled. These problems can last for years. Of the experiences you mentioned to me, which one caused you the most problems like these? That is, which one experience caused the largest number or most intense problems?

[Interviewer: If necessary, review endorsed events]

If CKPT.PT31 = 1

PTFILL1 = one; PTFILL1a = traumatic experience

IF PT29= 1

INSERT PT29aTEXT at end of PTFILL3

If CKPT.PT31 = 2

PTFILL1= two

If CKPT.PT31 = 3

PTFILL1= three

IF CKPT.PT31= 4

PTFILL1= many

IF CKPT.PT31= 2

PTFILL1a = traumatic experiences; PTFILL2= for example

IF CKPT.PT31= 3, or 4

PTFILL1a = traumatic experiences; PTFILL2= for example

IF PT1- PT28= 1

PTFILL3 = (1st 3 endorsed items of PTID2a, PTID3a, PTID4a, PTID5a...PTID30b – SEE FILLS

APPENDIX)

[Screen 16]

PTFILL55 Was there a time during the past 12 months when you had any of the following problems or reactions associated with *PTFILL7* you just reported?

IF CKPT.PT31= 1

PTFILL55= After a traumatic experience like the one you have had, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, or feeling jumpy or easily startled. These problems can last for years; *PTFILL7,PTFILL33,PTFILL35,PTFILL37,PTFILL39,PTFILL41*= the *PTFILL34,PTFILL36;PTFILL38;PTFILL40;PTFILL42=PTID103; PTID43*= was

IF CKPT.PT31= 2, 3, or 4

PTFILL55= EMPTY

PTFILL7,PTFILL33,PTFILL35,PTFILL37,PTFILL39,PTFILL41= any of these; *PTFILL34,PTFILL36;PTFILL38;PTFILL40;PTFILL42=PTID100; PTFILL43*= were

	Yes	No
PT35. During the past 12 months, have you had repeated unwanted <u>memories</u> of <i>PTFILL33 PTFILL34</i> – that is, you <u>kept</u> remembering it even when you didn't want to?	<input type="radio"/>	<input type="radio"/>
PT36. (During the past 12 months) have you had repeated unpleasant <u>dreams</u> about <i>PTFILL35 PTFILL36</i> ?	<input type="radio"/>	<input type="radio"/>
PT37. (During the past 12 months) have you had <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if <i>PTFILL37 PTFILL38 PTFILL43</i> happening all over again?	<input type="radio"/>	<input type="radio"/>
PT38. (During the past 12 months) have you gotten very <u>upset</u> when you were reminded of <i>PTFILL39 PTFILL40</i> ?	<input type="radio"/>	<input type="radio"/>
PT39. (During the past 12 months) when you were <u>reminded</u> of <i>PTFILL41 PTFILL42</i> , did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling shaky?	<input type="radio"/>	<input type="radio"/>

CKPT.PT40 (treat DK/RF as no/0)

- 1..... [0 responses coded 'Yes' in PT35-39 and lifetime version]
- 2..... [0 responses coded 'Yes' in PT35-39 and past year version]
- 3..... [1+ responses coded 'Yes' in PT35-39]

GO TO PT65
GO TO NEXT MODULE
CONTINUE

[Screen 17]

[Still thinking about the *PTFILL9* you have had during your lifetime, was there a time during the past 12 months when you experienced any of the following problems in relation to *PTFILL10 PTFILL11?*]

IF CKPT.PT31 = 1

PTFILL9= traumatic experience; PTFILL11= traumatic experience; PTFILL10 = this

IF CKPT.PT31= 2, 3 or 4

PTFILL9= traumatic experiences; PTFILL11= traumatic experiences; PTFILL10= these

	Yes	No
PT41. During the past 12 months, did you try <u>not to think about</u> what happened?	<input type="radio"/>	<input type="radio"/>
PT42. (During the past 12 months) did you purposely <u>stay away</u> from places, people or activities that <u>reminded</u> you of what happened?	<input type="radio"/>	<input type="radio"/>
PT43. (During the past 12 months) were you <u>unable to remember</u> some important parts of what happened?	<input type="radio"/>	<input type="radio"/>
PT44. (During the past 12 months) did you <u>lose interest</u> in doing things you used to enjoy?	<input type="radio"/>	<input type="radio"/>
PT45. (During the past 12 months) did you feel <u>emotionally distant</u> or <u>cut-off</u> from other people?	<input type="radio"/>	<input type="radio"/>
PT46. (During the past 12 months) did you have trouble <u>feeling normal feelings</u> like love, happiness, or warmth toward other people?	<input type="radio"/>	<input type="radio"/>
PT47. (During the past 12 months) did you feel you had no reason to <u>plan for the future</u> because you thought it would be cut short?	<input type="radio"/>	<input type="radio"/>

CKPT.PT48. (treat DK/RF as no/0)

1..... [0-2 responses coded 'Yes' in PT41-47 and lifetime version]

2..... [0-2 responses coded 'Yes' in PT41-47 and past year version]

3..... [3+ responses coded 'Yes' in PT41-47]

GO TO PT65

GO TO CKPT.PT92

CONTINUE

[Screen 18]

(Still thinking about the *PTFILL9* you have had in your lifetime, was there a time during the past 12 months when you experienced any of the following problems in relation to *PTFILL10* *PTFILL11*?)

IF CKPT.PT31 = 1

PTFILL9= traumatic experience; PTFILL11= traumatic experience; PTFILL10 = this

IF CKPT.PT31= 2, 3 or 4

PTFILL9= traumatic experiences; PTFILL11= traumatic experiences; PTFILL10= these

	Yes	No
PT49. During the past 12 months, did you feel more <u>irritable</u> or short-tempered than you usually do?	<input type="radio"/>	<input type="radio"/>
PT50. (During the past 12 months) have you had trouble <u>concentrating</u> or keeping your mind on what you were doing?	<input type="radio"/>	<input type="radio"/>
PT51. (During the past 12 months) were you more <u>jumpy</u> or easily startled by ordinary noises?	<input type="radio"/>	<input type="radio"/>
PT52. (During the past 12 months) were you much more <u>alert</u> or <u>watchful</u> , even when there was no real need to be?	<input type="radio"/>	<input type="radio"/>
PT53. (During the past 12 months) have you had trouble <u>falling</u> or <u>staying asleep</u> ?	<input type="radio"/>	<input type="radio"/>

CKPT.PT54 (TREAT DK/RF as no/0)

1..... [0-1 responses coded 'Yes' in PT49-53 and lifetime version]

2..... [0-1 responses coded 'Yes' in PT49-53 and past year version]

3..... [2+ responses coded 'Yes' in PT49-53]

GO TO PT65

GO TO CKPT.PT92

CONTINUE

PT55. You had quite a few reactions, such as *PTFILL12*. Think of the time during the past 12 months when these reactions were most frequent and intense. How often did they occur – more than ten times a month, six to ten times a month, three to five times a month, one to two times a month, or less than once a month?

PTFILL12 = (first endorsed item of PTID35-PTID39, first endorsed item of PTID41- PTID47, first endorsed item of PTID49-PTID53 – SEE FILLS APPENDIX)

- More than 10 times a month
- 6 to 10 times a month
- 3 to 5 times a month
- 1 to 2 times a month
- Less than once a month

CKPT.PT56

1.... [PT55 = "less than once a month" /DK/RF AND past year version]

2.... [PT55 = "less than once a month"/DK/RF AND lifetime version]

3.... [PT55 > "less than once a month" OR NOT DK/RF]

GO TO CKPT.PT92

GO TO PT65

CONTINUE

PT57. Think of the time during the past 12 months when these reactions were most frequent and intense. How much distress did these reactions cause you? – very severe, severe, moderate, mild, or no distress?

- Very severe
- Severe
- Moderate
- Mild
- None

PT58. (Think of the time during the past 12 months when these reactions were most frequent and intense.) How much did these reactions disrupt or interfere with your normal, daily life – an extreme amount, a lot, some, a little, or not at all?

- An extreme amount
- A lot
- Some
- A little
- Not at all

PT59a. For about how many days, weeks, or months during the past 12 months did you continue to have any of these reactions?

[(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)]

days weeks months

IF DK/RF GO TO PT59B. ALL OTHERS GOTO CKPT.PT60

PT59b. Was it for at least a month?

- Yes
- No

CKPT.PT60

1.... [(PT59a >=1month OR PT59b=YES)]

2.... [(PT59a < 1month OR IS DK/RF) AND PT59b!=YES AND past year version]

3.... [PT59a < 1month AND PT59b!=YES AND lifetime version]

CONTINUE

CONTINUE

GO TO PT65

PT61. Think about the month or longer during the past 12 when your reactions to *PTFILL13* *PTFILL14* were most severe. Using a 0 to 10 scale, where 0 means no interference and 10 means very severe interference, which number describes how much your reactions to *PTFILL15* *PTFILL16* interfered with each of the following activities during that time?

[IF NEC: How much did your reactions interfere with (ACTIVITY) during that time?]

[IF NEC: You can use any number between 0 and 10 to answer.]

IF CKPT.PT31 = 1

PTFILL13= the; PTFILL14= traumatic experience; PTFILL16= traumatic experience; PTFILL15 = this

IF CKPT.PT31= 2, 3, or 4

PTFILL13= any of these; PTFILL14= traumatic experiences; PTFILL16= traumatic experiences;

PTFILL15= these

	Mild			Moderate			Severe			Very severe	
	interference										
	No									interference	
	0	1	2	3	4	5	6	7	8	9	10
a. Your home management, like cleaning, shopping, and taking care of the house or apartment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your ability to work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your ability to form and maintain close relationships with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.PT62

1... [All four responses to PT61a-PT61d = 0/998/999 AND Past Year version]

2... [All four responses to PT61a-PT61d = 0/998/999 AND Lifetime version]

3... [Any response to PT61a-PT61d >0/998/999]

GO TO CKPT.PT92

GO TO CKPT.PT64

CONTINUE

PT63. For about how many days during the past year were you totally unable to work or carry out your normal activities because of your reactions to *PTFILL17* *PTFILL18*?

[IF NEC: You can use any number between 0 and 365 to answer.]

IF CKPT.PT31= 1

PTFILL18= traumatic experience; PTFILL17 = this

IF CKPT.PT31= 2, 3 or 4

PTFILL18= traumatic experiences; PTFILL17= these

days

CKPT.PT64

1... [Past Year version]

GO TO

CKPT.PT92

2... [Lifetime version AND (PT55 != "less than once a month" AND CKPT.PT60=1 AND (PT57= "moderate," "severe," or "very severe" OR PT58="some," "a lot," or "an extreme amount" OR any of PT61a-PT61d > 3))] **GO TO CKPT.PT92**

3... ALL OTHERS

CONTINUE

PT65. Did you ever have a time during your life lasting a month or longer when your reactions to **PTFILL19** **PTFILL20** were more frequent and intense than they were during the past 12 months?

IF CKPT.PT31 = 1

PTFILL19= this; PTFILL20= traumatic experience

IF CKPT.PT31 > 1

PTFILL19= these; PTFILL20= traumatic experiences

- Yes
- No

CKPT.PT66

1.... [PT65 = YES]

CONTINUE

2.... [PT65!=YES AND CKPT.PT40 = 1]

GO TO NEXT MODULE

3.... [PT65!=YES AND CKPT.PT40 = 3]

GO TO CKPT.PT92

[Screen 26]

Think about the one month during your life when the problems and reactions to *PTFILL21* *PTFILL22* were most frequent and intense. Did you experience any of the following problems during that time?

IF CKPT.PT31= 1

PTFILL21=this; *PTFILL22*= traumatic experience;

PTFILL44,PTFILL46,PTFILL48,PTFILL50,PTFILL52=the;

PTFILL45,PTFILL47,PTFILL49,PTFILL51,PTFILL53= traumatic experience; *PTFILL54*=was

IF CKPT.PT31= 2, 3 or 4

PTFILL21=these; *PTFILL22*= traumatic experiences; *PTFILL44,PTFILL46, PTFILL48,PTFILL50,*

PTFILL52=any of these; *PTFILL45,PTFILL47,PTFILL49,PTFILL51,PTFILL53*= traumatic experiences;

PTFILL54=were

	Yes	No
PT67. Did you have repeated unwanted <u>memories</u> of <i>PTFILL44</i> <i>PTFILL45</i> – that is, you <u>kept</u> remembering it even when you didn’t want to?	<input type="radio"/>	<input type="radio"/>
PT68. Did you have repeated unpleasant <u>dreams</u> about <i>PTFILL46</i> <i>PTFILL47</i> ?	<input type="radio"/>	<input type="radio"/>
PT69. Did you have <u>flashbacks</u> – that is, suddenly act or feel as if <i>PTFILL48</i> <i>PTFILL49</i> <i>PTFILL54</i> happening all over again?	<input type="radio"/>	<input type="radio"/>
PT70. Did you get very <u>upset</u> when you were reminded of <i>PTFILL50</i> <i>PTFILL51</i> ?	<input type="radio"/>	<input type="radio"/>
PT71. When you were <u>reminded</u> of <i>PTFILL52</i> <i>PTFILL53</i> , did you have physical reactions like sweating, your heart racing, or feeling shaky?	<input type="radio"/>	<input type="radio"/>

CKPT.PT72

1..... [0 responses coded ‘Yes’ in PT67-71 AND CKPT.PT40!=1]

2..... [1+ responses coded ‘Yes’ in PT67-71]

3..... [0 responses coded ‘Yes’ in PT67-71 AND CKPT.PT40=1]

GO TO CKPT.PT92

CONTINUE

GO TO NEXT MODULE

[Screen 27]

(Still thinking about the one month during your life when the problems and reactions to *PTFILL23* *PTFILL24* were most frequent and intense, did you experience any of the following problems during that time?)

IF CKPT.PT31= 1

PTFILL23=this; PTFILL24= traumatic experience

IF CKPT.PT31= 2, 3 or 4

PTFILL23=these; PTFILL24= traumatic experiences

	Yes	No
PT73. Did you try <u>not to think</u> about what happened?	<input type="radio"/>	<input type="radio"/>
PT74. Did you purposely <u>stay away</u> from places, people or activities that <u>reminded</u> you of what happened?	<input type="radio"/>	<input type="radio"/>
PT75. Were you <u>unable to remember</u> some important parts of what happened?	<input type="radio"/>	<input type="radio"/>
PT76. Did you <u>lose interest</u> in doing things you used to enjoy?	<input type="radio"/>	<input type="radio"/>
PT77. Did you feel <u>emotionally distant</u> or <u>cut-off</u> from other people?	<input type="radio"/>	<input type="radio"/>
PT78. Did you have trouble <u>feeling normal feelings</u> like love, happiness, or warmth toward other people	<input type="radio"/>	<input type="radio"/>
PT79. Did you feel you had no reason to <u>plan for the future</u> because you thought it would be cut short?	<input type="radio"/>	<input type="radio"/>

CKPT.PT80

1..... [0-2 responses coded 'Yes' in PT73-79]

2..... [3+ responses coded 'Yes' in PT73-79]

GO TO CKPT.PT92

CONTINUE

[Screen 28]

(Still thinking about the one month during your life when the problems and reactions to *PTFILL25* *PTFILL26* were most frequent and intense, did you experience any of the following problems during that time?)

IF CKPT.PT31= 1

PTFILL25=this; PTFILL26= traumatic experience

IF CKPT.PT31= 2, 3 or 4

PTFILL25=these; PTFILL26= traumatic experiences

	Yes	No
PT81. Did you feel more <u>irritable</u> or short-tempered than you usually do?	<input type="radio"/>	<input type="radio"/>
PT82. Have you had trouble <u>concentrating</u> or keeping your mind on what you were doing?	<input type="radio"/>	<input type="radio"/>
PT83. Were you more <u>jumpy</u> or easily startled by ordinary noises?	<input type="radio"/>	<input type="radio"/>
PT84. Were you much more <u>alert</u> or <u>watchful</u> , even when there was no real need to be?	<input type="radio"/>	<input type="radio"/>
PT85. Did you have trouble <u>falling</u> or <u>staying asleep</u> ?	<input type="radio"/>	<input type="radio"/>

CKPT.PT86.

1.... [0-1 responses coded 'Yes' in PT81-85]

2.... [2+ responses coded 'Yes' in PT81-85]

GO TO CKPT.PT92

CONTINUE

[Screen 29]

PT87. You had quite a few reactions, such as *PTFILL27*. Think of the time when these reactions were most frequent and intense. How often did they occur – more than ten times a month, six to ten times a month, three to five times a month, one to two times a month, less than once a month, or never?

If CKPT.PT31= 2, 3 or 4

PTFILL27= (first endorsed item of PTID67-PTID71, first endorsed item of PTID73- PTID79, first endorsed item of PTID81-PTID85 – SEE FILLS APPENDIX)

- More than 10 times a month
- 6 to 10 times a month
- 3 to 5 times a month
- 1 to 2 times a month
- Less than once a month
- Never

CKPT.PT88

1.... [PT87 = "less than once a month" or "never"]

2.... [PT87 > "less than once a month" OR DK/RF]

GO TO CKPT.PT92

CONTIN

PT89. Think of the time when these reactions were most frequent and intense. How much distress did these reactions cause you during that worst time? – very severe, severe, moderate, mild, or no distress?

- Very severe
- Severe
- Moderate
- Mild
- None

PT90. (Think of the time when these reactions were most frequent and intense.) How much did these reactions disrupt or interfere with your normal, daily life during that worst time – an extreme amount, a lot, some, a little, or not at all?

- An extreme amount
- A lot
- Some
- A little
- Not at all

PT91a. For about how many days, weeks, months, or years did you continue to have any of these reactions?

[(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

days weeks months

IF DK/RF GO TO PT 91B, ALL OTHERS GOTO CKPT.PT92

PT91b. Was it for at least a month?

- Yes
- No

CKPT.PT92

1.... [CKPT.PT60 = 1 AND PAST YEAR VERSION]

2.... [CKPT.PT60=1 AND LIFETIME VERSION]

3.... [(PT91a >= 1 MONTH OR PT91b=YES) AND CKPT40=3]

4.... [(PT91a >= 1month OR PT91b=YES) AND (CKPT40 is unanswered OR =1)]

5.... [All others]

GO TO PT93_1

GO TO PT93_2

GOTO PT93_1

GO TO PT93_2

GO TO PT96

PT93_1. When was the last time you had any of these reactions – within the past 30 days, between 2 and 6 months ago, or more than 6 months ago?

- Within the past 30 days
- Between 2 and 6 months ago
- More than 6 months ago

ALL GO TO PT94

PT93_2. How old were you the last time you had any of these reactions?
[Interviewer: Age should not be greater than participant's current age]
[If unsure, prompt "About how old were you?"
If still unsure, prompt: "Was it before your teens?"
If yes, enter '12';
if no, prompt "Was it before your twenties?"
If yes, enter '19'
if no, enter '20']
(IF VOL "NEVER" CODE 997)
 years old

PT94. How old were you the first time you had a month or more of these reactions?
[Interviewer: Age should not be greater than participant's current age]
[If unsure, prompt "About how old were you?"
If still unsure, prompt: "Was it before your teens?"
If yes, enter '12';
if no, prompt "Was it before your twenties?"
If yes, enter '19'
if no, enter '20']
(IF VOL "NEVER" CODE 997)
 years old

CKPT.PT95

- 1.... Lifetime Version
- 2.... Past Year Version

GO TO PT96
GO TO PT97

PT96. You had quite a few reactions, such as *PTFILL33*.

If CKPT.PT31= 2, 3 or 4

PTFILL33= (first endorsed item of PTID67-PTID71, first endorsed item of PTID73- PTID79, first endorsed item of PTID81-PTID-----85 – SEE FILLS APPENDIX)

For how many different years during your life did you have at least one month when you had reactions of this sort?

[Interviewer: Number should not be greater than participant's current age]
 years

--

PT97. Did you ever during your life talk to a medical doctor or other professional about reactions to *PTFILL27* *PTFILL28*? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

IF CKPT.PT31= 1

PTFILL27=this; PTFILL28= traumatic experience

IF CKPT.PT31= 2, 3 or 4

PTFILL27=these; PTFILL28= traumatic experiences

- Yes
 No **GO TO NEXT MODULE**

IF DK/RF GO TO NEXT MODULE

PT97a. How old were you the first time you talked to a professional about reactions to *PTFILL29* *PTFILL30*?

[Interviewer: Age should not be greater than participant's current age]

(If unsure, prompt "About how old were you?

If still unsure, prompt: "Was it before your teens?"

If yes, enter '12';

if no, prompt "Was it before your twenties?"

If yes, enter '19'

if no, enter '20')

(IF VOL "NEVER" CODE 997)

IF CKPT.PT31= 1

PTFILL29=this; PTFILL30= traumatic experience

IF CKPT.PT31= 2, 3 or 4

PTFILL29=these; PTFILL30= traumatic experiences

years old

PT97b. Have you talked to a medical doctor or other professional about reactions to *PTFILL31* *PTFILL32* during the past 12 months? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

IF CKPT.PT31= 1

PTFILL31=this; PTFILL32= traumatic experience

IF CKPT.PT31= 2, 3 or 4

PTFILL31=these; PTFILL32= traumatic experiences

- Yes
 No