



Legend

Gray: rules and gating

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

Self-Administered Screener

SA0. Please enter your full name.

First Name: Middle Initial: Last Name:

SA1. 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. Your answers to this interview will be shared with your treatment provider. Speak to your provider about whether anyone else will see your answers. Data from this interview may be shared with the developers of this assessment, but no identifying information, like your name, will be attached to that data.

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. **You cannot go back and change answers to previous questions during the assessment, so think carefully about each question.** The interview will take anywhere between 20 and 50 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.

Are you willing to proceed?

- Willing to proceed with interview
- Refused to proceed with interview **GO TO SC7b**

SA2. The first few questions are for background purposes. How old are you?

years old

SA3. Please specify 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



SA4. 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

SA5. Please specify your race. You may select all options 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 SA6

SA5_2. Please specify other race.

SA6. What is your primary language?

- English **GO TO SA9_1**
- Spanish **GO TO SA7a**
- Other language

SA6_2. Please specify other language.

SA7a. How would you rate your ability to understand English?

- Poor
- Fair **GO TO SA9_1**
- Good **GO TO SA9_1**
- Very good **GO TO SA9_1**
- Excellent **GO TO SA9_1**

IF DK/RF CONTINUE



SA7b. Thank you for your *SAFILL1*

FILL RULES:

IF SA1= “refused”

SAFILL1=time. We will stop now.

IF SA7a= “poor”

SAFILL1=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.

Exit interview

SA9. How tall are you in feet and inches?

feet inches

SA10. How much do you weigh in pounds?

pounds

[GRID SCREEN 1]

	Poor	Fair	Good	Very good	Excellent
SA11a. How would you rate your overall <u>physical</u> health - poor, fair, good, very good, or excellent?	<input type="radio"/>				
SA11b. How would you rate your overall <u>mental</u> health - poor, fair, good, very good, or excellent?	<input type="radio"/>				

SA17. 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



SA17_1. What condition(s) do you have?

[GRID SCREEN 3]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA18a. 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"/>
SA18b. 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.SA18_1

1...SA18a=Yes OR SA18b=Yes

2...SA18a!=Yes AND SA18b!=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?
SA18c. Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18d. Were you short of breath?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18e. Did you have nausea or discomfort in your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18f. Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18g. Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18h. Did you tremble or shake?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18j. Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18k. Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18l. Were you afraid that you might lose control of yourself or go crazy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18m. 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"/>
SA18n. Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18o. Did you have heat sensations or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA18p. 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?
SA19a. 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"/>
SA19b. 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"/>
SA19c. 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.SA19_1

1...SA19a=Yes OR SA19b=Yes

CONTINUE

2...SA19a!=Yes AND SA19b!=Yes

CONTINUE TO CKPT.SA_219

SA19d. 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.SA19_2

1...SA19c=Yes

CONTINUE

2...SA19c!=Yes

GO TO GRID SCREEN 6

SA19e. 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?
SA20a. 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"/>
SA20b. 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.SA20_1

- 1...SA20a=Yes OR SA20b=Yes
- 2...SA20a!=Yes AND SA20b!=Yes

CONTINUE
GO TO GRID SCREEN 8

SA20d. 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.SA20_2

- 1...(SA20a=PAST12Mo or DK/RF OR SA20b= PAST12Mo or DK/RF) AND SA20d > 2 days
CONTINUE
- 2...(SA20a=NotPAST12Mo AND SA20b=NotPAST12Mo) OR SA20d=1-2 days/DK/RF
GO TO CKPT.SA20_3

SA20e. 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.SA20_3

- 1...SA20d=3-14days OR SA20e= 3-14days
CONTINUE
- 2...SA20d=(1-2 days or 2+weeks or DK/RF) AND SA20e=(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?
SA20f. 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?
SA20g. The next question is about thoughts of hurting yourself. Have you <i>ever</i> seriously thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

CKPT.SA20_4

- 1...SA20g_1=NO GO TO GRID SCREEN 9
- 2...SA20g_1 != NO CONTINUE

SA20h. Are you currently thinking about committing suicide?

- Yes
- No

CKPT.SA20_5

- 1...SA20h != NO CONTINUE
- 2...SA20h = NO GO TO GRID SCREEN 9

SA20i. Do you currently have a plan for committing suicide?

- Yes
- No



CKPT.SA20_6

1...SA20i != NO

CONTINUE

2...SA20i = NO

GO TO SUICIDE WARNING WINDOW

SA20j. Have you taken any steps towards 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 series of windows are dismissed.

You said that you are currently thinking about suicide. We want to make sure you are safe. Please find your test administrator. The test administrator must input the user password and complete the instructions on the next window for the assessment to continue.

Username: [insert currently logged-in username]

Enter Password:

When the correct password is entered, clicking “continue” triggers the following window:



[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.

When you have completed your crisis management plan, you can either save and exit this session, or the client can continue taking the assessment.

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?
SA21a. 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"/>
SA21b. 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 SA21b=YES, GO TO SA21c; ALL OTHERS GO TO CKPT.SA21_1

[GRID SCREEN 10]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA21c. 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.SA21_1

1...SA21a=Yes OR SA21c=Yes

2...SA21a!=Yes AND (SA21b!=Yes OR SA21c!=Yes)

CONTINUE

GO TO GRID SCREEN 12



[GRID SCREEN 11]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA21d. 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?
SA22a. 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"/>
SA22b. 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.SA22_1

1...SA22a=Yes OR SA22b=Yes
2...SA22a!=Yes AND SA22b!=Yes

CONTINUE
GO TO GRID SCREEN 13

SA22d. 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.SA22_2

1...SA22a=PAST12Mo OR SA22b= PAST12Mo

2...SA22a=NotPAST12Mo or DK/RF AND SA22b=NotPAST12Mo or DK/RF **GO TO GRID SCREEN 13**

SA22e. 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?
SA23a. 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"/>
SA23b. 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.SA23_1

1...SA23a=Yes OR SA23b=Yes

2...SA23a!=Yes AND SA23b!=Yes

CONTINUE

GO TO GRID SCREEN 16



[GRID SCREEN 14]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA23c. 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"/>
SA23d. Did you ever stay away from these situations whenever you could because of your fear?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23e. 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.SA23_2

- 1...SA23c=Yes OR SA23d=Yes
- 2...SA23c!=Yes AND SA23d!=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?
SA23f. Did your heart pound or race?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23g. Did you sweat?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23h. Did you tremble?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23i. Did you feel sick to your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23k. Did you have heat sensations or chills?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23l. Did you have numbness or tingling sensations?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23m. Did you have trouble breathing normally?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23n. Did you feel like you were choking?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23o. Did you have pain or discomfort in your chest?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23p. Did you feel dizzy or faint?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23q. Were you afraid that you might die?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23r. Did you ever fear that you might lose control, go crazy, or pass out?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA23s. 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?
SA24c. Have you ever smoked or used tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA25c. Have you ever drunk alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA26c. Have you ever used any drugs other than alcohol or tobacco for non-medical purposes?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
SA27c. 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.SA24_1

1...SA24c=Yes

CONTINUE

2...SA24c!=Yes

GO TO CKPT.SA25_1

[GRID SCREEN 17]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA24h. 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"/>
SA24i. 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"/>
SA24j. 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"/>
SA24k. 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.SA24_2

1...SA24c_1 = Yes

CONTINUE

2...SA24c_1 != Yes

GO TO CKPT.SA25_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
SA24l. 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"/>
SA24m. 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"/>
SA24n. 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"/>
SA24o. 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"/>
SA24p. 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.SA25_1

1...SA25c=Yes

CONTINUE

2...SA25c!=Yes

GO TO CKPT.SA26_1



[GRID SCREEN 18]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA25d. 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"/>
SA25e. 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"/>
SA25f. 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"/>
SA25g. 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"/>
SA25h. 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"/>
SA25i. 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"/>
SA25j. 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"/>
SA25k. 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.SA25_2

1...SA25c_1 = Yes

CONTINUE

2...SA25c_1 != Yes

GO TO CKPT.SA26_1

SA25l. 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

SA25m. 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.SA26_1

1...SA26c=Yes

CONTINUE

2...SA26c!=Yes

GO TO CKPT.SA27_1



[GRID SCREEN 19]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA26d. 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"/>
SA26e. 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"/>
SA26f. 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"/>
SA26g. 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"/>
SA26h. 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"/>
SA26i. 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"/>
SA26j. 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"/>
SA26k. 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.SA26_2

1...SA26c_1 = Yes

CONTINUE

2...SA26c_1 != Yes

GO TO CKPT.SA27_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
SA26l. 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"/>
SA26m. 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"/>
SA26n. 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"/>
SA26o. 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"/>
SA26p. 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"/>
SA26q. 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"/>
SA26r. 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"/>
SA26s. 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"/>
SA26t. 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.SA27_1

1...SA27c=Yes

2...SA27c!=Yes

CONTINUE

GO TO GRID SCREEN 21

[GRID SCREEN 20]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA27d. 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"/>
SA27e. 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"/>
SA27f. 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?
SA28. 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"/>
SA28a. 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"/>
SA28b. 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.SA28_2

1...SA28=Yes AND SA28a=Yes

2...SA28!=Yes OR SA28a!=Yes

CONTINUE

GO TO GRID SCREEN 22



SA28c. What was the lowest body weight you ever purposely had after the age of 12?

pounds

SA28d. 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?
SA29. 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"/>
SA29a. 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.SA29_1_1

1...SA29=Yes

2...SA29!=Yes

CONTINUE

GO TO CKPT.SA29_2

[GRID SCREEN 23]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA29b. 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"/>
SA29c. 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.SA29_2

1...SA29a=Yes
2...SA29a!=Yes

CONTINUE
GO TO GRID SCREEN 25

[GRID SCREEN 24]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA29d. 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"/>
SA29e. 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?
SA30a. 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.SA30_1

1...SA30a=Yes
2...SA30a!=Yes

CONTINUE
GO TO GRID SCREEN 27

[GRID SCREEN 26]

	Yes	No	If Yes Did you experience this during the past 12 months?
SA30b. 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>SA31a. 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>SA31b. 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.SA31_1

1...SA31a=Yes or DK/RF

2...SA31a=NO

CONTINUE

GO TO CKPT.SA31_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
SA31c. 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"/>
SA31d. 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"/>
SA31e. 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"/>
SA31f. 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"/>
SA31g. 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"/>
SA31h. 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"/>
SA31i. 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"/>
SA31j. 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"/>
SA31k. 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.SA31_2

1...SA31b=Yes or DK/RF

2...SA31b=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
SA31l. 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"/>
SA31m. 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"/>
SA31n. 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"/>
SA31o. 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"/>
SA31p. 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"/>
SA31q. 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"/>
SA31r. 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"/>
SA31s. 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"/>
SA31t. 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
SA32. 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"/>
SA33a. 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.SA32_1

1...SA32=Yes or DK/RF

CONTINUE

2...SA32=NO

GO TO CKPT.SA33_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
SA32a. Did you frequently lose your temper?	<input type="radio"/>	<input type="radio"/>
SA32b. Did you often argue with or "talk back" to adults?	<input type="radio"/>	<input type="radio"/>
SA32c. Did you frequently disobey rules at home, school, or work?	<input type="radio"/>	<input type="radio"/>
SA32d. Did you often refuse to follow directions from adults like your parents, teacher, or boss?	<input type="radio"/>	<input type="radio"/>
SA32e. Were you angry a lot of the time?	<input type="radio"/>	<input type="radio"/>
SA32f. Did you annoy people on purpose by doing or saying things just to bother them?	<input type="radio"/>	<input type="radio"/>
SA32g. Did you blame others for your mistakes or bad behavior?	<input type="radio"/>	<input type="radio"/>
SA32h. Did you do mean things to ""pay people back"" for things they did that you didn't like?	<input type="radio"/>	<input type="radio"/>
SA32i. Did you easily take offense at the way people treated you?	<input type="radio"/>	<input type="radio"/>

CKPT.SA33_1

1...SA33a=Yes or DK/RF

CONTINUE

2...SA33a=NO

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
SA33d. 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"/>
SA33e. Did you ever shoplift or steal something worth at least \$10?	<input type="radio"/>	<input type="radio"/>
SA33f. Did you ever break into someone's locked car, or a locked home or building?	<input type="radio"/>	<input type="radio"/>
SA33g. Did you ever set a fire to try to cause serious damage?	<input type="radio"/>	<input type="radio"/>
SA33h. (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"/>
SA33i. Did you often stay out much later at night than your parents wanted?	<input type="radio"/>	<input type="radio"/>
SA33j. Did you often skip school without permission?	<input type="radio"/>	<input type="radio"/>
SA33k. 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?
SA34_1a. Been arrested	<input type="radio"/>	_____						
SA34_1b. Been incarcerated	<input type="radio"/>	_____						
SA34_1c. Ridden with an intoxicated or impaired driver	<input type="radio"/>	_____						
SA34_1d. Driven after drinking any alcohol	<input type="radio"/>	_____						
SA34_1e. Driven while intoxicated	<input type="radio"/>	_____						
SA34_1f. Driven while under the influence of marijuana	<input type="radio"/>	_____						
SA34_1g. Driven while under the influence of an illicit substance (other than marijuana)	<input type="radio"/>	_____						
SA34_1h. Been pulled over or arrested for impaired driving	<input type="radio"/>	_____						
SA34_1i. Gotten into an accident while driving after drinking any alcohol	<input type="radio"/>	_____						



[GRID SCREEN 33b]

DISPLAY RULES:

- SA34_2a:** display if SA34_1a > 0
- SA34_2b:** display if SA34_1b > 0
- SA34_2c:** display if SA34_1c > 0
- SA34_2d:** display if SA34_1d > 0
- SA34_2e:** display if SA34_1e > 0
- SA34_2f:** display if SA34_1f > 0
- SA34_2g:** display if SA34_1g > 0
- SA34_2h:** display if SA34_1h > 0
- SA34_2i:** display if SA34_1i > 0

	Yes	No
SA34_2a. Have you been arrested during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2b. Have you been incarcerated during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2c. Have you ridden with an intoxicated or impaired driver during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2d. Have you driven after drinking any alcohol during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2e. Have you driven while intoxicated during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2f. Have you driven while under the influence of marijuana during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2g. 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"/>
SA34_2h. Have you been pulled over or arrested for impaired driving during the past 12 months?	<input type="radio"/>	<input type="radio"/>
SA34_2i. Have you gotten into an accident while driving after drinking any alcohol during the past 12 months?	<input type="radio"/>	<input type="radio"/>

SA34. 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

SA35b. 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**



SA35b_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.SA35

1... SA35b=Yes

CONTINUE

2... SA35b!=Yes

GO TO GRID SCREEN

[GRID SCREEN 35]

	Yes	No	If Yes Did you experience these reactions during the past 12 months?
SA35c. 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
SA35d. (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"/>
SA35e. (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"/>
SA35f. (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"/>
SA35g. (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"/>
SA35i. (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"/>
SA36c. (During the past 12 months) have you felt socially isolated or lonely?	<input type="radio"/>	<input type="radio"/>
SA36d. (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"/>
SA36e. (During the past 12 months) have you had any major difficulties with your finances?	<input type="radio"/>	<input type="radio"/>
SA36g. (During the past 12 months) have you had difficulties accessing healthcare or medical services?	<input type="radio"/>	<input type="radio"/>

SA37a - SA37n DISPLAY RULES:

SA37a: display if 3+ 'Yes' responses in SA18c-SA18p

SA37b: display if SA19d = 'Three or more times' OR SA19e = 'Twice a week or more'

SA37c: display if (SA20d = 'Two weeks or longer') OR (SA20d = 'More than two days but less than two weeks' AND SA20f = 'Yes')

SA37d: display if SA21d = 'Yes'

SA37e: display if (SA22d = 'Often') OR (SA22d = 'Sometimes')

SA37f: display if 2+ 'Yes' responses in SA23f-SA23s

SA37g: display if (SA24h = 'Yes') OR (SA24i = 'Yes') OR (SA24j = 'Yes') OR (SA24k = 'Yes')

SA37h: display if (SA25d = 'Yes') OR (SA25e = 'Yes') OR (SA25f = 'Yes') OR (SA25g = 'Yes') OR (SA25h = 'Yes') OR (SA25i = 'Yes') OR (SA25j = 'Yes') OR (SA25k = 'Yes')

SA37i: display if (SA26d = 'Yes') OR (SA26e = 'Yes') OR (SA26f = 'Yes') OR (SA26g = 'Yes') OR (SA26h = 'Yes') OR (SA26i = 'Yes') OR (SA26j = 'Yes') OR (SA26k = 'Yes')

SA37j: display if (SA27d = 'Yes') OR (SA27e = 'Yes') OR (SA27f = 'Yes')

SA37k: display if (SA28 = 'Yes' AND SA28a = 'Yes') OR (SA28b = 'Yes')

SA37l: display if (SA29b = 'Yes' AND SA29c = 'Yes') OR (SA29d = 'Yes' AND SA29e = 'Yes')

SA37m: display if (4+ 'Yes' responses in SA31c-SA31k AND 1+ 'Yes' responses in SA31c_1-SA31k_1) OR (4+ 'Yes' responses in SA31l-SA31t AND 1+ 'Yes' responses in SA31l_1-SA31t_1)

SA37n: display if SA35c = '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
SA37a. 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"/>
SA37b. 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"/>
SA37c. 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"/>
SA37d. 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"/>
SA37e. 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"/>
SA37f. 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"/>
SA37g. 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"/>
SA37h. 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"/>
SA37i. 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"/>



SA37j. How much did your gambling ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>					
SA37k. 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"/>					
SA37l. 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"/>					
SA37m. How much did your concentration problems or restlessness ever interfere with your work, your social life, or your personal relationships?	<input type="radio"/>					
SA37n. 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"/>					



SA37a_1 - SA37n_1 DISPLAY RULES:

SA37a_1: display if (3+ 'Yes' responses in SA18c_1-SA18p_1) AND (SA37a = 'A little' OR SA37a = 'Some' OR SA37a = 'A lot' OR SA37a = 'An extreme amount')

SA37b_1: display if (SA19a_1 = 'Yes' OR SA19b_1 = 'Yes' OR SA19c_1 = 'Yes') AND (SA37b = 'A little' OR SA37b = 'Some' OR SA37b = 'A lot' OR SA37b = 'An extreme amount')

SA37c_1: display if ((SA20e = 'Two weeks or longer') OR (SA20e = 'More than two days but less than two weeks' AND SA20f_1 = 'Yes')) AND (SA37c = 'A little' OR SA37c = 'Some' OR SA37c = 'A lot' OR SA37c = 'An extreme amount')

SA37d_1: display if (SA21d_1 = 'Yes') AND (SA37d = 'A little' OR SA37d = 'Some' OR SA37d = 'A lot' OR SA37d = 'An extreme amount')

SA37e_1: display if ((SA22e = 'Often') OR (SA22e = 'Sometimes')) AND (SA37e = 'A little' OR SA37e = 'Some' OR SA37e = 'A lot' OR SA37e = 'An extreme amount')

SA37f_1: display if (2+ 'Yes' responses in SA23f_1-SA23s_1) AND (SA37f = 'A little' OR SA37f = 'Some' OR SA37f = 'A lot' OR SA37f = 'An extreme amount')

SA37g_1: display if ((SA24h_1 = 'Yes') OR (SA24i_1 = 'Yes') OR (SA24j_1 = 'Yes') OR (SA24k_1 = 'Yes')) AND (SA37g = 'A little' OR SA37g = 'Some' OR SA37g = 'A lot' OR SA37g = 'An extreme amount')

SA37h_1: display if ((SA25d_1 = 'Yes') OR (SA25e_1 = 'Yes') OR (SA25f_1 = 'Yes') OR (SA25g_1 = 'Yes') OR (SA25h_1 = 'Yes') OR (SA25i_1 = 'Yes') OR (SA25j_1 = 'Yes') OR (SA25k_1 = 'Yes')) AND (SA37h = 'A little' OR SA37h = 'Some' OR SA37h = 'A lot' OR SA37h = 'An extreme amount')

SA37i_1: display if ((SA26d_1 = 'Yes') OR (SA26e_1 = 'Yes') OR (SA26f_1 = 'Yes') OR (SA26g_1 = 'Yes') OR (SA26h_1 = 'Yes') OR (SA26i_1 = 'Yes') OR (SA26j_1 = 'Yes') OR (SA26k_1 = 'Yes')) AND (SA37i = 'A little' OR SA37i = 'Some' OR SA37i = 'A lot' OR SA37i = 'An extreme amount')

SA37j_1: display if ((SA27d_1 = 'Yes') OR (SA27e_1 = 'Yes') OR (SA27f_1 = 'Yes')) AND (SA37j = 'A little' OR SA37j = 'Some' OR SA37j = 'A lot' OR SA37j = 'An extreme amount')

SA37k_1: display if ((SA28_1 = 'Yes' AND SA28a_1 = 'Yes') OR (SA28b_1 = 'Yes')) AND (SA37k = 'A little' OR SA37k = 'Some' OR SA37k = 'A lot' OR SA37k = 'An extreme amount')

SA37l_1: display if ((SA29b_1 = 'Yes' AND SA29c_1 = 'Yes') OR (SA29d_1 = 'Yes' AND SA29e_1 = 'Yes')) AND (SA37l = 'A little' OR SA37l = 'Some' OR SA37l = 'A lot' OR SA37l = 'An extreme amount')

SA37m_1: display if (SA37m = 'A little' OR SA37m = 'Some' OR SA37m = 'A lot' OR SA37m = 'An extreme amount') AND (1+ "Yes" responses to SA31c_2-SA31t_2)

SA37n_1: display if (SA35c_1 = 'Yes') AND (SA37n = 'A little' OR SA37n = 'Some' OR SA37n = 'A lot' OR SA37n = '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
SA37a_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"/>
SA37b_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"/>
SA37c_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"/>
SA37d_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"/>
SA37e_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"/>
SA37f_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"/>
SA37g_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"/>
SA37h_1. How much did your drinking interfere with your work, your social life, or your personal relationships in the past 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



months?						
SA37i_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"/>					
SA37j_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"/>					
SA37k_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"/>					
SA37l_1. 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"/>					
SA37m_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"/>					
SA37n_1. 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"/>					

CKPT.SA38

1... SCREENER ONLY

CONTINUE

2... FULL CARS

GO TO NEXT MODULE

SA39. 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 SA18c - SA18p) AND (SA37a=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: (SA18a=12mo OR SA18b=12mo) AND (2+ '12mo' RESPONSES IN SA18c-SA18p) AND (SA37a_1=SOME, A LOT, or AN EXTREME AMOUNT)

IED: (SA19d=3+ TIMES OR SA19e = TWICE A WEEK OR MORE) AND (SA37b=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: (SA19a=12mo OR SA19b=12mo OR SA19c=12mo) AND (SA37b_1=SOME, A LOT, or AN EXTREME AMOUNT)

DEPRESSION (MDE/DYS) SCREEN: ((SA20d=two weeks or longer) OR (SA20d=3-13 DAYS AND SA20f=YES)) AND (SA37c=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA20a=12mo OR SA20b=12mo) AND ((SA20e=2+weeks) OR (SA20e=3-13DAYS AND SA20f=12mo))) AND (SA37c_1=SOME, A LOT, or AN EXTREME AMOUNT)

MANIA: (SA21d=YES) AND (SA37d=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA21a=12mo OR SA21c=12mo) AND (SA21d=12mo)) AND (SA37d_1=SOME, A LOT, or AN EXTREME AMOUNT)

GAD: (SA22d=OFTEN or SOMETIMES) AND (SA37e=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: (SA22e= OFTEN or SOMETIMES) AND (SA37e_1=SOME, A LOT, or AN EXTREME AMOUNT)

SOCIAL ANXIETY DISORDER: (2+ 'YES' RESPONSES IN SA23f - SA23s) AND (SA23e=YES) AND (SA37f=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA23a=12mo OR SA23b=12mo) AND (SA23c=12mo OR SA23d=12mo) AND (SA23e=12mo) AND (2+ '12mo' RESPONSES IN SA23f-SA23s)) AND (SA37f_1=SOME, A LOT, or AN EXTREME AMOUNT)

TOBACCO USE DISORDER: (1+ 'YES' RESPONSES IN SA24h - SA24k) AND (SA37g=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA24c=12mo) AND (1+ '12mo' RESPONSES IN SA24h-SA24k)) AND (SA37g_1=SOME, A LOT, or AN EXTREME AMOUNT)

ALCOHOL USE DISORDER: (1+ 'YES' RESPONSES IN SA25d - SA25k) AND (SA37h=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA25c=12mo) AND (1+ '12mo' RESPONSES IN SA25d-SA25k)) AND (SA37h_1=SOME, A LOT, or AN EXTREME AMOUNT)

DRUG USE DISORDER: (1+ 'YES' RESPONSES IN SA26d - SA26k) AND (SA37i=SOME, A LOT, or AN EXTREME AMOUNT)



12 MO: ((SA26c=12mo) AND (1+ '12mo' RESPONSES IN SA26d-SA26k)) AND (SA37i_1=SOME, A LOT, or AN EXTREME AMOUNT)

GAMBLING DISORDER: (1+ 'YES' RESPONSES IN SA27d - SA27f) AND (SA37j=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA27c=12mo) AND (1+ '12mo' RESPONSES IN SA27d-SA27f)) AND (SA37j_1=SOME, A LOT, or AN EXTREME AMOUNT)

EATING DISORDER: ((SA28b=YES) OR (SA28c<=0.85*MINWEIGHT)) AND (SA37k=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA28b=12mo) OR (SA28=12mo AND SA28a=12mo AND (SA28c<=0.85*MINWEIGHT))) AND (SA37k_1=SOME, A LOT, or AN EXTREME AMOUNT)

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d<= 4ft10, MINWEIGHT=111]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 4ft11, MINWEIGHT=114]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft0, MINWEIGHT=116]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft1, MINWEIGHT=119]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft2, MINWEIGHT=122]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft3, MINWEIGHT=125]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft4, MINWEIGHT=128]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft5, MINWEIGHT=132]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft6, MINWEIGHT=135]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft7, MINWEIGHT=139]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft8, MINWEIGHT=142]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft9, MINWEIGHT=145]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft10, MINWEIGHT=147]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d= 5ft11, MINWEIGHT=150]

[IF SA3='FEMALE'/'FEMALE TO MALE'/'NON-BINARY'/'PREFER NOT TO SAY' AND SA28d>= 6ft0, MINWEIGHT=152]

[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d<= 5ft2, MINWEIGHT=128]



[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft3, MINWEIGHT=130]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft4, MINWEIGHT=133]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft5, MINWEIGHT=136]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft6, MINWEIGHT=139]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft7, MINWEIGHT=143]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft8, MINWEIGHT=146]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft9, MINWEIGHT=150]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft10, MINWEIGHT=153]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 5ft11, MINWEIGHT=156]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 6ft0, MINWEIGHT=160]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 6ft1, MINWEIGHT=163]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 6ft2, MINWEIGHT=167]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d= 6ft3, MINWEIGHT=172]
[IF SA3='MALE'/'MALE TO FEMALE' AND SA28d>= 6ft4, MINWEIGHT=176]

OCD: ((SA29b=YES AND SA29c=YES) OR (SA29d=YES and SA29e=YES)) AND (SA37l=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA29=12mo AND SA29b=12mo AND SA29c=12mo) OR (SA29a=12mo AND SA29d=12mo AND SA28e=12mo)) AND (SA37l_1=SOME, A LOT, or AN EXTREME AMOUNT)

PSYCHOSIS: SA30a=YES AND SA30b=YES

12 MO: SA30a=12mo AND SA30b=12mo

ADHD: ((4+ 'YES' RESPONSES IN SA31c - SA31k AND 1+ 'Yes' responses in SA31c_1-SA31k_1) OR (4+ 'YES' RESPONSES IN SA31l - SA31t AND 1+ 'Yes' responses in SA31l_1-SA31t_1)) AND (SA37m=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: SA37m_1=SOME, A LOT, or AN EXTREME AMOUNT

ODD: 3+ 'YES' RESPONSES IN SA32a - SA32i

CD: (2+ 'YES' RESPONSES IN SA33d - SA33k) OR (3+ 'YES' RESPONSES IN SA32a-SA32i)

PTSD: (SA35c=YES) AND (SA37n=SOME, A LOT, or AN EXTREME AMOUNT)

12 MO: ((SA35b_1=YES) AND (SA35c=12mo)) AND (SA37n_1=SOME, A LOT, or AN EXTREME AMOUNT)