



### Legend

Blue: interviewer instructions (not to be read aloud)  
Gray: rules and gating

CARS is adapted from the [Composite International Diagnostic Instrument \(CIDI\) for DSM-IV.](#)

## Screener

**SC0.** Please enter the client's full name.

First Name:  Middle Initial:  Last Name:

**SC1.** [INTERVIEWER: read slowly]

Before we begin, I want to remind you that I will keep your answers to this interview confidential. There are some exceptions to this. If you tell me that you are currently thinking of harming yourself or harming others, I cannot keep that confidential.

[INTERVIEWER: Share any other exceptions to confidentiality with client i.e., where the report will end up, how it will be used.]

Also, we may share data with the developers of this assessment, but no identifying information, like your name, will be attached to that data.

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. **I cannot go back to previous questions and change your answers.** Therefore, you will need to think carefully before answering the following questions. If you do not feel comfortable answering a question, please tell me. Are you willing to proceed?

- Willing to proceed with interview
- Refused to proceed with interview
- Excluded from proceeding for other reason: \_\_\_\_\_

GO TO SC7b

GO TO SC7b

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

years old

**SC3.** Please specify your gender.

[If NEC: What is your gender?]

- Male
- Female
- Transmasculine/transgender man (he/him/his)
- Transfeminine/transgender woman (she/her/hers)
- Non-binary/gender-nonconforming (they/them/theirs)
- Prefer not to say



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

- No, not Hispanic/Latinx
- Yes, Hispanic/Latinx

**SC5\_1.** Please specify 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

IF "Other" ENDORSED CONTINUE, ELSE GO TO SC6

**SC5\_2.** Please specify other race.

**SC6.** What is your primary language?

- English **GO TO SC9\_1**
- Spanish **GO TO SC7a**
- Other language

**SC6\_2.** Please specify other language.

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

- Poor
- Fair **GO TO SC9\_1**
- Good **GO TO SC9\_1**
- Very good **GO TO SC9\_1**
- Excellent **GO TO SC9\_1**

IF DK/RF CONTINUE



**SC7b.** Thank you for your *SCFILL1*

FILL RULES:

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. CARS Screener and Self-Administered Screener are now available in Spanish. If you would like to switch to the Spanish version, please let your counselor know now. If not, your counselor will discuss other ways to collect some of this information since this assessment is currently only available in English and Spanish.

[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
<b>SC11a.</b> 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"/>
<b>SC11b.</b> 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**

**IF DK/RF GO TO GRID SCREEN 3**





**SC17\_1.** What condition(s) do you have?

**[GRID SCREEN 3]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC18a.</b> 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"/>
<b>SC18b.</b> 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

**CONTINUE  
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?
<b>SC18c.</b> Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18d.</b> Were you short of breath?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18e.</b> Did you have nausea or discomfort in your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18f.</b> Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18g.</b> Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18h.</b> Did you tremble or shake?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18j.</b> Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18k.</b> Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18l.</b> Were you afraid that you might lose control of yourself or go crazy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18m.</b> 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"/>
<b>SC18n.</b> Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18o.</b> Did you have heat sensations or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC18p.</b> 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?
<b>SC19a.</b> 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"/>
<b>SC19b.</b> Have you ever had an attack of anger when all of a sudden you lost control and hit or tried to hurt a person or animal?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC19c.</b> Have you had a period of repeated verbal outburst (e.g., temper tantrums, tirades, verbal arguments, or verbal fights) or physical aggression for 3 months or more?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

**CKPT.SC19\_1**

1...SC19a=Yes OR SC19b=Yes

**CONTINUE**

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

**GO TO CKPT.SC19\_2**

**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 a person or animal?

- Once
- Twice
- Three or more times

**CKPT.SC19\_2**

1...SC19c=Yes

**CONTINUE**

2...SC19c!=Yes

**GO TO GRID SCREEN 6**

**SC19e.** When you had one of these periods of repeated verbal outbursts or physical aggression, how frequent were your outbursts?

- Less than once a week
- Once a week
- Twice a week or more



**[GRID SCREEN 6]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC20a.</b> 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"/>
<b>SC20b.</b> 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

**CONTINUE**  
**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  
**CONTINUE**
- 2...(SC20a=NotPAST12Mo AND SC20b=NotPAST12Mo) OR SC20d=1-2 days/DK/RF  
**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  
**CONTINUE**
- 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]**

	Yes	No	If Yes Were you sad or discouraged most of the day, <i>more days than not</i> , during the past 12 months?
<b>SC20f.</b> You indicated that the longest period of days you ever had when you were sad or discouraged most of the day <i>every day</i> was less than two weeks. Did you ever have a year or more in your life when you were sad or discouraged most of the day, <i>more days than not</i> ?	<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?
<b>SC20g.</b> 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\_1=NO      **GO TO GRID SCREEN 9**
- 2...SC20g\_1 != NO      **CONTINUE**

**SC20h.** Are you currently thinking about committing suicide?

- Yes
- No

**CKPT.SC20\_5**

- 1...SC20h != NO      **CONTINUE**
- 2...SC20h = NO      **GO TO GRID SCREEN 9**

**SC20i.** Do you currently have a plan for committing suicide?

- Yes
- No



**CKPT.SC20\_6**

1...SC20i != NO

**CONTINUE**

2...SC20i = NO

**GO TO SUICIDE WARNING WINDOW**

**SC20j.** Have you taken any steps toward completing your plan?

Yes

No

**GO TO SUICIDE WARNING WINDOW**



[SUICIDE WARNING WINDOW] - This window appears and overlays the CARS Assessment. All features of the CARS program are locked until this window is dismissed.

[Name] has endorsed current suicidal ideation. Below are the answers that [Name] provided.

Are you currently thinking about committing suicide? [Yes/No/Don't Know/Refused]

Do you currently have a plan for committing suicide? [Yes/No/Don't Know/Refused]

Have you taken any steps towards completing your plan? [Yes/No/Don't Know/Refused/Blank]

Stay with [Name] or arrange for someone else to do so. Implement your site's crisis management plan. If your site does not have a plan, contact 911.

Save and Exit

Continue

"Continue" GOES TO GRID SCREEN 9



**[GRID SCREEN 9]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC21a.</b> 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 might take on new activities. 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"/>
<b>SC21b.</b> 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?
<b>SC21c.</b> 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)

**CONTINUE**

**GO TO GRID SCREEN 12**



**[GRID SCREEN 11]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC21d.</b> 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?
<b>SC22a.</b> 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"/>
<b>SC22b.</b> Did you ever have a time in your life when you were much more <u>nervous or 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

**CONTINUE**  
**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

**CONTINUE**

**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?
<b>SC23a.</b> 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"/>
<b>SC23b.</b> 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 SC23b=Yes

2...SC23a!=Yes AND SC23b!=Yes

**CONTINUE**

**GO TO GRID SCREEN 16**



[GRID SCREEN 14]

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC23c.</b> 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"/>
<b>SC23d.</b> Did you ever stay away from these situations whenever you could because of your fear?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23e.</b> When you were in these situations, were you afraid you might do something embarrassing or humiliating?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

**CKPT.SC23\_2**

1...SC23c=Yes OR SC23d=Yes

2...SC23c!=Yes AND SC23d!=Yes

**CONTINUE**

**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?
<b>SC23f.</b> Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23g.</b> Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23h.</b> Did you tremble?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23i.</b> Did you feel sick to your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23k.</b> Did you have heat sensations or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23l.</b> Did you have numbness or tingling sensations?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23m.</b> Did you have trouble breathing normally?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23n.</b> Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23o.</b> Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23p.</b> Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23q.</b> Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23r.</b> Did you ever fear that you might lose control, go crazy, or pass out?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC23s.</b> 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	If Yes Did you engage in this behavior in the past 12 months?
<b>SC24c.</b> Have you ever smoked or used tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC25c.</b> Have you ever drunk alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC26c.</b> Have you ever used any drugs other than alcohol or tobacco for non-medical purposes?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC27c.</b> 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="checkbox"/>

**CKPT.SC24\_1**

1...SC24c=Yes

**CONTINUE**

2...SC24c!=Yes

**GO TO CKPT.SC25\_1**

**[GRID SCREEN 17]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC24h.</b> 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"/>
<b>SC24i.</b> 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"/>
<b>SC24j.</b> 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"/>
<b>SC24k.</b> 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.SC24\_2**

1...SC24c\_1 = Yes

**CONTINUE**

2...SC24c\_1 != Yes

**GO TO CKPT.SC25\_1**

**[GRID SCREEN 17b]**

	Never	Less than once a month	1-3 days / month	1-2 days / week	3-4 days / week	Nearly every day	Every day
<b>SC24l.</b> How often have you smoked cigarettes during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC24m.</b> How often have you vaped during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC24n.</b> How often have you smoked cigars during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC24o.</b> How often have you smoked a pipe during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC24p.</b> How often have you used chewing tobacco during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CKPT.SC25\_1**

1...SC25c=Yes

**CONTINUE**

2...SC25c!=Yes

**GO TO CKPT.SC26\_1**



[GRID SCREEN 18]

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC25d.</b> 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"/>
<b>SC25e.</b> 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"/>
<b>SC25f.</b> 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"/>
<b>SC25g.</b> Was there ever a time in your life where you kept thinking about or felt a strong urge to use alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC25h.</b> 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"/>
<b>SC25i.</b> 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"/>
<b>SC25j.</b> 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"/>
<b>SC25k.</b> 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.SC25\_2**

1...SC25c\_1 = Yes

**CONTINUE**

2...SC25c\_1 != Yes

**GO TO CKPT.SC26\_1**

**SC25i.** How often did you use alcohol during the past twelve months - every day, nearly every day, 3 to 4 days a week, 1 to 2 days a week, 1 to 3 days a month, less than once a month, or never?

- Every day
- Nearly every day
- 3-4 days/week
- 1-2 days/week
- 1-3 days/month
- Less than once a month
- Never

**SC25m.** On days that you drank during the past 12 months, how many drinks did you typically have per day?

- Five or more
- Four
- Three
- Two
- One
- None

**CKPT.SC26\_1**

1...SC26c=Yes

**CONTINUE**

2...SC26c!=Yes

**GO TO CKPT.SC27\_1**



[GRID SCREEN 19]

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC26d.</b> 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"/>
<b>SC26e.</b> 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"/>
<b>SC26f.</b> 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"/>
<b>SC25g.</b> Was there ever a time in your life where you kept thinking about or felt a strong urge to use drugs?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC26h.</b> 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"/>
<b>SC26i.</b> 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"/>
<b>SC26j.</b> 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"/>
<b>SC26k.</b> 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.SC26\_2

1...SC26c\_1 = Yes

CONTINUE

2...SC26c\_1 != Yes

GO TO CKPT.SC27\_1



[GRID SCREEN 19b]

	Never	Less than once a month	1-3 days / month	1-2 days / week	3-4 days / week	Nearly every day	Every day
<b>SC26l.</b> How often have you used marijuana during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26m.</b> How often have you used heroin during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26n.</b> How often have you used prescription opioids for non-medical purposes during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26o.</b> How often have you used cocaine in any form, including powder, crack, free base, coca leaves, or paste, during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26p.</b> How often have you used club drugs such as ecstasy, ketamine or MDMA during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26q.</b> How often have you used hallucinogens including LSD, mescaline, PCP, angel dust, mushrooms or peyote during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26r.</b> How often have you used any inhalants or solvents such as nitrous oxide, glue, paint or gasoline during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26s.</b> How often have you used any prescription medicines, other than opioids, for non-medical purposes during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC26t.</b> How often have you used any other illegal drug during the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**CKPT.SC27\_1**

- 1...SC27c=Yes
- 2...SC27c!=Yes

**CONTINUE**  
**GO TO GRID SCREEN 21**

**[GRID SCREEN 20]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC27d.</b> 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"/>
<b>SC27e.</b> 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"/>
<b>SC27f.</b> 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?
<b>SC28.</b> 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"/>
<b>SC28a.</b> 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"/>
<b>SC28b.</b> 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    **CONTINUE**
- 2...SC28!=Yes OR SC28a!=Yes    **GO TO GRID SCREEN 22**



**SC28c.** What was the lowest body weight you ever purposely 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?
<b>SC29.</b> Have you ever in your life had repeated unpleasant thoughts, images, or urges that you couldn't get out of your head?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC29a.</b> Some people feel driven to perform certain behaviors or mental acts over and over to feel better or prevent something bad from happening. Did you ever have a time in your life when you repeatedly carried out certain behaviors or mental acts you felt driven to do?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC29\_1\_1

1...SC29=Yes

2...SC29!=Yes

CONTINUE

GO TO CKPT.SC29\_2

**[GRID SCREEN 23]**

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC29b.</b> You indicated that you had repeated thoughts, images, or urges. During the time in your life when you had these unpleasant thoughts, did you try to ignore or suppress them, or try to neutralize them with some other thought or action??	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC29c.</b> Did these unpleasant thoughts greatly upset you, take up a lot of time, or cause you emotional distress?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>





CKPT.SC29\_2

1...SC29a=Yes

2...SC29a!=Yes

CONTINUE

GO TO GRID SCREEN 25

[GRID SCREEN 24]

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC29d.</b> You indicated that you felt driven to do certain behaviors or mental acts over and over again. During the time in your life when you engaged in these repetitive behaviors, did they prevent or reduce anxiety or distress, or were they designed to prevent a dreaded situation or event?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>SC29e.</b> Did these repeated behaviors greatly upset you, take up a lot of time, 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?
<b>SC30a.</b> 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

CONTINUE

GO TO GRID SCREEN 27

[GRID SCREEN 26]

	Yes	No	If Yes Did you experience this during the past 12 months?
<b>SC30b.</b> 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	If Yes Did you experience this during the past 12 months?
<p><b>SC31a.</b> The next question is about concentration problems that sometimes start before the age of twelve. 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 life (as a child or an adult), was there ever a time lasting <u>six months or longer</u> when you had <u>a lot more trouble</u> with problems of this sort than most people of the same age?</p>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<p><b>SC31b.</b> Some people 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 in your life lasting six months or longer when you were like that?</p>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SC31\_1

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

**CONTINUE**  
GO TO CKPT.SC31\_2



**[GRID SCREEN 28]**

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

	Did you ever experience this in your life?		Did you experience this before age 12?		Have you experienced this in the last 12 months?	
	Yes	No	Yes	No	Yes	No
<b>SC31c.</b> Did you often lose things like assignments or books or keys or other things you needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31d.</b> Did you often make a lot of careless mistakes in your work, homework, or other activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31e.</b> Did you often forget what you were supposed to be doing or what you had planned to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31f.</b> Did people often say that you did not seem to be listening when they spoke to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31g.</b> Did you often quickly lose interest in work you were doing or games you were playing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31h.</b> 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31i.</b> Did you often dislike, stay away from, or put off doing things that required a lot of concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31j.</b> 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31k.</b> Did you often leave chores, work or homework unfinished even when you meant to get them done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.SC31\_2

1...SC31b=Yes or DK/RF

2...SC31b=NO

CONTINUE

GO TO GRID SCREEN 30



**[GRID SCREEN 29]**

During those 6 months or more 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?

	Did you ever experience this in your life?		Did you experience this before age 12?		Have you experienced this in the last 12 months?	
	Yes	No	Yes	No	Yes	No
<b>SC31l.</b> Were you often very restless, or 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31m.</b> Were you often “on the go,” usually taking very little time to rest or feeling uncomfortable when you were still for an extended time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31n.</b> Did you often have trouble doing quiet activities like reading or playing quietly for more than a few minutes at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31o.</b> Did you often fidget or squirm or tap your hands or feet a great deal when you were sitting down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31p.</b> Did you often get up from your seat when you were not supposed to - like at dinner, at the office, at school or at religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31q.</b> Did you often talk a lot more than other people your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31r.</b> Did you often blurt out answers to other people’s questions even before they finished speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31s.</b> Did you often interrupt people or join other people’s conversations without being asked to do so?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SC31t.</b> 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**[GRID SCREEN 30]**

	Yes	No
<b>SC32.</b> 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"/>
<b>SC33a.</b> 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/DK/RF

2...SC32=NO

**CONTINUE**

**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
<b>SC32a.</b> Did you frequently lose your temper?	<input type="radio"/>	<input type="radio"/>
<b>SC32b.</b> Did you often argue with or "talk back" to adults?	<input type="radio"/>	<input type="radio"/>
<b>SC32c.</b> Did you frequently disobey rules at home, school, or work?	<input type="radio"/>	<input type="radio"/>
<b>SC32d.</b> Did you often refuse to follow directions from adults like your parents, teacher, or boss?	<input type="radio"/>	<input type="radio"/>
<b>SC32e.</b> Were you angry a lot of the time?	<input type="radio"/>	<input type="radio"/>
<b>SC32f.</b> Did you annoy people on purpose by doing or saying things just to bother them?	<input type="radio"/>	<input type="radio"/>
<b>SC32g.</b> Did you blame others for your mistakes or bad behavior?	<input type="radio"/>	<input type="radio"/>
<b>SC32h.</b> Did you do mean things to ""pay people back"" for things they did that you didn't like?	<input type="radio"/>	<input type="radio"/>
<b>SC32i.</b> 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

**CONTINUE**

**GO TO GRID SCREEN 33a**



**[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
<b>SC33d.</b> 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"/>
<b>SC33e.</b> Did you ever shoplift or steal something worth at least \$10?	<input type="radio"/>	<input type="radio"/>
<b>SC33f.</b> Did you ever break into someone's locked car, or a locked home or building?	<input type="radio"/>	<input type="radio"/>
<b>SC33g.</b> Did you ever set a fire to try to cause serious damage?	<input type="radio"/>	<input type="radio"/>
<b>SC33h.</b> (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"/>
<b>SC33i.</b> Did you often stay out much later at night than your parents wanted?	<input type="radio"/>	<input type="radio"/>
<b>SC33j.</b> Did you often skip school without permission?	<input type="radio"/>	<input type="radio"/>
<b>SC33k.</b> Did you run away from home overnight more than once?	<input type="radio"/>	<input type="radio"/>



**[GRID SCREEN 33a]**

Please indicate how many times you have engaged in the following behaviors or had the following experiences in your lifetime.

	Never	Once	Twice	Three times	Four times	Five times	More than 5 times	If more than 5, How many times?
<b>SC34_1a.</b> Been arrested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1b.</b> Been incarcerated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1c.</b> Ridden with an intoxicated or impaired driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1d.</b> Driven after drinking any alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1e.</b> Driven while intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1f.</b> Driven while under the influence of marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1g.</b> Driven while under the influence of an illicit substance (other than marijuana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1h.</b> Been pulled over or arrested for impaired driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>SC34_1i.</b> Gotten into an accident while driving after drinking any alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____



**[GRID SCREEN 33b]**

**DISPLAY RULES:**

- SC34\_2a:** display if SC34\_1a > 0
- SC34\_2b:** display if SC34\_1b > 0
- SC34\_2c:** display if SC34\_1c > 0
- SC34\_2d:** display if SC34\_1d > 0
- SC34\_2e:** display if SC34\_1e > 0
- SC34\_2f:** display if SC34\_1f > 0
- SC34\_2g:** display if SC34\_1g > 0
- SC34\_2h:** display if SC34\_1h > 0
- SC34\_2i:** display if SC34\_1i > 0

	Yes	No
<b>SC34_2a.</b> Have you been arrested during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2b.</b> Have you been incarcerated during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2c.</b> Have you ridden with an intoxicated or impaired driver during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2d.</b> Have you driven after drinking any alcohol during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2e.</b> Have you driven while intoxicated during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2f.</b> Have you driven while under the influence of marijuana during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2g.</b> Have you driven while under the influence of an illicit substance (other than marijuana) during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2h.</b> Have you been pulled over or arrested for impaired driving during the past 12 months?	<input type="radio"/>	<input type="radio"/>
<b>SC34_2i.</b> Have you gotten into an accident while driving after drinking any alcohol during the past 12 months?	<input type="radio"/>	<input type="radio"/>

**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 an extremely stressful or upsetting experience which continued to bother you or affect your life for a period of time? This could be something that happened to you, something you witnessed, something that happened to someone close to you, or something you were repeatedly exposed to the details of.

- Yes
- 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

**CKPT.SC35**

1... SC35b=Yes

**CONTINUE**

2... SC35b!=Yes

**GO TO GRID SCREEN 36**

**[GRID SCREEN 35]**

	Yes	No	If Yes Did you experience these reactions during the past 12 months?
<b>SC35c.</b> After a very stressful or 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 very stressful or upsetting experience?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>



**[GRID SCREEN 36]**

	Yes	No
<b>SC35d.</b> (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"/>
<b>SC35e.</b> (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"/>
<b>SC35f.</b> (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"/>
<b>SC35g.</b> (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"/>
<b>SC35i.</b> (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"/>
<b>SC36c.</b> (During the past 12 months) have you felt socially isolated or lonely?	<input type="radio"/>	<input type="radio"/>
<b>SC36d.</b> (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"/>
<b>SC36e.</b> (During the past 12 months) have you had any major difficulties with your finances?	<input type="radio"/>	<input type="radio"/>
<b>SC36g.</b> (During the past 12 months) have you had difficulties accessing healthcare or medical services?	<input type="radio"/>	<input type="radio"/>

**SC37a - SC37n DISPLAY RULES:**

**SC37a:** display if 3+ 'Yes' responses in SC18c-SC18p

**SC37b:** display if SC19d = 'Three or more times' OR SC19e = 'Twice a week or more'

**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 AND 1+ 'Yes' responses in SC31c\_1-SC31k\_1) OR (4+ 'Yes' responses in SC31l-SC31t AND 1+ 'Yes' responses in SC31l\_1-SC31t\_1)

**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 *in your lifetime* - an extreme amount, a lot, some, a little, or not at all?

	An extre me amou nt	A lot	Some	A little	Not at all	N/A
<b>SC37a.</b> 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"/>
<b>SC37b.</b> 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"/>
<b>SC37c.</b> 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"/>
<b>SC37d.</b> 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"/>
<b>SC37e.</b> 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"/>
<b>SC37f.</b> 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"/>
<b>SC37g.</b> 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"/>
<b>SC37h.</b> 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"/>
<b>SC37i.</b> 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"/>
<b>SC37j.</b> How much did your gambling ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



interfere with your work, your social life, or your personal relationships?						
<b>SC37k.</b> 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"/>
<b>SC37l.</b> How much did your repeated thoughts, urges, impulses, behaviors, or mental acts 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"/>
<b>SC37m.</b> 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"/>
<b>SC37n.</b> How much did your reactions to your upsetting or stressful 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 DISPLAY RULES:**

**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' OR SC19c\_1 = 'Yes') AND (SC37b = 'A little' OR SC37b = 'Some' OR SC37b = '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') AND (1+ "Yes" responses to SC31c\_2-SC31t\_2)

**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 **in the past 12 months** - an extreme amount, a lot, some, a little, or not at all?

	An extre me amou nt	A lot	Some	A little	Not at all	N/A
<b>SC37a_1.</b> 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"/>
<b>SC37b_1.</b> 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"/>
<b>SC37c_1.</b> 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"/>
<b>SC37d_1.</b> 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"/>
<b>SC37e_1.</b> 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"/>
<b>SC37f_1.</b> 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"/>
<b>SC37g_1.</b> 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"/>
<b>SC37h_1.</b> How much did your drinking interfere with your work, your social life, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



your personal relationships in the past 12 months?						
<b>SC37i_1.</b> 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"/>
<b>SC37j_1.</b> 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"/>
<b>SC37k_1.</b> 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"/>
<b>SC37l_1.</b> How much did your repeated thoughts, urges, impulses, behaviors, or mental acts 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"/>
<b>SC37m_1.</b> 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"/>
<b>SC37n_1.</b> How much did your reactions to your upsetting or stressful 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

**CONTINUE**

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:** (3+ '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=3+ TIMES OR SC19e = TWICE A WEEK OR MORE) AND (SC37b=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** (SC19a=12mo OR SC19b=12mo OR SC19c=12mo) AND (SC37b\_1=SOME, A LOT, or AN EXTREME AMOUNT)

**DEPRESSION (MDE/DYS):** ((SC20d=two weeks or longer) OR (SC20d=3-13 DAYS 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 ANXIETY DISORDER:** (2+ 'YES' RESPONSES IN SC23f - SC23s) AND (SC23e=YES) 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 (2+ '12mo' RESPONSES IN SC23f-SC23s)) AND (SC37f\_1=SOME, A LOT, or AN EXTREME AMOUNT)

**TOBACCO USE DISORDER:** (1+ 'YES' RESPONSES IN SC24h - SC24k) AND (SC37g=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** ((SC24c=12mo) AND (1+ '12mo' RESPONSES IN SC24h-SC24k)) AND (SC37g\_1=SOME, A LOT, or AN EXTREME AMOUNT)

**ALCOHOL USE DISORDER:** (1+ 'YES' RESPONSES IN SC25d - SC25k) AND (SC37h=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** ((SC25c=12mo) AND (1+ '12mo' RESPONSES IN SC25d-SC25k)) AND (SC37h\_1=SOME, A LOT, or AN EXTREME AMOUNT)

**DRUG USE DISORDER:** (1+ 'YES' RESPONSES IN SC26d - SC26k) AND (SC37i=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** ((SC26c=12mo) AND (1+'12mo' RESPONSES IN SC26d-SC26k)) AND (SC37i\_1=SOME, A LOT, or AN EXTREME AMOUNT)





**GAMBLING DISORDER:** (1+ 'YES' RESPONSES IN SC27d - SC27f) AND (SC37j=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** ((SC27c=12mo) AND (1+ '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)

**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)

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d<= 4ft10, MINWEIGHT=111]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 4ft11, MINWEIGHT=114]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft0, MINWEIGHT=116]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft1, MINWEIGHT=119]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft2, MINWEIGHT=122]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft3, MINWEIGHT=125]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft4, MINWEIGHT=128]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft5, MINWEIGHT=132]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft6, MINWEIGHT=135]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft7, MINWEIGHT=139]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft8, MINWEIGHT=142]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft9, MINWEIGHT=145]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft10, MINWEIGHT=147]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d= 5ft11, MINWEIGHT=150]

[IF SC3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SC28d>= 6ft0, MINWEIGHT=152]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d<= 5ft2, MINWEIGHT=128]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft3, MINWEIGHT=130]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft4, MINWEIGHT=133]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft5, MINWEIGHT=136]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft6, MINWEIGHT=139]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft7, MINWEIGHT=143]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft8, MINWEIGHT=146]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft9, MINWEIGHT=150]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft10, MINWEIGHT=153]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 5ft11, MINWEIGHT=156]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 6ft0, MINWEIGHT=160]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 6ft1, MINWEIGHT=163]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 6ft2, MINWEIGHT=167]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d= 6ft3, MINWEIGHT=172]

[IF SC3='MALE'/'MALE TO FEMALE' AND SC28d>= 6ft4, MINWEIGHT=176]

**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 SC29e=12mo)) AND (SC37l\_1=SOME, A LOT, or AN EXTREME AMOUNT)



**PSYCHOSIS:** SC30a=YES AND SC30b=YES

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

**ADHD:** ((4+ 'YES' RESPONSES IN SC31c - SC31k AND 1+ 'Yes' responses in SC31c\_1-SC31k\_1) OR (4+ 'YES' RESPONSES IN SC31l - SC31t AND 1+ 'Yes' responses in SC31l\_1-SC31t\_1)) AND (SC37m=SOME, A LOT, or AN EXTREME AMOUNT)

**12 MO:** SC37m\_1=SOME, A LOT, or AN EXTREME AMOUNT

**ODD:** 3+ 'YES' RESPONSES IN SC32a - SC32i

**CD:** (3+ 'YES' RESPONSES IN SC32a-SC32i) OR (2+ 'YES' RESPONSES IN SC33d - SC33k)

**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)



## Rules for Module Entry

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

**PANIC MODULE ENTRY:** 3+ ‘YES’ RESPONSES IN SC18c - SC18p

**12 MO ENTRY:** (SC18a=12mo OR SC18b=12mo) AND (2+ ‘12mo’ RESPONSES IN SC18c-SC18p)

**IED MODULE ENTRY:** SC19d=3+ TIMES OR SC19e = TWICE A WEEK OR MORE

**12 MO ENTRY:** (SC19a=12mo OR SC19b=12mo OR SC19c=12mo)

**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 ANXIETY MODULE ENTRY:** (2+ ‘YES’ RESPONSES IN SC23f - SC23s) AND (SC23e=YES)

**12 MO ENTRY:** (SC23a=12mo OR SC23b=12mo) AND (SC23c=12mo OR SC23d=12mo) AND (2+ ‘12mo’ RESPONSES IN SC23f-SC23s)

**ALCOHOL MODULE ENTRY:** 1+ ‘YES’ RESPONSES IN SC25d - SC25k

**12 MO ENTRY:** (SC25c=12mo) AND (1+ ‘12mo’ RESPONSES IN SC25d-SC25k)

**DRUG MODULE ENTRY:** 1+ ‘YES’ RESPONSES IN SC26d - SC26k

**12 MO ENTRY:** (SC26c=12mo) AND (1+ ‘12mo’ RESPONSES IN SC26d-SC26k)

**GAMBLING MODULE ENTRY:** 1+ ‘YES’ RESPONSES IN SC27d - SC27f

**12 MO ENTRY:** (SC27c=12mo) AND (1+ ‘12mo’ RESPONSES IN SC27d-SC27f)

**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 SC29e=12mo)

**ADHD MODULE ENTRY:** (4+ ‘YES’ RESPONSES IN SC31c - SC31k AND 1+ ‘Yes’ responses in SC31c\_1-SC31k\_1) OR (4+ ‘YES’ RESPONSES IN SC31l - SC31t AND 1+ ‘Yes’ responses in SC31l\_1-SC31t\_1)



**CD MODULE ENTRY:** (2+ 'YES' RESPONSES IN SC33d - SC33k) OR (3+ 'YES' RESPONSES IN SC32a-SC32i)

**DUI MODULE ENTRY:** ANY OF (SC34\_1a, SC34\_1b, OR SC34\_1d-SC34\_1i)  $\geq$  1 OR (1+ 'YES' RESPONSES IN SC25d-SC25k)

**PTSD MODULE ENTRY:** SC35c=Yes

**12 MO ENTRY:** (SC35b\_1=Yes) AND (SC35c=12mo)