

SECTION A: TELL US ABOUT YOURSELF

First, please answer a few questions about yourself.

A1. How old are you?

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ENTER Age [Programmer: Include constraints >17 years old and < 65 years old]

A2. Are you male or female?

- Male
- Female

A2.1. Which hand do you write with?

- Right
- Left
- Either

A3. Are you Spanish/Hispanic/Latino? (Mark all that apply.)

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

A4. What is your race? (Mark 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 _____

A5. What is the highest level of education you completed?

- GED or equivalent
- High school diploma
- Some post high school education, but no certificate or degree
- Post high school technical school certificate or degree (e.g., EMT)
- 2-year college Associate Degree
- 4-year college degree (BA, BS, or equivalent)
- Graduate or professional study

A6. What is your primary language?

- English
- Spanish
- Some other language

A7. How would you rate your ability to read English?

- Excellent
- Very good
- Good
- Fair
- Poor

A8. How important to you were the following reasons for enlisting?

	Very important	Somewhat important	Neither important nor unimportant	Somewhat unimportant	Very unimportant
a. Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Do something you can be proud of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Earn more money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Be better than you were	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Get trained in a skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Be away from home on your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Serve your country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were unemployed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The retirement benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Develop self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other reason or reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.A9.

1. IF A8k = "VERY IMPORTANT" OR "SOMEWHAT IMPORTANT," GO TO A9.
2. ALL OTHERS GO TO A10.

A9. What were your other reasons for deciding to enlist? (Please briefly list up to three reasons for enlisting.)

- a.
- b.
- c.

[Programmer: 50 character limit for A10a-c]

A10. When you enlisted, did you enlist for the Regular Army, the Army Reserve, or the Army National Guard?

- Regular Army
- Army Reserve
- Army National Guard

A11. Which of the following best describes your current Army career intentions?

- I will definitely stay in the Army until retirement.
- I will probably stay in the Army until retirement.
- I will definitely stay in the Army beyond my present obligation, but not necessarily until retirement.
- I am undecided whether to stay in the Army after my present obligation.
- I will probably leave the Army after my present obligation.
- I will definitely leave the Army after my present obligation.

SECTION B: YOUR HEALTH

B1a. The next questions are about your health.

How often in the past 30 days did you have each of the following problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Balance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ringing in the ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Changes in your sense of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sensitivity to noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sensitivity to light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B1b. How often in the past 30 days did you have each of the following problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Difficulty concentrating or your mind going blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B1c. How often in the past 30 days did you have each of the following health problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Pain in your back, neck, arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Muscle tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B1d. How often in the past 30 days did you have each of the following health problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Feeling tired out or low in energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Being easily fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Talking or moving more slowly than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling restless, tense, wound up, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Programmer: B1a-d should be on 4 separate screens]

B2. Did you ever in your life have *insomnia* – that is, problems either getting to sleep, staying asleep, waking too early, or feeling so tired even after a full night’s sleep that it interfered with your daytime activities?

- Yes
- No —————> GO TO B7

B3. Did you ever in your life have a whole month or longer when you had insomnia at least three nights a week?

- Yes
- No —————> GO TO B7

B4. Think of a typical month when your insomnia was worst. During that month, how much did your insomnia interfere with your daytime functioning in each of the following ways?

	Extremely	A lot	Some	A little	Not at all
a. Daytime fatigue, sleepiness, or low motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headaches, upset stomach, diarrhea, or constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Moodiness (irritability, nerves, worry, or depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduced performance at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Accident-proneness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT B5.

1. IF 1 OR MORE IN THE B4a-e SERIES = AT LEAST "SOME," GO TO B5.
2. ALL OTHERS GO TO B7.

B5. About how old were you the very first time you had insomnia for one month or longer?
(Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS PART A, A1

B6. About how many years in your life did you have insomnia for one month or longer? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

B7. The next questions are about physical pain in any part of your body in the past 6 months. On how many days in the past 6 months did you have pain?
(Enter any number between 0 and 180.)

Enter Number of Days

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[Programmer: 0-180]

B8. Using a scale from 0-to-10 where 0 means "no pain" and 10 means "pain as bad as could be," how would you rate the severity of your pain on average over the past 6 months?

No pain

**Pain as bad
as could be**

0

1

2

3

4

5

6

7

8

9

10

SECTION C: ATTENTION AND CONCENTRATION

C1. The next questions are about problems with attention or concentration.

How often did you have each of the following problems in the past 6 months?

	Very often	Often	Sometimes	Rarely	Never
a. Problems keeping your attention when you were doing boring or repetitive work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Making careless mistakes when you had to work on a boring or difficult project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Problems completing tasks satisfactorily in the allotted time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Problems prioritizing work when you were in a situation where setting priorities was needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.C1.1.

1. IF 2 OR MORE IN THE C1a-d SERIES = AT LEAST "SOMETIMES," GO TO C1.1.
2. ALL OTHERS GO TO D1 (DEPRESSION).

C1.1. How often did you have each of the following problems in the past 6 months?

	Very often	Often	Sometimes	Rarely	Never
a. Avoiding or delaying getting started when you had a task that required a lot of thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Problems remembering appointments or obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Problems getting things in order when you had to do a task that required organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Problems wrapping up the final details of a project once the challenging parts were done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling overly active and compelled to do things, like you were driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Fidgeting or squirming with your hands or feet when you had to sit down for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Driving faster than other people or driving unsafely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTRO.C2. You reported that you...

- (If C1a = AT LEAST "SOMETIMES": had problems keeping your attention when you were doing boring or repetitive work)
- (If C1b = AT LEAST "SOMETIMES": made careless mistakes when you had to work on a boring or difficult project)
- (If C1.1a = AT LEAST "SOMETIMES": avoided or delayed getting started when you had a task that required a lot of thought)
- (If C1.1b = AT LEAST "SOMETIMES": had problems remembering appointments or obligations)
- (If C1.1c = AT LEAST "SOMETIMES": had problems getting things in order when you had to do a task that required organization)
- (If C1c = AT LEAST "SOMETIMES": had problems completing tasks satisfactorily in the allotted time)
- (If C1d = AT LEAST "SOMETIMES": had problems prioritizing work when you were in a situation where setting priorities was needed)
- (If C1.1d = AT LEAST "SOMETIMES": had problems wrapping up the final details of a project once the challenging parts were done)
- (If C1.1e = AT LEAST "SOMETIMES": felt overly active and compelled to do things, like you were driven by a motor)
- (If C1.1f = AT LEAST "SOMETIMES": fidgeted or squirmed with your hands or feet when you had to sit down for a long time)
- [If C1.1g = AT LEAST "SOMETIMES": had trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)]
- (If C1.1h = AT LEAST "SOMETIMES": drove faster than other people or drove unsafely)

C2. How often in the past 6 months did problems with attention or concentration interfere with your work or personal life?

- All or almost all the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

C3. About how old were you the very first time you had problems with attention or concentration? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 5, 5-6, 7-10, 11-15, 16-17, 18, 19, 20... to current age provided in NSS PART A, A1

[Programmer: Show Intro.C2, C2, and C3 on the same screen]

SECTION D: DEPRESSION

D1. The next questions are about feelings of depression or low mood.

How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2. Think of a month in your life when you had the largest number of problems with depression and low mood. How often during that month did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.D2.1.

1. IF 1 OR MORE IN THE D2a-d SERIES = AT LEAST "SOME OF THE TIME," GO TO D2.1.
2. IF 1 OR MORE IN THE D1a-d SERIES = AT LEAST "SOME OF THE TIME" GO TO INTRO.D3.
3. ALL OTHERS GO TO E1 (HIGH MOOD).

D2.1. During that same month, how often did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have trouble concentrating or making day-to-day decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. think a lot about death, either your own, someone else's, or death in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your depression or low mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often during that month did depression or low mood interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.D3.

1. IF (1 OR MORE IN THE D2a-d SERIES = AT LEAST "SOME OF THE TIME") AND (2 IN THE D2a-d SERIES AND D2.1a-e SERIES = AT LEAST "SOME OF THE TIME,") GO TO INTRO.D3.
2. ALL OTHERS GO TO E1 (HIGH MOOD).

INTRO.D3. You reported that you...

- (IF D1a OR D2a = AT LEAST "SOME OF THE TIME": felt sad or depressed)
- (IF D1b OR D2b= AT LEAST "SOME OF THE TIME": felt discouraged about how things were going in your life)
- (IF D1c OR D2c = AT LEAST "SOME OF THE TIME": took little or no interest or pleasure in things)
- (IF D1d OR D2d = AT LEAST "SOME OF THE TIME": felt down on yourself, no good, or worthless)
- (IF D2.1a = AT LEAST "SOME OF THE TIME": felt hopeless)
- (IF D2.1b = AT LEAST "SOME OF THE TIME": had trouble concentrating or making day-to-day decisions)
- (IF D2.1c = AT LEAST "SOME OF THE TIME": thought a lot about death, either your own, someone else's, or death in general)
- (IF D2.1d = AT LEAST "SOME OF THE TIME": experienced serious psychological distress because of problems with depression or low mood)
- (IF D2.1e = AT LEAST "SOME OF THE TIME": had problems with depression or low mood that interfered with your work or personal life)

D3. About how old were you the very first time you had problems with depression or low mood at least some of the time? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS PART A, A1

D4. About how many years in your life did you have times when you had problems with depression or low mood at least some of the time? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

D5. About how many months out of 12 in the past year did you have problems with depression or low mood?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.D3, D3, and D4 on one screen and Intro.D3 and D5 on the next screen]

SECTION E: HIGH MOOD

E1. The next question is about whether you ever in your life had an episode lasting several days or longer when your mood was much higher than usual and you were much more excitable or hyper than usual. Please carefully read the following description of these episodes:

I. These episodes usually go on for between several days and several weeks. During these episodes, people feel one or more of the following experiences:

- Much more excited, hyper, or full of energy than usual
- Much more talkative, open, and outgoing than usual
- Much more irritable, grumpy, or quick-tempered than usual

II. During these episodes, people often have one or more of the following experiences:

- Racing thoughts
- Trouble sitting still
- Trouble concentrating

III. People sometimes do things that are unusual for them during these episodes, such as one or more of the following:

- Driving too fast
- Spending too much money on things they don't need
- Getting into relationships they would not usually get into
- Doing other things they would normally be too embarrassed to do.

PRESS THE "ENTER" KEY TO MOVE TO THE "NEXT" BUTTON AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

E2. CHECKPOINT (TIMING OF SCREEN FOR E1)

R CLICKED THE SKIP AT THE BOTTOM OF THE PREVIOUS SCREEN
LESS THAN 5 SECONDS AFTER THE SCREEN FIRST APPEARED -----> GO TO E3
ALL OTHERS ----- > GO TO E4

E3. You jumped over that description very quickly. It's important that you read the description carefully.

SHOW THE SAME DESCRIPTION AS ON THE PREVIOUS SCREEN

CHOOSE "NEXT" AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

E4. With this definition in mind, did you ever in your life have an episode of this sort? (Do not count episodes caused by drinking or using drugs.)

- Yes
- No ----- > GO TO F1 (ANXIETY)

E5. Think of a typical intense episode of this sort. How often during that episode did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Your mood was much higher, happier, or more optimistic than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were much more irritable than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were so hyper or wound up that you felt out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your thoughts raced through your mind so fast you could hardly keep track of them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E5.1.

1. IF E5a OR E5b = AT LEAST "SOME OF THE TIME," GO TO E5.1.
2. ALL OTHERS GO TO F1 (ANXIETY).

E5.1. How often during that episode did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. You were so restless or fidgety that you couldn't stay still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You slept much less than usual and still did not get tired or sleepy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You talked so much that other people couldn't get their say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You were extremely self-confident or optimistic or you believed you could do things you really couldn't do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You made bad decisions that could have caused problems for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often during that episode did the problems in this list interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E6.

1. IF TOTAL OF 3 OR MORE IN THE E5a-d SERIES AND E5.1a-f SERIES = AT LEAST "SOME OF THE TIME," GO TO INTRO.E6.
2. ALL OTHERS GO TO F1 (ANXIETY).

INTRO.E6. You reported that during a typical intense episode of this sort...

- (IF E5a = AT LEAST "SOME OF THE TIME": your mood was much higher, happier, or more optimistic than usual)
- (IF E5b = AT LEAST "SOME OF THE TIME": you were much more irritable than usual)
- (IF E5c = AT LEAST "SOME OF THE TIME": you were so hyper or wound up that you felt out of control)
- (IF E5d = AT LEAST "SOME OF THE TIME": your thoughts raced through your mind so fast you could hardly keep track of them)
- (IF E5.1a = AT LEAST "SOME OF THE TIME": you were so restless or fidgety that you couldn't stay still)
- (IF E5.1b = AT LEAST "SOME OF THE TIME": you slept much less than usual and still did not get tired or sleepy)
- (IF E5.1c = AT LEAST "SOME OF THE TIME": you talked so much that other people couldn't get their say)
- (IF E5.1d = AT LEAST "SOME OF THE TIME": you were extremely self-confident or optimistic or you believed you could do things you really couldn't do)
- (IF E5.1e = AT LEAST "SOME OF THE TIME": you made bad decisions that could have caused problems for you)
- (IF E5.1f = AT LEAST "SOME OF THE TIME": these problems interfered with your work or personal life)

E6. About how old were you the very first time you had an episode of this sort that lasted several days or longer? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20...to current age provided in NSS PART A, A1

E7. About how many times in your life did you have an episode of this sort that lasted several days or longer? *(Do not count episodes caused by drinking or using drugs.)*

- 1-2 times
- 3-5
- 6-10
- 11-20
- 21 or more times

[Programmer: Show Intro.E6, E6, AND E7 ON ONE SCREEN]

E8. How long was the longest episode you ever had?

- 3 days or less
- 4-6 days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks

E9. Were you ever hospitalized for one of these episodes?

- Yes
- No

[Programmer: Show Intro.E6, E8, AND E9 ON ONE SCREEN]

E10. About how many years in your life did you have an episode of this sort that lasted several days or longer? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show Intro.E6, and E10 on the same screen]

E11. About how many months out of 12 in the past year did you have an episode of this sort that lasted several days or longer?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.E6, and E11 on the same screen]

SECTION F: ANXIETY

F1. The next questions are about feelings of anxiety or worry.

How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worry about a number of different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel more anxious or worried than other people in your same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. worry about things that most other people wouldn't worry about?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have trouble controlling your worry or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2. Think of a month in your life when you had the largest number of problems with anxiety or worry. How often during that month did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worry about a number of different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel more anxious or worried than other people in your same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. worry about things that most other people wouldn't worry about?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have trouble controlling your worry or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.F2.1.

- IF (F2a OR F2b = AT LEAST "SOME OF THE TIME") AND (F2c OR F2d = AT LEAST "SOME OF THE TIME,") GO TO F2.1.
- IF (F1a OR F1b = AT LEAST "SOME OF THE TIME") AND (F1c OR F1d = AT LEAST "SOME OF THE TIME,") GO TO INTRO.F3.
- ALL OTHERS GO TO G1 (IRRITABILITY AND ANGER).

F2.1. During that same month, how often did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel restless, fidgety, keyed up, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have muscle aches or tension caused by anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel easily fatigued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feel irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have difficulty concentrating or your mind going blank?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. experience serious psychological distress because of your anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often during that month did anxiety or worry interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTRO.F3. You reported that you...

- (IF F1a OR F2a = AT LEAST "SOME OF THE TIME": felt anxious or nervous)
- (IF F1b OR F2b = AT LEAST "SOME OF THE TIME": worried about a number of different things)
- (IF F1c OR F2c = AT LEAST "SOME OF THE TIME": felt more anxious or worried than other people in your same situation)
- (IF F1d OR F2d = AT LEAST "SOME OF THE TIME": worried about things that most other people wouldn't worry about)
- (IF F1e OR F2e = AT LEAST "SOME OF THE TIME": had trouble controlling your worry or anxiety)
- (IF F2.1a = AT LEAST "SOME OF THE TIME": had trouble relaxing)
- (IF F2.1b = AT LEAST "SOME OF THE TIME": felt restless, fidgety, keyed up, or on edge)
- (IF F2.1c = AT LEAST "SOME OF THE TIME": had muscle aches or tension caused by anxiety or worry)
- (IF F2.1d = AT LEAST "SOME OF THE TIME": felt easily fatigued)
- (IF F2.1e = AT LEAST "SOME OF THE TIME": felt irritable)
- (IF F2.1f = AT LEAST "SOME OF THE TIME": had sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much))
- (IF F2.1g = AT LEAST "SOME OF THE TIME": had difficulty concentrating or your mind going blank)
- (IF F2.1h = AT LEAST "SOME OF THE TIME": experienced serious psychological distress because of feelings of anxiety or worry)
- (IF F2.1i= AT LEAST "SOME OF THE TIME": had problems with anxiety or worry that interfered with your work or personal life)

F3. About how old were you the very first time you had problems with anxiety or worry at least some of the time for one month or longer? (Your best estimate is fine if you cannot remember your exact number.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS PART A, A1

F4. About how many years in your life did you have times when you had problems with anxiety or worry at least some of the time? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show Intro.F3, F3, and F4 on the same screen.]

F5. About how long in months was the longest episode of anxiety or worry you ever had in your life?

- Less than 1 month
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11-12
- 13-24
- 25 or more months

[Programmer: Show Intro.F3, and F5 on the same screen.]

F6. About how many months out of 12 in the past year did you have problems with anxiety or worry?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.F3, and F6 on the same screen.]

SECTION G: IRRITABILITY AND ANGER

G1. The next questions are about feelings of irritability and anger.

How often do you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel irritated, annoyed, or grouchy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel so angry that you think you might explode?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel a lot more angry than most people would be in the same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel that your anger is out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often do the feelings in this list interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. How often do you do each of the following things?

	Very often	Often	Sometimes	Rarely	Never
a. Yell, insult, swear, or threaten someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have a heated argument with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get into a loud argument in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have a physical confrontation during an argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G3.

- IF (1 OR MORE IN THE G1a-e SERIES = AT LEAST "SOME OF THE TIME") OR (1 OR MORE IN THE G2a-d SERIES = AT LEAST "SOMETIMES,") GO TO INTRO.G3.
- ALL OTHERS GO TO H1 (PANIC ATTACKS).

INTRO.G3. You reported that you...

- (IF G1a = AT LEAST "SOME OF THE TIME": felt irritated, annoyed, or grouchy)
- (IF G1b = AT LEAST "SOME OF THE TIME": felt so angry that you thought you might explode)
- (IF G1c = AT LEAST "SOME OF THE TIME": felt a lot more angry than most people would be in the same situation)
- (IF G1d = AT LEAST "SOME OF THE TIME": felt that your anger was out of control)
- (IF G2a = AT LEAST "SOMETIMES": yelled, insulted, swore, or threatened someone)
- (IF G2b = AT LEAST "SOMETIMES": had a heated argument with someone)
- (IF G2c = AT LEAST "SOMETIMES": got into a loud argument in public)
- (IF G2d = AT LEAST "SOMETIMES": had a physical confrontation during an argument)
- (IF G1e = AT LEAST "SOME OF THE TIME": had feelings of irritability and anger that interfered with your work or personal life)

G3. About how old were you the very first time you had any of these feelings of irritability or anger or engaged in any of these behaviors at least some of the time? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS PART A, A1

G4. About how many years in your life did you have any of these feelings of irritability or anger or engage in any of these behaviors at least some of the time? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show Intro.G3, G3 AND G4 on the same screen.]

G5. About how many months out of 12 in the past year did you have feelings of irritability or anger or engage in any of these behaviors at least some of the time?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.G3 AND G5 on the same screen.]

SECTION H: PANIC ATTACKS

H1. The next questions are about attacks of fear.

Did you ever in your life have either of the following kinds of attacks?

	Yes	No
a. An attack of panic or anxiety or strong fear that came on very suddenly and made you feel very frightened or uneasy	<input type="radio"/>	<input type="radio"/>
b. An attack of heart pounding or chest pain that came on very suddenly and made you feel very frightened or uneasy	<input type="radio"/>	<input type="radio"/>

CKPT.H2.

1. IF 1 OR MORE IN H1a-b SERIES = "YES," GO TO H2.
2. ALL OTHERS GO TO J1 (ANGER ATTACKS).

H2. Attacks like these sometimes happen without provocation "out of the blue" and other times they occur in situations where a person has a strong fear (e.g., a fear of snakes or of heights) or is in real danger (e.g., in a car accident). When did your attacks occur?

- All of your attacks occurred without provocation "out of the blue"
- Some of your attacks occurred "out of the blue" and others in situations where you had a strong fear or were in real danger
- All of your attacks occurred in situations where you had a strong fear or were in real danger → GO TO H4

H3. About how many "out of the blue" attacks did you ever have in your entire life? (Your best estimate is fine if you cannot remember the exact number.)

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

CKPT.H4.

1. IF H2 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER," GO TO H4.
2. IF (H2 = "ALL OF YOUR ATTACKS OCCURRED WITHOUT PROVOCATION 'OUT OF THE BLUE'") AND (H3 = "1-2"), GO TO J1 (ANGER ATTACKS).
3. ALL OTHERS GO TO H5.

H4. About how many attacks did you ever have in situations where you had a strong fear (e.g., fear of snakes or of heights)? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

CKPT.H5.

1. IF (H2 = "ALL OF YOUR ATTACKS OCCURRED IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (H4 = "1-2"), GO TO J1 (ANGER ATTACKS).
2. IF (H2 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (H3 = "1-2") AND (H4 = "1-2"), GO TO J1 (ANGER ATTACKS).
3. ALL OTHERS GO TO H5.

H5. When you had these attacks, did you usually have reactions like...

	Yes	No
a. pounding or racing heart?	<input type="radio"/>	<input type="radio"/>
b. shortness of breath?	<input type="radio"/>	<input type="radio"/>
c. feeling dizzy or faint?	<input type="radio"/>	<input type="radio"/>
d. feeling like you might throw up?	<input type="radio"/>	<input type="radio"/>
e. trembling or shaking?	<input type="radio"/>	<input type="radio"/>
f. fear that you might lose control or go crazy?	<input type="radio"/>	<input type="radio"/>
g. fear that you might suddenly die?	<input type="radio"/>	<input type="radio"/>

CKPT.H6.

1. IF 1 OR MORE IN H5a-g SERIES = "YES," GO TO H6.
2. ALL OTHERS GO TO J1 (ANGER ATTACKS).

H6. How long did it usually take these reactions to reach their peak intensity after the attack started?

- Less than 1 minute
- 1-5 minutes
- 6-10 minutes
- 11-20 minutes
- 21 or more minutes

H7. After having one of these attacks, did you ever have any of the following experiences?

	Yes	No
a. A month or more when you often worried that you might have another attack	<input type="radio"/>	<input type="radio"/>
b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control	<input type="radio"/>	<input type="radio"/>
c. A month or more when you changed your everyday activities because of the attacks	<input type="radio"/>	<input type="radio"/>
d. A month or more when you avoided certain situations because of fear about having another attack	<input type="radio"/>	<input type="radio"/>

H8. About how old were you the very first time you had one of these attacks? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

H9. About how many years in your life did you have at least one of these attacks? (Your best estimate is fine if you cannot remember the exact number.)

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

H10. About how many days in the past 30 did you have one of these attacks?

- 0 days
- 1
- 2
- 3
- 4
- 5
- 6-10
- 11-20
- 21-30 days

H11. About how many months out of 12 in the past year did you have at least one of these attacks?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

SECTION J: ANGER ATTACKS

J1. The next questions are about attacks of anger.

Did you ever in your life have attacks of anger when all of a sudden you lost control and either broke or smashed something worth more than a few dollars, hit or tried to hurt someone, or threatened someone?

- Yes
- No

CKPT.J2.

1. IF J1 = "YES," GO TO J2.
2. ALL OTHERS GO TO K1 (STRESSFUL EXPERIENCES).

J2. Did you ever have the following experiences associated with your anger attacks?

	Yes	No
a. Did your anger attacks ever occur without a good reason or in situations where most people would not get angry?	<input type="radio"/>	<input type="radio"/>
b. Did you ever have times just before an attack when you felt such a strong impulse to let loose or blow up that you couldn't resist it no matter how hard you tried?	<input type="radio"/>	<input type="radio"/>
c. Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks <u>only</u> occur when you had been drinking or using drugs?	<input type="radio"/>	<input type="radio"/>

CKPT.J2d.

1. IF J2c = "YES," GO TO J2d.
2. ALL OTHERS GO TO J3.

J2d. Did you ever have an anger attack when you were NOT drinking or using drugs?

- Yes
- No

J3. About how many anger attacks did you ever have in your life? (Your best estimate is fine if you cannot remember the exact number.)

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

J4. How often when you had them did your anger attacks interfere with your work or personal life?

- All or almost all the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

J5. About how old were you the very first time you had an anger attack? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS Part A, A1

J6. About how many years in your life did you have at least one anger attack? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

J7. About how many days in the past 30 did you have an anger attack?

- 0 days
- 1
- 2
- 3
- 4
- 5
- 6-10
- 11-20
- 21-30 days

J8. About how many months out of 12 in the past year did you have at least one anger attack?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

SECTION K: STRESSFUL EXPERIENCES

K1. The next questions are about highly stressful experiences that might have happened to you at any time in your life.

How many times did you experience each of the following?

	0	1	2-4	5-9	10 or more
a. Serious physical assault (e.g., mugging)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sexual assault or rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Serious assault happened to a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Murder of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Suicide of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Combat death of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Accidental death of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You witnessed someone being seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You discovered or handled a dead body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You had a life-threatening illness or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You were in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. You had any other experience that put you at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. You were bullied (ongoing comments or behaviors) during your childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. You had a close friend or relative who had an experience that put them at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.K2.

1. IF AT LEAST 1 IN THE K1a-o SERIES = "1" OR MORE, GO TO INTRO.K2.
2. ALL OTHERS GO TO K7.

INTRO.K2. You reported the following highly stressful (ONLY ONE EVENT REPORTED IN K1 experience/ALL OTHERS: experiences):

- (If K1a = at least '1': You experienced a serious physical assault (e.g., mugging))
- (If K1b = at least '1': You were sexually assaulted or raped)
- (If K1c = at least '1': Serious assault happened to a close friend or relative)
- (If K1d OR K1e OR K1f OR K1g OR K1h = at least '1': You experienced the murder, suicide, attempted suicide, combat death, or accidental death of a close friend or relative)
- (If K1i = at least '1': You witnessed someone being seriously injured or killed)
- (If K1j = at least '1': You discovered or handled a dead body)
- (If K1k = at least '1': You had a life-threatening illness or injury)
- (If K1l = at least '1': You were in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died)
- (If K1m = at least '1': You had any other experience that put you at risk of death or serious injury)
- (If K1n = at least '1': You were bullied (ongoing comments or behaviors) during your childhood or adolescence)
- (If K1o = at least '1': You had a close friend or relative who had an experience that put them at risk of death or serious injury)

The next questions are about the highly stressful (ONLY ONE EVENT REPORTED IN K1, AS HAPPENING ONLY ONE TIME: experience/ALL OTHERS: experiences) in this list.

[PROGRAMMER: SHOW BULLETED LIST (INTRO.K2) ON SEPARATE PAGE FROM K2 QUESTION AND GRID]

K2. Highly stressful experiences like (ONLY ONE EVENT REPORTED IN K1: the one you reported/ ALL OTHERS: the ones you reported) can cause a number of reactions. How often did you have each of the following reactions to (ONLY ONE EVENT REPORTED IN K1 AS HAPPENING ONLY ONE TIME: your stressful experience/ALL OTHERS: your stressful experiences) in the past 30 days?

	6 or more times a week	4-5 times a week	2-3 times a week	Once a week or less	Never
a. You had repeated, disturbing memories, thoughts, or images of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You avoided thinking about or talking about a stressful experience or avoided having feelings about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You avoided activities or situations because they reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had difficulty concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You felt jumpy or easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your disturbing memories or thoughts about a stressful experience interfered with the quality of your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You experienced serious psychological distress because of the reactions in this list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The reactions in this list interfered with your work or personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.K3.

1. IF 2 OR MORE IN K2a-i SERIES = AT LEAST "2-3 TIMES A WEEK," GO TO K3.
2. ALL OTHERS GO TO K4.

K3. About how many months have these reactions to (ONLY ONE EVENT REPORTED IN K1 AS HAPPENING ONLY ONE TIME: your stressful experience/ALL OTHERS: your stressful experiences) been going on?

- Less than 1 month
- 1-3
- 4-6
- 7-12
- 13-18
- 19-24
- 25-36
- 37-48
- 49 or more months

CKPT.K4.

1. IF ALL IN K2a-i SERIES = "6 OR MORE TIMES A WEEK," GO TO INTRO.K5.
2. ALL OTHERS GO TO K4.

K4. Think of the month in your life when you had the largest number of reactions to (ONLY ONE EVENT REPORTED IN K1 AS HAPPENING ONLY ONE TIME: your experience/ALL OTHERS: your experiences). During that month, how often did you have each of the following reactions?

	6 or more times a week	4-5 times a week	2-3 times a week	Once a week or less	Never
a. You had repeated, disturbing memories, thoughts, or images of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You avoided thinking about or talking about a stressful experience or avoided having feelings about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You avoided activities or situations because they reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had difficulty concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You felt jumpy or easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your disturbing memories or thoughts about a stressful experience interfered with the quality of your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You experienced serious psychological distress because of the reactions in this list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The reactions in this list interfered with your work or personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.K5.

1. IF (2 OR MORE IN K2a-i SERIES) OR (2 OR MORE IN K4a-i SERIES) = AT LEAST "2-3 TIMES A WEEK," GO TO INTRO.K5.
2. ALL OTHERS GO TO K7.

INTRO.K5. You reported that you...

- [(IF K2a OR K4a = AT LEAST "2-3 TIMES A WEEK"): had repeated, disturbing memories, thoughts, or images of a stressful experience]
- [(IF K2b OR K4b = AT LEAST "2-3 TIMES A WEEK"): had physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience]
- [(IF K2c OR K4c = AT LEAST "2-3 TIMES A WEEK"): avoided thinking about or talking about a stressful experience or avoided having feelings related to it]
- [(IF K2d OR K4d = AT LEAST "2-3 TIMES A WEEK"): avoided activities or situations because they reminded you of a stressful experience]
- [(IF K2e OR K4e = AT LEAST "2-3 TIMES A WEEK"): had difficulty concentrating]
- [(IF K2f OR K4f = AT LEAST "2-3 TIMES A WEEK"): felt jumpy or easily startled]
- [(IF K2g OR K4g = AT LEAST "2-3 TIMES A WEEK"): had disturbing memories or thoughts about a stressful experience that interfered with the quality of your life]
- [(IF K2h OR K4h = AT LEAST "2-3 TIMES A WEEK"): experienced serious psychological distress because of these reactions]
- [(IF K2i OR K4i = AT LEAST "2-3 TIMES A WEEK"): had reactions to a highly stressful experience that interfered with your work or personal life]

K5. About how old were you the very first time you had these kinds of reactions to a highly stressful experience for one month or longer? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Never, Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS Part A, A1

K6. About how many years in your life did you have these kinds of reactions to a highly stressful experience for one month or longer? *(Your best estimate is fine if you cannot remember the exact number.)*

- 0 years
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: If 1-5 bullets in INTRO.K5 are displayed, show INTRO.K5, K5, and K6 on the same screen. Else, show INTRO.K5 and K5 on one screen and INTRO.K5 and K6 on a separate screen.]

K6.1. About how many months out of 12 in the past year did you have any of these of reactions?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show INTRO.K5 and K6.1 on same screen.]

K7. Did you have any of the following experiences in the past 12 months?

	Yes	No
a. A life-threatening illness or injury of a very close friend or close family member	<input type="radio"/>	<input type="radio"/>
b. Death of a very close friend or close family member	<input type="radio"/>	<input type="radio"/>
c. Separation or divorce from your spouse/partner	<input type="radio"/>	<input type="radio"/>
d. Spouse or partner cheated on you	<input type="radio"/>	<input type="radio"/>
e. Serious betrayal by someone else close to you	<input type="radio"/>	<input type="radio"/>
f. Serious ongoing arguments or break-up with some other close friend or family member	<input type="radio"/>	<input type="radio"/>

K7.1. Did you have any of the following experiences in the past 12 months?

	Yes	No
a. You were involved in a motor vehicle accident while you were driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>
b. You caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>
c. You didn't get promoted when you thought you should have been	<input type="radio"/>	<input type="radio"/>
d. You had trouble with the police	<input type="radio"/>	<input type="radio"/>
e. You spent time in jail or correctional custody	<input type="radio"/>	<input type="radio"/>
f. Any other serious legal problem	<input type="radio"/>	<input type="radio"/>
g. Any other very stressful event	<input type="radio"/>	<input type="radio"/>

K8. How much stress did you have over the past 12 months in each of the following areas of your life?

	Very severe	Severe	Moderate	Mild	None
a. Your financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your love life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your relationship with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The health of your loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other problems experienced by your loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your life overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K9. People differ a lot in how well they handle stress. How would you rate your ability to handle stress in each of the following ways?

	Excellent	Very good	Good	Fair	Poor
a. Keep calm and think of the right thing to do in a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Manage stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try new approaches if old ones don't work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Get along with people when you have to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Keep your sense of humor in tense situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION L: SPIRITUALITY

L1. The next questions are about religion.

What is your religious preference? (Mark all that apply.)

- Baptist (American Baptist, Southern Baptist, other Baptist)
- Catholic
- Episcopal
- Lutheran (American, Wisconsin Evangelical, other Lutheran)
- Methodist (African Methodist, United Methodist, other Methodist)
- Mormon
- Presbyterian (United Presbyterian, other Presbyterian)
- Other Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Other religion
- No religious preference
- Agnostic or Atheist

L2. About how often do you usually attend religious services when you can?

- More than once a week
- About once a week
- 2-3 times a month
- Once a month
- Less than once a month
- Never

L3. How religious (your faith in a higher power or practice of religious beliefs) or spiritual (your value of the spiritual aspect of life) do you consider yourself to be?

	Very	Moderately	Slightly	Not at all
a. How <u>religious</u> do you consider yourself to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How <u>spiritual</u> do you consider yourself to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L4. Do you see yourself as any of the following?

	Yes	No
a. Born-again	<input type="radio"/>	<input type="radio"/>
b. Filled with the Spirit	<input type="radio"/>	<input type="radio"/>
c. Fundamentalist	<input type="radio"/>	<input type="radio"/>
d. Evangelical	<input type="radio"/>	<input type="radio"/>
e. Part of the Charismatic Movement	<input type="radio"/>	<input type="radio"/>

SECTION M: TREATMENT

M1. The next questions are about treatment or counseling you might have received.

Did you ever in your life receive medication, psychological counseling, or spiritual counseling from any of the following providers for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs?

DEFINITION: A "mental health professional" includes a psychiatrist, psychologist, drug or alcohol counselor, mental health counselor or social worker, and marriage and family counselor. These professionals can be seen in one-on-one sessions, group sessions, or telephone sessions.

DEFINITION: A "self-help or support group" is a group for people with emotional, family, or substance problems that is run by the people themselves without a mental health professional running the group.

	Yes	No
a. A mental health professional (<i>See the definition of "mental health professional" above.</i>)	<input type="radio"/>	<input type="radio"/>
b. A general medical doctor, nurse, or physician's assistant	<input type="radio"/>	<input type="radio"/>
c. A minister, priest, rabbi, or other spiritual advisor	<input type="radio"/>	<input type="radio"/>
d. A self-help or support group (<i>See the definition of "self-help or support group" above.</i>)	<input type="radio"/>	<input type="radio"/>

CKPT.M2.

1. IF ALL IN M1a-d SERIES = "NO," GO TO M16.
2. IF M1a = "YES," GO TO M2.
3. ALL OTHERS GO TO CKPT.M6.

M2. You reported receiving medication or counseling from a mental health professional. Which did you receive: medication, counseling, or both?

- Medication
- Counseling
- Both medication and counseling

M3. About how old were you the very first time you received (IF M2 = MEDICATION: medication/IF M2 = COUNSELING: counseling/IF M2 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a mental health professional for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

M4. About how many months or years did you receive (IF M2 = MEDICATION: medication/IF M2 = COUNSELING: counseling/IF M2 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a mental health professional for any of these problems?

- Less than 6 months
- 6-11 months
- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

M5. Did you receive (IF M2 = MEDICATION: medication/IF M2 = COUNSELING: counseling/IF M2 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a mental health professional for any of these problems at any time in the past 12 months?

- Yes
- No

CKPT.M6.

1. IF M1b = "YES," GO TO M6.
2. ALL OTHERS GO TO CKPT.M10.

M6. You (IF M1a = YES: also) reported receiving medication or counseling from a general medical doctor, nurse, or physician's assistant. Which did you receive: medication, counseling, or both?

- Medication
- Counseling
- Both medication and counseling

M7. About how old were you the very first time you received (IF M6 = MEDICATION: medication/IF M6 = COUNSELING: counseling/IF M6 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a general medical doctor, nurse, or physician's assistant for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS Part A, A1

M8. About how many months or years did you receive (IF M6 = MEDICATION: medication/IF M6 = COUNSELING: counseling/IF M6 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a general medical doctor, nurse, or physician's assistant for any of these problems?

- Less than 6 months
- 6-11 months
- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

M9. Did you receive (IF M6 = MEDICATION: medication/IF M6 = COUNSELING: counseling/IF M6 = BOTH MEDICATION AND COUNSELING: medication or counseling) from a general medical doctor, nurse, or physician's assistant for any of these problems at any time in the past 12 months?

- Yes
- No

CKPT.M10.

1. IF M1c = "YES," GO TO M10.
2. ALL OTHERS GO TO CKPT.M13.

M10. You (IF M1a OR M1b = YES: also) reported receiving counseling from a minister, priest, rabbi, or other spiritual advisor. About how old were you the very first time you received counseling from one of these people for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS Part A, A1

M11. About how many months or years did you receive counseling from a minister, priest, rabbi, or other spiritual advisor for any of these problems?

- Less than 6 months
- 6-11 months
- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

M12. Did you receive counseling from a minister, priest, rabbi, or other spiritual advisor for any of these problems at any time in the past 12 months?

- Yes
- No

CKPT.M13.

1. IF M1d = "YES," GO TO M13.
2. ALL OTHERS GO TO N1 (HOW YOU SEE YOURSELF).

M13. You (IF M1a, M1b OR M1c = "YES": also) reported attending a self-help or support group. About how old were you the very first time you attended a self-help or support group for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in NSS Part A, A1

M14. About how many months or years did you attend a self-help or support group for any of these problems?

- Less than 6 months
- 6-11 months
- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

M15. Did you attend a self-help or support group for any of these problems at any time in the past 12 months?

- Yes
- No

GO TO N1 (HOW YOU SEE YOURSELF)

M16. Many people have times when they think about seeing a doctor or counselor for problems with stress, emotions, behavior, family or relationship problems, or problems with alcohol or drugs. How often in your life have you thought about this?

- Very often
- Often
- Sometimes
- Rarely
- Never

SECTION N: HOW YOU SEE YOURSELF

N1. The next questions are about how you see yourself.

How well does each of the following statements describe you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I worry about things a lot more than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I enjoy taking risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am much more shy than most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have an active imagination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel good when I help people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I often feel resentful when I don't get my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I almost always finish projects that I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am pretty quiet around people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am pretty old-fashioned and traditional in how I think about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am a very modest person, the sort who never brags about his or her accomplishments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N2. How well does each of the following statements describe you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I often feel empty inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Even little things sometimes make me very angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am under a lot of stress, I get suspicious of other people or feel really spaced out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are times when my future looks very dark.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am usually very optimistic about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I sometimes have trouble with work or money, such as not being employed for long periods of time or not paying back money that I owe to someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have done things that are against the law like stealing, using or selling drugs, or writing bad checks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I often have to lie to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. There are many things I would just never do because I believe they are wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am not afraid to die.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3. Is each of the following statements generally true or false in describing you?

	True	False
a. My mood often changes, from happiness to sadness, without my knowing why.	<input type="radio"/>	<input type="radio"/>
b. I often feel guilty without a very good reason for it.	<input type="radio"/>	<input type="radio"/>
c. I attach very little importance to having close friends.	<input type="radio"/>	<input type="radio"/>
d. I am much too independent to really get involved with other people.	<input type="radio"/>	<input type="radio"/>

N4. How well does each of the following statements describe you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I get embarrassed easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have a harder time than most people handling stressful situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am a pretty passive person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am pretty set in my ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am a cautious person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. When I am upset I often act without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I sometimes don't follow through on things I promise to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am open-minded about how other people live their lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POMS6. We would like to know how you are feeling right now. How much do you have each of the following feelings right now?

	Extremely	Quite a bit	Moderately	A little	Not at all
a. Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Annoyed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Miserable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Unable to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

KSS. Please mark the number that best corresponds to how sleepy you feel right now. (You may mark any number between 1 and 9, but mark only one number.)

- 1 Extremely alert
- 2
- 3 Alert
- 4
- 5 Neither alert nor sleepy
- 6
- 7 Sleepy – but no difficulty remaining awake
- 8
- 9 Extremely sleepy – fighting sleep