

AA1. Before we get started with the survey, we would like to ask: how old are you?

ENTER Age

[PROGRAMMER: Include constraints >17 years old and <65 years old]

SECTION B: TOBACCO, ALCOHOL, AND DRUGS

B1. The next questions are about your use of tobacco, alcohol, and drugs.

About how old were you the very first time you used each of the following? (*Your best estimate is fine if you cannot remember your exact age.*)

a. Cigarettes, cigars, pipes, snuff, or smokeless tobacco	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
b. Spice (e.g., K2, plant food, fake weed)	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
c. One or more drinks of alcohol (e.g., beer, wine, wine cooler, shot of liquor, mixed drink)	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
d. 5 or more drinks of alcohol on the same day	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
e. Marijuana or hashish	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
f. Any other kind of illegal drug (e.g., cocaine, ecstasy, speed, LSD, poppers)	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
g. Prescription stimulants (e.g., Adderall, amphetamines, diet pills) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
h. Prescription tranquilizers or muscle relaxers (e.g., Ativan, Valium) or sedatives (e.g., Ambien, Quaalude) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1
i. Prescription pain relievers (e.g., codeine, OxyContin) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	DROP DOWN MENU: Never, Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in AA1

CKPT.B2.

1. IF 1 OR MORE OF THE B1a – i SERIES = AT LEAST "LESS THAN 13," GO TO B2.
2. ALL OTHERS GO TO C1 (SELF-HARM).

B2. Think of the times you used each of the following substances most often. During those times, how often did you smoke, drink, or use each of the following?

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never used
a. Cigarettes, cigars, pipes, snuff, or smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spice (e.g., K2, plant food, fake weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. One or more drinks of alcohol (e.g., beer, wine, wine cooler, shot of liquor, mixed drink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 5 or more drinks of alcohol on the same day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Marijuana or hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Any other kind of illegal drug (e.g., cocaine, ecstasy, speed, LSD, poppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Prescription stimulants (e.g., Adderall, amphetamines, diet pills) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Prescription tranquilizers or muscle relaxers (e.g., Ativan, Valium) or sedatives (e.g., Ambien, Quaalude) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Prescription pain relievers (e.g., codeine, OxyContin) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.B3.

1. IF B2a = AT LEAST "1-2 DAYS A WEEK," GO TO B3.
2. ALL OTHERS GO TO CKPT.B6.

B3. The next questions are about some experiences you may have had at any time in your life because of using tobacco.

	Yes	No
a. Did you ever in your life try to stop or cut down on your use of tobacco and find that you were not able to do so?	<input type="radio"/>	<input type="radio"/>
b. Did you ever in your life have times when you stopped, cut down, or went without tobacco and then experienced physical symptoms like fatigue, headaches, constipation, upset stomach, weakness, or trouble sleeping?	<input type="radio"/>	<input type="radio"/>
c. Did your tobacco use ever cause physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure?	<input type="radio"/>	<input type="radio"/>
d. Did you ever continue to use tobacco even though you developed physical problems from use?	<input type="radio"/>	<input type="radio"/>
e. Did you ever develop a physical tolerance for tobacco so that you were able to smoke, dip or chew more tobacco without the negative physical effects (e.g., nausea, irritability, restlessness) you had previously?	<input type="radio"/>	<input type="radio"/>

CKPT.B4.

1. If 2 OR MORE FROM THE B3a-e SERIES = "YES," GO TO INTRO.B4.
2. ALL OTHERS GO TO CKPT.B6.

INTRO.B4. You reported that ...

- **(IF B3a = "YES": you tried to stop or cut down on your use of tobacco and found that you were not able to do so)**
- **(IF B3b = "YES": you had times when you stopped, cut down, or went without tobacco and then experienced physical symptoms like fatigue, headaches, constipation, upset stomach, weakness, or trouble sleeping)**
- **(IF B3c = "YES": your tobacco use caused physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure)**
- **(IF B3d = "YES": you continued to use tobacco even though you developed physical problems)**
- **(IF B3e = "YES": you developed a physical tolerance for tobacco so that you were able to smoke, dip or chew more tobacco without the negative physical effects (e.g., nausea, irritability, restlessness) you had previously)**

[Programmer: Show INTRO.B4 bullets on the same screen as B4 and B4.1]

B4. About how old were you the first time you had (IF EXACTLY 2 FROM B3a-e SERIES = "YES": either/ALL OTHERS: any) of these experiences because of your tobacco use? (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 AA1

B4.1. About how many years in your life did you have (IF EXACTLY 2 FROM B3a-e = "YES": either/ALL OTHERS: any) of these experiences?

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

[Programmer: Show INTRO.B4 bullets on the same screen as B5]

B5. About how many months out of 12 in the past year did you have (IF EXACTLY 2 FROM B3a-e = "YES": either/ ALL OTHERS: any) of these experiences?

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

CKPT.B6.

1. IF 1 OR MORE IN THE B1b-i SERIES = AT LEAST "LESS THAN 13," GO TO B6.
2. ALL OTHERS GO TO C1 (SELF-HARM).

B6. Think of the times in your life when you used the most [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs]. How often during those times did you have any of the following problems because of your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use?

[Programmer: Please format table]

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. How often did your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use interfere with your responsibilities at work, school, or home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use cause arguments or other serious problems with your family, friends, or neighbors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs] in situations where you could get hurt, like when driving or using a weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often was your use of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs] out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often were you arrested or stopped by the police because of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): drunk driving or drunken behavior? / (B1c or B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): driving under the influence of alcohol or drugs or because of your behavior while you were drunk or high?/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): driving under the influence of drugs or because of your behavior while you were high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.B7.

1. IF 1 OR MORE IN THE B6a-e SERIES = AT LEAST "LESS THAN ONCE A MONTH," GO TO INTRO.B7.
2. ALL OTHERS GO TO B9.

[Programmer: show INTRO.B7 bullets on the same screen as B7 and B8]

INTRO.B7. You reported that ...

- (IF B6a = AT LEAST "LESS THAN ONCE A MONTH": your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use interfered with your responsibilities at work, school, or home)
- (IF B6b = AT LEAST "LESS THAN ONCE A MONTH": your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use caused arguments or other serious problems with your family, friends, or neighbors)
- (IF B6c = AT LEAST "LESS THAN ONCE A MONTH": you were under the influence of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs] in situations where you could get hurt, like when driving or using a weapon)
- (IF B6d = AT LEAST "LESS THAN ONCE A MONTH": your use of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs] was out of control)
- (IF B6e = AT LEAST "LESS THAN ONCE A MONTH": you were arrested or stopped by the police because of [(B1c or B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): drunk driving or drunken behavior / (B1c or B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): driving under the influence of alcohol or drugs or because of your behavior while you were drunk or high/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): driving under the influence of drugs or because of your behavior while you were high)

B7. About how old were you the very first time you had (IF R ENDORSED EXACTLY 1 FROM B6: this problem/IF R ENDORSED EXACTLY 2 FROM B6: either of these problems/ALL OTHERS: any of these problems)because of your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use? (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 AA1

B8. About how many years in your life did you have (IF R ENDORSED EXACTLY 1 FROM B6: this problem/IF R ENDORSED EXACTLY 2 FROM B6: either of these problems/ALL OTHERS: any of these problems)with [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs]?

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

B8.1. About how many months out of 12 in the past year did you have (IF R ENDORSED EXACTLY 1 FROM B6: this problem/IF R ENDORSED EXACTLY 2 FROM B6: either of these problems/ALL OTHERS: any of these problems)?

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

[Programmer: show INTRO.B7 bullets on the same screen as B8.1]

B9.1. During those times, how difficult did you find it NOT to use [(B1c OR B1d= ever) AND (B1b, B1e, B1f, B1g, B1h AND B1i = never): alcohol/ (B1c or B1d = ever) AND (B1b, B1e, B1f, B1g, B1h OR B1i = ever): alcohol or drugs/ (B1c AND B1d = never) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = ever): drugs)] in situations when you couldn't use?

- Extremely
- Very
- Somewhat
- A little
- Not at all

CKPT.B10.

1. IF (1 OR MORE IN THE B9a-f SERIES = AT LEAST "LESS THAN ONCE A MONTH") OR (B9.1 = AT LEAST "A LITTLE"), GO TO INTRO.B10.
2. ALL OTHERS GO TO C1 (SELF-HARM).

[Programmer: Show INTRO.B10 bullets on the same screen as B10 and B11.]

INTRO.B10. You reported that ...

- (IF B9a = AT LEAST "LESS THAN ONCE A MONTH": the thought of not being able [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): to drink/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): to drink or use drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): to use drugs] made you anxious or worried)
- (IF B9b = AT LEAST "LESS THAN ONCE A MONTH": you worried about your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use)
- (IF B9c = AT LEAST "LESS THAN ONCE A MONTH": you felt the need to cut down or stop your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use)
- (IF B9d = AT LEAST "LESS THAN ONCE A MONTH": you felt annoyed by people complaining about your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use)
- (IF B9e = AT LEAST "LESS THAN ONCE A MONTH": you felt guilty about your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use)
- (IF B9f = AT LEAST "LESS THAN ONCE A MONTH": you drank an eye-opener in the morning to relieve shakes)
- (IF B9.1 = AT LEAST "A LITTLE": you found it difficult NOT to use [(B1c OR B1d= ever) AND (B1b, B1e, B1f, B1g, B1h AND B1i = never): alcohol/ (B1c OR B1d = ever) AND (B1b, B1e, B1f, B1g, B1h OR B1i = ever): alcohol or drugs/ (B1c AND B1d = never) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = ever): drugs)] in situations when you couldn't use)

B10. About how old were you the very first time you had (IF R ENDORSED EXACTLY 1 IN TOTAL FROM B9 AND B9.1: this problem/IF R ENDORSED EXACTLY 2 FROM B9 AND B9.1: either of these problems/ALL OTHERS: any of these problems) because of your [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drug/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drug] use? (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 AA1

B11. About how many years in your life did you have (IF R ENDORSED EXACTLY 1 IN TOTAL FROM B9 AND B9.1: this problem/IF R ENDORSED EXACTLY 2 FROM B9 AND B9.1: either of these problems/ALL OTHERS: any of these problems) because of your use of [(B1c OR B1d= EVER) AND (B1b, B1e, B1f, B1g, B1h AND B1i = NEVER): alcohol/ (B1c OR B1d = EVER) AND (B1b, B1e, B1f, B1g, B1h OR B1i = EVER): alcohol or drugs/ (B1c AND B1d = NEVER) AND (B1b, B1e, B1f, B1g, B1h, OR B1i = EVER): drugs]?

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

[Programmer: Show INTRO.B10 bullets on the same screen as B12.]

B12. About how many months out of 12 in the past year did you have (IF R ENDORSED EXACTLY 1 IN TOTAL FROM B9 AND B9.1: this problem/IF R ENDORSED EXACTLY 2 FROM B9 AND B9.1: either of these problems/ALL OTHERS: any of these problems)?

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

SECTION C: SELF-HARM

C1. The next questions are about thoughts of hurting yourself.

Did you ever in your life have thoughts of killing yourself?

- Yes
 No → GO TO C2

C1a. About how old were you the very first time you had thoughts of killing yourself? (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 AA1

C1b. About how many years in your life did you have thoughts of killing yourself? (Your best estimate is fine if you cannot remember the exact number.)

If current age in AA1 is ≥ 20 , DROP DOWN MENU: 1- "20 or more"

If current age in AA1 is < 20 , DROP DOWN MENU: 1 – current age

C1c. How old were you the most recent 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 AA1

CKPT.C1d.

1. IF AA1 OR (AA1-1) = C1c AGE OR AGE RANGE, OR IF AA1 OR C1c IS MISSING, GO TO C1d.
2. ALL OTHERS GO TO C3.

C1d. Did you have these thoughts at any time in the past 30 days?

- Yes
 No

GO TO C3

C2. Did you ever wish you were dead or would go to sleep and never wake up?

- Yes
 No → GO TO C9

C2a. About how old were you the very first time you had that wish? (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 AA1

C2b. About how many years in your life did you have that wish? (Your best estimate is fine if you cannot remember the exact number.)

If current age in AA1 is ≥ 20 , DROP DOWN MENU: 1- "20 or more"

If current age in AA1 is < 20 , DROP DOWN MENU: 1 – current age

C2c. About how old were you the most recent 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 AA1

CKPT.C2d.

1. IF AA1 OR (AA1-1) =C2c AGE OR AGE RANGE, OR IF AA1 OR C2c IS MISSING, GO TO C2d.
2. ALL OTHERS GO TO C3.

C2d. Did you have that wish at any time in the past 30 days?

- Yes
- No

C3. Did you ever have any intention to act (IF C1 = "YES": on these thoughts?/IF C2 = "YES": on that wish?)

- Yes
- No → GO TO C5

C4. Did you ever think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?

- Yes
- No → GO TO C5

C4a. About how old were you the very first time you thought about how you would kill yourself? (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 B - AA1

C4b. How old were you the most recent 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 B - AA1

CKPT.C4c.

1. IF AA1 OR (AA1 - 1) = C4b AGE OR AGE RANGE, OR IF AA1 OR C4b IS MISSING, GO TO C4c.
2. ALL OTHERS GO TO C5.

C4c. Did you think about how you might kill yourself at any time in the past 30 days?

- Yes
- No

C5. Think of the one week in your life when you thought most (IF C1 = "YES": about killing yourself/ IF C2 = "YES": about wanting to be dead). How many days during that worst week did you have those thoughts?

- 1 day
- 2
- 3
- 4
- 5
- 6
- 7 days

C6. How long during that worst week did those thoughts (IF C5 GREATER THAN 1: usually) last on the [IF C5="1": day/ ALL OTHERS: days] you had them?

- Just a few seconds or minutes
- Less than one hour
- 1-4 hours
- 5-8 hours
- 9 or more hours

C7. During that worst week, how easy was it for you to control those thoughts or push them out of your mind when you wanted to?

- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- Impossible; unable to control the thoughts

C8. People who think (IF C1 = "YES": about killing themselves/IF C2 = "YES": about wanting to be dead) sometimes do dangerous things as a way to tempt fate (e.g. take a lot of drugs, drive too fast, volunteer for dangerous missions, or act recklessly). How often in your life did you ever do dangerous things related to wishing you were dead?

- Very often
- Often
- Sometimes
- Rarely
- Never

C9. Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?

- Yes --- > GO TO C9a
- No

CKPT.C9.

1. IF C3 OR C4 = "YES," GO TO C11.
2. ALL OTHERS GO TO C12.

C9a. How many different suicide attempts did you ever make?

DROPDOWN MENU: 1 attempt - 20 or more attempts

CKPT.C9b.

1. IF C9a = "1", GO TO C9b
2. ALL OTHERS GO TO C9c

C9b. About how old were you when you made that suicide attempt? (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 B - AA1

CKPT.C9c.

1. IF AA1 OR (AA1 - 1) = C9b AGE OR AGE RANGE, OR IF AA1 OR C9b IS MISSING, GO TO C9e.
2. ALL OTHERS GO TO C9f.

C9c. About how old were you the very first time you made a suicide attempt? *(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 B - AA1

C9d. How old were you the most recent 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 B - AA1

CKPT.C9e.

1. IF AA1 OR (AA1 - 1) = C9d AGE OR AGE RANGE, OR IF AA1 OR C9d IS MISSING, GO TO C9e.
2. ALL OTHERS GO TO C9h.

C9e. Did you make a suicide attempt at any time in the past 30 days?

- Yes
 No

CKPT.C9f.

1. IF C9a = "1," GO TO C9f.
2. ALL OTHERS GO TO C9h.

C9f. Which method did you use? *(If you used multiple methods, mark all that apply.)*

- Overdose of medications
 Overdose of illegal drugs
 Poisoning with a household substance or gas
 Hanging
 Suffocation (e.g., plastic bag over head)
 Drowning
 Cutting or stabbing
 Gunshot
 Jumping from a high place
 Motor vehicle crash
 Any other method

C9g. Had you been drinking or using drugs at the time you made the attempt?

- Yes
 No

GO TO C10

C9h. Did you ever use any of the following methods in your suicide attempts?

	Yes	No
a. Overdose of medications	<input type="radio"/>	<input type="radio"/>
b. Overdose of illegal drugs	<input type="radio"/>	<input type="radio"/>
c. Poisoning with a household substance or gas	<input type="radio"/>	<input type="radio"/>
d. Hanging	<input type="radio"/>	<input type="radio"/>
e. Suffocation (e.g., plastic bag over head)	<input type="radio"/>	<input type="radio"/>
f. Drowning	<input type="radio"/>	<input type="radio"/>
g. Cutting or stabbing	<input type="radio"/>	<input type="radio"/>
h. Gunshot	<input type="radio"/>	<input type="radio"/>
i. Jumping from a high place	<input type="radio"/>	<input type="radio"/>
j. Motor vehicle crash	<input type="radio"/>	<input type="radio"/>
k. Any other method	<input type="radio"/>	<input type="radio"/>

C9i. How many times had you been drinking or using drugs at the time you made one of your attempts?

DROPDOWN MENU: (0 - TERMINATE AT NUMBER ENDORSED IN C9a)

C10. What were the most serious injuries you (IF C9a= "1": received/ALL OTHERS: ever received) from your suicide (IF C9a= "1": attempt/ALL OTHERS: attempts)?

- No injury
- Very minor injury (e.g., surface scratches, mild nausea)
- Minor injury (e.g., sprain, first degree burns, flesh wound)
- Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
- Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
- Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)

C11. Did you ever tell someone that you were thinking of making a suicide attempt?

- Yes
- No → GO TO C12

C11a. About how old were you the very first time you told someone you were thinking of making a suicide attempt? (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 B - AA1

C11b. How old were you the most recent 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 B - AA1

C11c. About how many people did you ever tell?

DROPDOWN MENU: 1-"20 or more"

C12. Did you ever do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- Yes
 No → GO TO D1 (FAMILY HISTORY)

C12a. About how old were you the very first time you did something to hurt yourself on purpose, but without wanting to die? (*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 B - AA1

C12b. How old were you the most recent 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 B - AA1

CKPT.C12c.

1. IF AA1 OR (AA1 - 1) = C12b AGE OR AGE RANGE, OR IF AA1 OR C12b IS MISSING, GO TO C12c.
2. ALL OTHERS GO TO C12d.

C12c. Did you do something like that at any time in the past 30 days?

- Yes
 No

C12d. About how many times in your life did you do something like that?

- 1-2 times
 3-5
 6-10
 11-20
 21-30
 31-50
 51-100
 101 or more times

SECTION D: FAMILY HISTORY

D1. The next questions are about the mental health of your biological parents (not step-parents) and biological siblings (not step-siblings, but we want you to count half-siblings). We want to know about problems that ever occurred, so answer even for people who are now dead. Which of your parents and how many of your siblings ever had each of the following problems? (If you never knew one or both of your biological parents, leave the response categories blank for the one you didn't know.)

	Mother		Father		Number of brothers or sisters with the problem			
	Yes	No	Yes	No	0	1	2	3 or more
a. Did any of them ever have times lasting two weeks or longer when they were so depressed they couldn't concentrate, felt worthless, or felt their life was not worth living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did any of them ever have <u>manic episodes</u> lasting several days or longer when they were excited, full of energy, and did dangerous or embarrassing things? (Do <u>not</u> include times due to using drugs or alcohol.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did any of them ever have <u>anxiety attacks</u> when they suddenly felt terrified for no good reason and would either shake, sweat, or have other physical symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did any of them ever have <u>anger attacks</u> when they suddenly lost control and "blew up" for no good reason, either yelling, breaking things, or hurting people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Were any of them ever so much more anxious, nervous, or worried than other people that they couldn't relax, couldn't concentrate, or couldn't function normally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2. How many of your close relatives – including your biological parents, brothers, and sisters – ever had a serious problem with either alcohol or drug use?

- 0
- 1
- 2
- 3
- 4
- 5 or more

SECTION DD: HISTORY OF EMOTIONAL PROBLEMS

DD1. The next questions are about emotional problems you might have had at some time in your life.

	Yes	No
a. Were you ever in your life so painfully shy or scared of social situations (e.g., attending a party, speaking to strangers, eating in public) that you avoided social situations whenever you could?	<input type="radio"/>	<input type="radio"/>
b. Were you ever in your life so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life?	<input type="radio"/>	<input type="radio"/>
c. Were you ever in your life so afraid of some other specific thing like heights, bugs, animals, thunder, or blood that you either refused to go near a situation that would expose you to this feared thing or you became extremely anxious whenever you were exposed to that thing?	<input type="radio"/>	<input type="radio"/>
d. Did you ever in your life have repeated unpleasant thoughts, images, or urges you couldn't get out of your head (e.g., like the idea that things were dirty no matter how much you washed) that got in the way of you having a normal life?	<input type="radio"/>	<input type="radio"/>
e. Did you ever in your life have such a strong urge to do something over and over that it got in the way of you having a normal life, like spending a great deal of time washing, cleaning, straightening, or saving strange things (e.g., nail clippings, old newspapers)?	<input type="radio"/>	<input type="radio"/>

CKPT.DD2.

1. IF DD1a = "YES," GO TO DD2
2. IF DD1b = "YES," GO TO DD3
3. IF DD1c = "YES," GO TO DD4
4. IF DD1d = "YES," GO TO DD5
5. IF DD1e = "YES," GO TO DD6
6. ALL OTHERS GO TO E1 (SOCIAL NETWORKS)

DD2. You reported a time when you were painfully shy or scared of social situations.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in AA1

DD2.1. About how many years in your life did you have this problem at least some of the time?

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

[Programmer: Show DD2 and DD2.1 on the same screen]

CKPT.DD3.

1. IF DD1b = "YES," GO TO DD3
2. IF DD1c = "YES," GO TO DD4
3. IF DD1d = "YES," GO TO DD5
4. IF DD1e = "YES," GO TO DD6
5. ALL OTHERS GO TO E1 (SOCIAL NETWORKS)

DD3. You (IF DD1a = "YES": also) reported a time when you were so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in AA1

DD.3.1. About how many years in your life did you have this problem at least some of the time?

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

[Programmer: Show DD3 and DD3.1 on the same screen]

CKPT.DD4.

1. IF DD1c = "YES," GO TO DD4
2. IF DD1d= "YES," GO TO DD5
3. IF DD1e = "YES," GO TO DD6
4. ALL OTHERS GO TO E1 (SOCIAL NETWORKS)

DD4. You (IF DD1a OR DD1b = "YES": also) reported a time when you were so afraid of some other specific thing like heights, bugs, animals, thunder, or blood that you either refused to go near a situation that would expose you to this feared thing or you became extremely anxious whenever you were exposed to that thing.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in AA1

DD4.1. About how many years in your life did you have this problem at least some of the time?

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

[Programmer: Show DD4 and DD4.1 on the same screen]

CKPT.DD5.

1. IF DD1d= "YES," GO TO DD5
2. IF DD1e = "YES," GO TO DD6
3. ALL OTHERS GO TO E1 (SOCIAL NETWORKS)

DD5. You (IF DD1a OR DD1b OR DD1c = "YES": also) reported a time when you had repeated unpleasant thoughts, images, or urges you couldn't get out of your head.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in AA1

DD5.1. About how many years in your life did you have this problem at least some of the time?

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

[Programmer: Show DD5 and DD5.1 on the same screen]

CKPT.DD6.

1. If DD1e = "YES," GO TO DD6.
2. ALL OTHERS GO TO E1 (SOCIAL NETWORKS).

DD6. You (IF D1a OR D1b OR D1c OR D1d = "YES": also) reported a time when you had such a strong urge to do something over and over that it got in the way of you having a normal life.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in AA1

DD6.1. About how many years in your life did you have this problem at least some of the time?

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

[Programmer: Show DD6 and DD6.1 on the same screen]

SECTION E: SOCIAL NETWORKS

E1. The next questions are about your personal relationships.

What is your marital status?

- Married
- Never married → GO TO E2
- Divorced → GO TO E1b
- Separated → GO TO E1b
- Widowed → GO TO E1b

E1a. How long have you been married?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

GO TO E4a

E1b. How long (IF E1 = "DIVORCED": have you been divorced/ IF E1 = "SEPARATED": have you been separated/IF E1 = "WIDOWED": ago did your spouse die)?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

E2. Are you currently living with someone in a marriage-like relationship?

- Yes
- No → GO TO E3

E2a. Are you engaged to be married?

- Yes
- No

GO TO E3a

E3. Which of the following best describes your current dating situation?

- Engaged to be married
- Steadily dating one person, but not engaged
- Dating one or more people, but not in one steady relationship → GO TO E6
- Not currently dating → GO TO E6

E3a. How long have you been in a steady relationship with this person?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

E4a. How often do you discuss or have you considered (If E1 = "MARRIED": divorce or separation/ ALL OTHERS: separation or terminating your relationship)?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

E4b. In general, how often do you think that things between you and your partner are going well?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

E4c. How often do you confide in your partner?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

E5. Which of these responses best describes how happy you are, all things considered, in your relationship? The average response "happy" is the score of most couples.

- Perfect
- Extremely happy
- Very happy
- Happy
- A little unhappy
- Fairly unhappy
- Extremely unhappy

INTRO.E5.1.

Couples handle disagreements in many different ways. Sometimes couples do the following things during a disagreement:

- **Yell, insult, or swear**
- **Sulk or refuse to talk**
- **Say or do something to purposely make them angry or upset**
- **Throw, smash, or kick something**

E5.1. When you and your partner have a disagreement, how often do you do any of the things on this list to your partner?

- Often
- Sometimes
- Rarely
- Never

E5.2. How often does your partner do any of the things on this list to you?

- Often
- Sometimes
- Rarely
- Never

[Programmer: Show INTRO.E5.1, E5.1 and E5.2 on the same screen.]

CKPT.E5.3.

1. IF E5.1 AND E5.2 = "NEVER," GO TO E6.
2. ALL OTHERS GO TO E5.3.

E5.3. How many days out of the past 30 did either you or your partner do any of the things on this list to each other?

- 0 days
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30 days

[Programmer: Show INTRO.E5.1, and E5.3 on the same screen.]

E6. How many biological children (do not count step-children or adopted children) do you have in each of the following age ranges?

	0	1	2	3	4	5 or more
a. between the ages of 0 and 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. between the ages of 6 and 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 13 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E7. How many step-children or adopted children do you have in each of the following age ranges?

	0	1	2	3	4	5 or more
a. between the ages of 0 and 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. between the ages of 6 and 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 13 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E8. How many people do you have in your personal life of the following sorts?

[Programmer: Please format grid]

	0	1	2	3	4	5	6-10	11-20	21-30	31 or more
a. People you do things with, like watch TV together, go out for a drink or movie together, or play cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People who you feel really close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People who really care for you and would be there if you needed them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Family or friends who need you and rely on you for help when they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E9.

- IF (E1 = "MARRIED" OR E2 = "YES"), (E2a = "YES"), OR (E3 = "ENGAGED TO BE MARRIED" OR "STEADILY DATING"), GO TO E9.
- ALL OTHERS GO TO E9.1.

E9. If you had a serious problem with personal relationships or emotions, how likely would you be to talk to or seek help from each of the following people?

	Definitely would	Probably would	Not sure	Probably would <u>not</u>	Definitely would <u>not</u>
a. (E1 = "MARRIED" OR E2 = "YES": Your spouse or partner/E2a = "YES" OR E3 = "ENGAGED TO BE MARRIED": Your fiancé/E3 = "STEADILY DATING": The person you are dating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your parents or other family members (<i>If you have no living family, leave the responses blank.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A chaplain or religious counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO E10

E9.1. If you had a serious problem with personal relationships or emotions, how likely would you be to talk to or seek help from each of the following people?

	Definitely would	Probably would	Not sure	Probably would <u>not</u>	Definitely would <u>not</u>
a. Your parents or other family members <i>(If you have no living family, leave the responses blank.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Any of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A chaplain or religious counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E10. How much does each of the following statements sound like you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. The people in my life would be happier without me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am a burden to the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I bring a lot of happiness to the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am a big help to the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People I care about sometimes don't want to be as close to me as I want. I worry they might leave me. This sometimes makes me too clingy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I want to have relationships, but have a hard time letting people get close. I worry I will be hurt if I let people get too close.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It is very important to me to feel independent. I don't need close relationships. I prefer not to depend on other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am pretty comfortable with emotional closeness, but I am also fine being alone. I don't worry much about being accepted or rejected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E11. The next questions are for research purposes only and will be kept confidential. How many people have you had sexual intercourse with in the past 12 months? *(Your best estimate is fine if you cannot remember the exact number.)*

--	--

ENTER Number of Sexual Partners

CKPT.E12.

1. IF E11 IS GREATER THAN 1, GO TO E12.
2. IF E11 = 1, GO TO E13.
3. ALL OTHERS GO TO F1 (CHILDHOOD).

E12. How many of these were women? *(Your best estimate is fine if you cannot remember the exact number.)*

--	--

ENTER Number of Female Sexual Partners

E12.1. How many of these were men? *(Your best estimate is fine if you cannot remember the exact number.)*

--	--

ENTER Number of Male Sexual Partners

[Programmer: Show E12 and E12.1 on the same screen.]

GO TO F1 (CHILDHOOD)

E13. Was this a woman or a man?

- Woman
- Man

GO TO F1 (CHILDHOOD)

SECTION F: YOUR CHILDHOOD

F1. The next questions are about your childhood.

	0	1	2	3	4	5	6 or more
a. How many brothers and sisters did you have when you were growing up? (Include half- and step- siblings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How many of your siblings were older than you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How many of your siblings were younger than you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2. Are you a twin, triplet, or quadruplet?

- Yes, a twin
- Yes, a triplet
- Yes, a quadruplet
- No

F3. What was the highest level of education of your parents (or the people who raised you)?

- No education
- Some elementary school
- Graduated elementary school
- Some high school
- Graduated high school (or GED)
- Some post high school education without a 4-year college degree
- 4-year college graduate (BA, BS, or equivalent)
- Post-graduate education beyond a 4-year college degree

F4. Were you born in the US?

- Yes → GO TO F6
- No

F5. How old were you when you first moved to the US?

- Less than 5 years
- 5
- 6
- 7
- 8
- 9-10
- 11-12
- 13-14
- 15-16
- 17 years or older

F6. How many of your parents were born in the US?

- Neither
- One
- Both

F7. Which of the following experiences did you have up through age 17?

	Yes	No
a. Your mother or father died	<input type="radio"/>	<input type="radio"/>
b. Your parents separated or divorced	<input type="radio"/>	<input type="radio"/>
c. A parent attempted suicide	<input type="radio"/>	<input type="radio"/>
d. A parent committed suicide	<input type="radio"/>	<input type="radio"/>
e. A parent was in prison or jail for 6 months or longer	<input type="radio"/>	<input type="radio"/>
f. A parent was away from home for some other reason for 6 months or longer	<input type="radio"/>	<input type="radio"/>
g. You were sent to a foster home	<input type="radio"/>	<input type="radio"/>
h. You were sent to a juvenile detention center	<input type="radio"/>	<input type="radio"/>

CKPT.F7.1.

1. IF F7a = "YES," GO TO F7.1
2. IF F7b = "YES," GO TO F7.2
3. IF F7c = "YES," GO TO F7.3
4. IF F7d = "YES," GO TO F7.4
5. IF F7e = "YES," GO TO F7.5
6. IF F7f = "YES," GO TO F7.6
7. IF F7g = "YES," GO TO F7.7
8. IF F7h = "YES," GO TO F7.8
9. ALL OTHERS GO TO F8

F7.1. You reported your mother or father dying before you were 18. How old were you when this happened? *(If more than one parent died, report your age the first time.)*

- 0-6
- 7-9
- 10-12
- 13-15
- 16-17

CKPT.F7.2.

1. IF F7b = "YES," GO TO F7.2
2. IF F7c = "YES," GO TO F7.3
3. IF F7d = "YES," GO TO F7.4
4. IF F7e = "YES," GO TO F7.5
5. IF F7f = "YES," GO TO F7.6
6. IF F7g = "YES," GO TO F7.7
7. IF F7h = "YES," GO TO F7.8
8. ALL OTHERS GO TO F8

F7.2. You reported your parents having separated or divorced before you were 18. How old were you the first time your parents separated or divorced?

- 0-6
- 7-9
- 10-12
- 13-15
- 16-17

CKPT.F7.3.

1. IF F7c = "YES," GO TO F7.3
2. IF F7d = "YES," GO TO F7.4
3. IF F7e = "YES," GO TO F7.5
4. IF F7f = "YES," GO TO F7.6
5. IF F7g = "YES," GO TO F7.7
6. IF F7h = "YES," GO TO F7.8
7. ALL OTHERS GO TO F8

F7.3. You reported a parent having attempted suicide before you were 18. How old were you the first time one of your parents attempted suicide?

- 0-6
- 7-9
- 10-12
- 13-15
- 16-17

CKPT.F7.4.

1. IF F7d = "YES," GO TO F7.4
2. IF F7e = "YES," GO TO F7.5
3. IF F7f = "YES," GO TO F7.6
4. IF F7g = "YES," GO TO F7.7
5. IF F7h = "YES," GO TO F7.8
6. ALL OTHERS GO TO F8

F7.4. You reported a parent having committed suicide before you were 18. How old were you when this happened? *(If more than one parent committed suicide, report your age the first time.)*

- 0-6
- 7-9
- 10-12
- 13-15
- 16-17

CKPT.F7.5.

1. IF F7e = "YES," GO TO F7.5
2. IF F7f = "YES," GO TO F7.6
3. IF F7g = "YES," GO TO F7.7
4. IF F7h = "YES," GO TO F7.8
5. ALL OTHERS GO TO F8

F7.5. You reported a parent having been in prison or jail for 6 months or longer before you were 18. How old were you the first time one of your parents went to prison or jail for more than 6 months?

- 0-6
- 7-9
- 10-12
- 13-15
- 16-17

F9. How often did you have each of the following experiences up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. Your family was on welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had to do chores too hard or dangerous for someone your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You didn't have anyone who would take care of you or protect you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Nobody worried about making sure you had adequate food or clothing or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You were beaten up, had things stolen from you, or were terrorized by bullies at school or in the neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Someone touched you or made you touch them in a sexual way against your will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your parents (or the people who raised you) hit each other or beat each other up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. People in your family said hurtful or insulting things to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You felt that someone in your family hated you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You were physically abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Someone in your family hit you so hard that it left bruises or marks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. You were emotionally abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. You were sexually abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F10. During your childhood or adolescence (ages 0-17), how many years was either of your parents (or the people who raised you) so seriously impaired that it interfered with their parenting, work, or other daily activities because of...

	0	1	2	3	4	5	6	7	8	9	10 or more
a. a physical illness or disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. a mental illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. an alcohol or drug problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F11. How often did you have each of the following experiences up through the age of 17?

	Very often	Often	Sometimes	Rarely	Never
a. Someone in your family made you feel important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You felt loved and cared for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People in your family looked out for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You felt close to people in your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your family was a source of strength and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F12. During your adolescence (ages 13-17)...

	Very	Somewhat	Not very	Not at all
a. how popular were you with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. how involved were you in organized sports or school activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. how involved were you with a hobby like collecting stamps, flying model airplanes, reading, or working on cars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F13. How often did you do each of the following things up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. Bully or threaten other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Start fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Hurt or threaten someone with a weapon like a bat, brick, broken bottle, knife, or gun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Deliberately torture someone or cause someone physical pain and suffering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Torture or hurt animals on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rob, mug, or forcibly take something from someone by threatening him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Slap, hit, or threaten someone you were dating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Force someone to have sex with you, to get undressed, or to touch you sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F13.1. How often did you do each of the following things up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. Set fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Deliberately destroy things that weren't yours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Break into houses, other buildings, or cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lie or "con" other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Steal or shoplift things or forge a signature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Run away from home and stay away overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stay out very late, long after you were supposed to be home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Skip school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.F14.

- IF 2 OR MORE IN THE F13a-h SERIES OR THE F13.1a-h SERIES = AT LEAST "SOMETIMES," GO TO INTRO.F14. [In the case of F13e, F13f, and F13h, even "Rarely" counts as a positive endorsement.]
- ALL OTHERS GO TO F16.

INTRO.F14. You reported that you...

- (IF F13a = AT LEAST "SOMETIMES": bullied or threatened other kids)
- (IF F13b = AT LEAST "SOMETIMES": started fights)
- (IF F13c = AT LEAST "SOMETIMES": hurt or threatened someone with a weapon like a bat, brick, broken bottle, knife, or gun)
- (IF F13d = AT LEAST "SOMETIMES": deliberately tortured someone or caused someone physical pain and suffering)
- (IF F13e = AT LEAST "RARELY": tortured or hurt animals on purpose)
- (IF F13f = AT LEAST "RARELY": robbed, mugged, or forcibly took something from someone by threatening him or her)
- (IF F13g = AT LEAST "SOMETIMES": slapped, hit, or threatened someone you were dating)
- (IF F13h = AT LEAST "RARELY": forced someone to have sex with you, to get undressed, or to touch you sexually)
- (IF F13.1a = AT LEAST "SOMETIMES": set fires)
- (IF F13.1b = AT LEAST "SOMETIMES": deliberately destroyed things that weren't yours)
- (IF F13.1c = AT LEAST "SOMETIMES": broke into houses, other buildings, or cars)
- (IF F13.1d = AT LEAST "SOMETIMES": lied or "conned" other people)
- (IF F13.1e = AT LEAST "SOMETIMES": stole or shoplifted things or forged a signature)
- (IF F13.1f = AT LEAST "SOMETIMES": ran away from home and stayed away overnight)
- (IF F13.1g = AT LEAST "SOMETIMES": stayed out very late, long after you were supposed to be home)
- (IF F13.1h = AT LEAST "SOMETIMES": skipped school)

[Programmer: Show Intro.F14, F14, and F15 on the same screen]

F14. About how old were you the very first time you did any of these things? *(Your best estimate is fine if you cannot remember your exact age.)*

- Less than 5
- 5-6
- 7-10
- 11-15
- 16-17

F15. About how many years in your life did you do any of these things? *(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

F16. How often did you do each of the following things up through age 17?

	Very often	Often	Sometimes	Rarely	Never
a. Lose your temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Argue or "talk back" to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Disobey rules at home, school, or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Refuse to follow directions from adults like your parents, teacher, or boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Get angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel you were being taken advantage of or treated unfairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Annoy people on purpose by doing or saying things just to bother them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Blame others for your mistakes or bad behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Do mean things to "pay people back" for things they did that you didn't like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Easily take offense at the way people treated you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Become easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.F17.

1. IF 2 OR MORE IN F16a-k SERIES = AT LEAST "SOMETIMES," GO TO INTRO.F17.
2. ALL OTHERS GO TO G1 (HOW YOU SEE YOURSELF).

INTRO.F17. You reported that before age 18 you...

- (IF F16a = "SOMETIMES": lost your temper)
- (IF F16b = "SOMETIMES": argued or "talked back" to adults)
- (IF F16c = "SOMETIMES": disobeyed rules at home, school, or work)
- (IF F16d = "SOMETIMES": refused to follow directions from adults like your parents, teacher, or boss)
- (IF F16e = "SOMETIMES": got angry)
- (IF F16f = "SOMETIMES": felt you were being taken advantage of or treated unfairly)
- (IF F16g = "SOMETIMES": annoyed people on purpose by doing or saying things just to bother them)
- (IF F16h = "SOMETIMES": blamed others for your mistakes or bad behavior)
- (IF F16i = "SOMETIMES": did mean things to "pay people back" for things they did that you didn't like)
- (IF F16j = "SOMETIMES": easily took offense at the way people treated you)
- (IF F16k = "SOMETIMES": became easily annoyed by others)

F17. About how old were you the very first time you did any of these things? (Your best estimate is fine if you cannot remember your exact age.)

- Less than 5
- 5-6
- 7-10
- 11-15
- 16-17

F18. About how many years in your life did you do any of these things? *(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.F17, F17, and F18 on the same screen]

SECTION G: HOW YOU SEE YOURSELF

G1. 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 am very self-conscious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I usually think carefully before doing anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am an outgoing, sociable person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am open to new experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I set high goals for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am often fearful or on edge about bad things that might happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I sometimes like doing things just because they are dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am a very emotional person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I find it difficult to adjust to changing circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I often take advantage of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. 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 become very upset when I think someone I really care about is going to leave me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My relationships with people I really care about have lots of extreme ups and downs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There have been lots of sudden changes in my goals, career plans, religious beliefs, or other important aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I usually look on the bright side of things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is hard for me to resist acting on my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I sometimes hit other people so hard that they get bruises or have to see a doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I sometimes do things that might indirectly harm other people, like driving when I am drunk/high or not using protection when having sex with someone I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I believe that I have been justified in doing some things other people might see as wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I often feel pretty hopeless about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have only negative thoughts about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G3. Is each of the following statements generally true or false in describing you?

	True	False
a. I have frequent ups and downs in mood, with and without apparent cause.	<input type="radio"/>	<input type="radio"/>
b. My feelings are rather easily hurt.	<input type="radio"/>	<input type="radio"/>
c. Ideas run through my head so that I cannot sleep.	<input type="radio"/>	<input type="radio"/>
d. I don't really feel very close to my friends.	<input type="radio"/>	<input type="radio"/>

G4. 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 am the kind of person who always gets the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I easily get overwhelmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I almost never enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am often disorganized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am a very soft-hearted person, the kind who always has sympathy for people in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have very strong emotional reactions to things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I rely heavily on my friends for emotional support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Things that scare most people don't scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I can tolerate a lot more pain than most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel a strong need to live up to my moral values.	<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