



Legend

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

Self-administered Screener Module

SA-SCO_0.

"Welcome to CARS! CARS is a self-guided interview that asks you about your thoughts, feelings, and behaviors. CARS will ask you a series of questions about yourself and your health history, including your mental health history. It will use your answers to develop a report personalized just for you. You and your treatment provider can use this report to help make future treatment decisions.

Please answer honestly. Only your care team here and the research team conducting this study will see your answers. The report generated by CARS will become part of your treatment record, but we will not share your answers directly with anyone in the court system or other outside agency unless you request that we share them. Please read each question and answer to the best of your ability. To answer each question, you might have to check a box, click a bubble, or type your own answer. Usually, there will be one question per screen, but sometimes there will be more than one question on the screen.

After you answer each question, click the "Next" button to go to the next screen. The interview will take anywhere between 15 and 45 minutes. You should go through the interview at a pace that feels good to you.

When the interview is complete, CARS will ask you if you want to print a report of your answers. Click "Yes," and tell your counselor or the intake coordinator that you are done. Your counselor will print your report for you. "

SC0. Please enter your full name.

First Name: Middle Initial: Last Name:

SC1.

"This interview is completely voluntary and confidential. This interview asks about your physical and emotional wellbeing and about areas of your life that could affect your physical and emotional wellbeing. It is important for us to get accurate information. In order to do this, you will need to think carefully before answering the following questions. If you do not feel comfortable answering a question, you may stop at any point. Are you willing to proceed?"

- Willing to proceed with interview
- Refused to proceed with interview

GO TO SC7b

SC2. The first few questions are for background purposes. How old are you?

years old

SC3. Enter gender.

[If NEC: (What is your gender)?]

- Male
- Female
- Transmasculine/transgender man (he/him/his)
- Transfeminine/transgender woman (she/her/hers)

SC4. Are you of Hispanic Ethnicity? By that I mean Spanish, Hispanic, Latino, Mexican, Chicano, Puerto Rican, Cuban or other Hispanic origin?

- No, not Spanish / Hispanic / Latino
- Yes, Mexican / Mexican-American / Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic / Latino

SC5. What is your race?

[Interviewer: Check all that apply]

- White
- Black or African American
- American Indian or Alaskan Native
- Asian (e.g., Chinese, Filipino, Indian)
- Native Hawaiian or other Pacific Islander
- Other (Specify) _____

SC6. What is your primary language?

- English **GO TO SC9_1**
- Spanish
- Other language _(Specify) _____

IF DK/RF GO TO SC7a

SC7a. How would you rate your ability to understand English?

- Poor **GO TO SC7b** [interview exit for exclusion]
- Fair **GO TO SC9_1**
- Good **GO TO SC9_1**
- Very Good **GO TO SC9_1**
- Excellent **GO TO SC9_1**

IF DK/RF GO TO SC7b

SC7b. Thank you for your *SCFILL1*

IF SC1= "refused"

SCFILL1= time. We will stop now.

[Interviewer: Please select "exit interview" and click on the exit button to complete the interview.]

IF SC7a= "poor"

SCFILL1= willingness to participate in this interview process. Since this assessment is currently only available in English, your counselor will discuss other ways to collect some of this information.

[Interviewer: Please select "exit interview" and click on the exit button to complete the interview.]

Exit interview **GO TO INTERVIEWER OBSERVATION MODULE**

SC9. How tall are you in feet and inches?

feet inches

SC10. How much do you weigh in pounds?

pounds

[Grid Screen 1]

	Poor	Fair	Good	Very Good	Excellent
SC11a. How would you rate your overall <u>physical</u> health – poor, fair, good, very good, or excellent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC11b. How would you rate your overall <u>mental</u> health – poor, fair, good, very good, or excellent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC17. Do you have a chronic health condition -- a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living or require special assistance?

- Yes
 No **[GO TO GRID SCREEN 3; or if DK/RF GO TO GRID SCREEN 3]**

SC17_1. What condition(s) do you have?

[Grid Screen 3]

| If Yes

	Yes	No	Did you experience this during the past 12 months?
SC18a. Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18b. Have you ever had an attack when all of a sudden you became very uncomfortable, you either became short of breath, dizzy, nauseous, or your heart pounded, or you thought that you might lose control, die, or go crazy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC18_1

1....SC18a=Yes OR SC18b=Yes

2....SC18a!=Yes AND SC18b!=Yes

GO TO GRID SCREEN 5

[Grid Screen 4]

During your attack(s), did you experience any of the problems listed below?

	Yes	No	If Yes Did you experience this during the past 12 months?
SC18c. Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18d. Were you short of breath?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18e. Did you have nausea or discomfort in your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18f. Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18g. Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18h. Did you tremble or shake?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18i. Did you have a dry mouth?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18j. Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18k. Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18l. Were you afraid that you might lose control of yourself or go crazy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18m. Did you feel that you were "not really there", like you were watching a movie of yourself?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC18n. Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18o. Did you have hot flushes or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC18p. Did you have numbness or tingling sensations?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 5]

	Yes	No	If Yes Did you experience this during the past 12 months?
SC19a. Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC19b. Have you ever had an attack of anger when all of a sudden you lost control and hit or tried to hurt someone?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC19_1

1....SC19a=Yes OR SC19b=Yes

2....SC19a!=Yes AND SC19b!=Yes

GO TO GRID SCREEN 6

SC19d. How many times in your life have you had one of these attacks of anger where you lost control and either broke or smashed something worth more than a few dollars or hit or tried to hurt someone?

- Once
- Twice
- Three or more times

[Grid Screen 6]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC20a. Have you ever had a time in your life lasting several days or longer when most of the day you felt <u>sad</u> , <u>empty</u> or <u>depressed</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC20b. Have you ever had a time in your life lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC20_1

1....SC20a=Yes OR SC20b=Yes

2....SC20a!=Yes AND SC20b!=Yes

GO TO GRID SCREEN 8

SC20d. How long was the longest period of days you ever had when you were sad or discouraged most of the day every day?

- One or two days
- More than two days but less than two weeks
- Two weeks or longer

CKPT.SC20_2

1....(SC20a=PAST12Mo or DK/RF OR SC20b= PAST12Mo or DK/RF) AND SC20d > 2 days

2....(SC20a=NotPAST12Mo AND SC20b=NotPAST12Mo) OR SC20d=1-2 days

GO TO CKPT.SC20_3

SC20e. How long was the longest period of days you had *during the past 12 months* when you were sad or discouraged most of the day every day?

- One or two days
- More than two days but less than two weeks
- Two weeks or longer

CKPT.SC20_3

1....SC20d=3-14days OR SC20e= 3-14days

2....SC20d=(1-2 days or 2+weeks or DK/RF) AND SC20e=(1-2days or 2+weeks or DK/RF or NULL)

GO TO GRID SCREEN 8

[Grid Screen 7]

If Yes

	Yes	No	Did you experience multiple episodes during the past 12 months?
SC20f. Did you ever have a year or more in your life when you had several different episodes of being sad or discouraged each of which lasted several days or longer?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 8]

	Yes	No	If Yes Did you have these thoughts during the past 12 months?
SC20g. The next question is about thoughts of hurting yourself. Have you <u>ever</u> seriously thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC20_4

1....SC20g=NO OR SC20g=NOT IN PAST 12 MO

GO TO GRID SCREEN 9

2....(SC20g=Yes AND SC20g=PAST 12 MO) OR SC20g=DK/RF

SC20h. Are you currently thinking about committing suicide?

- Yes
- No

[Grid Screen 9]

	Yes	No	If Yes Did you experience this during the past 12 months?

SC21a. Some people have times in their lives lasting four days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a time in your life like this lasting several days or longer?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC21b. Have you ever had a time in your life lasting four days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mood</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

IF SC21b=YES, GO TO SC21c; ALL OTHERS GO TO CKPT.SC21_1

[Grid Screen 10]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC21c. Have you ever had a time in your life lasting four days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC21_1

1....SC21a=Yes OR SC21c=Yes

2....SC21a!=Yes AND (SC21b!=Yes OR SC21c!=Yes)

GO TO GRID SCREEN 12

[Grid Screen 11]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC21d. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episode(s) of being excited and full of energy or very irritable?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 12]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC22a. Did you ever have a time in your life when you were a "worrier" – that is, when you worried a lot more about things than other people with the same problems as you?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC22b. Did you ever have a time in your life when you were much more <u>nervous</u> or <u>anxious</u> than most other people with the same problems as you?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC22_1

- 1....SC22a=Yes OR SC22b=Yes
- 2....SC22a!=Yes AND SC22b!=Yes

GO TO GRID SCREEN 13

SC22d. How often during the time you were most anxious or worried did you find it difficult to control your anxiety or worry – often, sometimes, rarely, or never?

- Often
- Sometimes
- Rarely
- Never

CKPT.SC22_2

- 1....SC22a=PAST12Mo OR SC22b= PAST12Mo
- 2....SC22a=NotPAST12Mo or DK/RF AND SC22b=NotPAST12Mo or DK/RF

GO TO GRID SCREEN 13

SC22e. How often during the time *during the past 12 months* when you were most anxious or worried did you find it difficult to control your anxiety or worry – often, sometimes, rarely, or never?

- Often
- Sometimes
- Rarely
- Never

[Grid Screen 13]

	Yes	No	If Yes
			Did you experience this during the past 12

			months?
SC23a. Was there ever a time in your life when you felt very afraid or <u>really, really</u> shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23b. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC23_1

1....SC23a=Yes or DK/RF OR SC23b=Yes or DK/RF

2....SC23a=NO AND SC23b=NO

GO TO GRID SCREEN 16

[Grid Screen 14]

	Yes	No	If Yes Did you experience this during the past 12 months?
SC23c. Was there ever a time in your life when you became very upset or nervous when you were in these situations (feeling very afraid or shy with people or when you had to do something in front of a group)?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23d. Did you ever stay away from these situations whenever you could because of your fear?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23e. Do you think your fear was ever much stronger than it should have been?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC23_2

1....(SC23c=Yes OR SC23d=Yes) AND (SC23e=Yes)

2....(SC23c!=Yes AND SC23d!=Yes) OR (SC23e!=Yes)

GO TO GRID SCREEN 16

[Grid Screen 15]

When you were faced with these situations (feeling very afraid or shy with people or when you had to do something in front of a group) did you experience any of the problems listed below?

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC23f. Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23g. Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23h. Did you tremble?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23i. Did you feel sick to your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23j. Did you have a dry mouth?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23k. Did you have hot flushes or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23l. Did you have numbness or tingling sensations?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23m. Did you have trouble breathing normally?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23n. Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23o. Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC23p. Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23q. Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23r. Did you ever fear that you might lose control, go crazy, or pass out?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC23s. Did you feel like you were distant from the situation, "not really there", or like you were watching yourself in a movie?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 16]

	Yes	No	Only once or twice	If Yes
				Did you engage in this behavior in the past 12 months?
SC24c. Have you ever smoked or used tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25c. Have you ever drunk alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26c. Have you ever used any drugs other than alcohol or tobacco for non-medical purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC27c. Have you ever made a bet of any sort in your lifetime (from betting on sports in an office pool to playing cards with friends, buying lottery tickets, playing bingo, speculating on high risk stocks, playing pool or golf for money, playing slot machines, betting on horse races, and any other kind of betting or gambling)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC24_1

1....SC24c=Yes

2....SC24c!=Yes

GO TO CKPT.SC25_1

[Grid Screen 17]

Tobacco	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC24h. Over time, did you develop a physical tolerance for tobacco, so you were able to smoke more without negative effects like nausea, irritability, or restlessness?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC24i. Did you ever have times when you stopped, cut down, or went without smoking and then experienced withdrawal symptoms like fatigue, headaches, constipation, upset stomach, weakness, trouble sleeping, or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC24j. Did you have times when you started smoking even though you promised yourself you wouldn't, or when you smoked a lot more than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC24k. Were there times when you tried to stop or cut down on your smoking and found that you were not able to do so?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC25_1

1....SC25c=Yes

2....SC25c!=Yes

GO TO CKPT.SC26_1

[Grid Screen 18]

Alcohol	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC25d. Was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25e. Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25f. Were there times in your life when you were often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25h. Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a 'buzz' or a high on the amount you used to drink?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC25i. Did you ever have times when you stopped, cut down, or went without drinking and then experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25j. Did you have times when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC25k. Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC26_1

1....SC26c=Yes

2....SC26c!=Yes

GO TO CKPT.SC27_1

[Grid Screen 19]

Drugs other than Alcohol	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC26d. Was there ever a time in your life when your drug use frequently interfered with your work or responsibilities at school, on a job, or at home?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26e. Was there ever a time in your life when your drug use caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26f. Were there times in your life when you were often under the influence of drugs in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26h. Did you ever need to use a larger amount of drugs to get an effect, or did you ever find that you could no longer get high on the amount you used to use?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26i. Did you ever have times when you stopped, cut down, or went without using drugs and then experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC26j. Did you have times when you started using drugs even though you promised yourself you wouldn't, or when you used a lot more than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC26k. Were there times when you tried to stop or cut down on your drug use and found that you were not able to do so?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC27_1

1....SC27c=Yes

2....SC27c!=Yes

GO TO GRID SCREEN 21

[Grid Screen 20]

Gambling	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC27d. Have you ever become restless, irritable or anxious when trying to stop or cut down on gambling?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC27e. Did you ever try to keep your family or friends from knowing how much you gambled?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC27f. Did you ever have such financial trouble because of your gambling that you had to get help from family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 21]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC28. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC28a. Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose weight?	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
SC28b. The next question is about "eating binges" where a person eats a large amount of food during a short period like two hours. By "a large amount" I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges at least twice a week for several months or longer?	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>

CKPT.SC28_2

- 1....SC28=Yes AND SC28a=Yes
- 2....SC28!=Yes OR SC28a!=Yes

GO TO GRID SCREEN 22

SC28c. What was the lowest body weight you ever purposefully had after the age of 12?

pounds

SC28d. How tall were you at the time?

feet inches

[Grid Screen 22]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC29. Have you ever in your life had repeated unpleasant thoughts, images, or impulses that you couldn't get out of your head?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC29a. Some people feel driven to do certain behaviors over and over, either physically or in their mind. For example, some people check the stove in their home again and again, many times a day, no matter how many times they see that the stove is turned off. Did you ever have a time in your life when you repeatedly carried out certain behaviors you felt driven to do?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC29_1_1

- 1....SC29=Yes
- 2....SC29!=Yes

GO TO CKPT.SC29_2

[Grid Screen 23]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC29b. You indicated that you had repeated thoughts, images, or impulses. During the time in your life when you had these unpleasant thoughts, did you pay more attention to them than they deserved?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC29c. Did these unpleasant thoughts greatly upset you or cause you emotional distress?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC29_2

1....SC29a=Yes

2....SC29a!=Yes

GO TO GRID SCREEN 25

[Grid Screen 24]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC29d. You indicated that you felt driven to do certain behaviors. During the time in your life when you engaged in these repetitive behaviors, did you ever think they were useless or unnecessary or that you overdid them?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC29e. Did these repeated behaviors greatly upset you or cause you emotional distress?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 25]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC30a. Did you ever see a vision that other people could not see, or hear voices that other people could not hear?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC30_1

- 1....SC30a=Yes
- 2....SC30a!=Yes

GO TO GRID SCREEN 27

[Grid Screen 26]

	Yes	No	If Yes
			Did you experience this during the past 12 months?
SC30b. Did this ever happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 27]

	Yes	No
SC31a. The next question is about concentration problems that usually start before the age of seven. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between the ages of 5 and 7 -- was there ever a time lasting <u>six months or longer</u> when you had a <u>lot more trouble</u> with problems of this sort than most children?	<input type="radio"/>	<input type="radio"/>
SC31b. Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time in your childhood before the age of seven lasting six months or longer when you were like that? [IF THIS HAPPENED ONLY IN THIRD GRADE OR LATER, ANSWER 'NO'.]	<input type="radio"/>	<input type="radio"/>

CKPT.SC31_1

- 1....SC31a=Yes or DK/RF
- 2....SC31a=NO

GO TO CKPT.SC31_2

[Grid Screen 28]

During those 6 months or more in your first years at school when you had a lot more trouble than most people with concentration or attention, did you experience any of the problems listed below?

	Yes	No
SC31c. Did you often lose things like assignments or books or other things you needed?	<input type="radio"/>	<input type="radio"/>
SC31d. Did you often make a lot of careless mistakes in your homework, work, or other activities?	<input type="radio"/>	<input type="radio"/>
SC31e. Did you often forget what you were supposed to be doing or what you had planned to do?	<input type="radio"/>	<input type="radio"/>
SC31f. Did people often say that you did not seem to be listening when they spoke to you?	<input type="radio"/>	<input type="radio"/>
SC31g. Did you often quickly lose interest in games you were playing or in work you were doing at home or at school?	<input type="radio"/>	<input type="radio"/>
SC31h. Were you often unable to keep your mind on what you were doing if things were going on nearby?	<input type="radio"/>	<input type="radio"/>
SC31i. Did you often dislike, stay away from, or put off doing things that required a lot of concentration?	<input type="radio"/>	<input type="radio"/>
SC31j. Did you often get confused when you had to make plans or decide the order in which to do things?	<input type="radio"/>	<input type="radio"/>
SC31k. Did you often leave chores, homework or other work unfinished even when you meant to get them done?	<input type="radio"/>	<input type="radio"/>

CKPT.SC31_2

1....SC31b=Yes or DK/RF

2....SC31b=NO

GO TO GRID SCREEN 30

[Grid Screen 29]

During those 6 months or more in your first years at school when you had a lot more trouble than most people with being very restless, fidgety or impatient, did you experience any of the problems listed below?

	Yes	No
SC31l. Were you often very active even when you were not supposed to be – for example, climbing on things or running around – even after being asked to keep still?	<input type="radio"/>	<input type="radio"/>
SC31m. Were you often “on the go,” usually taking very little time to rest?	<input type="radio"/>	<input type="radio"/>
SC31n. Did you often have trouble playing quietly or doing quiet activities like reading for more than a few minutes at a time?	<input type="radio"/>	<input type="radio"/>
SC31o. Did you often fidget or squirm a great deal when you were sitting down?	<input type="radio"/>	<input type="radio"/>
SC31p. Did you often get up from your seat when you were not supposed to – like at dinner, at school or at religious services?	<input type="radio"/>	<input type="radio"/>
SC31q. Did you often talk a lot more than other people your age?	<input type="radio"/>	<input type="radio"/>
SC31r. Did you often blurt out answers to other people’s questions even before they finished speaking?	<input type="radio"/>	<input type="radio"/>
SC31s. Did you often interrupt people or join other people’s conversations without being asked to do so?	<input type="radio"/>	<input type="radio"/>

SC31t. Did you often have a lot of trouble waiting your turn – for example, how often was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?	<input type="radio"/>	<input type="radio"/>
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[Grid Screen 30]

	Yes	No
SC32. Did you ever have a time lasting six months or longer during your <u>childhood or adolescence</u> when you frequently did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being touchy or irritable?	<input type="radio"/>	<input type="radio"/>
SC33a. Many children and teenagers go through times when they do things adults don't want them to do, like lying, stealing, or breaking rules. Did you ever go through a time during your <u>childhood or teenage</u> years when you did any of these things?	<input type="radio"/>	<input type="radio"/>

CKPT.SC32_1

1....SC32=Yes or DK/RF

2....SC32=NO

GO TO CKPT.SC33_1

[Grid Screen 31]

During those 6 months or more in your childhood or adolescence when you did things that got you into trouble with adults, which of the following things did you do?	Yes	No
SC32a. Did you frequently lose your temper?	<input type="radio"/>	<input type="radio"/>
SC32b. Did you often argue with or "talk back" to adults?	<input type="radio"/>	<input type="radio"/>
SC32c. Did you frequently disobey rules at home, school, or work?	<input type="radio"/>	<input type="radio"/>
SC32d. Did you often refuse to follow directions from adults like your parents, teacher, or boss?	<input type="radio"/>	<input type="radio"/>
SC32e. Were you angry a lot of the time?	<input type="radio"/>	<input type="radio"/>
SC32f. Did you annoy people on purpose by doing or saying things just to bother them?	<input type="radio"/>	<input type="radio"/>
SC32g. Did you blame others for your mistakes or bad behavior?	<input type="radio"/>	<input type="radio"/>
SC32h. Did you do mean things to "pay people back" for things they did that you didn't like?	<input type="radio"/>	<input type="radio"/>
SC32i. Did you easily take offense at the way people treated you?	<input type="radio"/>	<input type="radio"/>

CKPT.SC33_1

1....SC33a=Yes or DK/RF

2....SC33a=NO

GO TO GRID SCREEN 33

[Grid Screen 32]

During that time as a child or teenager when you did things adults didn't want you to, did you do any of the following?	Yes	No
SC33d. Did you often tell lies to trick people into giving you things or doing what you wanted them to do?	<input type="radio"/>	<input type="radio"/>
SC33e. Did you ever shoplift or steal something worth at least \$10?	<input type="radio"/>	<input type="radio"/>
SC33f. Did you ever break into someone's locked car, or a locked home or building?	<input type="radio"/>	<input type="radio"/>
SC33g. Did you ever set a fire to try to cause serious damage?	<input type="radio"/>	<input type="radio"/>
SC33h. (Other than by setting fires) did you ever deliberately damage someone's property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?	<input type="radio"/>	<input type="radio"/>
SC33i. Did you often stay out much later at night than your parents wanted?	<input type="radio"/>	<input type="radio"/>
SC33j. Did you often skip school without permission?	<input type="radio"/>	<input type="radio"/>
SC33k. Did you run away from home overnight more than once?	<input type="radio"/>	<input type="radio"/>

[Grid Screen 33]

	If Yes
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	Yes	No	Has this happened during the past 12 months?
SC34_1a. Have you ever driven intoxicated or while under the influence of an illicit or mind-altering substance?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC34_1b. Have you been pulled over or arrested for driving under the influence of alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC34_1c. Have you ever been arrested for anything other than driving under the influence?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SC34_1d. Have you ever been incarcerated?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

SC34. Have any of your close relatives – including your biological parents, brothers, sisters, and/or children ever suffered from mental illness, such as depression, anxiety, or schizophrenia?

- Yes
- No

SC35b. Have you ever had a traumatic or scary experience which continued to bother you or affect your life for a period of time?

- Yes **GO TO SC35b_1**
- No **GO TO GRID SCREEN 36**

SC35b_1. Have you had such an experience during the past 12 months or have you continued to be bothered or affected by a past experience during the past 12 months?

- Yes
- No

[Grid Screen 34]

Did you experience any of the following problems in relation to the traumatic experience(s) at the time of the experience(s)?	Yes	No
SC35_1. Were you terrified or very frightened at the time?	<input type="radio"/>	<input type="radio"/>
SC35_2. Did you feel helpless?	<input type="radio"/>	<input type="radio"/>
SC35_3. Did you feel shocked or horrified?	<input type="radio"/>	<input type="radio"/>
SC35_4. Did you feel numb?	<input type="radio"/>	<input type="radio"/>

CKPT.SC35

1.... SC35_1=Yes or DK/RF OR SC35_2=Yes or DK/RF OR SC35_3=Yes or DK/RF OR SC35_4=Yes or DK/RF

2.... SC35_1=NO AND SC35_2=NO AND SC35_3=NO AND SC35_4=NO

GO TO GRID SCREEN 36

[Grid Screen 35]

	Yes	No	If Yes
			Did you experience these reactions during the past 12 months?
SC35c. After a traumatic or very upsetting experience, 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. Did you ever have any persistent problems or reactions like these associated with a traumatic or very upsetting experience?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Grid Screen 36]

	Yes	No
SC35d. During the past 12 months, have you experienced the death of a family member, friend, significant other or loved one?	<input type="radio"/>	<input type="radio"/>
SC35e. (During the past 12 months) have you had to cope with the illness or injury of a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
SC35f. (During the past 12 months) have you had a difficult conflict with a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
SC35g. (During the past 12 months) have you experienced any major difficult changes to your living situation (e.g., divorce, foreclosure, homelessness)?	<input type="radio"/>	<input type="radio"/>
SC35i. (During the past 12 months) have you experienced the addition of a child or other family member to the household?	<input type="radio"/>	<input type="radio"/>
SC36c. (During the past 12 months) have you felt socially isolated or lonely?	<input type="radio"/>	<input type="radio"/>
SC36d. (During the past 12 months) have you been laid off or fired or had to resign unexpectedly from a job?	<input type="radio"/>	<input type="radio"/>
SC36e. (During the past 12 months) have you had any major difficulties with your finances?	<input type="radio"/>	<input type="radio"/>
SC36g. (During the past 12 months) have you had difficulties accessing healthcare or medical services?	<input type="radio"/>	<input type="radio"/>

SC36i. (During the past 12 months) have you lost any community services or support people on whom you used to rely?

<input type="radio"/>	<input type="radio"/>
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SC37a – SC37n skip logic

SC37a: display if 3+ ‘Yes’ responses in SC18c-SC18p

SC37b: display if SC19d = ‘Three or more times’

SC37c: display if (SC20d = ‘Two weeks or longer’) OR (SC20d = ‘More than two days but less than two weeks’ AND SC20f = ‘Yes’)

SC37d: display if SC21d = ‘Yes’

SC37e: display if (SC22d = ‘Often’) OR (SC22d = ‘Sometimes’)

SC37f: display if 2+ ‘Yes’ responses in SC23f-SC23s

SC37g: display if (SC24h = ‘Yes’) OR (SC24i = ‘Yes’) OR (SC24j = ‘Yes’) OR (SC24k = ‘Yes’)

SC37h: display if (SC25d = ‘Yes’) OR (SC25e = ‘Yes’) OR (SC25f = ‘Yes’) OR (SC25g = ‘Yes’) OR (SC25h = ‘Yes’) OR (SC25i = ‘Yes’) OR (SC25j = ‘Yes’) OR (SC25k = ‘Yes’)

SC37i: display if (SC26d = ‘Yes’) OR (SC26e = ‘Yes’) OR (SC26f = ‘Yes’) OR (SC26g = ‘Yes’) OR (SC26h = ‘Yes’) OR (SC26i = ‘Yes’) OR (SC26j = ‘Yes’) OR (SC26k = ‘Yes’)

SC37j: display if (SC27d = ‘Yes’) OR (SC27e = ‘Yes’) OR (SC27f = ‘Yes’)

SC37k: display if (SC28 = ‘Yes’ AND SC28a = ‘Yes’) OR (SC28b = ‘Yes’)

SC37l: display if (SC29b = ‘Yes’ AND SC29c = ‘Yes’) OR (SC29d = ‘Yes’ AND SC29e = ‘Yes’)

SC37m: display if (4+ ‘Yes’ responses in SC31c-SC31k) OR (4+ ‘Yes’ responses in SC31l-SC31t)

SC37n: display if SC35c = ‘Yes’

You reported symptoms in your lifetime related to the following problems, listed below. Please indicate how much each of these problems interfered with your work, your social life, or your personal relationships <i>in your lifetime</i> – an extreme amount, a lot, some, a little, or not at all?	An extreme amount	A lot	Some	A little	Not at all	N/A
SC37a. How much did your attacks of fear, panic, or discomfort ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37b. How much did your attacks of anger ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37c. How much did your episodes of feeling depressed or discouraged ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37d. How much did your episodes of feeling much more excited or full of energy than usual or feeling very irritable ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37e. How much did being a “worrier” or much more nervous or anxious than other people ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37f. How much did feeling very afraid or shy with people or in front of a group of people ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC37g. How much did your smoking ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37h. How much did your drinking ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37i. How much did your drug use ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37j. How much did your gambling ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37k. How much did your concern about your weight or your eating binges ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37l. How much did your repeated thoughts or behaviors ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37m. How much did your concentration problems or restlessness ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37n. How much did your reactions to your traumatic experience(s) ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC37a_1 – SC37n_1 Skip Logic

SC37a_1: display if (3+ ‘Yes’ responses in SC18c_1-SC18p_1) AND (SC37a = ‘A little’ OR SC37a = ‘Some’ OR SC37a = ‘A lot’ OR SC37a = ‘An extreme amount’)

SC37b_1: display if (SC19a_1 = ‘Yes’ OR SC19b_1 = ‘Yes’) AND (SC37b = ‘A little’ OR SC37b = ‘Some’ OR SC37a = ‘A lot’ OR SC37b = ‘An extreme amount’)

SC37c_1: display if ((SC20e = ‘Two weeks or longer’) OR (SC20e = ‘More than two days but less than two weeks’ AND SC20f_1 = ‘Yes’)) AND (SC37c = ‘A little’ OR SC37c = ‘Some’ OR SC37c = ‘A lot’ OR SC37c = ‘An extreme amount’)

SC37d_1: display if (SC21d_1 = ‘Yes’) AND (SC37d = ‘A little’ OR SC37d = ‘Some’ OR SC37d = ‘A lot’ OR SC37d = ‘An extreme amount’)

SC37e_1: display if ((SC22e = ‘Often’) OR (SC22e = ‘Sometimes’)) AND (SC37e = ‘A little’ OR SC37e = ‘Some’ OR SC37e = ‘A lot’ OR SC37e = ‘An extreme amount’)

SC37f_1: display if (2+ ‘Yes’ responses in SC23f_1-SC23s_1) AND (SC37f = ‘A little’ OR SC37f = ‘Some’ OR SC37f = ‘A lot’ OR SC37f = ‘An extreme amount’)

SC37g_1: display if ((SC24h_1 = ‘Yes’) OR (SC24i_1 = ‘Yes’) OR (SC24j_1 = ‘Yes’) OR (SC24k_1 = ‘Yes’)) AND (SC37g = ‘A little’ OR SC37g = ‘Some’ OR SC37g = ‘A lot’ OR SC37g = ‘An extreme amount’)

SC37h_1: display if ((SC25d_1 = ‘Yes’) OR (SC25e_1 = ‘Yes’) OR (SC25f_1 = ‘Yes’) OR (SC25g_1 = ‘Yes’) OR (SC25h_1 = ‘Yes’) OR (SC25i_1 = ‘Yes’) OR (SC25j_1 = ‘Yes’) OR (SC25k_1 = ‘Yes’)) AND (SC37h = ‘A little’ OR SC37h = ‘Some’ OR SC37h = ‘A lot’ OR SC37h = ‘An extreme amount’)

SC37i_1: display if ((SC26d_1 = ‘Yes’) OR (SC26e_1 = ‘Yes’) OR (SC26f_1 = ‘Yes’) OR (SC26g_1 = ‘Yes’) OR (SC26h_1 = ‘Yes’) OR (SC26i_1 = ‘Yes’) OR (SC26j_1 = ‘Yes’) OR (SC26k_1 = ‘Yes’)) AND (SC37i = ‘A little’ OR SC37i = ‘Some’ OR SC37i = ‘A lot’ OR SC37i = ‘An extreme amount’)

SC37j_1: display if ((SC27d_1 = 'Yes') OR (SC27e_1 = 'Yes') OR (SC27f_1 = 'Yes')) AND (SC37j = 'A little' OR SC37j = 'Some' OR SC37j = 'A lot' OR SC37j = 'An extreme amount')

SC37k_1: display if ((SC28_1 = 'Yes' AND SC28a_1 = 'Yes') OR (SC28b_1 = 'Yes')) AND (SC37k = 'A little' OR SC37k = 'Some' OR SC37k = 'A lot' OR SC37k = 'An extreme amount')

SC37l_1: display if ((SC29b_1 = 'Yes' AND SC29c_1 = 'Yes') OR (SC29d_1 = 'Yes' AND SC29e_1 = 'Yes')) AND (SC37l = 'A little' OR SC37l = 'Some' OR SC37l = 'A lot' OR SC37l = 'An extreme amount')

SC37m_1: display if (SC37m = 'A little' OR SC37m = 'Some' OR SC37m = 'A lot' OR SC37m = 'An extreme amount')

SC37n_1: display if (SC35c_1 = 'Yes') AND (SC37n = 'A little' OR SC37n = 'Some' OR SC37n = 'A lot' OR SC37n = 'An extreme amount')

You reported symptoms in the past 12 months related to the following problems, listed below. Please indicate how much each of these problems interfered with your work, your social life, or your personal relationships <i>in the past 12 months</i> – an extreme amount, a lot, some, a little, or not at all?	An extreme amount	A lot	Some	A little	Not at all	N/A
SC37a_1. How much did your attacks of fear, panic, or discomfort interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37b_1. How much did your attacks of anger interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37c_1. How much did your episodes of feeling depressed or discouraged interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37d_1. How much did your episodes of feeling much more excited or full of energy than usual or feeling very irritable interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37e_1. How much did being a “worrier” or much more nervous or anxious than other people interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC37f_1. How much did feeling very afraid or shy with people or in front of a group of people interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37g_1. How much did your smoking interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37h_1. How much did your drinking interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37i_1. How much did your drug use interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37j_1. How much did your gambling interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37k_1. How much did your concern about your weight or your eating binges interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37l_1. How much did your repeated thoughts or behaviors interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37m_1. How much did your concentration problems or restlessness interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SC37n_1. How much did your reactions to your traumatic experience(s) interfere with your work, your social life, or your personal relationships in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.SC38

1.... SCREENER ONLY

2.... FULL CARS

GO TO NEXT MODULE

SC39. You have completed the interview. Thank you for taking the time and care to work through these questions.

Rules for Positive Screener Report Results

- PANIC DISORDER:** (THREE OR MORE 'YES' RESPONSES IN SC18c – SC18p) **AND (SC37a=SOME, A LOT, or AN EXTREME AMOUNT)**
- 12 MO:** (SC18a=12mo OR SC18b=12mo) **AND (2+ '12mo' RESPONSES IN SC18c-SC18p) AND (SC37a_1=SOME, A LOT, or AN EXTREME AMOUNT)**
- IED:** (SC19d=THREE OR MORE TIMES) **AND (SC37b=SOME, A LOT, or AN EXTREME AMOUNT)**
- 12 MO:** (SC19a=12mo OR SC19b=12mo) **AND (SC37b_1=SOME, A LOT, or AN EXTREME AMOUNT)**
- MOOD DISORDERS**
- DEPRESSION (MDE/DYS) SCREEN:** ((SC20d=2+ WEEKS) OR (SC20d=3-13DAYS AND SC20f=YES)) **AND (SC37c=SOME, A LOT, or AN EXTREME AMOUNT)**
- 12 MO:** ((SC20a=12mo OR SC20b=12mo) AND ((SC20e=2+weeks) OR (SC20e=3-13DAYS AND SC20f=12mo))) **AND (SC37c_1=SOME, A LOT, or AN EXTREME AMOUNT)**

MANIA: (SC21d=YES) AND (SC37d=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC21a=12mo OR SC21c=12mo) AND (SC21d=12mo)) AND (SC37d_1=SOME, A LOT, or AN EXTREME AMOUNT)

GAD: (SC22d=OFTEN or SOMETIMES) AND (SC37e=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: (SC22e= OFTEN or SOMETIMES) AND (SC37e_1=SOME, A LOT, or AN EXTREME AMOUNT)

SOCIAL PHOBIA: (TWO OR MORE 'YES' RESPONSES IN SC23f – SC23s) AND (SC37f=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC23a=12mo OR SC23b=12mo) AND (SC23c=12mo OR SC23d=12mo) AND (SC23e=12mo) AND (TWO OR MORE '12mo' RESPONSES IN SC23f-SC23s)) AND (SC37f_1=SOME, A LOT, or AN EXTREME AMOUNT)

TOBACCO USE DISORDER: (ONE OR MORE 'YES' RESPONSES IN SC24h – SC24k) AND (SC37g=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC24c=12mo) AND (ONE OR MORE '12mo' RESPONSES IN SC24h-SC24k)) AND (SC37g_1=SOME, A LOT, or AN EXTREME AMOUNT)

ALCOHOL USE DISORDER: (ONE OR MORE 'YES' RESPONSES IN SC25d – SC25k) AND (SC37h=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC25c=12mo) AND (ONE OR MORE '12mo' RESPONSES IN SC25d-SC25k)) AND (SC37h_1=SOME, A LOT, or AN EXTREME AMOUNT)

DRUG USE DISORDER: (ONE OR MORE 'YES' RESPONSES IN SC26d – SC26k) AND (SC37i=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC26c=12mo) AND (ONE OR MORE '12mo' RESPONSES IN SC26d-SC26k)) AND (SC37i_1=SOME, A LOT, or AN EXTREME AMOUNT)

GAMBLING DISORDER: (ONE OR MORE 'YES' RESPONSES IN SC27d – SC27f) AND (SC37j=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC27c=12mo) AND (ONE OR MORE '12mo' RESPONSES IN SC27d-SC27f)) AND (SC37j_1=SOME, A LOT, or AN EXTREME AMOUNT)

EATING DISORDER: ((SC28b=YES) OR (SC28c<=0.85*MINWEIGHT)) AND (SC37k=SOME, A LOT, or AN EXTREME AMOUNT)
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d<= 4ft10, MINWEIGHT=111]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 4ft11, MINWEIGHT=114]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft0, MINWEIGHT=116]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft1, MINWEIGHT=119]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft2, MINWEIGHT=122]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft3, MINWEIGHT=125]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft4, MINWEIGHT=128]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft5, MINWEIGHT=132]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft6, MINWEIGHT=135]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft7, MINWEIGHT=139]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft8, MINWEIGHT=142]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft9, MINWEIGHT=145]

[IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft10, MINWEIGHT=147]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft11, MINWEIGHT=150]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d>= 6ft0, MINWEIGHT=152]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d<= 5ft2, MINWEIGHT=128]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft3, MINWEIGHT=130]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft4, MINWEIGHT=133]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft5, MINWEIGHT=136]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft6, MINWEIGHT=139]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft7, MINWEIGHT=143]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft8, MINWEIGHT=146]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft9, MINWEIGHT=150]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft10, MINWEIGHT=153]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft11, MINWEIGHT=156]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft0, MINWEIGHT=160]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft1, MINWEIGHT=163]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft2, MINWEIGHT=167]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft3, MINWEIGHT=172]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d>= 6ft4, MINWEIGHT=176]

12 MO: ((SC28b=12mo) OR (SC28=12mo AND SC28a=12mo AND (SC28c<=0.85*MINWEIGHT))) AND (SC37k_1=SOME, A LOT, or AN EXTREME AMOUNT)

OCD: ((SC29b=YES AND SC29c=YES) OR (SC29d=YES and SC29e=YES)) AND (SC37l=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SC29=12mo AND SC29b=12mo AND SC29c=12mo) OR (SC29a=12mo AND SC29d=12mo AND SC28e=12mo)) AND (SC37l=SOME, A LOT, or AN EXTREME AMOUNT)

PSYCHOSIS: SC30a=YES AND SC30b=YES
12 MO: SC30a=12mo AND SC30b=12mo

ADHD: ((FOUR OR MORE 'YES' RESPONSES IN SC31c – SC31k) OR (FOUR OR MORE 'YES' RESPONSES IN SC31l – SC31t)) AND (SC37m=SOME, A LOT, or AN EXTREME AMOUNT)

ODD: THREE OR MORE 'YES' RESPONSES IN SC32a – SC32i

CD: (TWO OR MORE 'YES' RESPONSES IN SC33d – SC33k) OR (3+ 'YES' RESPONSES IN SC32a-SC32i)

PTSD: (SC35c=YES) AND (SC37n=SOME, A LOT, or AN EXTREME AMOUNT)
12 MO: ((SC35b_1=YES) AND (SC35c=12mo)) AND (SC37n_1=SOME, A LOT, or AN EXTREME AMOUNT)

Flags:

Suicide flags should gate off of SC20g, SC20g_1, and SC20h for lifetime and past year ideation.

Rules for Module Entry

[To get into a module at all, you HAVE to meet the criterion for entry; to get into the 12 month portion, you have to meet the overall criterion for entry PLUS the criterion listed in the “12 MO ENTRY” section.]

PANIC MODULE ENTRY: THREE OR MORE ‘YES’ RESPONSES IN SC18c – SC18p
12 MO ENTRY: (SC18a=12mo OR SC18b=12mo) AND (2+ ‘12mo’ RESPONSES IN SC18c-SC18p)

IED MODULE ENTRY: SC19d=THREE OR MORE TIMES
12 MO ENTRY: (SC19a=12mo OR SC19b=12mo)

MOOD DISORDERS MODULE

DEPRESSION (MDE/DYS) ENTRY: (SC20d=2+ WEEKS) OR (SC20d=3-13DAYS AND SC20f=Yes)
12 MO ENTRY: (SC20a=12mo OR SC20b=12mo) AND
 [(SC20e=2+weeks) OR (SC20e=3-13DAYS AND SC20f=12mo)]

MANIA ENTRY: SC21d=Yes
12 MO ENTRY: (SC21a=12mo OR SC21c=12mo) AND (SC21d=12mo)

SUICIDE MODULE ENTRY: SC20g=Yes
12 MO ENTRY: SC20g=12mo

GAD MODULE ENTRY: SC22d=OFTEN or SOMETIMES
12 MO ENTRY: SC22e= OFTEN or SOMETIMES

SOCIAL PHOBIA MODULE ENTRY: TWO OR MORE ‘YES’ RESPONSES IN SC23f – SC23s
12 MO ENTRY: (SC23a=12mo OR SC23b=12mo) AND (SC23c=12mo OR SC23d=12mo) AND
 (SC23e=12mo) AND (TWO OR MORE ‘12mo’ RESPONSES IN SC23f-SC23s)

TOBACCO MODULE ENTRY: ONE OR MORE ‘YES’ RESPONSES IN SC24g – SC24k
12 MO ENTRY: (SC24c=12mo) AND (ONE OR MORE ‘12mo’ RESPONSES IN SC24g-SC24k)

ALCOHOL MODULE ENTRY: ONE OR MORE ‘YES’ RESPONSES IN SC25d – SC25k
12 MO ENTRY: (SC25c=12mo) AND (ONE OR MORE ‘12mo’ RESPONSES IN SC25d-SC25k)

DRUG MODULE ENTRY: ONE OR MORE ‘YES’ RESPONSES IN SC26d – SC26k
12 MO ENTRY: (SC26c=12mo) AND (ONE OR MORE ‘12mo’ RESPONSES IN SC26d-SC26k)

GAMBLING MODULE ENTRY: ONE OR MORE ‘YES’ RESPONSES IN SC27d – SC27f
12 MO ENTRY: (SC27c=12mo) AND (ONE OR MORE ‘12mo’ RESPONSES IN SC27d-SC27f)

EATING MODULE ENTRY: (SC28b=Yes) OR (SC28c<=0.85*MINWEIGHT)
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d<= 4ft10, MINWEIGHT=111]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 4ft11, MINWEIGHT=114]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft0, MINWEIGHT=116]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft1, MINWEIGHT=119]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft2, MINWEIGHT=122]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft3, MINWEIGHT=125]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft4, MINWEIGHT=128]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft5, MINWEIGHT=132]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft6, MINWEIGHT=135]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft7, MINWEIGHT=139]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft8, MINWEIGHT=142]
 [IF SC3=‘FEMALE’ or ‘FEMALE TO MALE’ AND SC28d= 5ft9, MINWEIGHT=145]

[IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft10, MINWEIGHT=147]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d= 5ft11, MINWEIGHT=150]
 [IF SC3='FEMALE' or 'FEMALE TO MALE' AND SC28d>= 6ft0, MINWEIGHT=152]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d<= 5ft2, MINWEIGHT=128]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft3, MINWEIGHT=130]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft4, MINWEIGHT=133]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft5, MINWEIGHT=136]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft6, MINWEIGHT=139]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft7, MINWEIGHT=143]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft8, MINWEIGHT=146]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft9, MINWEIGHT=150]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft10, MINWEIGHT=153]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 5ft11, MINWEIGHT=156]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft0, MINWEIGHT=160]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft1, MINWEIGHT=163]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft2, MINWEIGHT=167]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d= 6ft3, MINWEIGHT=172]
 [IF SC3='MALE' or 'MALE TO FEMALE' AND SC28d>= 6ft4, MINWEIGHT=176]

12 MO ENTRY: (SC28b=12mo) OR (SC28=12mo AND SC28a=12mo AND
 (SC28c<=0.85*MINWEIGHT))

OCD MODULE ENTRY: (SC29b=Yes AND SC29c=Yes) OR (SC29d=Yes and SC29e=Yes)

12 MO ENTRY: (SC29=12mo AND SC29b=12mo AND SC29c=12mo) OR
 (SC29a=12mo AND SC29d=12mo AND SC28e=12mo)

PSYCHOSIS MODULE ENTRY: SC30a=Yes AND SC30b=Yes

12 MO ENTRY: SC30a=12mo AND SC30b=12mo

ADHD MODULE ENTRY: (FOUR OR MORE 'YES' RESPONSES IN SC31c – SC31k) OR
 (FOUR OR MORE 'YES' RESPONSES IN SC31l – SC31t)

ODD MODULE ENTRY: THREE OR MORE 'YES' RESPONSES IN SC32a – SC32i

CD MODULE ENTRY: (TWO OR MORE 'YES' RESPONSES IN SC33d – SC33k) OR (3+ 'YES' RESPONSES IN
 SC32a-SC32i)

DUI MODULE ENTRY: SC34_1a=Yes OR SC34_1b=Yes OR SC34_1c=Yes OR SC34_1d=Yes OR (ONE OR
 MORE 'YES' RESPONSES IN SC25d-SC25k)

PTSD MODULE ENTRY: SC35c=Yes

12 MO ENTRY: (SC35b_1=Yes) AND (SC35c=12mo)

FLAGS: Suicide flags gate off of SC20g for lifetime and past year ideation.