**Colorado Adoption/Twin Study of Lifespan behavioral development & cognitive aging (CATSLife1)**

codebook

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\*= Mediator or moderator variables

#### **Identification & Date/Time of Testing Variables**

Item List:

| **Variable Name** | **Item** |
| --- | --- |
| Firstname | First name |
| Lastname | Last name |
| Email | Email address |
| Emailstatus | Email status |
| Language | Language code |
| Sent | Invitation sent date |
| Remindersent | Last reminder sent date |
| Remindercount | Total number of sent reminders |
| Usesleft | Uses left |
| Id | id |
| Token | token |
| Submitdate | Submit date |
| Lastpage | Last page |
| Startlanguage | Start language |
| Startdate | Start date |
| Datestamp | Date stamp |

Item Values:

Modifications:

**Online Questionnaire**

**Participant Instructions:**

CATSLife is devoted to understanding how genes and environments work together to impact cognition, physical health and well-being as individuals approach midlife. This questionnaire will take most people **60 to 90 minutes** to complete. Your answers to these questions will help us to understand how different behaviors, attitudes, and experiences are related to how individuals transition to midlife.

Included in this questionnaire are sections that reflect: (a) education, work and experiences, (b) health and sleeping habits, (c) attitudes, thoughts & feelings, (d) social life and family relationships, and (e) attitudes, thoughts & feelings, Part II. If needed you can use the option at the bottom of the screen to save and resume later.

We realize that some of the questions are very personal. Your answers will remain strictly confidential and will be associated only with a numerical ID code, not your name. However, if you would prefer not to answer an item, please select the ‘Would Rather Not Answer’ option, and move on to the next question.

Thank you!

**Online Questionnaire: Part I**

### Educational & Occupational Attainment

**(NNSD; 5 items)**

Description:

This questionnaire was adopted from the Colorado Adoption Project’s NNSD questionnaires. These items were included to gain demographic information regarding education and occupation level.

Associated Papers:

Thornton, Arland, and Deborah Freedman. INTERGENERATIONAL STUDY OF PARENTS AND CHILDREN, 1962-1993: [DETROIT] [Computer file]. 2nd ICPSR version. Ann Arbor, MI: University of Michigan, Survey Research Center [producer], 1998. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 1998.

Subject Instructions & Item List:

This first section has questions about education and work.  
Please note that you can click on the words next to a button in order to select an answer, you do not need to click on the button itself in order to select it.

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00001 | What is the highest year of school you have completed? |  | [Highest Edu](#_cwwtye1y05gh) |
| CLQ00002 | Are you going to school at all now? |  | [Present Edu](#_2ozsxapf4v6l) |
| CLQ00003 | What kind of school do you attend? |  | [Type Edu](#_sqedgyr4rgdg) |
| CLQ00004 | Are you attending school full time or part time? |  | [Time Edu](#_5v7xrxo8miu) |
| CLQ00005 | Do you currently have a job (paid or voluntary)? |  | [Occu](#_dif81ff9wi63) |
| CLQ00006 | What is the most important job you currently have? (if you would rather not answer, please write n/a in the box) |  | [Occu2](#_tuod3f39v80y) |
| CLQ00007 | Have you ever had a job (paid or voluntary)? |  | [Occu3](#_j0hv5o27znb) |
| CLQ00008 | What is the most important recent job you have had? |  | [Recent Occu](#_fiy2nvoivfhx) |
| CLQ00009 | Rate your position at current job or if not currently employed, your most recent job.Which category best describes(d) your job? |  | [Rate Occu](#_y9zpgf6ti3nz) |
| CLQ00010 | How many hours per week do (did) you typically work at this job? |  | [Time Occu](#_hfiiw6qgrwkg) |
| CLQ00011 | Are you currently working at a job in which you consider to be your career? |  | [Current Occu](#_fcgm9sk6whji) |
| CLQ00012 | How much does your current job prepare you for your career? |  | [Prep Occu](#_txghyss1218o) |
| CLQ00013 | How committed are you to a career in the field in which you currently are working? |  | [Commit Occu](#_36ebfxrna697) |
| CLQ00014 | How important is it for you to have a job in which you consider a career? |  | [Imp. Occu](#_k0ibmuno25tg) |
| CLQ00015 | How much do you think your current education level has prepared you for your career? |  | [Edu Occu.](#_z56r43g6127l) |

Item Values:

#### **What is the highest year of school you have completed?**

0 = less than high school diploma

12 = high school or GED

13 = one year

14 = two years (Associate of Arts)

15 = three years

16 = four years, no degree

17 = five years or more, no degree

18 = bachelors

20 = masters

22 = advanced degree (e.g. doctorate, M.D., law degree)

999 = Would Rather Not Answer

#### Are you going to school at all now?

1 = Yes

2 = No

999 = Would rather not answer.

#### What kind of school do you attend?

1 = high school

2 = technical, vocational, or trade school

3 = business or secretarial school

4 = 2-year junior or community college

5 = 4-year college

6 = graduate school or professional school

7 = other

999 = Would Rather Not Answer

#### Are you attending school full time or part time?

1 = full time

2 = part time

999 = Would Rather Not Answer

#### Do you currently have a job (paid or voluntary)?

1 = Yes

2 = No

999 = Would rather not answer.

#### What is the most important job you currently have? (if you would rather not answer, please write n/a in the box)

Participant-entered free response

#### Have you ever had a job (paid or voluntary)?

1 = Yes

2 = No

999 = Would Rather Not Answer

#### What is the most important recent job you have had?

Participant-entered free response

#### Rate your position at current job or if not currently employed, your most recent job.Which category best describes(d) your job?

1 = top executive; proprietor of a major business; professional requiring an advanced degree

2 = manager; proprietor of a medium business; profession requiring a college degree

3 = administrative personnel; small business owner; semi professional

4 = sales and clerical work; technician

5 = skilled manual worker

6 = machine operator and semiskilled worker

7 = unskilled worker

8 = homemaker

999 = Would Rather Not Answer

#### How many hours per week do (did) you typically work at this job?

1 = less than 20 hours

2 = 20 to 30 hours

3 = 31 to 40 hours

4 = more than 40 hours

999 = Would Rather Not Answer

#### Are you currently working at a job in which you consider to be your career?

1 = Yes

2 = No

999 = Would Rather Not Answer

#### How much does your current job prepare you for your career?

1 = very much

2 = somewhat

3 = not very much

4 = not at all

999 = Would Rather Not Answer

#### How committed are you to a career in the field in which you currently are working?

1 = very committed

2 = somewhat committed

3 = not very committed

4 = not at all committed

999 = Would Rather Not Answer

#### How important is it for you to have a job in which you consider a career?

1 = very important

2 = somewhat important

3 = not very important

4 = not at all important

999 = Would Rather Not Answer

#### How much do you think your current education level has prepared you for your career?

1 = very much

2 = somewhat

3 = not very much

4 = not at all

999 = Would Rather Not Answer

Scale Scoring:

Modifications:

### Activities, Interests, Habits: Religion

(CAP Religion; 3 items)

Description:

These items were adopted from the Colorado Adoption Project’s NNSD questionnaires to gain demographic information regarding religious orientation and practices.

Associated Papers:

*None to date*?

Subject Instructions & Item List:

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00016 | What Religion were you raised in? |  | [Relig.](#_n990q3j83e8m) |
| CLQ00017 | Please specify "something else": |  | [Other relig.](#_d5ynsq7s85dj) |
| CLQ00018 | What religion do you presently practice? |  | [Present Relig.](#_mz0qndslyufs) |
| CLQ00019 | Please specify "something else": |  | [Other Pres. Relig.](#_1wvxs66j8wgw) |
| CLQ00020 | How often did you attend religious services in the past year? |  | [Attend Relig.](#_z46p6rbxfwxv) |

Item Values:

#### What Religion were you raised in?

1 = Roman Catholic

2 = Orthodox (e.g., Greek or Russian Orthodox)

3 = Mormon

4 = Jewish

5 = Muslim

6 = Protestant (e.g., Lutheran, Methodist, Presbyterian)

7 = Buddhist

8 = Hindu

9 = atheist

10 =agnostic

11 = something else

12 = nothing in particular

13 = Christian, non-denominational

999 = would rather not answer

#### Please specify “something else”

Participant-entered free response

#### What religion do you presently practice?

1 = Roman Catholic

2 = Orthodox (e.g., Greek or Russian Orthodox)

3 = Mormon

4 = Jewish

5 = Muslim

6 = Protestant (e.g., Lutheran, Methodist, Presbyterian)

7 = Buddhist

8 = Hindu

9 = atheist

10 = agnostic

11 = something else

12 = nothing in particular

13 = Christian, non-denominational

999 = would rather not answer

#### Please specify "something else"

Participant-entered free response

#### How often did you attend religious services in the past year?

1 = every week

2 = at least once a month

3 = less than once a month

4 = not at all in the past year

999 = Would Rather Not Answer

Scale Scoring:

Modifications:

### **Individual & Neighborhood Demographics**

(NNSD; 21 items)

Description:

This questionnaire was adopted from the Colorado Adoption Project’s NNSD questionnaires. The items are used to assess demographic information about the participants’ neighborhood characteristics.

Associated Papers:

Dahlberg LL, Toal SB, Swahn M, Behrens CB. (2005) *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*, 2nd ed., Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2005. https://www.cdc.gov/violenceprevention/pdf/YV\_Compendium.pdf

[Scale title and origin: Neighborhood Disorganization—Rochester Youth Development Study]

Subject Instructions & Item List:

The following is a list of problems that sometimes occur in neighborhoods. Please indicate whether you think each is a problem in your neighborhood.

How big a problem do you think your neighborhood has with...

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00021\_1 | …high unemployment? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_2 | …different racial or cultural groups that do not get along with each other? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_3 | …vandalism, and buildings and personal belongings being broken and torn up? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_4 | …little respect for rules, laws and authority? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_5 | …winos and junkies? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_6 | …prostitution? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_7 | …heavy vehicle traffic? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_8 | …abandoned houses? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_9 | …sexual assaults or rapes? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_10 | …burglaries and thefts? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_11 | …gambling? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_12 | …run down and poorly kept buildings and houses? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_13 | …syndicate, mafia, or organized crime? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_14 | …assaults and muggings? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_15 | …delinquent gangs? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_16 | …transients, street people, and homeless people? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_17 | …drug use or drug peddling in the open? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_18 | …transportation not available? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_19 | …medical services too far away? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_20 | …city officials ignoring problems? |  | [1-21](#_176kx153sjzm) |
| CLQ00021\_21 | …police not available when needed? |  | [1-21](#_176kx153sjzm) |

Item Values:

#### For questions 21\_1 - 21\_21

1 = Not a problem

2 = Somewhat of a problem

3 = Big problem

999 = Would rather not answer

Scale Scoring:

Modifications:

### Life Events Past Year

**(PERI; 70 items)\***

Description:

The Psychiatric Epidemiology Research Interview (PERI) intends to measure life events and the distress the event caused to the participant.

Associated Papers:

Dohrenwend, B. S., Askenasy, A. R., Krasnoff, L., & Dohrenwend, B. P. (1978). Exemplification of a Method for Scaling Life Events: The PERI Life Events Scale. *Journal of Health and Social Behavior*, *19*(2), 205–229.

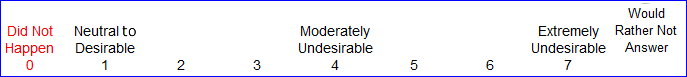
Subject Instructions & Item List:

Subject Instructions:

Listed below are a number of events that commonly occur in daily life. If an event did not happen **in the past year**, please select "Did Not Happen"

For each item you have experienced **in the past year**, please indicate how undesirable it was for you on a scale from 1 to 7.

Some events will not be at all undesirable (therefore receiving a "1" or a "2"), others may be moderately undesirable (perhaps a "4"), while others may be very or extremely undesirable (for example, a "6" or "7").



If the event has not happened to you, select "Did Not Happen". Please respond as accurately and honestly as possible.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| **In the past 12 months…** | | | |
| CLQ00022\_SQ001 | You started school or a training program after not going to school for a long time. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ002 | Changed schools or training programs. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ003 | Graduated from school or a training program. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ004 | Had problems in school or in a training program |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ005 | Failed school or a training program. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ006 | Did not graduate from school or training program. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ007 | Started work for the first time. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ008 | Stopped working for an extended period. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ009 | Returned to work after not working for a long time. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ010 | Changed jobs. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ011 | Had trouble with a boss. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ012 | You were promoted at work. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ013 | You were demoted at work (assigned fewer responsibilities or less desirable work tasks). |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ014 | Found out you were not going to be promoted at work. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ015 | You were laid off. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ016 | You were fired. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ017 | You started a business or profession. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ018 | Expanded business or professional practice. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ019 | Took on a greatly increased work load. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ020 | Suffered a business loss or failure. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ021 | Sharply reduced work load. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ022 | Went on welfare. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ023 | Went off welfare. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ024 | Entered the armed services. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ025 | Left the armed services. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ026 | Moved to a new residence or neighborhood. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ027 | Unable to move after expecting to be able to move. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ028 | Lost a home through fire, flood or other disaster. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ029 | Took out a mortgage. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ030 | Foreclosure of a mortgage or loan. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ031 | Repossession of a car, furniture or other items. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ032 | Increased church or synagogue, club, neighborhood, or other organizational activities. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ033 | Took up a new hobby, sport, craft, or recreational activity. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ034 | Dropped a hobby, sport, craft, or recreational activity. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ035 | Acquired a pet. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ036 | Pet died. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ037 | You experienced a natural disaster (such as a life threatening flood or tornado). |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ038 | Physical health improved. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ039 | You had a serious physical illness or injury. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ040 | You were unable to get treatment for an illness or injury. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ041 | You became engaged. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ042 | Your engagement was broken. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ043 | You got married. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ044 | Started a love affair. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ045 | Ended a love relationship. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ046 | Had relationship difficulties with spouse/significant other. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ047 | Separated from spouse/significant other. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ048 | Reunited with spouse/significant other after separation. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ049 | Infidelity on the behalf of spouse/significant other. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ050 | Trouble with in-laws. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ051 | Made new friends. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ052 | Broke up with a friend. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ053 | You or your partner became pregnant. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ054 | Birth of a first child. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ055 | Birth of a second or later child. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ056 | You or your partner had an abortion. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ057 | You were physically assaulted. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ058 | You were robbed. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ059 | You were sexually assaulted by someone other than a dating or marital partner. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ060 | You were sexually assaulted by a dating or marital partner. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ061 | You were involved in a law suit. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ062 | Accused of something for which a person could be sent to jail. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ063 | Lost your driver's license because of a DUI or other offenses. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ064 | You were arrested. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ065 | Went to jail. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ066 | Got involved in a court case. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ067 | Convicted of a crime. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ068 | Acquitted of a crime. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ069 | Released from jail. |  | [Life Events Past Yr](#_roy60gb7j6qd) |
| CLQ00022\_SQ070 | Didn't get out of jail when expected. |  | [Life Events Past Yr](#_roy60gb7j6qd) |

Item Values:

#### For Variables CLQ00022\_SQ001- CLQ00022\_SQ070

0 = “Did Not Happen 0”

1 = “Neutral to Desirable 1”

2 = “2”

3 = “3”

4 = “Moderately Undesirable 4”

5 = “5”

6 = “6”

7 = “Extremely Undesirable 7”

999 = “Would Rather Not Answer”

Scale Scoring:

Modifications:

### Life Events Lifetime

**(Lifetime Adversity; 15 items)\***

Description:

These variables were selected from the Life Events (Family), Chronic Stress, and Major Traumatic Events (Lifetime Traumas) sections of the Turner et al. (1995) article. The original scale, developed by Turner and colleagues, measures lifetime adversity or lifetime exposure to stressors, which they examined as a predictor of differences in mental health status. The following two items were added to this measure for CATSLife: “You were sexually abused or raped” and “You adopted a child” (adopted from the previous CAP questionnaire).

Associated Papers:

Turner, R.J., Wheaton, B., & Lloyd, D.A. (1995). The epidemiology of social stress. *American Sociological Review, 60*, 104-125.

Subject Instructions & Item List:

Subject Instructions:

Below are some things that may have happened to you during your whole life. Select “No” if the event did not happen to you. Select “Yes” if the event has happened to you.

| **Q #** | **Item** | **Subscale/source** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00023\_SQ001 | You were divorced or ended a relationship with someone you were still in love with. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00024 | You mentioned You were divorced or ended a relationship with someone you loved. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ002 | One of your parents died. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00025 | You mentioned One of your parents died. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ003 | Your spouse, child, or other loved one died. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00026 | You mentioned Your spouse, child or other loved one died. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ004 | You saw something violent happen to someone or saw someone killed. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00027 | You mentioned You saw something violent happen to someone or saw someone killed. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ005 | You were in a major fire, flood, earthquake, or other natural disaster. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00028 | You mentioned You were in a major fire, flood, earthquake, or other natural disaster. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ006 | You had a serious accident, injury, or illness that was life threatening or caused long-term disability. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00029 | You mentioned You had a serious accident, injury, or illness that was life-threatening or caused a long-term disability. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ007 | One of your children had a near fatal accident or life-threatening illness. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00030 | You mentioned One of your children had a near fatal accident or life-threatening illness. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ008 | You were in a combat in a war, lived near a war zone, or were present during a political uprising. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00031 | You mentioned You were in a combat in a war, lived near a war zone, or were present during a political uprising. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ009 | You discovered your spouse or partner in a close relationship was unfaithful. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00032 | You mentioned You discovered your spouse or partner in a close relationship was unfaithful. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ010 | You were physically abused by your current or a previous spouse or partner. | Lifetime Traumas | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00033 | You mentioned You were physically abused by your current or a previous spouse or partner. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ011 | Your spouse, partner, or child has been addicted to alcohol or drugs.\* | Chronic Stress | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00034 | You mentioned Your spouse, partner, or child has been addicted to alcohol or drugs. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ012 | You were sexually abused or raped. | Other | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00035 | You mentioned You were sexually abused or raped. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ013 | You or your partner suffered a miscarriage or stillbirth.\* | Life Events (Family) /CAP | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00036 | You mentioned You or your partner suffered a miscarriage or stillbrith. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ014 | You found out that you cannot have children.\* | Chronic Stress/CAP | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00037 | You mentioned You found out that you cannot have children. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |
|  |  |  |  |
| CLQ00023\_SQ015 | You adopted a child. | CAP | [Life Events Whole Life](#_kpzu8jtmza9g) |
|  |  |  |  |
| CLQ00038 | You mentioned you adopted a child. How old were you the last time this happened? |  | [Lifetime Life Events Age](#_4w7hqqs7ysgc) |

*Note*. \*= Item was adapted from the original scale (i.e. slightly different wording).

CAP = item was taken from previous CAP questionnaire.

Item Values:

#### For Questions CLQ00023\_SQ001 - CLQ00023\_SQ015

1 = Yes

2 = No

999 = Would Rather Not Answer

#### For Questions CLQ00024 - CLQ00038

0 = Younger than 1

For 1-45, ages listed for participants to choose one response to represent the age (i.e. 1 = 1-years-old, 2 = 2-years-old, etc.)

46 = 46 or older

888 = Don’t Know

999 = Would Rather Not Answer

Scale Scoring:

Scores are computed by taking the sum of events. Each of the events can have a possible score of 0 (did not experience the event) or 1 (did experience the event). A higher total score indicates greater lifetime adversity.

Modifications:

### Financial Well-being

**(InCharge Financial Distress/Financial Well-being Scale (IFDFW); 8 items)\***

Description:

The InCharge Financial Distress/Financial Well-being (IFDFW) Scale includes eight self-report items to measure individuals’ subjective reactions to their current financial situation, an important predictor of general well-being and health (above and beyond objective income measures). Four of the items reflect an overall sense of one’s current financial condition, and the other four items measure emotional reactions to this financial condition. The loading of these items onto a latent construct of financial distress/well-being are high (range = .83 to .93), and its internal reliability is also high (Cronbach’s alpha = .96).

Associated Papers:

Prawitz, A. D., Garman, E. T., Sorhaindo, B., O'Neill, B., Kim, J., & Drentea, P. (2006). InCharge financial distress/financial well-being scale: Development, administration, and score interpretation. *Journal of Financial Counseling and Planning, 17*(1), 34-50.

<http://www.inchargefoundation.org/>

[http://www.PersonalFinanceFoundation.org](http://www.personalfinancefoundation.org)

Subject Instructions & Item List:

Select the responses that are most appropriate for your situation.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00039\_1 | What do you feel is the level of your financial distress today? | N/A | [Present Financial Stress Level](#_p32zceyi4z2b) |
| CLQ00040\_1 | How satisfied you are with your present financial situation? R | N/A | [Finances Satisfaction Level](#_tml3nf4ky801) |
| CLQ00041\_1 | How do you feel about your current financial situation? | N/A | [Feelings on Finances](#_t45e0bkybjw1) |
| CLQ00042\_1 | How often do you worry about being able to meet normal monthly living expenses? | N/A | [Financial Worries](#_t45e0bkybjw1) |
| CLQ00043\_1 | How confident are you that you could find the money to pay for a financial emergency that costs about $1,000? R | N/A | [Financial Confidence](#_xt55i2v8if0c) |
| CLQ00044\_1 | How often does this happen to you? You want to go out to eat, go to a movie or do something else and don’t go because you can’t afford to? | N/A | [Financial Freedom](#_rxb2k2jzvgws) |
| CLQ00045\_1 | How frequently do you find yourself just getting by financially and living paycheck to paycheck? | N/A | [Financial Freedom](#_rxb2k2jzvgws) |
| CLQ00046\_1 | How stressed do you feel about your personal finances in general? | N/A | [General Financial Stress](#_9yl1b6a8f335) |

*Note.* R= reverse-coded item.

Item Values:

Item values range from 1-10.

#### Level of financial distress today/personal finances in general:

1 = No stress at all 1”

2 = “2”

3 = “3”

4 = Low stress

5 = “5”

6 = “6”

7 = High stress

8 = “8”

9 = “9”

10 = Overwhelming stress

999 = Would rather not answer

#### Satisfaction with current situation:

Participant presented with sliding scale where 1 = complete dissatisfaction and 10 = complete satisfaction. They were also instructed “The more dissatisfied you are, the lower the number you should select. The more satisfied you are, the higher the number you should select.”

#### Feelings about current situation/how often worry:

1 = Feel comfortable/Never worry

4 = Not worried/Rarely worry

7 = Sometimes feel worried/Sometimes worry

10 = Feel overwhelmed/Worry all the time

999 = Would rather not answer

#### Confidence in ability to pay in emergency:

1 = No confidence

4 = Little confidence

7 = Some confidence

10 = High confidence

999 = Would rather not answer

#### How often don’t go out/how frequently live paycheck to paycheck:

1 = Never

4 = Rarely

7 = Sometimes

10 = All the time

999 = Would rather not answer

#### How stressed do you feel about your personal finances in general?

1 = No stress at all 1”

2 = “2”

3 = “3”

4 = Low stress

5 = “5”

6 = “6”

7 = High stress

8 = “8”

9 = “9”

10 = Overwhelming stress

999 = Would rather not answer

Scale Scoring:

The scores for all eight items are summed into a composite and subsequently divided by 8 to yield a total score with a range from 1.0 to 10.0. Therefore, decimals are possible and scores are not rounded to the nearest whole number (e.g., a score of 3.5 is not rounded up to 4). In the original scale, a score of 10.0 reflects the lowest level of financial distress/highest financial well-being.

**Descriptors for interpreting total IFDFW scores (adapted from Prawitz et al., 2006, p.45):**

1.0= Overwhelming financial distress/lowest financial well-being

2.0= Extremely high financial distress/extremely low financial well-being

3.0= Very high financial distress/very poor financial well-being

4.0= High financial distress/poor financial well-being

5.0= Average financial distress/average financial well-being

6.0= Moderate financial distress/moderate financial well-being

7.0= Low financial distress/good financial well-being

8.0= Very low financial distress/very good financial well-being

9.0= Extremely low financial distress/extremely high financial well-being

10.0= No financial distress/highest financial well-being

Modifications:

The original scale had higher scores corresponding to *lower* levels of financial stress, both “today” and “in general” (10=*No stress at all*), *fewer* worries about the current financial situation and meeting monthly living expenses (10=*Feel comfortable/Never worry*), and *less* frequent problems with being able to afford to go out and with living paycheck to paycheck (10=*Never*). The codes for these six items were reversed in the CATSLife online questionnaire, such that higher scores reflected *higher* financial stress levels (1= *No stress at all*; 10=*Overwhelming stress*), *more* feelings of discomfort and worry (1= *Feel comfortable/Never worry*; 10=*Feel overwhelmed/Worry all the time*), and *more* frequently not being able to go out and living paycheck to paycheck (1=*Never*; 10=*All the time*).

### Self-Report Health

**(CAP Health Q & AddHealth 4; 57 items)**

Description:

These items were included from the previous CAP bluebook questionnaire (i.e. some self-rated health and illness checklist items were adopted from CAP assessment year 30; others, such as somatic complaints, were included from CAP years 16, 21, and 30). They measure various aspects of individuals’ health, including self-rated health status, physical symptoms, illnesses and medications. Two illness checklist items were added from wave four of the AddHealth study (Brownstein et al., 2011): “Active seasonal allergies (hay fever)” and “Gum disease (gingivitis; periodontal disease) or tooth loss because of cavities”. Three of the self-rated health item were adopted from the Swedish Adoption/Twin Study of Aging (SATSA; Svedberg et al., 2005).

Associated Papers:

**Self-Rated Health**

Svedberg, P., Gatz, M., Lichtenstein, P., Sandin, S., & Pedersen, N. L. (2005). Self-rated health in a longitudinal perspective: A 9-year follow-up twin study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *60*(6), S331-S340.

Ware, J. E., Jr., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Med Car*e, 30(6), 473-483. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/1593914

**Add Health**

Chantala, K., Tabor, J., & National Longitudinal Study of Adolescent Health. (1999). Strategies to perform a design-based analysis using the Add Health data. *Carolina Population Center, University of North Carolina at Chapel Hill, Chapel Hill, NC*.

Brownstein, N., Kalsbeek, W. D., Tabor, J., Entzel, P., Daza, E., & Harris, K. M. (2011). Non-response in wave IV of the National Longitudinal Study of Adolescent Health. *Carolina Population Center, University of North Carolina: Chapel Hill*.

Subject Instructions & Item List:

Subject Instructions:

We are also interested in learning about people's health.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00047 | I identify my sex as… | Sex | [Sex Identification](#_gv34m893kd97) |
| CLQ00048 | Optional choices for sexual identity. | Specify (if Other) | [Other Sex Identification](#_21vq9j49b6lg) |
|  |  |  |  |
| CLQ00049 | In general, would you say that your health is... | Self-rated health (CAP; SF-36) | [General Self-Rated Health](#_2npwd3mmlumm) |
| CLQ00050 | How would you rate your general health status compared to 5 years ago? | Self-rated health (SATSA) | [Self-Rated Health Vs. 5 yr ago](#_ohh7usjm84u8) |
| CLQ00051 | How would you rate your health status compared to others in your age group? | Self-rated health (SATSA) | [Self-Rated Health Vs Others](#_ohh7usjm84u8) |
| CLQ00052 | Do you think your health prevents you from doing things you would like to do? | Self-rated health (CAP) | [Feels Health Limits Activities](#_jxgte66gejou) |
| CLQ00053 | During the **past four weeks**, have physical health problems caused you difficulty in doing your work or other regular activities? | Self-rated health (CAP) | [Physical Health Interference with Activities](#_kti8dnfwq4ux) |
| CLQ00054 | During the **past four weeks**, have emotional problems, such as feeling depressed or anxious, led you to accomplish less than you would have liked at work or other daily activities? | Self-rated health (CAP/NNSD) | [Emotional Health Interference with Activities](#_kti8dnfwq4ux) |
| CLQ00055 | During the **past four weeks**, have physical or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? | Self-rated health (SF-36) | [Health Interference with Social Activities](#_kti8dnfwq4ux) |
|  | | | |
| **Have you ever had…** | | | |
| CLQ00056\_1 | …Asthma | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_2 | …Bronchitis | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_3 | …Broken bones or fractures | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_4 | …Diabetes | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_5 | …Overweight | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_6 | …Underweight | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_7 | …Colorblindness | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_8 | …Very poor eyesight | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_9 | …Very poor hearing | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_10 | …Ear surgery | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_11 | …Acne | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_12 | …Other skin problems | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_13 | …Allergies to medications | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_14 | …Allergies to animals | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_15 | …Active seasonal allergies (hay fever)\* | Illness checklist (AddHealth) | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_16 | …Heart problems | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_17 | …High blood pressure | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_18 | …Bladder infections | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_19 | …Prolonged anxiety, depression, or other mental health problems | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_20 | …Cancer | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_21 | …Emphysema | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_22 | …Chronic digestive disease | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_23 | …Epilepsy or a seizure disorder | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_24 | …Developmental problems, such as problems with speech, language, or learning | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_25 | …Chronic pain lasting 6 months or more (e.g., back, joints, pain from injury, other) | Illness checklist | [Illness History](#_zib8an2pmhvx) |
| CLQ00056\_26 | …Gum disease (gingivitis; periodontal disease) or tooth loss because of cavities\* | Illness checklist (AddHealth) | [Illness History](#_zib8an2pmhvx) |
|  |  |  |  |
| **How often do you experience**… | | | |
| CLQ00057\_1 | …Trouble breathing | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_2 | …Rapid or pounding heart | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_3 | …Spells of nervousness | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_4 | …Dizziness | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_5 | …Memory problems (difficulty remembering events and “things”) | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_6 | …Loss of feeling or sensation in a part of the body | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_7 | …Loss of vision or blurred vision | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_8 | …Loss of hearing | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_9 | …Loss of appetite | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_10 | …Large changes in weight | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_11 | …Nausea or stomach pains | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_12 | …Vomiting | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_13 | …Miss school or work because of illness? | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_14 | …Take medicine for nervous or emotional problems | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_15 | …Headaches | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_16 | …Injuries | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_17 | …Acne | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_18 | …Other skin problems? | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_19 | …Pain (e.g., back, joints, pain from injury, other) | Somatic | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_20 | …Gum disease (gingivitis; periodontal disease) or tooth loss because of cavities\* | Somatic (AddHealth) | [Frequency of Illness](#_yo59p5adopb7) |
| CLQ00057\_21 | …Active seasonal allergies (hay fever)\* | Somatic (AddHealth) | [Frequency of Illness](#_yo59p5adopb7) |
|  |  |  |  |
| **Have you had any difficulty with your menstrual periods?** | | | |
| CLQ00058\_SQ001 | …Menstrual cramping | Menstrual period | [Menstrual Period Issues](#_c0ltpo8wlij) |
| CLQ00058\_SQ002 | …Irregular periods | Menstrual period | [Menstrual Period Issues](#_c0ltpo8wlij) |
| CLQ00058\_SQ003 | …Excessive bleeding | Menstrual period | [Menstrual Period Issues](#_c0ltpo8wlij) |
| CLQ00058\_SQ004 | …Several months without a period | Menstrual period | [Menstrual Period Issues](#_c0ltpo8wlij) |
|  | | | |
| CLQ00059 | Have you had any other problems, major diseases, disabilities, or handicaps? | Other Health Problems | [Other Health Problems](#_pvqf4netwstm) |
| CLQ00060 | Please specify all: If you would rather not answer please write n/a |  |  |
| CLQ00061 | Do you take any medication prescribed by a doctor on a regular basis? | Medications | [Prescription Medication](#_pvqf4netwstm) |
| CLQ00062 | Please specify all: If you would rather not answer please write n/a |  |  |
| CLQ00063 | Is this a result of an injury? |  | [Need of Rx due to Injury](#_pvqf4netwstm) |
| CLQ00064 | Please explain the injury: If you would rather not answer please write in n/a |  |  |

*Note.* \*= Item was taken from the AddHealth study (Wave 4).

Item Values:

#### Sex:

1 = Female

2 = Male

3 = Other

999 = Would rather not answer

#### If “Other” selected:

1 = Intersex

2 = MtoF Female

3 = FtoM Male

999 = Would rather not answer

#### General self-rated health:

1 = Excellent

2 = Good

3 = Fair

4 = Not well

5 = Poor

999 = Would rather not answer

#### General self-rated health compared to 5 years ago/Self-rated health compared to others in same age group:

1 = Worse

2 = About the same

3 = Better

999 = Would rather not answer

#### Do you think your health prevents you from doing things you would like to do?

1 = To a great extent

2 = Partly

3 = Not at all

999 = Would rather not answer

#### During the past 4 weeks, have physical/emotional problems led you to accomplish less/interfered with your normal social activities:

1 = Not at all

2 = Not very much

3 = Somewhat

4 = Pretty much

5 = Very much

999 = Would rather not answer

#### Illness checklist (For CLQ00056\_1 to CLQ00056\_26):

1 = No

2 = Yes

999 = Would rather not answer

#### Somatic (For CLQ00057\_1 to CLQ00057\_21):

0 = Never

1 = Less than once a year

2 = About once a year

3 = About once a month

4 = Once a week

5 = Daily

999 = Would rather not answer

#### Menstrual periods (For CLQ00058\_SQ001 to CLQ00058\_SQ004):

0 = Never

1 = Less than once a year

2 = About once a year

3 = Several times each year

999 = Would rather not answer

#### Other health problems/regular medication/Need for medication due to injury:

1 = Yes

2 = No

999 = Would rather not answer

Scale Scoring:

Modifications:

### **Self-Report Diet**

**(PhenX Toolkit Food Diary; 72 items)**

Description:

The PhenX Toolkit’s “Nutrition and Dietary Supplements” domain includes the following measures: Calcium Intake, Dairy Food Intake, Fiber Intake, Fruits and Vegetables Intake, and Dietary Supplements Use. Two of the items (i.e. fast food consumption; diet or low-calorie drinks consumption) were included from the AddHealth study.

Associated Papers:

<http://www.phenxtoolkit.org> (October 5, 2015, Ver 13.1)

National Cancer Institute. (2005). *Five-factor screener: National Health Interview Survey (NHIS) diet and nutrition*. NAC.010-NAC.138.

**Fruits & Vegetables Intake**

PhenX Measure: Fruits and Vegetables Intake (#050700)

PhenX Protocol: Fruits and Vegetables Intake (#050701)

Centers for Disease Control and Prevention, National Center for Health Statistics. (2005). *National Health Interview Survey (NHIS): Diet and nutrition questionnaire.* Questions NAC.040\_00.00 (question 1), NAC.070\_00.00 (question 2), NAC.090\_00.00 (question 3), NAC.100\_00.00 (question 4), NAC.110\_00.00 (question 5), NAC.120\_00.00 (question 6), NAC.130\_00.00 (question 7), NAC.131\_00.00 (question 8), and NAC.132\_00.00 (question 9).

**Fiber Intake**

PhenX Measure: Fiber Intake (#050600)

PhenX Protocol: Fiber Intake (#050601)

Centers for Disease Control and Prevention, National Center for Health Statistics (2005). *National Health Interview Survey (NHIS): Diet and nutrition questionnaire.* Questions NAC.010\_00.00 (question 1), NAC.020\_00.00 (question 2), NAC.030\_00.00 (question 3), NAC.040\_00.00 (question 4), NAC.060\_00.00 (question 5), NAC.070\_00.00 (question 6), NAC.090\_00.00 (question 7), NAC.100\_00.00 (question 8), NAC.110\_00.00 (question 9), NAC.120\_00.00 (question 10), NAC.130\_00.00 (question 11), NAC.131\_00.00 (question 12), NAC.132\_00.00 (question 13), NAC.135\_00.00 (question 14), NAC.136\_00.00 (question 15), NAC.137\_00.00 (question 16), and NAC.138\_00.00 (question 17).

**Calcium Intake**

PhenX Measure: Calcium Intake (Daily) (#050200)

PhenX Protocol: Calcium Intake - Adults (#050202)

Centers for Disease Control and Prevention, National Center for Health Statistics. (2005). *National Health Interview Survey (NHIS): Diet and nutrition questionnaire*. Questions NAC.010\_00.00 (question 1), NAC.015\_00.00 (question 2), NAC.020\_00.00 (question 3), NAC.030\_00.00 (question 4), NAC.040\_00.00 (question 5), NAC.060\_00.00 (question 6), NAC.070\_00.00 (question 7), NAC.090\_00.00 (question 8), NAC.100\_00.00 (question 9), NAC.110\_00.00 (question 10), NAC.120\_00.00 (question 11), NAC.130\_00.00 (question 12), NAC.131\_00.00 (question 13), NAC.132\_00.00 (question 14), NAC.135\_00.00 (question 15), NAC.136\_00.00 (question 16), NAC.137\_00.00 (question 17), and NAC.138\_00.00 (question 18).

**Dairy Food Intake**

PhenX Measure: Dairy Food Intake (Daily Servings) (#050400)

PhenX Protocol: Dairy Food Intake (Daily Servings) (#050401)

Centers for Disease Control and Prevention, National Center for Health Statistics. (2005). *National Health Interview Survey (NHIS): Diet and nutrition questionnaire*. Questions NAC.020\_00.00 (question 1) and NAC.138\_00.00 (question 2).

**Dietary Supplements Use**

Supplement Frequency Questionnaire (SURE-QX), 2009- Dr. Suzanne Murphy. Cancer Research Center of Hawaii. University of Hawaii.

Subject Instructions & Item List:

Subject Instructions:

The following questions are about the different kinds of foods you ate or drank during the **PAST MONTH**, that is, the **past 30 days**. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

*Hover over the icon for more information and clarification about foods that should be included in the counts [insert icon symbol]*

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00065 | How many times in the **past seven days** did you eat food from a fast food restaurant, such as McDonald’s, Burger King, Wendy’s, Arby’s, Pizza Hut, Taco Bell, or Kentucky Fried Chicken or a local fast food restaurant?\* | Other (AddHealth) | [Fast Food Consumption in Past 7 Days](#_ry8br45nmatn) |
| CLQ00066\_0 | How often did you drink 100% FRUIT JUICE, such as orange, mango, apple, and grape juices? Do NOT count fruit drinks. | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_1 | How often did you drink FRUIT-FLAVORED DRINKS with sugar (such as Kool-aid®, Hi-C®, lemonade, or cranberry cocktail)? Do NOT include diet drinks. | Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_2 | How often did you drink regular, carbonated SODA OR SOFT DRINKS that contain sugar? Do NOT include diet soda. | Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_3 | How often did you drink DIET or LOW-CALORIE DRINKS?\* | Other (AddHealth) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_4 | How often did you eat FRUIT? COUNT fresh, frozen, or canned fruit. Do NOT count juices. | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_5 | How often did you eat a green leafy or lettuce SALAD, with or without other vegetables? | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_6 | How often did you eat FRENCH FRIES, home fries, or hash brown potatoes? | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_7 | How often did you eat other WHITE POTATOES? COUNT baked potatoes, boiled potatoes, mashed potatoes and potato salad. | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_8 | How often did you eat COOKED DRIED BEANS, such as refried beans, baked beans, bean soup, and pork and beans? Do NOT include green beans. | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_9 | Not counting what you just told me about (lettuce salads, white potatoes, cooked dried beans), and not counting rice, how often did you eat OTHER VEGETABLES? | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_10 | How often did you have TOMATO SAUCES such as spaghetti sauce or pizza with tomato sauce? | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_11 | How often did you have SALSA? | Fruits and Vegetables Intake/ Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_12 | How often did you have MILK, either to drink or on cereal? Do NOT include small amounts of milk in coffee or tea. | Fiber Intake/ Calcium Intake (Daily)/Dairy Food Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_13 | How often did you eat any kind of CHEESE? Include cheese as a snack; cheese on burgers, sandwiches, or pizza; and cheese mixed into such foods as lasagna, enchiladas, or casseroles. | Fiber Intake/ Calcium Intake (Daily)/Dairy Food Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_14 | How often did you eat WHOLE GRAIN BREAD including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do NOT include white bread. | Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_15 | How often did you eat DOUGHNUTS, sweet rolls, Danish, muffins, or pop-tarts®? Do NOT include sugar-free items. | Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_16 | How often did you eat COOKIES, CAKE, PIE, or BROWNIES? Do NOT include sugar-free kinds. | Fiber Intake/ Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
| CLQ00066\_17 | How often did you eat HOT OR COLD CEREALS? | Fiber Intake/Calcium Intake (Daily) | [Intake](#_ynijek6mev7k) |
|  | | | |
| **When you ate cereal, which kinds did you usually eat? Check one or two types.** | | | |
| CLQ00067\_1 | …Cooked cereals (such as oatmeal, cream of wheat, grits) | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_2 | …All bran cereals (such as All Bran®, Fiber One®, or 100% Bran®) | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_3 | …Cereals with some bran or fiber (such as Cheerios®, Raisin Bran®, Shredded Wheat®, Total®, Wheaties®, Granola, Grape Nuts®, Kashi® 7 Whole Grain Puffs etc. | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_4 | …Cereals with little bran or fiber (such as Corn Flakes®, Honey Nut Cheerios®, Froot Loops®, Rice Krispies®, Kix®, Frosted Flakes®, Special K®, Cap’n Crunch®, etc. | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_888 | …Don’t know | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_999 | …Would rather not answer | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
| CLQ00067\_other | …Other | Fiber Intake/ Calcium Intake (Daily) | [Type of Cereal Intake](#_3xxpw3z2tkl) |
|  | | | |
| CLQ00068 | Did you take any dietary supplements during the past year, at least once a week? | Dietary Supplements Use | [Dietary Supplements Use](#_1z53d1lyqk0n) |
|  | | | |
| **Did you take any of the following MULTIPLE VITAMINS?**  **Please fill out both columns, if you do not take, please select that answer in both areas** | | | |
| CLQ00069\_1#0 | Regular One-a-Day type, Centrum ® or Thera-type [HOW OFTEN?] | Dietary Supplements Use | [Multivitamin Use (Frequency)](#_vnqku3qlh1h) |
| CLQ00069\_1#1 | Regular One-a-Day type, Centrum ® or Thera-type [HOW MANY YEARS?] | Dietary Supplements Use | [Multivitamin Use (Years)](#_mt6nizt638mr) |
| CLQ00069\_2#0 | B-complex or Stress-tab type [HOW OFTEN?] | Dietary Supplements Use | [Multivitamin Use (Frequency)](#_vnqku3qlh1h) |
| CLQ00069\_2#1 | B-complex or Stress-tab type [HOW MANY YEARS?] | Dietary Supplements Use | [Multivitamin Use (Years)](#_mt6nizt638mr) |
| CLQ00069\_3#0 | Powdered supplements in shakes, juice, or water, etc [HOW OFTEN?] | Other | [Multivitamin Use (Frequency)](#_vnqku3qlh1h) |
| CLQ00069\_3#1 | Powdered supplements in shakes, juice, or water, etc [HOW MANY YEARS?] | Other | [Multivitamin Use (Years)](#_mt6nizt638mr) |
|  | | | |
| **Did you take any of the following SINGLE SUPPLEMENTS?**  **Please fill out both columns, if you do not take, please select that answer in both areas** | | | |
| CLQ00070\_3#0 | Vitamin C [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_3#1 | Vitamin C [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_4#0 | Vitamin E [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_4#1 | Vitamin E [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_5#0 | Folic acid, Folate [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_5#1 | Folic acid, Folate [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_6#0 | Vitamin B-12 [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_6#1 | Vitamin B-12 [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_7#0 | Vitamin B-6 [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_7#1 | Vitamin B-6 [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_8#0 | Calcium, alone or combined with something else such as in a bone health supplement OR in an antacid [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_8#1 | Calcium, alone or combined with something else such as in a bone health supplement OR in an antacid [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_9#0 | Vitamin D, alone [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_9#1 | Vitamin D, alone [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_10#0 | Selenium [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_10#1 | Selenium [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_11#0 | Iron [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_11#1 | Iron [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_12#0 | Zinc [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_12#1 | Zinc [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_13#0 | Fish oil or omega-3 Fatty acids [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_13#1 | Fish oil or omega-3 Fatty acids [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_14#0 | Flaxseed [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_14#1 | Flaxseed [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_15#0 | Garlic, as a pill, tablet, or capsule [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_15#1 | Garlic, as a pill, tablet, or capsule [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_16#0 | Glucosamine, alone or combined with something else [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_16#1 | Glucosamine, alone or combined with something else [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_17#0 | Coenzyme Q-10 [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_17#1 | Coenzyme Q-10 [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00070\_18#0 | Saw Palmetto [HOW OFTEN?] | Dietary Supplements Use | [Single Vitamin Use (Frequency)](#_qqouwx7tf2zn) |
| CLQ00070\_18#1 | Saw Palmetto [FOR HOW MANY YEARS?] | Dietary Supplements Use | [Single Vitamin Use (Years)](#_rpth3a4lqzfg) |
| CLQ00071 | When you took VITAMIN C, how much did you usually take? | Dietary Supplements Use | [Vitamin C Use (mg)](#_6lwzmqif0m26) |
| CLQ00072 | When you took VITAMIN E, how much did you usually take? | Dietary Supplements Use | [Vitamin E Use (mg)](#_6lwzmqif0m26) |

*Note*. \*= Item was taken from the AddHealth study.

Item Values:

#### Ate from fast food restaurant in past 7 days:

0 = 0

1 = 1

2 = 2

3 = 3-5

4 = 6-9

5 = 10-15

6 = 16-20

7 = More than 20

999 = Would rather not answer

#### How often do you drink/eat...(For CLQ00066\_0 to CLQ00066\_17):

0 = Never

1 = 1-3 times last month

2 = 1-2 times per week

3 = 3-4 times per week

4 = 5-6 times per week

5 = 1 time per day

6 = 2 times per day

7 = 3 times per day

8 = 4 times per day

9 = 5 or more times per day

888 = Don’t know

999 = Would rather not answer

#### Cereal (which kinds):

0 = Not selected

1 = Yes

#### Dietary Supplements:

1 = Yes

2 = No

999 = Would rather not answer

#### How often take Multivitamins:

0 = Do not take

1 = 1 to 3 times a week

2 = 4 to 6 times a week

3 = Once a day

999 = Would rather not answer

#### How many years take Multivitamins:

0 = Do not take

1 = 1 year or less

2 = 1 to 2 years

3 = 2 to 4 years

4 = 5 to 9 years

5 = 10 years or more

999 = Would rather not answer

#### How often take single vitamin supplements:

0 = Do not take

1 = 1 to 3 times a week

2 = 4 to 6 times a week

3 = Once a day

999 = Would rather not answer

#### How many years take single vitamin supplements:

0 = Do not take

1 = 1 year or less

2 = 1 to 2 years

3 = 2 to 4 years

4 = 5 to 9 years

5 = 10 years or more

999 = Would rather not answer

#### How much Vitamin C/E (mg):

1 = 250 mg or less

2 = 300 to 500 mg

3 = 600 to 1000 mg

4 = More than 1000 mg

999 = Would rather not answer

Scale Scoring:

For all of the measures, the following procedures are used to convert an individual’s responses to an estimate of that individual’s daily intake:

| **Table 1. Conversion of Frequency Response to Times per Day** | |
| --- | --- |
| **Frequency Response** | **Times per Day** |
| Never | 0 |
| 1-3 times per month | 0.067 |
| 1-2 times per week | 0.214 |
| 3-4 times per week | 0.5 |
| 5-6 times per week | 0.786 |
| 1 time per day | 1 |
| 2 times per day | 2 |
| 3 times per day | 3 |
| 4 times per day | 4 |
| 5 or more times per day | 5 |

**Fruits and Vegetables Intake: Scoring Procedure**

A Pyramid serving was defined by the U.S. Department of Agriculture (USDA) in the 1992 Dietary Guidelines Food Guide Pyramid as:

Vegetables: 1 cup raw leafy, 1/2 cup of other vegetables, or 3/4 cup vegetable juice; and

Fruits: 1 whole fruit, 1/2 cup of cut-up fruit, or 3/4 cup fruit juice.

More recently, the 2005 Dietary Guidelines measure fruits and vegetables in cup equivalents. Scoring using both metrics is provided.

The age- and gender-specific portion sizes (see Table 2a and 2b) for each food are multiplied by the frequency calculated in Step 1 (original source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=50701> ).

| **Table 2a.** Median Portion Size (Pk) in Pyramid Servings\* per Mention by Gender and Age for Fruits and Vegetables | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| **Men** | | | | | | | |
| 100% fruit juice (P1) | 2.000000 | 1.667500 | 1.335000 | 1.335000 | 1.334000 | 1.001000 | 1.001000 |
| Fruit (P2) | 1.301000 | 1.301000 | 1.229571 | 1.227333 | 1.168000 | 1.168000 | 1.052333 |
| Salad (P3) | 0.545000 | 0.708000 | 0.754500 | 0.750000 | 0.833500 | 0.750000 | 0.822500 |
| Fried potatoes (P4) | 2.000000 | 2.000000 | 1.773000 | 1.710000 | 1.400000 | 1.250000 | 1.250000 |
| Other potatoes (P5) | 2.000000 | 2.000000 | 1.999000 | 1.999000 | 1.914000 | 1.544000 | 1.508000 |
| Dried beans (P6) | 1.374000 | 1.047000 | 1.065000 | 1.227000 | 1.000000 | 1.000000 | 1.114000 |
| Other Vegetables (P7) | 0.750000 | 0.906000 | 0.974500 | 1.000000 | 1.000000 | 0.880000 | 0.833333 |
| Tomato sauce (P8) | 0.500000 | 0.541000 | 0.541000 | 0.812000 | 0.541000 | 0.541000 | 0.541000 |
| Salsa (P9) | 0.533000 | 0.533000 | 0.421500 | 0.386500 | 0.137000 | 0.266000 | 0.266000 |
| **Women** | | | | | | | |
| 100% fruit juice (P1) | 1.500500 | 1.334000 | 1.334000 | 1.251250 | 1.019500 | 1.000500 | 1.000500 |
| Fruit (P2) | 1.168000 | 1.168000 | 1.168000 | 1.168000 | 1.150500 | 1.083833 | 1.000000 |
| Salad (P3) | 0.613500 | 0.572500 | 0.833333 | 1.000000 | 0.795500 | 0.625000 | 0.750000 |
| Fried potatoes (P4) | 1.481000 | 1.365500 | 1.272000 | 1.400000 | 1.000000 | 1.026000 | 1.000000 |
| Other white potatoes (P5) | 1.544000 | 1.544000 | 1.528000 | 1.544000 | 1.499000 | 1.516000 | 1.272000 |
| Dried beans (P6) | 0.964000 | 0.684000 | 0.800000 | 0.687000 | 0.822000 | 0.807000 | 1.000000 |
| Other Vegetables (P7) | 0.702200 | 0.779333 | 0.792500 | 0.788500 | 0.774000 | 0.833000 | 0.856750 |
| Tomato sauce (P8) | 0.541000 | 0.541000 | 0.273000 | 0.541000 | 0.500000 | 0.500000 | 0.500000 |
| Salsa (P9) | 0.274000 | 0.266000 | 0.322500 | 0.238250 | 0.266000 | 0.137000 | 0.137000 |

| **Table 2b.** Median Portion Size (Pk) in Cup Servings\*\* per Mention by Gender and Age for Fruits and Vegetables | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| **Men** | | | | | | | |
| 100% fruit juice (P1) | 1.499160 | 1.250580 | 1.000980 | 1.000980 | 1.000176 | 0.750735 | 0.750735 |
| Fruit (P2) | 0.999580 | 0.933450 | 0.867300 | 0.867300 | 0.867300 | 0.774916 | 0.657060 |
| Salad (P3) | 0.272700 | 0.353970 | 0.377235 | 0.374963 | 0.416640 | 0.375000 | 0.411323 |
| Fried potatoes (P4) | 0.721125 | 0.727700 | 0.641000 | 0.641000 | 0.548055 | 0.480750 | 0.499980 |
| Other potatoes (P5) | 1.000400 | 1.140030 | 0.999600 | 0.999600 | 0.999490 | 0.833175 | 0.754400 |
| Dried beans (P6) | 0.717550 | 0.551540 | 0.566720 | 0.612360 | 0.500250 | 0.502285 | 0.575360 |
| Other Vegetables (P7) | 0.387675 | 0.473920 | 0.499840 | 0.500240 | 0.499905 | 0.460585 | 0.416899 |
| Tomato sauce (P8) | 0.249900 | 0.271250 | 0.271250 | 0.406875 | 0.271250 | 0.271250 | 0.271250 |
| Salsa (P9) | 0.266430 | 0.266430 | 0.210897 | 0.195683 | 0.068480 | 0.133236 | 0.133236 |
| **Women** | | | | | | | |
| 100% fruit juice (P1) | 1.124370 | 1.000960 | 1.000176 | 0.938130 | 0.764776 | 0.750728 | 0.750434 |
| Fruit (P2) | 0.749235 | 0.867300 | 0.844838 | 0.789970 | 0.742350 | 0.712640 | 0.620475 |
| Salad (P3) | 0.306788 | 0.286335 | 0.416625 | 0.499950 | 0.397688 | 0.312469 | 0.374963 |
| Fried potatoes (P4) | 0.509595 | 0.455110 | 0.448700 | 0.448700 | 0.394856 | 0.444260 | 0.444260 |
| Other white potatoes (P5) | 0.782020 | 0.876945 | 0.771260 | 0.771260 | 0.749700 | 0.771260 | 0.644235 |
| Dried beans (P6) | 0.492150 | 0.341550 | 0.430530 | 0.345763 | 0.430685 | 0.430530 | 0.500400 |
| Other Vegetables (P7) | 0.364468 | 0.395882 | 0.404303 | 0.408330 | 0.416913 | 0.436560 | 0.452214 |
| Tomato sauce (P8) | 0.271250 | 0.271250 | 0.136710 | 0.271250 | 0.249900 | 0.249900 | 0.249900 |
| Salsa (P9) | 0.136960 | 0.133236 | 0.163080 | 0.119187 | 0.133236 | 0.068480 | 0.068480 |

For Pyramid servings of fruits and vegetables, including and excluding French fries, for each gender, the estimated regression coefficients are listed in Table 3a.

| **Table 3a.** Estimated Regression Coefficients for Sum of Foods Predicting Servings of Total Fruits and Vegetables and Fruits and Vegetables Excluding French Fries, by Gender | | |
| --- | --- | --- |
| **Parameter** | **Men** | **Women** |
| **Summary Variable with French fries** | | |
| Intercept (b0) | 0.704319 | 0.658819 |
| b1 | 0.835532 | 0.796243 |
| **Summary Variable excluding French fries** | | |
| Intercept (b0) | 0.729653 | 0.639540 |
| b1 | 0.822694 | 0.804796 |

For cups of fruits and vegetables (2005 MyPyramid definition), including and excluding French fries, for each gender, the estimated regression coefficients are listed in Table 3b.

| **Table 3b.** Estimated Regression Coefficients for Sum of Foods Predicting Cups of Total Fruits and Vegetables and Fruits and Vegetables Excluding French Fries, by Gender | | |
| --- | --- | --- |
| **Parameter** | **Men** | **Women** |
| **Summary Variable with French fries** | | |
| Intercept (b0) | 0.529258 | 0.502480 |
| b1 | 0.839721 | 0.792683 |
| **Summary Variable excluding French fries** | | |
| Intercept (b0) | 0.559458 | 0.495205 |
| b1 | 0.819797 | 0.794978 |

For both metrics, these regression coefficients are applied according to the following equation:

E (Fruits and Veg1/2) = b0 + b1 (NFG1P1 + NFG2P2 + ... + NFG9P9)1/2

For men: Cube root of daily cup equivalents of fruits and vegetables = 0.529258 + 0.839721 (cube root of (Daily Frequency \* Gender/Age Specific Portion Size per Mention for 100% fruit juice + Daily Frequency \* Gender/Age Specific Portion Size per Mention for Fruit + ... + Daily Frequency \* Gender/Age Specific Portion Size per Mention for salsa))

For women: Cube root of daily cup equivalents of fruits and vegetables = 0.502480 + 0.792683 (cube root of (Daily Frequency \* Gender/Age Specific Portion Size per Mention for 100% fruit juice + Daily Frequency \* Gender/Age Specific Portion Size per Mention for Fruit + ... + Daily Frequency \* Gender/Age Specific Portion Size per Mention for salsa))

\*Using 1992 Food Guide Pyramid definitions of servings.

\*\*Using 2005 MyPyramid definitions of cups of fruits and vegetables.

**Fiber Intake: Scoring Procedures**

Fiber was measured in grams (gm).

The age- and gender-specific portion sizes (see Table 2a and 2b) for each food are multiplied by the frequency calculated in Step 1. (original source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=50601>)

| **Table 2a.** Median Portion Size (Pk) in Grams per Mention by Age for Fiber: Men | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| Cooked Cereals (P1) | 354.000000 | 219.630000 | 247.000000 | 247.000000 | 234.000000 | 239.000000 | 234.000000 |
| High-fiber Cereal (P2) | 33.000000 | 33.000000 | 33.000000 | 33.000000 | 22.000000 | 22.000000 | 22.000000 |
| Moderate-fiber cereal (P3) | 84.000000 | 66.000000 | 58.000000 | 64.125000 | 50.000000 | 47.000000 | 39.000000 |
| Low-fiber cereal (P4) | 64.000000 | 54.000000 | 54.000000 | 40.625000 | 40.000000 | 30.375000 | 29.000000 |
| Milk (P5) | 325.333333 | 268.400000 | 274.500000 | 244.000000 | 233.833333 | 206.000000 | 183.000000 |
| Regular Soda (P6) | 453.866667 | 372.000000 | 372.000000 | 372.000000 | 370.200000 | 368.400000 | 368.000000 |
| Fruit Drinks (P7) | 480.000000 | 376.500000 | 378.265000 | 372.000000 | 306.000000 | 248.000000 | 248.000000 |
| Fruit Juice (P8) | 372.000000 | 311.250000 | 249.000000 | 249.000000 | 248.000000 | 186.750000 | 186.750000 |
| Fruit (P9) | 131.750000 | 128.000000 | 123.200000 | 127.500000 | 122.000000 | 118.000000 | 114.250000 |
| Salad (P10) | 30.000000 | 47.833333 | 42.500000 | 41.250000 | 42.500000 | 41.250000 | 44.666667 |
| French fries (P11) | 112.500000 | 114.000000 | 100.000000 | 100.000000 | 85.500000 | 85.500000 | 97.000000 |
| Other potatoes (P12) | 210.000000 | 193.000000 | 193.000000 | 161.000000 | 150.000000 | 127.000000 | 113.250000 |
| Dried beans (P13) | 222.500000 | 188.095000 | 178.000000 | 189.750000 | 226.800000 | 199.333333 | 214.000000 |
| Other vegetables (P14) | 61.250000 | 74.166667 | 75.625000 | 81.666667 | 76.000000 | 73.332500 | 70.000000 |
| Tomato sauce (P15) | 63.000000 | 125.000000 | 125.000000 | 156.250000 | 122.500000 | 125.000000 | 125.000000 |
| Salsa (P16) | 62.250000 | 62.250000 | 49.275000 | 43.875000 | 16.000000 | 31.130000 | 31.130000 |
| Whole-Grain Bread (P17) | 56.000000 | 54.000000 | 52.000000 | 52.000000 | 51.000000 | 48.250000 | 48.000000 |
| Doughnuts, sweet rolls, muffins (P18) | 71.000000 | 77.500000 | 72.800000 | 65.000000 | 63.000000 | 57.000000 | 57.000000 |
| Cookies, pie, cake, brownies (P19) | 64.000000 | 66.000000 | 66.000000 | 73.733333 | 67.500000 | 64.000000 | 61.000000 |
| Cheese (P20) | 35.440000 | 28.350000 | 30.470000 | 29.390000 | 28.350000 | 28.350000 | 28.350000 |
|  |  |  |  |  |  |  |  |
| **Table 2b.** Median Portion Size (Pk) in Grams per Mention by Age for Fiber: Women | | | | | | | |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| Cooked Cereals (P1) | 234.000000 | 234.000000 | 234.000000 | 234.000000 | 226.800000 | 234.000000 | 227.475000 |
| High-fiber Cereal (P2) | 42.750000 | 42.750000 | 42.750000 | 42.750000 | 27.970000 | 27.970000 | 27.970000 |
| Moderate-fiber cereal (P3) | 60.000000 | 57.000000 | 53.000000 | 49.500000 | 42.000000 | 39.083333 | 40.000000 |
| Low-fiber cereal (P4) | 46.500000 | 37.500000 | 36.250000 | 33.000000 | 27.000000 | 26.000000 | 25.000000 |
| Milk (P5) | 244.000000 | 244.000000 | 244.000000 | 214.250000 | 183.750000 | 183.000000 | 183.000000 |
| Regular Soda (P6) | 372.000000 | 372.000000 | 370.200000 | 368.400000 | 330.666667 | 366.000000 | 368.200000 |
| Fruit Drinks (P7) | 360.000000 | 341.000000 | 250.000000 | 250.000000 | 248.000000 | 240.000000 | 221.200000 |
| Fruit Juice (P8) | 280.125000 | 249.000000 | 248.800000 | 233.250000 | 189.755000 | 186.600000 | 186.700000 |
| Fruit (P9) | 118.000000 | 118.000000 | 118.000000 | 118.000000 | 118.000000 | 112.427143 | 109.000000 |
| Salad (P10) | 33.750000 | 32.083333 | 47.000000 | 55.000000 | 43.750000 | 34.333333 | 41.250000 |
| French fries (P11) | 79.500000 | 70.000000 | 70.000000 | 70.000000 | 66.000000 | 70.000000 | 64.000000 |
| Other potatoes (P12) | 122.000000 | 127.000000 | 119.000000 | 113.000000 | 105.000000 | 105.000000 | 105.000000 |
| Dried beans (P13) | 132.750000 | 126.500000 | 126.500000 | 141.750000 | 130.550000 | 172.000000 | 178.000000 |
| Other vegetables (P14) | 56.000000 | 62.043333 | 64.415000 | 64.920000 | 65.000000 | 67.375000 | 71.333333 |
| Tomato sauce (P15) | 125.000000 | 113.400000 | 62.500000 | 125.000000 | 62.500000 | 62.500000 | 62.500000 |
| Salsa (P16) | 32.000000 | 31.130000 | 36.565000 | 27.847500 | 31.130000 | 16.000000 | 16.000000 |
| Whole-Grain Bread (P17) | 50.000000 | 48.000000 | 47.500000 | 45.000000 | 45.000000 | 42.400000 | 34.000000 |
| Doughnuts, sweet rolls, muffins (P18) | 67.333333 | 58.000000 | 57.000000 | 58.500000 | 57.000000 | 59.000000 | 47.000000 |
| Cookies, pie, cake, brownies (P19) | 56.700000 | 50.000000 | 48.800000 | 55.200000 | 57.000000 | 48.675000 | 52.666667 |
| Cheese (P20) | 28.250000 | 24.000000 | 24.000000 | 26.250000 | 28.350000 | 26.250000 | 28.350000 |

Regression coefficients (see below) are applied according to the equation below.

| **Parameter** | Men | Women |
| --- | --- | --- |
| Intercept (b0) | 2.015301 | 1.838259 |
| Cooked Cereals (b1) | 0.000558 | 0.000671 |
| High-fiber Cereal (b2) | 0.011463 | 0.019873 |
| Moderate-fiber cereal (b3) | 0.003515 | 0.004688 |
| Low-fiber cereal (b4) | -0.000425 | 0.001493 |
| Milk (b5) | 0.000180 | 0.000169 |
| Regular Soda (b6) | 0.000043 | --- |
| Fruit Drinks (b7) | 0.000141 | 0.000115 |
| Fruit juice (b8) | 0.000166 | 0.000229 |
| Fruit (b9) | 0.000985 | 0.001009 |
| Salad (b10) | -0.000447 | --- |
| French fries (b11) | 0.001517 | 0.001381 |
| Other potatoes (b12) | 0.000720 | 0.000693 |
| Dried beans (b13) | 0.002156 | 0.003217 |
| Other vegetables (b14) | 0.000899 | 0.000925 |
| Tomato sauce (b15) | 0.001315 | 0.001204 |
| Salsa (b16) | 0.003632 | 0.003239 |
| Whole-grain bread (b17) | 0.002927 | 0.003401 |
| Doughnuts, sweet rolls, muffins (b18) | 0.000979 | 0.001683 |
| Cookies, pie, cake, brownies (b19) | 0.001006 | 0.001377 |
| Cheese (b20) | 0.001206 | 0.000513 |

To estimate fiber (gm), the model is:

E (Dietary Factor).33 = b0 + b1NFG1P1 + b2NFG2P2 + ... + b20NFG20P20

For men: Cube root of fiber (mgs) =2.015301 + 0.000558 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cooked cereals) + 0.011463 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for High-fiber Cereal) + ... 0.001206 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese)

For women: Cube root of fiber (mgs) =1.838259 + 0.000671 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cooked cereals) + 0.019873 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for High-fiber Cereal) + ... 0.000513 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese)

**Calcium Intake (Daily): Scoring Procedures**

Calcium was measured in milligrams (mg):

The age and gender-specific portion sizes (below) for each food are multiplied by the frequency calculated in Step 1. (Original source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=50202> )

| **Table 2a.**Median Portion Size (Pk) in Grams per Mention by Age for Calcium: Men | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| Cooked cereals (P1) | 354.000000 | 219.630000 | 247.000000 | 247.000000 | 234.000000 | 239.000000 | 234.000000 |
| High-fiber Cereal (P2) | 33.000000 | 33.000000 | 33.000000 | 33.000000 | 22.000000 | 22.000000 | 22.000000 |
| Moderate-fiber cereal (P3) | 84.000000 | 66.000000 | 58.000000 | 64.125000 | 50.000000 | 47.000000 | 39.000000 |
| Low-fiber cereal (P4) | 64.000000 | 54.000000 | 54.000000 | 40.625000 | 40.000000 | 30.375000 | 29.000000 |
| Milk (P5) | 325.333333 | 268.400000 | 274.500000 | 244.000000 | 233.833333 | 206.000000 | 183.000000 |
| Regular soda (P6) | 453.866667 | 372.000000 | 372.000000 | 372.000000 | 370.200000 | 368.400000 | 368.000000 |
| Fruit drinks (P7) | 480.000000 | 376.500000 | 378.265000 | 372.000000 | 306.000000 | 248.000000 | 248.000000 |
| Fruit juice (P8) | 372.000000 | 311.250000 | 249.000000 | 249.000000 | 248.000000 | 186.750000 | 186.750000 |
| Fruit (P9) | 131.750000 | 128.000000 | 123.200000 | 127.500000 | 122.000000 | 118.000000 | 114.250000 |
| Salad (P10) | 30.000000 | 47.833333 | 42.500000 | 41.250000 | 42.500000 | 41.250000 | 44.666667 |
| French fries (P11) | 112.500000 | 114.000000 | 100.000000 | 100.000000 | 85.500000 | 85.500000 | 97.000000 |
| Other potatoes (P12) | 210.000000 | 193.000000 | 193.000000 | 161.000000 | 150.000000 | 127.000000 | 113.250000 |
| Dried beans (P13) | 222.500000 | 188.095000 | 178.000000 | 189.750000 | 226.800000 | 199.333333 | 214.000000 |
| Other vegetables (P14) | 61.250000 | 74.166667 | 75.625000 | 81.666667 | 76.000000 | 73.332500 | 70.000000 |
| Tomato sauce (P15) | 63.000000 | 125.000000 | 125.000000 | 156.250000 | 122.500000 | 125.000000 | 125.000000 |
| Salsa (P16) | 62.250000 | 62.250000 | 49.275000 | 43.875000 | 16.000000 | 31.130000 | 31.130000 |
| Whole grain bread (P17) | 56.000000 | 54.000000 | 52.000000 | 52.000000 | 51.000000 | 48.250000 | 48.000000 |
| Doughnuts, sweet rolls, muffins (P18) | 71.000000 | 77.500000 | 72.800000 | 65.000000 | 63.000000 | 57.000000 | 57.000000 |
| Cookies, pie, cake, brownies (P19) | 64.000000 | 66.000000 | 66.000000 | 73.733333 | 67.500000 | 64.000000 | 61.000000 |
| Cheese (P20) | 35.440000 | 28.350000 | 30.470000 | 29.390000 | 28.350000 | 28.350000 | 28.350000 |

| **Table 2b.**Median Portion Size (Pk) in Grams per Mention by Age for Calcium: Women | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Group** | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| Cooked cereals (P1) | 234.000000 | 234.000000 | 234.000000 | 234.000000 | 226.800000 | 234.000000 | 227.475000 |
| High-fiber cereal (P2) | 42.750000 | 42.750000 | 42.750000 | 42.750000 | 27.970000 | 27.970000 | 27.970000 |
| Moderate-fiber cereal (P3) | 60.000000 | 57.000000 | 53.000000 | 49.500000 | 42.000000 | 39.083333 | 40.000000 |
| Low-fiber cereal (P4) | 46.500000 | 37.500000 | 36.250000 | 33.000000 | 27.000000 | 26.000000 | 25.000000 |
| Milk (P5) | 244.000000 | 244.000000 | 244.000000 | 214.250000 | 183.750000 | 183.000000 | 183.000000 |
| Regular soda (P6) | 372.000000 | 372.000000 | 370.200000 | 368.400000 | 330.666667 | 366.000000 | 368.200000 |
| Fruit drinks (P7) | 360.000000 | 341.000000 | 250.000000 | 250.000000 | 248.000000 | 240.000000 | 221.200000 |
| Fruit juice (P8) | 280.125000 | 249.000000 | 248.800000 | 233.250000 | 189.755000 | 186.600000 | 186.700000 |
| Fruit (P9) | 118.000000 | 118.000000 | 118.000000 | 118.000000 | 118.000000 | 112.427143 | 109.000000 |
| Salad (P10) | 33.750000 | 32.083333 | 47.000000 | 55.000000 | 43.750000 | 34.333333 | 41.250000 |
| French fries (P11) | 79.500000 | 70.000000 | 70.000000 | 70.000000 | 66.000000 | 70.000000 | 64.000000 |
| Other potatoes (P12) | 122.000000 | 127.000000 | 119.000000 | 113.000000 | 105.000000 | 105.000000 | 105.000000 |
| Dried beans (P13) | 132.750000 | 126.500000 | 126.500000 | 141.750000 | 130.550000 | 172.000000 | 178.000000 |
| Other vegetables (P14) | 56.000000 | 62.043333 | 64.415000 | 64.920000 | 65.000000 | 67.375000 | 71.333333 |
| Tomato sauce (P15) | 125.000000 | 113.400000 | 62.500000 | 125.000000 | 62.500000 | 62.500000 | 62.500000 |
| Salsa (P16) | 32.000000 | 31.130000 | 36.565000 | 27.847500 | 31.130000 | 16.000000 | 16.000000 |
| Whole grain bread (P17) | 50.000000 | 48.000000 | 47.500000 | 45.000000 | 45.000000 | 42.400000 | 34.000000 |
| Doughnuts, sweet rolls, muffins (P18) | 67.333333 | 58.000000 | 57.000000 | 58.500000 | 57.000000 | 59.000000 | 47.000000 |
| Cookies, pie, cake, brownies (P19) | 56.700000 | 50.000000 | 48.800000 | 55.200000 | 57.000000 | 48.675000 | 52.666667 |
| Cheese (P20) | 28.250000 | 24.000000 | 24.000000 | 26.250000 | 28.350000 | 26.250000 | 28.350000 |

Regression coefficients (see below) are applied according to the equation below.

| **Parameter** | Men | Women |
| --- | --- | --- |
| Intercept (b0) | 4.482732 | 4.155762 |
| Cooked cereals (b1) | 0.000318 | 0.000484 |
| High-fiber cereal (b2) | 0.006716 | 0.006744 |
| Moderate-fiber cereal (b3) | -0.000355 | 0.000074 |
| Low-fiber cereal (b4) | -0.002023 | -0.001305 |
| Milk (b5) | 0.002204 | 0.002580 |
| Regular soda (b6) | 0.000089 | 0.000095 |
| Fruit drinks (b7) | 0.000105 | 0.000326 |
| Fruit juice (b8) | 0.000123 | 0.000195 |
| Fruit (b9) | 0.000170 | 0.000264 |
| Salad (b10) | -0.000938 | -0.000723 |
| French fries (b11) | 0.001159 | 0.000414 |
| Other potatoes (b12) | 0.000349 | 0.000489 |
| Dried beans (b13) | 0.000511 | 0.001035 |
| Other vegetables (b14) | 0.000400 | 0.000396 |
| Tomato sauce (b15) | 0.000948 | 0.000287 |
| Salsa (b16) | 0.002179 | 0.002679 |
| Whole grain bread (b17) | 0.000406 | 0.000680 |
| Doughnuts, sweet rolls, muffins (b18) | 0.001198 | 0.001873 |
| Cookies, pie, cake, brownies (b19) | 0.001771 | 0.002451 |
| Cheese (b20) | 0.014186 | 0.015442 |

To estimate calcium (mg), the model is: E (Dietary Factor).25 = b0 + b1NFG1P1 + b2NFG2P2 + ... + b20NFG20P20

For men: Quarter root of calcium (mgs) = 4.482732 + 0.000318 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cooked cereals ) + 0.006716 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for High-fiber Cereal) + ... + 0.014186 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese)

For women: Quarter root of calcium (mgs) = 4.155762 + 0.000484 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cooked cereals ) + 0.006744 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for High-fiber Cereal) + ... + 0.015442 (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese)

**Dairy Food Intake: Scoring Procedures**

The age- and gender-specific portion sizes (Table 2) for each food are multiplied by the frequency calculated in Step 1. (Original source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=50401> )

| Table 2. Median Portion Size in Pyramid Servings per Mention by Gender and Age for Dairy | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Food Group | **Age Group** | | | | | | |
| **18-27** | **28-37** | **38-47** | **48-57** | **58-67** | **68-77** | **78-99** |
| Men | | | | | | | |
| Milk (P1) | 1.250500 | 1.083000 | 1.100400 | 1.000000 | 0.916667 | 0.833333 | 0.750000 |
| Cheese (P2) | 0.741000 | 0.641333 | 0.667000 | 0.600000 | 0.575000 | 0.499000 | 0.370000 |
| Women | | | | | | | |
| Milk (P1) | 1.000000 | 1.000000 | 0.999000 | 0.874000 | 0.750000 | 0.718750 | 0.750000 |
| Cheese (P2) | 0.517000 | 0.470000 | 0.494000 | 0.494000 | 0.470000 | 0.379000 | 0.494000 |

Regression coefficients (Table 3) are applied according to the equation below.

| Table 3. Estimated Regression Coefficients for Sum of Foods Predicting Servings of Dairy, by Gender | | |
| --- | --- | --- |
| **Parameter** | Men | Women |
| Intercept (b0) | 0.417414 | 0.385301 |
| b1 | 0.831739 | 0.782852 |

E (Dairy1/2) = b0 + b1 (NFG1P1 + NFG2P2)1/2

For men: Square root of Daily Pyramid Servings of Dairy = 0.417414 + 0.831739 (Square root of (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Milk + Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese))

For women: Square root of Daily Pyramid Servings of Dairy = 0.385301 + 0.782852 (Square root of (Daily Frequency \* Gender/Age Specific Portion Size per Mention for Milk + Daily Frequency \* Gender/Age Specific Portion Size per Mention for Cheese))

**Dietary Supplements Use**

The SURE-QX database has the nutrient profiles for one dose of each of the supplements on the questionnaire. Through this link (<https://www.phenxtoolkit.org/index.php?pageLink=browse.si.additionalinfo&id=50000>) the “SURE SFQ Documentation” file includes the step-by-step scoring instructions.

Modifications:

For the items on the duration for using single dietary supplements (“For how many years?”), a response option of “*1 to 2 years*” was added for CATSLife. This response option was not included in the original scale (the original value labels jumped from “*1 year or less*” to “*2 to 4 years*”).

### Self-Report Sleep Quality

**(PSQI; 20 items; 4 items on napping)**

Description:

The Pittsburgh Sleep Quality Index (PSQI; Buysse, Reynolds, Monk, Berman, & Kupfer, 1989) is the most widely used standardized measure of subjective sleep quality and disturbance. It was developed to measure the frequency, duration and severity of sleep problems, rather than nightly sleep variation (Buysse et al., 1989). The questionnaire includes 19 retrospective self-report items to index various aspects of sleep quality within the past 30 days, providing both a global score of sleep quality and seven subscale scores in the following areas: sleep quality, latency, duration, habitual sleep efficiency, sleep disturbance, use of sleeping medications, and daytime dysfunction. Its internal consistency (Cronbach’s alpha = .83), test-retest reliability, and validity have been established in a study of 52 healthy adults and 96 adults with sleeping problems (Buysse et al., 1989). Follow-up work examining its psychometric properties among a variety of clinical patient populations (e.g., renal transplant and breast cancer patients) also supported the scale’s high internal reliability (Cronbach’s alpha for the global PSQI = .80; for the 8-item sleep disturbance subscale, values ranged from .70 to .78) as well as its convergent and discriminant validity (i.e. very high correlations with other sleep quality items and small-to-moderate correlations with unrelated constructs, such as nausea and vomiting) (Carpenter & Andrykowski, 1998).

Associated Papers:

Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. *Psychiatry Research, 28*(2), 193-213. doi:10.1016/0165-1781(89)90047-4

Carpenter, J. S., & Andrykowski, M. A. (1998). Psychometric evaluation of the Pittsburgh sleep quality index. *Journal of Psychosomatic Research, 45*(1), 5-13.

doi:10.1016/S0022-3999(97)00298-5

Subject Instructions & Item List:

Subject Instructions:

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00073 | During the past month, what time have you usually gone to bed at night? | Habitual sleep efficiency | [Bed Time](#_2sd9mzretvzk) |
|  | | | |
| **Please select both minutes and hours for the following question.** | | | |
| CLQ00074\_1#0 | During the past month, how long has it usually taken you to fall asleep each night? [Hours] | Sleep latency | [Time to fall asleep](#_gh4zyb2ffux3) |
| CLQ00074\_1#1 | During the past month, how long has it usually taken you to fall asleep each night? [Minutes] | Sleep latency | [Time to fall asleep](#_gh4zyb2ffux3) |
| CLQ00075 | During the past month, what time have you usually gotten up in the morning? | Habitual sleep efficiency | [Wake up time](#_q0qtm2p6ajdm) |
|  | | | |
| **During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed). PLEASE SELECT HOURS IN LEFT COLUMN AND MINUTES IN RIGHT COLUMN.** | | | |
| CLQ00076\_SQ001#0 | Average hours of actual sleep did you get at night [Hours] | Sleep duration/ Habitual sleep efficiency | [Avg sleep time](#_ynw8vi2qk10s) |
| CLQ00076\_SQ001#1 | Average hours of actual sleep did you get at night [Minutes] | Sleep duration | [Avg sleep time](#_ynw8vi2qk10s) |
|  | | | |
| **During the past month, how often have you had trouble sleeping because you**… | | | |
| CLQ00077\_1 | Cannot get to sleep within 30 minutes? | Sleep latency | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_2 | Wake up in the middle of the night or early morning? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_3 | Have to get up to use the bathroom? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_4 | Cannot breathe comfortably? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_5 | Cough or snore loudly? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_6 | Feel too cold? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_7 | Feel too hot? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_8 | Had bad dreams? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00077\_9 | Have pain? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00078 | Is there any other reason you have had trouble sleeping in the past month? | Sleep disturbances | [Other Reason Trouble Sleeping](#_wp1ptbutt5s9) |
| CLQ00079 | Please specify the reason: (enter n/a if you would rather not answer) | Sleep disturbances | [Specify other reason](#_277cbbmrxv0i) |
| CLQ00080 | How often during the past month have you had trouble sleeping because of this? | Sleep disturbances | [Trouble Sleeping](#_f9kvtcdcj5it) |
| CLQ00081 | During the past month, how would you rate your sleep quality overall? | Subjective sleep quality | [Subjective Sleep quality](#_b9j9ecai12fo) |
|  | | | |
| **For the following questions, select the one best response.** | | | |
| CLQ00082\_1 | During the past month, how often have you taken medicine to help you sleep (prescribed or “over-the-counter”)? | Use of sleeping medication | [Take Sleep Aid](#_f9kvtcdcj5it) |
| CLQ00082\_2 | During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | Daytime dysfunction | [Trouble staying awake](#_f9kvtcdcj5it) |
| CLQ00083 | During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | Daytime dysfunction | [Problem with enthusiasm](#_iz63eolih3qo) |
| CLQ00084 | During the past month did you take any naps?\* | Other | [Naps in past month](#_tjm4oo4owhff) |
| CLQ00085 | During the past month, on average how many days per week did you nap?\* | Other | [Avg naps per week in past month](#_id2j9835ppwy) |
|  | | | |
| **During the past month, how much time did you spend napping on average?** | | | |
| CLQ00086\_SQ001#0 | Average hours spent napping [HOURS]\* | Other | [Avg hrs napping](#_2t0bgu4krq9s) |
| CLQ00086\_SQ001#1 | Average hours spent napping [MINUTES]\* | Other | [Avg hrs napping](#_2t0bgu4krq9s) |

*Note.* \* = Additional sleep item not from the PSQI.

Item Values:

#### Usually go to bed at night:

Times in the dropdown menu are listed in 15-minute increments, from 7:00PM to 6:45PM. Corresponding item values range from 1 to 96 (e.g., 1= ‘7:00pm’; 2= ‘7:15pm’…96= ‘6:45pm’).

#### How long to fall asleep:

Hours are listed in hourly increments, with options ranging from 0 to 23 hours. Corresponding item values range from 0 to 23.

Minutes are listed in 5-minute increments, with options ranging from 0 to 55 minutes. Corresponding item values range from 0 to 11 (e.g., 0= ‘0 minutes’; 1= ‘5 minutes’…11= ‘55 minutes’).

#### Usually wake up in the morning:

Times in the dropdown menu are listed in 15-minute increments, from 4:00AM to 3:45AM. Corresponding item values range from 1 to 96 (e.g., 1= ‘4:00am’; 2= ‘4:15am’… 96= ‘3:45am’).

#### During the past month, how many hours of actual sleep did you get at night?

Hours are listed in hourly increments, with options ranging from 0 to 24 hours. Corresponding item values range from 0 to 24. Item value 999 included if individual “would rather not answer.”

Minutes are listed in 5-minute increments, with options ranging from 0 to 55 minutes. Corresponding item values range from 0 to 11 (e.g., 0= ‘0 minutes’; 1= ‘5 minutes’…11= ‘55 minutes’). Item value 999 included if individual “would rather not answer.”

#### How often trouble sleeping/taking medicine/trouble staying awake:

0 = Not during the past month

1 = Less than once a week

2 = Once or twice a week

3 = Three or more times a week

999 = Would rather not answer

#### Other reason for trouble sleeping:

1 = Yes

2 = No

999 = Would rather not answer

#### Specify other reason for trouble sleeping

Participant enters answer or n/a if would rather not answer

#### 

#### **Subjective sleep quality:** [Note. The original scale scores this from 0 to 3.]

1 = Very good

2 = Fairly good

3 = Fairly bad

4 = Very bad

999 = Would rather not answer

#### Enthusiasm to get things done:

1 = No problem at all

2 = Only a very slight problem

3 = Somewhat of a problem

4 = A very big problem

999 = Would rather not answer

#### 

#### Naps in the past month:

1 = Yes

2 = No

999 = Would rather not answer

#### Days per week nap during past month:

Response options range from 0 to 7; ‘Would rather not answer’ (999)

#### 

#### Average hours spent napping:

Hours- response options range from 0 to 24; ‘Would rather not answer’ (999).

Minutes- response options are listed in 15-minute increments from 0 to 45 minutes. Corresponding item values are 0-3 (0= ‘0 minutes’; 3= ‘45 minutes’); and ‘Would rather not answer’ (999).

Scale Scoring:

Each of the seven components has a value ranging from 0 to 3, with a “0” indicating no difficulty and a “3” indicating severe difficulty. The scores for the seven subscales are calculated as follows (c.f. Buysse et al., 1989, for full scoring instructions):

**Subjective sleep quality**

Component includes the response to this single-item, scored from 0 to 3 (a higher score indicates poorer sleep quality).

**Sleep latency**

This component is the sum of the following 2 items (each with values from 0 to 3): 1) how long it usually takes the participant to fall asleep and 2) how often participant has trouble falling asleep within 30 minutes. The component score is then coded as follows:

0 = 0

1-2 = 1

3-4 = 2

5-6 = 3

**Sleep duration**

Component includes the response to this single-item, scored from 0 to 3 (a higher score indicates fewer hours of sleep). The component score is coded as follows:

> 7 hours=0

6-7 hours=1

5-6 hours=2

< 5 hours=3

**Habitual sleep efficiency**

# of hours usually slept (from the item above): \_\_\_\_\_\_\_\_\_

# of hours usually spent in bed = (Getting up time – Bedtime)

Habitual sleep efficiency (%) = (Number of hours slept/Number of hours in bed) x 100

Component scores are then assigned as follows (high scores indicate poorer sleep efficiency):

> 85 % = 0

75-84% = 1

65-74 % = 2

< 65 % = 3

**Sleep disturbances**

This component is created by summing 9 items on the frequency of sleeping problems (excluding “trouble getting to sleep within 30 minutes”), each item coded from 0 to 3. Higher scores indicate more frequent disturbances. Codes are then assigned as follows:

0 = 0

1-9 = 1

10-18 = 2

19-27 = 3

**Use of sleeping medication**

Component includes the response to this single-item, scored from 0 to 3 (a higher score indicates more frequent medication use).

**Daytime dysfunction**

This component is the sum of the following 2 items (each scored from 0 to 3): 1) How often have you had trouble staying awake while driving, eating meals, or engaging in social activity; and 2) how much of a problem has it been to keep up enough enthusiasm to get things done?

Codes are then assigned as follows:

0= 0

1-2= 1

3-4 = 2

5-6 = 3

The **Global PSQI** **Score** is a composite of these seven components or subscales, with a possible score range from 0-21. A score of “0” reflects no sleep difficulty, whereas a score of “21” reflects severe difficulties in all areas.

Modifications:

An item was added in the online questionnaire which asked participants to specify the number of MINUTES it took to fall asleep (in addition to the hours). This was not included in the original scale.

### **Activities, Interests, Habits**

**(PhenX Activity Toolkit; 19 items from multiple scales)**

Activity Scale 1

Description:

This scale is intended to gather information about neighborhood, hobbies and work styles.

Associated Papers:

Sallis, J. F., Bowles, H. R., Bauman, A., Ainsworth, B. E., Bull, F. C., Craig, C. L., . . . Bergman, P. (2009). Neighborhood environments and physical activity among adults in 11 countries. *American Journal of Preventive Medicine*, 36, 484-490. (<https://www.sciencedirect.com/science/article/pii/S0749379709001457>

<https://ars.els-cdn.com/content/image/1-s2.0-S0749379709001457-mmc1.pdf>)

Sallis, J. F., DeBourdeaudhuij, I., & Owen, N. (2004). International Physical Activity and the Environment Network (IPEN). Retrieved from http://www.ipenproject.org/

Subject Instructions & Item List:

Subject Instructions:

Think about the different facilities in and around your neighborhood; by this we mean the area ALL around your home that you could walk to in 10-15 minutes.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00087 | What is the main type of housing in your neighborhood? | …. | [Type of Housing](#_ngb500mc55bx) |
|  | | | |
| **The next items are statements about your neighborhood related to walking and bicycling. Please choose the appropriate response for each item:** | | | |
| CLQ00088\_1 | Many shops, stores, markets, or other places to buy things I need are within easy walking distance of my home. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |
| CLQ00088\_2 | It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |
| CLQ00088\_3 | There are sidewalks on most of the streets in my neighborhood. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |
| CLQ00088\_4 | There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |
| CLQ00088\_5 | My neighborhood has several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |
| CLQ00088\_6 | The crime rate in my neighborhood makes it unsafe to go on walks at night. |  | [Statements regarding walking/bicycling](#_5m6isndzyx2x) |

Item Values:

#### What is the main type of housing in your neighborhood?

1 = Detached single-family housing

2 = Townhouses, row houses, apartments, or condos of two-three stories

3 = Mix of single-family residences and townhouses, row houses, apartments, or condos

4 = Apartments or condos of 4-12 stories

5 = Apartments or condos of more than 12 stories

6 = Don’t know/not sure

999 = Would Rather Not Answer

#### The next items are statements about your neighborhood related to walking and bicycling.

1 = Strongly Disagree

2 = Somewhat Disagree

3 = Somewhat Agree

4 = Strongly Agree

5 = Don’t Know / Not Sure

999 = Would Rather Not Answer

Scale Scoring:

For Question 1, score response 1 or 6 with a "0" and responses 2 through 5 with "1."

For Questions 2, 3, and 6, score responses 1 or 2 or 5 with a "0," and score responses 3 or 4 with "1." The "strongly" and "somewhat" responses are being combined.

For Questions 4 and 5, score responses 1, 2, 5, or 6 with a "0," and score responses 3 or 4 with "1." [Note. we do not include option 6 ('does not apply to my neighborhood' as an option in CATSLife)]

Disregard Question 7, it will not be scored.

If the response to any item is "Don’t know/not sure", the item should be given a value of "0." "Does not apply to my neighborhood" is also given a value of "0."

If the participant refuses to answer or skips any question, indicate the response is missing.

Sum scores of Questions 1 through 6. Sum values even if one or more responses are missing or "0."

A higher overall score indicates more of an activity-friendly neighborhood.

Activity Scale 2:

Source: PhenX

<https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=150601>

Marshall, A. L., Miller, Y. D., Burton, N. W., & Brown, W. J. (2010). Measuring total and domain-specific sitting: A study of reliability and validity. *Medicine and Science in Sports and Exercise*, 42(6), 1094-1102.

Original Source:

Miller R, Brown W. Steps and sitting in a working population. *Int J Behav Med*. 2004;11:219-24.

From the PhenX: This protocol is an estimate of how many hours and minutes the person spends sitting during normal situations (e.g., watching television, traveling) on a typical weekday or weekend day. The participant should provide a time estimate in hours and minutes for each situation.

Other general references:

Clark, B. K., Sugiyama, T., Healy, G. N., Salmon, J., Dunstan, D. W., & Owen, N. (2009). Validity and reliability of measures of television viewing time and other non-occupational sedentary behaviour of adults: A review. *Obesity Reviews,* *10*(1), 7-16.

Subject Instructions:

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| **Please estimate how much time you spend SITTING EACH DAY on a WEEKDAY in the following situations:** | | | |
| CLQ00089\_1 | While traveling to and from places |  | [Time Sitting Weekdays](#_15a6y72qrnq7) |
| CLQ00089\_2 | While at work |  | [Time Sitting Weekdays](#_15a6y72qrnq7) |
| CLQ00089\_3 | While watching television |  | [Time Sitting Weekdays](#_15a6y72qrnq7) |
| CLQ00089\_4 | While using a computer at home |  | [Time Sitting Weekdays](#_15a6y72qrnq7) |
| CLQ00089\_5 | In your leisure time, NOT including television (e.g., visiting friends, movies, dining out, etc.) |  | [Time Sitting Weekdays](#_15a6y72qrnq7) |
|  | | |  |
| **Please estimate how much time you spend SITTING EACH DAY on a WEEKEND in the following situations:** | | | |
| CLQ00090\_1 | While traveling to and from places |  | [Time Sitting Weekends](#_5v9vqdicyerq) |
| CLQ00090\_2 | While at work |  | [Time Sitting Weekends](#_5v9vqdicyerq) |
| CLQ00090\_3 | While watching television |  | [Time Sitting Weekends](#_5v9vqdicyerq) |
| CLQ00090\_4 | While using a computer at home |  | [Time Sitting Weekends](#_5v9vqdicyerq) |
| CLQ00090\_5 | In your leisure time, NOT including television (e.g., visiting friends, movies, dining out, etc.) |  | [Time Sitting Weekends](#_5v9vqdicyerq) |

#### Please estimate how much time you spend SITTING EACH DAY on a WEEKDAY in the following situations:

0 = 0 hours

1 = .5 hours

2 = 1 hours

3 = 1.5 hours

4 = 2 hours

5 = 2.5 hours

6 = 3 hours

7 = 3.5 hours

8 = 4 hours

9 = 4.5 hours

10 = 5 hours

11 = 5.5 hours

12 = 6 hours

13 = 6.5 hours

14 = 7 hours

15 = 7.5 hours

16 = 8 hours

17 = 8.5 hours

18 = 9 hours

19 = 9.5 hours

20 = 10 hours

21 = 11 hours

22 = 12 hours

23 = 13 hours

24 = 14 hours

25 = 15 or more hours

999 = Would Rather Not Answer

#### Please estimate how much time you spend SITTING EACH DAY on a WEEKEND in the following situations:

0 = 0 hours

1 = .5 hours

2 = 1 hours

3 = 1.5 hours

4 = 2 hours

5 = 2.5 hours

6 = 3 hours

7 = 3.5 hours

8 = 4 hours

9 = 4.5 hours

10 = 5 hours

11 = 5.5 hours

12 = 6 hours

13 = 6.5 hours

14 = 7 hours

15 = 7.5 hours

16 = 8 hours

17 = 8.5 hours

18 = 9 hours

19 = 9.5 hours

20 = 10 hours

21 = 11 hours

22 = 12 hours

23 = 13 hours

24 = 14 hours

25 = 15 or more hours

999 = Would Rather Not Answer

Activity Scale 2: Stanford Brief Activity Survey

Source: PhenX

<https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=150901>

Stanford University. (2001). *Stanford Brief Activity Survey*.

Taylor-Piliae, R. E., Norton, L. C., Haskell, W. L., et al. (2006). Validation of a new brief physical activity survey among men and women aged 60-69 years. *American Journal of Epidemiology*, 164(6), 598-606.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00091 | Please check the box next to the one statement that best describes the kinds of physical activity you usually performed while on the job this last year. If you are not gainfully employed outside the home but perform work around the home regularly, indicate that activity in this section.  If you need more clarification on an item, please hover over the icon C:\Users\Paige\Documents\CATSLife\CATSLIFE WHOLE ONE GROUP ___files\info.jpg for more detailed information. |  | [Physical Activity Performed](#_9cep2hgof1zx) |
| CLQ00092 | Please check the box next to the one statement which best describes the way you spent your leisure-time during most of the last year.  If you need more clarification on an item, please hover over the icon C:\Users\Paige\Documents\CATSLife\CATSLIFE WHOLE ONE GROUP ___files\info.jpg for more detailed information. |  | [Leisure-time activities](#_w41gifcxma0y) |

Item Values:

#### Please check the box next to the one statement that best describes the kinds of physical activity you usually performed while on the job this last year. If you are not gainfully employed outside the home but perform work around the home regularly, indicate that activity in this section.

1 = I have no job or regular work

2 = I spent most of the day sitting or standing (i.e. when I was at work I did such things as writing, typing, talking on the telephone, assembling small parts or operating a machine that takes very little exertion or strength. If I drove a car or truck while at work, I did not lift or carry anything for more than a few minutes each day).

3 = I spent most of the day walking or using my hands and arms in work that required moderate exertion (i.e. when I was at work I did such things as delivering mail, patrolling on guard duty, mechanical work on automobiles or other large machine, house painting or operating a machine that requires some moderate activity. If I drove a truck or lift, my job required me to lift and carry things frequently).

4 = I spent most of the day lifting or carrying heavy objects or moving most of my body in some other way (i.e. when I was at work, I did such things as stacking cargo or inventory, handling parts or materials, or I did work as a carpenter who builds structures or a gardener who does most of the work without machines).

5 = I spent most of the day doing hard physical labor (i.e., when I was at work I did such things as digging or chopping with heavy tools, or carrying heavy loads (brick, for example) to the place where they are to be used. If I drove a truck or operated equipment, my job also required me to do hard physical work most of the day with only short breaks.)

999 = Would Rather Not Answer

#### Please check the box next to the one statement which best describes the way you spent your leisure-time during most of the last year.

1 = Most of my leisure time was spent without very much physical activity (i.e. Mostly did things like watching television, reading or playing cards. If I did anything else, it was likely to be light chores around the house or yard, or some easing going games like bowling or catch. Only occasionally, no more than once or twice a month, did I do anything more vigorous, like jogging, playing tennis or active gardening).

2 = Weekdays, when I got home from work, I did few active things. But most weekends I was able to get outdoors for some light exercise (i.e. Going for walks, playing a round of golf (without a motorized cart), or doing some active chores around the house).

3 = Three times per week, on the average, I engaged in some moderate activity (i.e. Such as brisk walking or slow jogging, swimming or riding a bike for 15-20 minutes or more. Or I spent 45 minutes to an hour or more doing moderately difficult chores such as raking or washing windows, mowing the lawn or vacuuming, or playing games such as doubles tennis or basketball).

4 = During my leisure time over the past year, I engaged in a regular program of physical fitness involving some kind of heavy physical activity at least three times per week. (i.e. Examples of heavy physical activity are: jogging, running or riding fast on a bicycle for 30 minutes or more; heavy gardening or other chores for an hour or more; active games such as hardball or tennis for an hour or more; or a regular program involving calisthenics and jogging or the equivalent for 30 minutes or more).

5 = Over the past year I engaged in a regular program of physical fitness along the lines described in the option above, but I did it almost daily- five or more times per week.

999 = Would Rather Not Answer

Modifications:

### Activities, Interests, Habits

**(CAP; 20 items)**

Description:

Frequency of engagement in activities

Associated Papers:

Questionnaire items attributed to:

Jessor, R., Jessor, S.L., 1977. Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth. Academic Press.

Also appeared in

“Spring 1992 "Health Behavior Questionnaire" (PDF): The Rocky Mountain Middle/High School Study. Used in the fourth and final wave of data collection for the study titled "Contraceptive and Health Behavior Over Time in Adolescence". Funded by the William T. Grant Foundation.”

See:

<https://ibs.colorado.edu/jessor/questionnaires.html>

<https://ibs.colorado.edu/jessor/questionnaires/questionnaire_hbq92.pdf>

Subject Instructions & Item List:

Subject Instructions:

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| **About how many hours do you usually spend each week:**  **(Please choose the appropriate response for each item)** | | | |
| CLQ00093\_1 | Sitting around with friends? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_2 | Taking part in an organized sport or recreation program? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_3 | Reading for fun? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_4 | Talking on the telephone? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_5 | Working out as part of a personal exercise program (like running or biking)? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_6 | Just sitting and listening to music? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_7 | Playing pickup games like basketball, touch football, etc.? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_8 | Doing things with your family? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_9 | Just sitting around doing nothing? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_10 | Practicing different physical activities (like shooting baskets or working on dance routines)? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_11 | Taking care of younger family members? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_13 | Doing household chores? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_14 | Doing things with a club? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_15 | Spending time on a hobby? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_16 | Going out with friends or dating? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_17 | Watching Television? |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_18 | Using a computer, smart phone, tablet, or video game machine just for fun? more info |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_19 | Playing a musical instrument? (if you sing, count that as an instrument) |  | [Hours spent activities](#_2tg3z81wgzue) |
| CLQ00093\_20 | Doing activities with a pet (e.g., playing with, running, walking, dog park)? |  | [Hours spent activities](#_2tg3z81wgzue) |
|  |  |  |  |
| CLQ00093a | What organized sport(s) or recreation programs(s) do you engage in? (if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093b | What exercise programs(s) do you participate in?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093c | What physical activities do you practice?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093d | What club(s) do you belong to?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093e | What hobby(ies) do you do?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093f | What computer/smart phone apps/video games do you play?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093g | What social media apps do you use?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093h | What instrument(s) do you play?(if you sing, count that as an instrument; list your main instrument first if you play more than one)(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093i | How many years have you played a musical instrument? (please enter # of years for the instrument you have played the longest)(if you would rather not answer, enter 999) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093j | How many pets do you own?(if you would rather not answer, enter 999) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093k | What kind of pet(s) do you own?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |
| CLQ00093l | What kind of activities do you do with your pet(s)?(if you would rather not answer, please write N/A in the box) |  | [Free Response](#_w0f47259bsfs) |

Item Values:

#### About how many hours do you usually spend each week:

1 = None

2 = One hour or less a week

3 = 2-3 hours a week

4 = 4-5 hours a week

5 = 6-7 hours a week

6 = 8 or more hours a week

999 = Would rather not answer

#### For CLQ00093a-CLQ00093l

Participants are able to freely respond (or decline by writing N/A in the box) to these questions if they responded previously to have spent at least “1 hour or less a week” on the activity.

Scale Scoring:

No scales were provided in original questionnaire. Subsequent work to identify components and factors.

Modifications:

Items updated regarding computer use, and item on pets added. Open-ended questions were added to gain further information on type of organized sports or rec programs, exercise programs, types of physical activities, clubs, hobbies, computer games, smartphone apps, etc, social media apps, musical instruments, pet ownership and activities with them.

### Temperament

**(EASI survey; 25 items)\***

Description:

The adult EASI Temperament Survey (Buss & Plomin, 1984) measures four temperament dimensions: emotionality (further divided into fearfulness and anger), activity level, sociability, and impulsivity. The scale includes four items associated with each of the temperament dimensions, for a total of 20 items. Each item is scored on a 1 to 5-point scale, with higher scores indicating stronger agreement (1= *not characteristic or typical of yourself*; 5 = *very characteristic of typical of yourself*). Its median test-retest reliability is .82 over a 2-week period, and factor structure is similar for men and women (Plomin et al., 1988). The scale has been widely used in studies of genetic and environmental sources of individual differences in personality.

Associated Papers:

Buss, A. H., & Plomin, R. (1975). *A temperament theory of personality development*. NY: Wiley-Interscience.

Rowe, D. C., & Plomin, R. (1977). Temperament in early childhood. *Journal of Personality Assessment, 41*(2), 150-156.

Buss A.H., & Plomin, R. (1984). *Temperament: Early developing personality traits.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Plomin, R., Pedersen, N. L., McClearn, G. E., Nesselroade, J. R., & Bergeman, C. S. (1988). EAS temperaments during the last half of the life span: twins reared apart and twins reared together. *Psychology and Aging, 3*(1), 43. doi: 10.1037/0882-7974.3.1.43

Buss, A. H. (1991). The EAS theory of temperament. In *Explorations in Temperament* (pp. 43-60). US: Springer.

Saudino, K. J., McGuire, S., Reiss, D., Hetherington, E. M., & Plomin, R. (1995). Parent ratings of EAS temperaments in twins, full siblings, half siblings, and step siblings. *Journal of Personality and Social Psychology, 68(*4), 723.

Nærde, A., Røysamb, E., & Tambs, K. (2004). Temperament in adults-Reliability, stability, and factor structure of the EAS temperament survey. *Journal of Personality Assessment, 82*(1), 71-79. doi: 10.1207/s15327752jpa8201\_12

Subject Instructions & Item List:

Subject Instructions:

Please rate your behavior by selecting an answer for each item. No item will apply to you in every situation, but try to consider your usual behavior. Please answer quickly and honestly--there are no right or wrong answers.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| **Please choose the appropriate response for each item:** | | | |
| CLQ00094\_1 | I make friends very quickly. | Sociability | [EASI](#_4ea0y6voml96) |
| CLQ00094\_2 | I like to keep busy all the time. | Activity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_3 | I like to plan things way ahead of time.R | Impulsivity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_4 | I often feel insecure. | Emotionality-Fearfulness | [EASI](#_4ea0y6voml96) |
| CLQ00094\_5 | I have trouble controlling my impulses. | Impulsivity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_6 | It takes a lot to get me mad. R | Emotionality-Anger | [EASI](#_4ea0y6voml96) |
| CLQ00094\_7 | I usually prefer to do things alone. R | Sociability | [EASI](#_4ea0y6voml96) |
| CLQ00094\_8 | I often feel as if I'm bursting with energy. | Activity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_9 | I often feel like crying. | Emotionality-Fearfulness | [EASI](#_4ea0y6voml96) |
| CLQ00094\_10 | I always like to see things through to the end.R | Impulsivity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_11 | I am known as hot-blooded and quick-tempered. | Emotionality-Anger | [EASI](#_4ea0y6voml96) |
| CLQ00094\_12 | I am very sociable. | Sociability | [EASI](#_4ea0y6voml96) |
| CLQ00094\_13 | I like to wear myself out with exertion. | Activity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_14 | I am easily frightened. | Emotionality-Fearfulness | [EASI](#_4ea0y6voml96) |
| CLQ00094\_15 | There are many things that annoy me. | Emotionality-Anger | [EASI](#_4ea0y6voml96) |
| CLQ00094\_16 | I have many friends. | Sociability | [EASI](#_4ea0y6voml96) |
| CLQ00094\_17 | I'll try anything once. | Impulsivity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_18 | When I do things, I do them vigorously. | Activity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_19 | When displeased, I let people know it right away. | Emotionality-Anger | [EASI](#_4ea0y6voml96) |
| CLQ00094\_20 | When I get scared, I panic. | Emotionality-Fearfulness | [EASI](#_4ea0y6voml96) |
| CLQ00094\_21 | I usually seem to be in a hurry. | Activity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_22 | I yell and scream more than most people my age. | Emotionality-Anger? | [EASI](#_4ea0y6voml96) |
| CLQ00094\_23 | I tend to be impulsive. | Impulsivity | [EASI](#_4ea0y6voml96) |
| CLQ00094\_24 | I tend to be a loner. R | Sociability | [EASI](#_4ea0y6voml96) |
| CLQ00094\_25 | I am almost always calm - nothing ever bothers me.R | Emotionality? | [EASI](#_4ea0y6voml96) |

*Note.* R= reverse-coded item.

Item Values:

#### EASI items

Item values range from 1 to 5.

1 = Strongly disagree

5 = Strongly agree

999 = Would rather not answer

Scale Scoring:

After the relevant items have been reverse-coded, the items within each subscale are summed into five composites corresponding with the following temperament dimension: Emotionality-Fear, Emotionality-Anger, Activity, Sociability, and Impulsivity. Each of these subscales has a possible score range from 1 to 25; a higher score indicates the temperament dimension is more characteristic of oneself.

Modifications:

### Life Satisfaction

**(Satisfaction with Life Scale; 5 items)\***

Description:

The Satisfaction with Life Scale (SWLS; Deiner et al., 1985) is a widely used measure of individuals’ perceived life satisfaction, one aspect of subjective well-being. The scale is general enough that it can be used with a variety of participant groups and age ranges, and it has both high internal reliability (alphas from .79 to .89; Pavot & Deiner, 1993) and moderate stability over time, with test-retest reliabilities ranging from .80 over one-month to .59 over four years (Pavot & Deiner, 1993). In health research, it is also moderately correlated with mental health (e.g., negatively associated with depression and negative affect), positive life outcomes (e.g., positively associated with work success, relationship quality), and health behaviors (Pavot & Deiner, 2008).

Associated Papers:

Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75.

Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment*, *5*(2), 164. doi: 10.1037/1040-3590.5.2.164

Pavot, W. & Diener, E. (2008). The Satisfaction With Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*(2), 137-152.

doi: 10.1080/17439760701756946

Subject Instructions & Item List:

Subject Instructions:

DIRECTIONS: Below are five statements with which you may agree or disagree. Please be open and honest in your responding.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00095\_1 | In most ways my life is close to my ideal. | N/A | [SWLS](#_102qo4jir04t) |
| CLQ00095\_2 | The conditions of my life are excellent. | N/A | [SWLS](#_102qo4jir04t) |
| CLQ00095\_3 | I am satisfied with life. | N/A | [SWLS](#_102qo4jir04t) |
| CLQ00095\_4 | So far I have gotten the important things I want in life. | N/A | [SWLS](#_102qo4jir04t) |
| CLQ00095\_5 | If I could live my life over, I would change almost nothing. | N/A | [SWLS](#_102qo4jir04t) |

Item Values:

#### SWLS Items

Item values range from 1 to 7.

1 = Strongly disagree

2 = Disagree

3 = Slightly disagree

4 = Neither agree or disagree

5 = Slightly agree

6 = Agree

7 = Strongly agree

999 = Would rather not answer

Scale Scoring:

The raw scores for all five items are summed into a composite, with a higher score reflecting higher life satisfaction. Scores on this scale can range from 5 to 35, with a score of 20 representing the neutral point (Pavot & Deiner, 2008). The following score ranges indicate varying degrees of life satisfaction:

5-9=Extremely dissatisfied

15-19= Slightly dissatisfied

21-25=Slightly satisfied

31-35= Extremely satisfied

Modifications:

### Psychological Well-Being

**(RPWB; 18 items)\***

Description:

Ryff’s Scales of Psychological Well-Being (RPWB; Ryff, 1989b) was developed to index the following six distinct dimensions of subjective well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The original questionnaire included 120 items (20 items per dimension), but a shorter 18-item version (i.e. 3 items per dimension) has been widely used and therefore adopted for CATSLife. The six dimensions have high internal consistency (Cronbach’s alphas from .86 to .93) and high test-retest reliability, with correlations from .81 to .88 across a six-week period (Ryff, 1989b). In a follow-up study that applied a confirmatory factor-analytic framework among a nationally representative sample (Ryff & Keyes, 1995), Cronbach’s alpha coefficients of internal consistency for the six dimensions ranged from .33, for Purpose in Life, to .56, for Positive Relations with Others (Ryff & Keyes, 1995). These six subscales correlate negatively with depression and are positively, but weakly, associated with happiness and life satisfaction. Furthermore, these dimensions are posited to measure aspects of individuals’ positive functioning that are unique from global, single-item measures of life satisfaction (Ryff & Keyes, 1995). However, a more recent validation study (Springer & Hauser, 2006) applied latent factor models with polychoric correlations (i.e. treating the items as ordinal) within three large datasets to explore the measurement properties of the RPWB. They found high overlap among the items, and no support for six distinct subscales.

Associated Papers:

Ryff, C. D. (1989). Beyond Ponce de Leon and life satisfaction: New directions in quest of successful ageing. *International Journal of Behavioral Development, 12*(1), 35-55.

doi: 10.1177/016502548901200102

Ryff, C. D. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069.

doi: 10.1037/0022-3514.57.6.1069

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719.

doi: 10.1037/0022-3514.69.4.719

Springer, K. W., & Hauser, R. M. (2006). An assessment of the construct validity of Ryff’s scales of psychological well-being: Method, mode, and measurement effects. *Social Science Research, 35*(4), 1080-1102.

Subject Instructions & Item List:

Subject Instructions:

Please indicate your degree of agreement to the following sentences.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00096\_1 | I like most parts of my personality. | Self-acceptance | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_2 | When I look at the story of my life, I am pleased with how things have turned out so far. | Self-acceptance | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_3 | Some people wander aimlessly through life but I am not one of them. | Purpose in Life | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_4 | The demands of everyday life often get me down.R | Environmental Mastery | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_5 | In many ways, I feel disappointed about my achievements in life. R | Self-acceptance | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_6 | Maintaining close relationships has been difficult and frustrating for me.R | Positive Relations with Others | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_7 | I live life one day at a time and don’t really think about the future. R | Purpose in Life | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_8 | In general, I feel I am in charge of the situation in which I live. | Environmental Mastery | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_9 | I am good at managing the responsibilities of daily life. | Environmental Mastery | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_10 | I sometimes feel as if I've done all there is to do in life. R | Purpose in Life | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_11 | For me, life has been a continuous process of learning, changing, and growth. | Personal Growth | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_12 | I think it is important to have new experiences that challenge how I think about myself and the world. | Personal Growth | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_13 | People would describe me as a giving person, willing to share my time with others. | Positive Relations with Others | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_14 | I gave up trying to make big improvements or changes in my life a long time ago.R | Personal Growth | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_15 | I tend to be influenced by people with strong opinions.R | Autonomy | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_16 | I have not experienced many warm and trusting relationships with others.R | Positive Relations with Others | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_17 | I have confidence in my own opinions, even if they are different from the way most other people think. | Autonomy | [RPWB](#_8ej0axqvrtlc) |
| CLQ00096\_18 | I judge myself by what I think is important, not by the values of what others think is important. | Autonomy | [RPWB](#_8ej0axqvrtlc) |

*Note.* R= reverse-coded item.

Item Values:

#### RPWB Items

Item values range from 1 to 6.

1 = Strongly disagree

6 = Strongly agree

999 = Would rather not answer

Scale Scoring:

1) Recode negative phrased items: #4, 5, 6, 7, 10, 14, 15, 16. (i.e., if the scored is 6 in one of these items, the adjusted score is 1; if 5, the adjusted score is 2 and so on…)

2) Add together the final degree of agreement in each of the 6 dimensions:

a. **Autonomy:** items 15, 17, 18

b. **Environmental mastery**: items 4, 8, 9

c. **Personal Growth**: items 11, 12, 14

d. **Positive Relations**: items 6, 13, 16

e. **Purpose in life**: items 3, 7, 10

f. **Self-acceptance**: items 1, 2, 5

Modifications:

### Relationship Status

**(Marital/Partner status; 5 items; Children; 4 items; Sexual history; 2 items)\***

Description:

This scale was developed for CATSLife to expand on the information collected from other marital/partner status measures (e.g., AddHealth, Wave 4; <https://www.cpc.unc.edu/projects/addhealth/design/wave4>).

Associated Papers:

AddHealth Wave IV. (n.d.). Retrieved June 23, 2020, from <https://www.cpc.unc.edu/projects/addhealth/design/wave4>

Subject Instructions & Item List:

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00097 | Are you now married, widowed, divorced, separated, never married, or living with a partner? | Marital status | [Marital Status](#_rpbk162d6nz1) |
| CLQ00098 | How many persons have you ever married? Be sure to include your current spouse if you are married now. | Total number of marriages (if married/widowed) | [# of marriages](#_5lcq5wor7ljj) |
| CLQ00099 | When were you married to your current spouse?  (Answer must be between 01-01-1980 and 12-31-2020) | Marriage date (if married) | [Date of marriage/relationship](#_tz0hhornwtjf) |
| CLQ00100 | Are you currently in a romantic relationship? | Relationship status (If widowed/divorced/separated/never married) | [Relationship status](#_3h77mjknkt33) |
| CLQ00101 | When did your current romantic relationship begin?  (Answer must be between 01/1980 and 12/2020 | Relationship start date (if married/living with partner) | [Date of marriage/relationship](#_tz0hhornwtjf) |
| CLQ00102 | How many pregnancies have resulted from your current or previous relationships/marriages? | Number of pregnancies | [# of pregnancies/births/children](#_qg9x5lth5537) |
| CLQ00103 | Are you, or is your partner pregnant now? | Pregnancy status (current) | [Pregnancy Status](#_s5260oqskgti) |
| CLQ00104 | How many live births resulted from previous pregnancies? | Number of live births | [# of pregnancies/births/children](#_qg9x5lth5537) |
| CLQ00105 | How many of these children are still living? | Number of children | [# of pregnancies/births/children](#_qg9x5lth5537) |
| SRQ0010 | In your lifetime, with how many people (different partners) have you had oral, vaginal, or anal sex? | Number of sexual partners | [# of sexual partners](#_gcvpd1xtkaki) |
| SRQ0011 | How old were you the first time you had vaginal, anal, or oral sex? | Age first sexual encounter | [Age had first sexual encounter](#_t9i5x8shti2i) |

*Note*. R = reverse-coded item.

Item Values:

#### Marital status:

1 = Married

2 = Widowed

3 = Divorced

4 = Separated

5 = Never married

6 = Living with partner

888 = Don’t know

999 = Would rather not answer

#### Number of marriage partners:

Responses range from 0 (= 0 partners) to 10 ( = 10 or more); or ‘Would rather not answer’ (999)

#### When were you married to your current spouse?/ When did your current romantic relationship begin?

Record date between 01-01-1980 and 12-31-2020

#### Relationship status (current):

1 = Yes

2 = No

999 = Would rather not answer

#### Number of pregnancies/live births/children still living:

0 = 0

1 = 1

2 = 2

3 = 3

4 = 4

5 = 5

6 = 6

7 = 7

8 = 8

9 = 9

10 = 10 or more

999 = Would rather not answer

#### Pregnancy status (current):

1 = Yes

2 = No

888 = Don’t know

999 = Would rather not answer

#### Sexual partners:

0 = 0

1 = 1

2 = 2

3 = 3-5

4 = 6-9

5 = 10-19

6 = 20+

999 = Would rather not answer

#### Age at first sexual encounter:

Response options range from 1 to 45; ‘Younger than 1’ (0); ‘46 or older’ (46); ‘Don’t know’ (888); and ‘Would rather not answer’ (999)

Scale Scoring:

### Parent Stress

**(Parental Stress Scale; 4 items)\***

Description:

The Parental Stress Scale (Barry & Jones, 1995) is used to measure the stress levels experienced by parents in addition to positive aspects of parenting. Parents indicate their agreement with each item (1=*strongly disagree*; 5=*strongly agree*) while considering their typical relationship with their child(ren). The original scale includes 18 items, but a shorter version was adapted for this study which includes four items.

Participants will only complete this scale if they indicate that they have children.

Associated Papers:

Berry, JD, & Jones, W,H, (1995) The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*, 463 – 472.

Subject Instructions & Item List:

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| **How much do you agree or disagree with the following statements?** | | | |
| CLQ00106\_1 | …I am happy in my role as parent.R | N/A | [Parental Stress](#_uxgylfkxy2a2) |
| CLQ00106\_2 | …I feel close to my child(ren). R | N/A | [Parental Stress](#_uxgylfkxy2a2) |
| CLQ00106\_3 | …The major source of stress in my life is my child(ren). | N/A | [Parental Stress](#_uxgylfkxy2a2) |
| CLQ00106\_4 | …I feel overwhelmed by the responsibility of being a parent. | N/A | [Parental Stress](#_uxgylfkxy2a2) |

*Note*. R = reverse-coded item.

Item Values:

#### Parental Stress Items:

1 = Strongly disagree

2 = Somewhat disagree

3 = Neither agree nor disagree

4 = Somewhat agree

5 = Strongly agree

999 = Would rather not answer

Scale Scoring:

After items are reverse-scored, the items are summed into a composite, with higher scores reflecting higher levels of parental stress (range from 4-20).

Modifications:

The original Parental Stress Scale included 18 items and had a possible total score range from 18 to 90. The CATSLife online questionnaire included 4 items with a possible total score range from 4 to 20.

### Romantic Relationship Quality

**(Dyadic Adjustment Scale (DAS); 32 items)\***

Description:

The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32-item questionnaire that assesses the following four components of adjustment in the context of marital (or marriage-like; e.g., cohabiting couples) relationships: dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression. Cronbach’s alpha reliability coefficients range from .73 to .94 for the four subscales, and .96 for the whole scale (Spanier, 1976).

Associated Papers:

Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*(1), 15-28.

doi :10.2307/350547

Spanier, G. B., & Thompson, L. (1982). A confirmatory analysis of the Dyadic Adjustment Scale. *Journal of Marriage and the Family, 44*(3), 731-738.

doi: 10.2307/351593

Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and family Therapy, 21*(3), 289.

Graham, J. M., Liu, Y. J., & Jeziorski, J. L. (2006). The dyadic adjustment scale: A reliability generalization meta‐analysis. *Journal of Marriage and Family, 68*(3), 701-717.

Subject Instructions & Item List:

Subject Instructions:

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00107\_1 | Handling family finances. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_2 | Matters of recreation. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_3 | Religious matters. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_4 | Demonstrations of affection. | Affectional Expression | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_5 | Friends. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_6 | Sex relations. | Affectional Expression | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_7 | Conventionality (correct or proper behavior). | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_8 | Philosophy of life. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_9 | Ways of dealing with parents or in-laws. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_10 | Aims, goals, and things believed important. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_11 | Amount of time spent together. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_12 | Making major decisions. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_13 | Household tasks. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_14 | Leisure time interests and activities. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
| CLQ00107\_15 | Career decisions. | Dyadic Consensus | [DAS](#_mzxxbkxnaflk) |
|  | | | |
| CLQ00108\_1 | How often do you discuss or have you considered divorce, separation, or terminating your relationship? | Dyadic Satisfaction | [How often...](#_aay4tshptqmc) |
| CLQ00108\_2 | How often do you or your mate leave the house after a fight? | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00108\_3 | In general, how often do you think that things between you and your partner are going well? | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00108\_4 | Do you confide in your mate? | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00108\_5 | Do you ever regret that you married? (or lived together) | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00108\_6 | How often do you and your partner quarrel? | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00108\_7 | How often do you and your mate “get on each other’s nerves?” | Dyadic Satisfaction | [How often..](#_aay4tshptqmc) |
| CLQ00109 | Do you kiss your mate? | Dyadic Satisfaction | [Kissing](#_pkgp9ykcfmzl) |
|  | | | |
| CLQ00110 | Do you and your mate engage in outside interests together? | Dyadic Cohesion | [Share outside interests](#_llpz57hmzid5) |
|  | | | |
| **How often would you say the following events occur between you and your mate?** | | | |
| CLQ00111\_1 | …Have a stimulating exchange of ideas. | Dyadic Cohesion | [How often events occur](#_tqw1dnu8rbvj) |
| CLQ00111\_2 | …Laugh together. | Dyadic Cohesion | [How often events occur](#_tqw1dnu8rbvj) |
| CLQ00111\_3 | …Calmly discuss something. | Dyadic Cohesion | [How often events occur](#_tqw1dnu8rbvj) |
| CLQ00111\_4 | …Work together on a project. | Dyadic Cohesion | [How often events occur](#_tqw1dnu8rbvj) |
|  | | | |
| **There are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Select yes or no)** | | | |
| CLQ00112\_1 | …Being too tired for sex. | Affectional Expression | [Too tired for sex](#_tf8f1j29hoxk) |
| CLQ00112\_2 | …Not showing love. | Affectional Expression | [Not showing love](#_tf8f1j29hoxk) |
|  | | | |
| CLQ00113\_1 | The following selections represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please select which best describes the degree of happiness, all things considered, of your relationship. | Dyadic Satisfaction | [Degree of happiness in relationship](#_yswlm3vdiywe) |
| CLQ00114 | Which of the following statements best describes how you feel about the future of your relationship? | Dyadic Satisfaction | [Future of relationship](#_nbregwi8ne5x) |

Item Values:

#### DAS items:

1 = Always agree

2 = Almost always agree

3 = Occasionally disagree

4 = Frequently disagree

5 = Almost always disagree

6 = Always disagree

999 = Would rather not answer

#### How often:

1 = All the time

2 = Most of the time

3 = More often than not

4 = Occasionally

5 = Rarely

6 = Never

999 = Would rather not answer

#### Kiss (how often):

1 = Every day

2 = Almost every day

3 = Occasionally

4 = Rarely

5 = Never

999 = Would rather not answer

#### Share outside interests:

1 = All of them

2 = Most of them

3 = Some of them

4 = Very few of them

5 = None of them

999 = Would rather not answer

#### How often:

1 = Never

2 = Less than once a month

3 = Once or twice a month

4 = Once or twice a week

5 = Once a day

6 = More often

999 = Would rather not answer

#### Too tired for sex/not showing love:

1 = Yes

2 = No

999 = Would rather not answer

#### Degree of happiness:

1 = Extremely unhappy

2 = Fairly unhappy

3 = A little unhappy

4 = Happy

5 = Very happy

6 = Extremely happy

7 = Perfect

999 = Would rather not answer

#### Statements about the future:

1 = I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

2 = I want very much for my relationship to succeed, and will do all I can to see that it does.

3 = I want very much for my relationship to succeed, and will do my fair share to see that it does.

4 = It would be nice if my relationship succeeded, but I can’t do much more than I am doing now to help it succeed.

5 = It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

6 = My relationship can never succeed, and there is no more that I can do to keep the relationship going.

999 = Would rather not answer

Scale Scoring:

Modifications:

### Family Relationship Quality

**(Close Relationship Quality; 11 items)\***

Description:

The Close Relationship Quality scale (Walen & Lachman, 2000) measures the extent to which various relationships (i.e., family, friends, spouse/partner) are characterized by both social support and strain. The items in the scale had been adapted slightly from an earlier study (Schuster et al., 1990). All items were on a 4-point Likert-type scale (social support items: 1= *a lot*; 4=*not at all*; strain items: 1=*often*; 4=*never*) and recoded, with higher scores reflecting either higher support or higher strain. Walen & Lachman (2000) used principle components analysis with oblique rotation to examine how many factors emerged from these items across three relationship types: spouse/partner, family members, and friends. Results supported two factors of support and strain, with high loadings ranging from .64 to .89. Cronbach’s alphas were also high (Family support=.82, Family strain=.80, Friend support=.88, Friend strain=.79, Partner support=.86, and Partner strain=.81; Walen & Lachman, 2000).

Associated Papers:

Brim, Orville Gilbert, Baltes, Paul B., Bumpass, Larry L., Cleary, Paul D., Featherman, David L., Hazzard, William R., … Shweder, Richard A. Midlife in the United States (MIDUS 1), 1995-1996. Inter-university Consortium for Political and Social Research [distributor], 2019-09-09. https://doi.org/10.3886/ICPSR02760.v18

Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative

interactions and depressed mood. *American Journal of Community Psychology, 18*, 423– 438.

Walen, H.R., & Lachman, M.E. (2000). Social support and strain from partner, family, and

friends: Costs and benefits for men and women in adulthood. *Journal of Social & Personal Relationships, 17*(1), 5-30.

Subject Instructions & Item List:

Subject Instructions:

The next several questions are about your family.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00115 | How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you, including visits, phone calls, letters, or electronic mail messages?\* | Contact frequency | [Contact family frequency](#_jy07v0sh731y) |
|  | | | |
| Please answer **how much** for each of these items: | | | |
| CLQ00116\_A | Not including your spouse or partner, how much do members of your family really care about you? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00116\_B | How much do they understand the way you feel about things? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00116\_C | How much can you rely on them for help if you have a serious problem? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00116\_D | How much can you open up to them if you need to talk about your worries? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00116\_E | How much do you really care about the members of your family, not including your partner or spouse? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00116\_F | How much do you understand the way they feel about things? | Family support | [How much family support](#_l343nhsqufyb) |
| CLQ00117\_G | Not including your spouse or partner, how often do members of your family make too many demands on you? | Family strain | [How often family strain](#_t6qtxapcw2uk) |
| CLQ00117\_H | How often do they criticize you? | Family strain | [How often family strain](#_t6qtxapcw2uk) |
| CLQ00117\_I | How often do they let you down when you are counting on them? | Family strain | [How often family strain](#_t6qtxapcw2uk) |
| CLQ00117\_J | How often do they get on your nerves? | Family strain | [How often family strain](#_t6qtxapcw2uk) |

*Note.* \*= Item was taken from a different scale.

Item Values:

#### Contact frequency:

1 = Several times a day

2 = About once a day

3 = Several times a week

4 = About once a week

5 = 2 or 3 times a month

6 = About once a month

7 = Less than once a month

8 = Never or hardly ever

999 = Would rather not answer

#### Family support:

1 = Not at all

2 = A little

3 = Some

4 = A lot

999 = Would rather not answer

#### Family strain:

1 = Never

2 = Rarely

3 = Sometimes

4 = Often

999 = Would rather not answer

Scale Scoring:

Modifications:

### Social Support: Friends

**(Interpersonal Support Evaluation List (ISEL); 12 items; 2 additional items)\***

Description:

The Interpersonal Support Evaluation List (ISEL) is a 12-item measure of perceptions of social support. This measure is a shortened version of the original ISEL (40 items; Cohen & Hoberman, 1983). The questionnaire has three different subscales designed to measure the following three dimensions of perceived social support (Cohen et al., 1985):

1) Appraisal Support

2) Belonging Support

3) Tangible Support

Each dimension includes 4 items on a 4-point scale (response options range from *Definitely* *True* to *Definitely False*).

Associated Papers:

Brim, Orville Gilbert, Baltes, Paul B., Bumpass, Larry L., Cleary, Paul D., Featherman, David L., Hazzard, William R., … Shweder, Richard A. Midlife in the United States (MIDUS 1), 1995-1996. Inter-university Consortium for Political and Social Research [distributor], 2019-09-09. <https://doi.org/10.3886/ICPSR02760.v18>

Cohen S., Mermelstein R., Kamarck T., & Hoberman, H.M. (1985). Measuring the functional components of social support. In Sarason, I.G. & Sarason, B.R. (Eds.), *Social support: theory,*

*research, and applications*. The Hague, Netherlands: Martinus Niijhoff.

Cohen, S., & Hoberman, H. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology, 13*, 99-125.

Pantelidou, S. & Craig, T. K. J. (2006). Culture shock and social support. *Social Psychiatry*

*and Psychiatric Epidemiology, 41*, 777-781.

Minnebo, J. (2005). Psychological distress, perceived social support, and television viewing for reasons of companionship: A test of the compensation hypothesis in a population of crime victims. *Communications, 30*, 233-250.

Dunkel-Schetter, C., Folkman, S., & Lazarus, R. S. (1987) Correlates of social support receipt. *Journal of Personality and Social Psychology, 53*, 71-80.

Taylor, S. E. & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103*, 193-210.

Subject Instructions & Item List:

Subject Instructions:

Please choose the appropriate response for each item:

Original instructions **not** included in CATSLife1: *This scale is made up of a list of statements each of which may or may not be true about you. For each statement circle "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should circle "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.*

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| CLQ00118 | How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.)\* | Number of friends (AddHealth WaveIv) | [# of friends](#_506jpbcdvtev) |
| CLQ00119 | How often are you in contact with any of your friends, including visits, phone calls, letters, or electronic mail messages?\* | Contact frequency | [Contact frequency with friends](#_jy07v0sh731y) |
|  | | | |
| CLQ00120\_1 | If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me. | Belonging support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_2 | I feel that there is no one I can share my most private worries and fears with. | Appraisal support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_3 | If I were sick, I could easily find someone to help me with my daily chores. | Tangible support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_4 | There is someone I can turn to for advice about handling problems with my family. | Appraisal support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_5 | If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. | Belonging support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_6 | When I need suggestions on how to deal with a personal problem, I know someone I can turn to. | Appraisal support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_7 | I don't often get invited to do things with others. | Belonging support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_8 | If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.). | Tangible support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_9 | If I wanted to have lunch with someone, I could easily find someone to join me | Belonging support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_10 | If I was stranded 10 miles from home, there is someone I could call who could come and get me. | Tangible support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_11 | If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. | Appraisal support | [Interpersonal support](#_b8xknjqbaid8) |
| CLQ00120\_12 | If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. | Tangible support | [Interpersonal support](#_b8xknjqbaid8) |

*Note.* \*=Item was taken from a different scale.

Item Values:

#### Number of close friends:

Item values range from 0-29, 30=“30 or more” or 999 = “Would rather not answer”

#### Contact frequency:

1 = Several times a day

2 = About once a day

3 = Several times a week

4 = About once a week

5 = 2 or 3 times a month

6 = About once a month

7 = Less than once a month

8 = Never or hardly ever

999 = Would rather not answer

#### Perceived support:

0 = Definitely false

1 = Probably false

2 = Probably true

3 = Definitely true

999 = Would rather not answer

Scale Scoring:

Items 1, 2, 7, 8, 11, and 12 are reverse scored.

Items 2, 4, 6, and 11 make up the Appraisal Support subscale.

Items 1, 5, 7, and 9 make up the Belonging Support subscale.

Items, 3, 8, 10, and 12 make up the Tangible Support subscale.

All scores are kept continuous.

Modifications:

**Online Questionnaire: Part II**

### Anxiety Symptoms

**(Mood and Anxiety Symptom Questionnaire (MASQ); 62 items)\***

Description:

The Mood and Anxiety Symptoms Questionnaire (MASQ; Watson & Clark, 1991) is a measure used to distinguish between symptoms of depression and anxiety. The original scale includes 90 self-report items, although shorter versions have been adapted (Wardenaar et al., 2010), which correspond to five subscales: 1) General Distress: Mixed Symptoms (i.e. GD: Mixed; Watson et al., 1995) to evaluate symptoms non-specific to depression or anxiety; 2) General Distress: Anxious Symptoms (i.e. GD: Anxiety); 3) General Distress: Depressive Symptoms (i.e. GD: Depression); 4) Anxious Arousal, or symptoms of somatic arousal specific to anxiety; and 5) Anhedonic Depression (i.e. combination of Loss of Interest and Positive Affect items), or reductions in positive affect that are specific to depression. Validation studies applying factor analysis to these items have yielded three factors: General Distress, Positive Affect (i.e., Anhedonic Depression), and Anxious Arousal (Keogh & Reidy, 2000; Wardenaar et al., 2010). The MASQ’s Anxious Arousal and Anhedonic Depression subscales have high convergent and discriminant validity, as well as high scale reliabilities (Cronbach’s alphas: Anxious Arousal = .88; Anhedonic Depression = .93; GD: Anxiety = .85; and GD: Depression = .92; Watson et al., 1995).

Associated Papers:

Watson, D., & Clark, L. A. (1991). The mood and anxiety symptom questionnaire (MASQ). *Unpublished manuscript, University of Iowa, Iowa City*.

Clark LA, Watson D. Tripartite model of anxiety and depression: psychometric evidence and taxonomic implications. J. Abnorm. Psychol. 1991;100:316–336.

Watson, D., Weber, K., Assenheimer, J. S., Clark, L. A., Strauss, M. E., & McCormick, R. A. (1995). Testing a tripartite model: I. Evaluating the convergent and discriminant validity of anxiety and depression symptom scales. *Journal of Abnormal Psychology*, *104*(1), 3.

doi: 10.1037/0021-843X.104.1.3

Keogh, E., & Reidy, J. (2000). Exploring the factor structure of the Mood and Anxiety Symptom Questionnaire (MASQ). *Journal of Personality Assessment, 74*(1), 106-125.

doi: 10.1207/S15327752JPA740108

Wardenaar, K. J., van Veen, T., Giltay, E. J., de Beurs, E., Penninx, B. W., & Zitman, F. G. (2010). Development and validation of a 30-item short adaptation of the Mood and Anxiety Symptoms Questionnaire (MASQ). *Psychiatry Research, 179*(1), 101-106.

doi: 10.1016/j.psychres.2009.03.005

Subject Instructions & Item List:

Subject Instructions:

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item and then mark the appropriate choice in the space next to that item. Use the choice that best describes how much you have felt or experienced things this way during the past week, including today.

| **Q #** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| SRQ0002\_MASQ01 | Felt sad. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ02 | Startled easily. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ03 | Felt cheerful. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ04 | Felt afraid. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ05 | Felt discouraged. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ06 | Hands were shaky. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ07 | Felt optimistic. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ08 | Had diarrhea. | General Distress: Anxiety | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ09 | Felt worthless. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ10 | Felt really happy. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ11 | Felt nervous. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ12 | Felt depressed. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ13 | Was short of breath. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ14 | Felt uneasy. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ15 | Was proud of myself. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ16 | Had a lump in my throat. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ17 | Felt faint. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ18 | Felt unattractive. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ19 | Had hot or cold spells. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ20 | Had an upset stomach. | General Distress: Anxiety | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ21 | Felt like a failure. | General Distress: Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ22 | Felt like I was having a lot of fun. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ23 | Blamed myself for a lot of things. | General Distress: Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ24 | Hands were cold or sweaty. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ25 | Felt withdrawn from other people. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ26 | Felt keyed up, “on edge”. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ27 | Felt like I had a lot of energy. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ28 | Was trembling or shaking. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ29 | Felt inferior to others. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ30 | Had trouble swallowing. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ31 | Felt like crying. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ32 | Was unable to relax. | General Distress: Anxiety | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ33 | Felt really slowed down. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ34 | Was disappointed in myself. | General Distress: Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ35 | Felt nauseous. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ36 | Felt hopeless. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ37 | Felt dizzy or lightheaded. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ38 | Felt sluggish or tired. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ39 | Felt really “up” or lively. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ40 | Had a pain in my chest. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ41 | Felt really bored. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ42 | Felt like I was choking. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ43 | Looked forward to things with enjoyment. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ44 | Muscles twitched or trembled. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ45 | Felt pessimistic about the future. | General Distress: Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ46 | Had a very dry mouth. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ47 | Felt like I had a lot of interesting things to do. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ48 | Was afraid I was going to die. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ49 | Felt like had accomplished a lot. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ50 | Felt like it took an extra effort to get started. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ51 | Felt like nothing was very enjoyable. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ52 | Heart was racing or pounding. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ53 | Felt like I had a lot to look forward to. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ54 | Felt numbness or tingling in my body. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ55 | Felt tense or “high-strung”. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ56 | Felt hopeful about the future. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ57 | Felt like there wasn’t anything interesting or fun to do. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ58 | Seemed to move quickly and easily. R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ59 | Muscles were tense or sore. | General Distress | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ60 | Felt really good about myself.R | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ61 | Thought about death or suicide. | Anhedonic Depression | [MASQ](#_97z9p2brvrr9) |
| SRQ0002\_MASQ62 | Had to urinate frequently. | Anxious Arousal | [MASQ](#_97z9p2brvrr9) |

*Note.* R= reverse-coded item.

Item Values:

#### MASQ items:

1 = Very slightly or not at all

2 = A little

3 = Moderately

4 = Quite a bit

5 = Extremely

999 = Would rather not answer

Scale Scoring:

Modifications:

### Executive Function

**(Barrat Impulsiveness Scale (BIS); 30 items)**

Description:

“The Barratt Impulsiveness Scale (BIS-11) is a 30 item self-report instrument designed to assess the personality/behavioral construct of impulsiveness. The BIS is arguably the most commonly administered self-report measure for the assessment of impulsiveness in both research and clinical settings. Consistent with previous research, the BIS-11 is highly correlated with similar self-report measures (convergent validity) but not significantly correlated with behavioral measures of impulsiveness (Barratt & Patton, 1983; Lane et al., 2003).”

This scale was included to address project aim 2.

Associated Papers:

Patton J.H., Stanford, M.S., & Barratt, E.S. (1995). Factor structure of the Barratt impulsiveness scale. *Journal of Clinical Psychology*, *51*, 768-774. PubMed ID: 8778124

Stanford, M. S., Mathias, C.W., Dougherty, D. M., Lake, S. L., Anderson, N. E., Patton J.H. (2009). Fifty years of the Barratt Impulsiveness Scale: An update and review. *Personality and Individual Differences.* *47(5)*, 385–395. doi:10.1016/j.paid.2009.04.008

Subject Instructions & Item List:

Subject Instructions:

People differ in the ways they act and think in different situations.  This is a test to measure some of the ways in which you act and think.  Read each statement and select the appropriate answer for you.  Do not spend too much time on any statement.  Answer quickly and honestly.

| **Q #** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| SRQ0003\_BIS01 | I plan tasks carefully. | Self-control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS02 | I do things without thinking. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS03 | I make up my mind quickly. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS04 | I am happy-go-lucky. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS05 | I don’t “pay attention.” | Attention | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS06 | I have racing thoughts. | Cognitive Instability | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS07 | I plan trips well ahead of time. | Self-Control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS08 | I am self-controlled. | Self-Control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS09 | I concentrate easily. | Attention | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS10 | I save regularly. | Cognitive Complexity | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS11 | I “squirm” at plays or lectures. | Attention | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS12 | I am a careful thinker. | Self-Control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS13 | I plan for job security. | Self-Control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS14 | I say things without thinking. | Self-Control | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS15 | I like to think about complex problems. | Cognitive Complexity | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS16 | I change jobs. | Perseverance | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS17 | I act “on impulse.” | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS18 | I get easily bored when solving thought problems. | Cognitive Complexity | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS19 | I act on the spur of the moment. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS20 | I am a steady thinker. | Attention | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS21 | I change residences. | Perseverance | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS22 | I buy things on impulse. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS23 | I can only think about one problem at a time. | Perseverance | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS24 | I change hobbies. | Cognitive Instability | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS25 | I spend or charge more than I earn. | Motor | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS26 | I often have extraneous thoughts when thinking. | Cognitive Instability | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS27 | I am more interested in the present than the future. | Cognitive Complexity | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS28 | I am restless at the theater or lectures. | Attention | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS29 | I like puzzles. | Cognitive Complexity | [BIS](#_efkt2zic3qxw) |
| SRQ0003\_BIS30 | I am future oriented. | Perseverance | [BIS](#_efkt2zic3qxw) |

Item Values:

#### 

#### BIS Items:

1 = Rarely/Never

2 = Occasionally

3 = Often

4 = Always/Almost Always

999 = Would Rather Not Answer

Scale Scoring:

Modifications:

### Worries

**(Penn State Worry Questionnaire (PSWQ); 16 items)\***

Description:

“The Penn State Worry Questionnaire (PSWQ) is a 16-item questionnaire used to measure worrying in individuals. “Correlations between the PSWQ and measures of anxiety, depression, and emotional control supported the convergent and discriminant validity of the measure” (Brown et al., 1992).

Associated Papers:

Brown, T. A., Antony, M. M., Barlow, D. H. (1992). Psychometric properties of the Penn state worry questionnaire in a clinical anxiety disorders sample. *Behaviour Research and Therapy.*

*30(1)*, 33-37. doi:10.1016/0005-7967(92)90093-V

Retrieved from: http://www.sciencedirect.com/science/article/pii/000579679290093V

Meyer, T.J., Miller, M.L., Metzger, R.L., & Borkovec, T.D. (1990). Development and Validation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy,* *28*, 487-495.

Subject Instructions & Item List:

Subject Instructions:

Rate each of the following statements on a scale of 1 (“not at all typical of me”) to 5 (“very typical of me”).

| **Q #** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| SRQ0004\_PSWQ01 | If I do not have enough time to do everything, I do not worry about it. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ02 | My worries overwhelm me. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ03 | I do not tend to worry about things. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ04 | Many situations make me worry. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ05 | I know I should not worry about things, but I just cannot help it. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ06 | When I am under pressure I worry a lot. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ07 | I am always worrying about something. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ08 | I find it easy to dismiss worrisome thoughts. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ09 | As soon as I finish one task, I start to worry about everything else I have to do. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ10 | I never worry about anything. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ11 | When there is nothing more I can do about a concern, I do not worry about it any more. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ12 | I have been a worrier all my life. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ13 | I notice that I have been worrying about things. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ14 | Once I start worrying, I cannot stop. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ15 | I worry all the time. | N/A | [PSWQ](#_oqrkfcqvm3ol) |
| SRQ0004\_PSWQ16 | I worry about projects until they are all done. | N/A | [PSWQ](#_oqrkfcqvm3ol) |

Item Values:

#### PSWQ Items:

1 = Not at all typical of me

2 = Rarely typical of me

3 = Somewhat typical of me

4 = Often typical of me

5 = Very typical of me

999 = Would rather not answer

Scale Scoring:

In scoring the PSWQ, a value of 1, 2, 3, 4, and 5 is assigned to a response depending upon whether the item is worded positively or negatively. The total score of the scale ranges from 16 to 80.

Items 1, 3, 8, 10, 11 are reverse scored as follows:

• Very typical of me = 1 (circled 5 on the sheet)

• Circled 4 on the sheet = 2

• Circled 3 on the sheet = 3

• Circled 2 on the sheet = 4

• Not at all typical of me = 5 (circled 1 on the sheet)

For items 2, 4, 5, 6, 7, 9, 12, 13, 14, 15, 16 the scoring is:

• Not at all typical of me = 1

• Ratings of 2, 3, and 4 are not transformed

• Very typical of me = 5

Modifications:

### Personality

**(BFI; 44 items)\***

Description:

The Big Five Inventory (BFI) is a 44-item inventory that measures an individual on the Big Five Factors (dimensions) of personality (Goldberg, 1993). Each of the factors is then further divided into personality facets.

Associated Papers:

John, O. P., & Srivastava, S. (1999). The Big-Five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), *Handbook of Personality: Theory and Research* (Vol. 2, pp. 102–138). New York: Guilford Press.

Subject Instructions & Item List:

Subject Instructions:

Here are a number of characteristics that may or may not apply to you.  For example, do you agree that you are someone who *likes to spend time with others*?  Please indicate the extent to which **you agree or disagree with the following statements.**

**I am someone who...**

| **Q #** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| SRQ0005\_BFI01 | Is talkative | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI02 | Tends to find fault with others R | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI03 | Does a thorough job | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI04 | Is depressed, blue | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI05 | Is original, comes up with new ideas | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI06 | Is reserved R | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI07 | Is helpful and unselfish with others | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI08 | Can be somewhat careless R | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI09 | Is relaxed, handles stress well R | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI10 | Is curious about many different things | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI11 | Is full of energy | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI12 | Starts quarrels with others R | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI13 | Is a reliable worker | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI14 | Can be tense | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI15 | Is ingenious, a deep thinker | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI16 | Generates a lot of enthusiasm | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI17 | Has a forgiving nature | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI18 | Tends to be disorganized R | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI19 | Worries a lot | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI20 | Has an active imagination | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI21 | Tends to be quiet R | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI22 | Is generally trusting | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI23 | Tends to be lazy R | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI24 | Is emotionally stable, not easily upset R | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI25 | Is inventive | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI26 | Has an assertive personality | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI27 | Can be cold and aloof R | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI28 | Perseveres until the task is finished | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI29 | Can be moody | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI30 | Values artistic, aesthetic experiences | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI31 | Is sometimes shy, inhibited | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI32 | Is considerate and kind to almost everyone | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI33 | Does things efficiently | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI34 | Remains calm in tense situations R | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI35 | Prefers work that is routine R | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI36 | Is outgoing, sociable | Extraversion | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI37 | Is sometimes rude to others R | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI38 | Makes plans and follows through with them | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI39 | Gets nervous easily | Neuroticism | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI40 | Likes to reflect, play with ideas | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI41 | Has few artistic interests R | Openness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI42 | Likes to cooperate with others | Agreeableness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI43 | Is easily distracted R | Conscientiousness | [BFI](#_3i1xo0rdvovz) |
| SRQ0005\_BFI44 | Is sophisticated in art, music, or literature | Openness | [BFI](#_3i1xo0rdvovz) |

*Note.* R = reverse-coded item.

Item Values:

#### BFI Items:

1 = Disagree strongly

2 = Disagree a little

3 = Neither agree nor disagree

4 = Agree a little

5 = Agree strongly

999 = Would rather not answer

Scale Scoring:

Modifications:

### Self-Report ADHD

**(ASRS; 18 items)**

Description:

The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

These items relate to project aim 2.

Associated Papers:

Kessler RC, Adler L, Ames M, Demler O, Faraone S, Hiripi E, Howes MJ, Jin R, Secnik K, Spencer T, Ustün TB, Walters EE. The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. Psychological Medicine. 2005a;35(02):245–256. doi: 10.1017/S0033291704002892.

<https://pdfs.semanticscholar.org/84c3/df915901fa2eefcfcefed952067f88a26403.pdf>

<https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf>

Subject Instructions & Item List:

Subject Instructions:

Please answer the questions below, rating yourself on each of the criteria shown. For each question, choose the answer that best describes how you have felt and conducted yourself over the past 6 months.

| **Q #** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| SRQ0006\_ASRS01 | How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS02 | How often do you have difficulty getting things in order when you have to do a task that requires organization? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS03 | How often do you have problems remembering appointments or obligations? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS04 | When you have a task that requires a lot of thought, how often do you avoid or delay getting started? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS05 | How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS06 | How often do you feel overly active and compelled to do things, like you were driven by a motor? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS07 | How often do you make careless mistakes when you have to work on a boring or difficult project? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS08 | How often do you have difficulty keeping your attention when you are doing boring or repetitive work? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS09 | How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS10 | How often do you misplace or have difficulty finding things at home or at work? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS11 | How often are you distracted by activity or noise around you? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS12 | How often do you leave your seat in meetings or other situations in which you are expected to remain seated? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS13 | How often do you feel restless or fidgety? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS14 | How often do you have difficulty unwinding and relaxing when you have time to yourself? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS15 | How often do you find yourself talking too much when you are in social situations? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS16 | When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS17 | How often do you have difficulty waiting your turn in situations when turn taking is required? |  | [ASRS](#_t4hehjd2rvx8) |
| SRQ0006\_ASRS18 | How often do you interrupt others when they are busy? |  | [ASRS](#_t4hehjd2rvx8) |

Item Values:

#### ASRS Items:

0 = Never

1 = Rarely

2 = Sometimes

3 = Often

4 = Very Often

999 = Would rather not answer

Scale Scoring:

Modifications:

### Rumination

**(Ruminative Response Scale (RRS); 10 items)\***

Description:

The Ruminative Response Scale (RRS) is a 22 item self-report measure of rumination (Nolen-Hoeksema, Morrow, 1991). The shorter 10 item RRS was used for this study (Treynor, Gonzales, Nolen-Hoeksema, 2003). This 10 item version has subscales to measure reflection and brooding.

Associated Papers:

Treynor, W., Gonzales, R., & Nolen-Hoeksema, S. (2003). Rumination reconsidered: A psychometric analysis. *Cognitive Therapy and Research*, 27, 247-259.

**Original 22-item RRS:**

Nolen-Hoeksema, S., & Morrow J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: The 1989 Loma Prieta Earthquake. *Journal of Personality and Social Psychology*, *61*(1), 115-121.

Subject Instructions & Item List:

Subject Instructions:

People think and do many different things when they feel depressed. Please read each of the following items and indicate whether you never, sometimes, often or always think or do each one when you feel down, sad or depressed. Please indicate what you generally do, not what you think you should do.

| **Q #** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| SRQ0007\_RRS01 | Think “What am I doing to deserve this?” | Brooding | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS02 | Analyze recent events to try to understand why you are depressed. | Reflection | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS03 | Think “Why do I always react this way?” | Brooding | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS04 | Go away by yourself and think about why you feel this way. | Reflection | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS05 | Write down what you are thinking and analyze it. | Reflection | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS06 | Think about a recent situation, wishing it had gone better. | Brooding | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS07 | Think “Why do I have problems other people don’t have?” | Brooding | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS08 | Think “Why can’t I handle things better?” | Brooding | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS09 | Analyze your personality to try to understand why you are depressed. | Reflection | [RRS](#_udip309s8nrh) |
| SRQ0007\_RRS10 | Go someplace alone to think about your feelings. | Reflection | [RRS](#_udip309s8nrh) |

Item Values:

#### RRS Items:

1 = Almost never

2 = Sometimes

3 = Often

4 = Almost always

999 = Would rather not answer

Scale Scoring:

“For this scale, the alpha coefficient at Time 1 was .90 and the test-retest correlation was .67.”

Modifications:

## In-Person Testing: Interview

### Anxiety, Depression & ASPD

**(Diagnostic Interview Schedule (DIS-IV))\***

Description:

The National Institute of Mental Health (NIMH) Diagnostic Interview Schedule (DIS-IV) is a psychiatric assessment tool used for diagnosing distinct mental disorders, based on the DSM-IV classifications (Robins et al., 1999). Responses are evaluated for their correspondence with various anxiety and depressive disorder classifications (e.g., major depression, panic disorder, dysthymia, obsessive-compulsive disorder). The DIS was developed for clinician and non-clinician use. In addition to diagnoses, it yields a total symptom count measure (across all diagnoses) and, within each diagnostic category, a total count of the number of criteria met (Robins et al., 1981). The DIS also goes beyond evaluating the presence or absence of symptoms in diagnostic decisions, to also including the severity of symptoms and ruling out other possible sources (e.g., physical illness).

In CATSLife, the full modules for Generalized Anxiety Disorder, Major Depression, ASPD will be included for their salience in the early adulthood transition.

Associated Papers:

Robins, L. N., Helzer, J. E., Croughan, J., & Ratcliff, K. S. (1981). National Institute of Mental Health diagnostic interview schedule: its history, characteristics, and validity. *Archives of General Psychiatry, 38*(4), 381-389.

Von Korff, M., Shapiro, S., Burke, J. D., Teitlebaum, M., Skinner, E. A., Turner, R. W., ... & Burns, B. (1987). Anxiety and depression in a primary care clinic: comparison of Diagnostic Interview Schedule, General Health Questionnaire, and practitioner assessments. *Archives of General Psychiatry, 44*(2), 152-156.

Robins, L.N., Cottler, L.B., Bucholz, K.K., Compton, W.M., North, C.S., & Rourke, K.M. (1999). *The Diagnostic Interview Schedule for DSM-IV.* Washington University School of Medicine, Department of Psychiatry.

Subject Instructions & Item List:

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| qa1 | What is your gender? |  | [Sex](#_hk41rf45wjuy) |
| qa5 | So you’re how old now? |  | [Age](#_z5z1eh2s069f) |
| qa6 | HAND CARD A6 TO RESPONDENT. Which of these racial or ethnic groups best describes you? |  | [Race/Ethnicity](#_iinpkltxq4uj) |
| qa6oth | Please indicate your racial group |  | [Other Race/Ethnicity](#_urmn25egtoyo) |
| qa7 | What language do you usually speak at home? |  | [Language](#_urmn25egtoyo) |
| qa7oc | What is the other language? |  | [Other Language](#_licyg2f3nz0w) |
| qa8b | How many brothers do you have who have the same biological father and mother as you, including any who died? Include full sibs only, not step, foster, or adopted siblings. |  | [# of Brothers](#_vhgnqs6600kx) |
| qa8s | How many sisters do you have who have the same biological father and mother as you, including any who died? Include full sibs only, not step, foster, or adopted siblings. |  | [# of Sisters](#_vhgnqs6600kx) |
| qa9 | Before you were 15, was there a time when you did not live with your biological mother for at least 6 months? Do not include time away at school. |  | [Lived apart from mother](#_qkh6g5rr95sl) |
| qa10ag, qa10ag1 to qa10ag14 | \*At what ages were you living apart from your biological mother? |  | [Age when apart from mother](#_a0630cdlieb4) |
| qa11 | \*Was there a woman who took your mother's place in raising you before you were 15? |  | [Other Mother](#_eh4i4ringv74) |
| qa11a | \*What relationship was that person to you? |  | [Relationship to Other Mother](#_e8q0x54fr2s3) |
| qa12 | \*What is the highest education degree or certificate held by (your mother/Person coded in A11A)? |  | [Education of Maternal Figure](#_d02zvjt2db1k) |
| qa13 | Before you were 15, was there a time when you did not live with your biological father for at least 6 months? Do not include time away at school. |  | [Lived apart from father](#_71u3s7fbnir6) |
| qa14ag, qa14ag1 to qa14ag14 | \*At what ages were you living apart from your biological father? |  | [Age when apart from father](#_5o1n6am7nf41) |
| qa15 | \*Was there a man who took your father’s place in raising you before you were 15 |  | [Other Father](#_utn49q5eitq0) |
| qa15a | \*What relationship was that person to you? If more than one, choose person who took care of R the longest. |  | [Relationship to Other Father](#_ul0u4gufgju8) |
| qa16 | \*What is the highest education degree or certificate held by your father/person coded in A15A? |  | [Education of Fraternal Figure](#_83ab0e4sfgqe) |
| qa17 | What is your current marital status-­­ married, widowed, separated, divorced, or never married? |  | [Marital Status](#_ybv9pnzh7ccd) |
| qa17amo & qa17ay | \*How long have you been (status in A17)(this time)? |  | [# Months or # Years Marital Status](#_eux4582eld5o) |
| qa18 | \*How many times have you been legally married? |  | [Times Married](#_pjnnjo9lbgs) |
| qa18a | \*How old were you when you first got married? |  | [Age 1st Married](#_46lg4r1440hm) |
| qa19 | \*How many times have you been divorced? |  | [Times Divorced](#_yh0984jgf25z) |
| qa19a | \*How old were you when you were divorced (the first time)? |  | [Age 1st Divorced](#_pe1m9qipl15l) |
| qa20 | \*How many times have you been widowed? |  | [Times Widowed](#_qxnc46gr0t6z) |
| qa20a | \*How old were you when you were widowed (the first time)? |  | [Age Widowed](#_62nhvoqprquc) |
| qa21 | Have you ever lived with someone as though you were married? |  | [Lived as if married](#_ngc574kbqxnn) |
| qa21amo & qa21ay | \*What was the longest time you lived with someone as though you were married? |  | [# Months or Years lived as if married](#_ngc574kbqxnn) |
| qa21reag & qa21remo | \*When were you last living with someone as if you were married? |  | [Last lived as if married](#_kebq0pszdmo1) |
| qa22 | How many children have you (fathered/given birth to)? That is, not including adopted, foster or step children. |  | [# of biological children](#_lcp3nsd5jv3r) |
| qa22a | What year was your first child born? |  | [Year 1st child born](#_7dcg8oazugr8) |
| qa22b | What year was your youngest born? |  | [Year youngest child born](#_7dcg8oazugr8) |
| qa22c | How many children have you reared, whether or not you (fathered/gave birth to) them? |  | [# of children reared](#_e1l49m7b7mbi) |
| qa23 | What is the highest education degree or certificate you hold? |  | [Education](#_hbhgrbom58he) |
| qa23a | How many grades of school do you have credit for altogether? |  |  |
| qa23b | How old were you the last time you were in school full­-time? |  | [Age when last fulltime student](#_8u6vefu8r98f) |
| qa24 | In the last 12 months, how many months did you work for pay full-­time? |  | [Months worked full-time](#_p2smszke5a8v) |
| qa24a | \*During the last 12 months when you were not working full­time, how many months did you work part-time? |  | [Months worked part-time](#_invga0g1fpy6) |
| **In the last 12 months, was there a month or longer when you lived away from a home of your own..** | | | |
| qa24b1 | in a relative’s home? |  | [Living away from home](#_pqhf2fa58a9b) |
| qa24b2 | in a nursing home? |  | [Living away from home](#_pqhf2fa58a9b) |
| qa24b3 | in a boarding home? |  | [Living away from home](#_pqhf2fa58a9b) |
| qa24b4 | in any institution like a hospital or rehab facility? |  | [Living away from home](#_pqhf2fa58a9b) |
| qa24b5 | in any other place? |  | [Living away from home](#_pqhf2fa58a9b) |
| qa25 | Now I'm going to ask you some questions about your health. During the last 12 months, would you say that your general health has been excellent, good, fair, or poor? |  | [General Self-rated Health](#_q12cpw49lnlx) |
| qa26 | Would you say you have been sickly a large part of your life? |  | [Been Sickly](#_dhtm15r7a3lz) |
| qa26md | QA26MD? |  | [MD?](#_g9qa4m4ot357) |
| **Let me ask you about serious illnesses you went to the doctor for. By a doctor, I mean a physician or an osteopath.** | | | |
| qa27ar | Have you ever been under a doctor’s care for arthritis? |  | [Arthritis](#_iod158ql31yc) |
| qa27ar1 | \*When did you first find out you had arthritis? |  | [Onset Age Arthritis](#_xga2zjtondev) |
| qa27ar2 |  |  |  |
| qa27ar3 | \*When did your arthritis last give you symptoms? |  | [Rec Age Arthritis](#_2ouvi8qbj82l) |
| qa27ar4 |  |  |  |
| qa27as | Have you ever been under a doctor's care for asthma? |  | [Asthma](#_rlqfrx55af3i) |
| qa27as1 | \*When did you first find out you had asthma? |  | [Onset Age Asthma](#_1pb2un6mgwnt) |
| qa27as2 |  |  |  |
| qa27as3 | \*When did your asthma last give you symptoms? |  | [Rec Age Asthma](#_anxo47vvmhob) |
| qa27as4 |  |  |  |
| qa27bu | Have you ever been under a doctor's care for a bleeding ulcer? |  | [Bleeding ulcer](#_srlcllph14xr) |
| qa27bu1 | \*When did you first find out you had a bleeding ulcer? |  | [Onset Age Bleeding Ulcer](#_iorrdrgthati) |
| qa27bu2 |  |  |  |
| qa27bu3 | \*When did your bleeding ulcer last give you symptoms? |  | [Rec Age Bleeding Ulcer](#_4x7qr2ilshzq) |
| qa27bu4 |  |  |  |
| qa27ca | Have you ever been under a doctor's care for cancer? |  | [Cancer](#_80iam4a7rb2b) |
| qa27ca1 | \*When did you first find out you had cancer? |  | [Onset Age Cancer](#_gr4x5sbf95zb) |
| qa27ca2 |  |  |  |
| qa27ca3 | \*When did your cancer last give you symptoms? |  | [Rec Age Cancer](#_2gowkqwu0c39) |
| qa27ca4 |  |  |  |
| qa27di | Have you ever been under a doctor's care for diabetes? |  | [Diabetes](#_a597rpq9e07p) |
| qa27di1 | \*When did you first find out you had diabetes? |  | [Onset Age Diabetes](#_5bvjmy3b8wtu) |
| qa27di2 |  |  |  |
| qa27di3 | \*When did your diabetes last give you symptoms? |  | [Rec Age Diabetes](#_vbszgdd1iprl) |
| qa27di4 |  |  |  |
| qa27ep | Have you ever been under a doctor’s care for epilepsy? |  | [Epilepsy](#_b72ngwatorky) |
| qa27ep1 | \*When did you first find out you had epilepsy? |  | [Onset Age Epilepsy](#_py491uphal4j) |
| qa27ep2 |  |  |  |
| qa27ep3 | \*When did your epilepsy last give you symptoms? |  | [Rec Age Epilepsy](#_1o62hyobkc5t) |
| qa27ep4 |  |  |  |
| qa27hd | Have you ever been under a doctor’s care for heart disease or heart attack? |  | [Heart Disease](#_rbno48nni0l1) |
| qa27hd1 | \*When did you first find out you had heart disease or heart attack? |  | [Onset Age Heart Disease](#_pnddj4q4q7j6) |
| qa27hd2 |  |  |  |
| qa27hd3 | \*When did your heart disease or heart attack last give you symptoms? |  | [Rec Age Heart Disease](#_q2by6r6nbzu) |
| qa27hd4 |  |  |  |
| qa27hp | Have you ever been under a doctor’s care for hepatitis or cirrhosis? |  | [Hepatitis/Cirrhosis](#_qubu3ro867h0) |
| qa27hp1 | \*When did you first find out you had hepatitis or cirrhosis? |  | [Onset Age Hepatitis/Cirrhosis](#_3yo71ieh9i6i) |
| qa27hp2 |  |  |  |
| qa27hp3 | \*When did your hepatitis or cirrhosis last give you symptoms? |  | [Rec Age Hepatitis/Cirrhosis](#_ioq9px2upqx7) |
| qa27hp4 |  |  |  |
| qa27il | Have you ever been under a doctor's care for any other serious and long-lasting physical illness? |  | [Other Physical Illness](#_x88z43v584ge) |
| qa27il1 | \*When did you first find out you had that physical illness? |  | [Onset Age Other Physical Illness](#_8ldvo9jp2z1h) |
| qa27il2 |  |  |  |
| qa27il3 | \*When did that physical illness last give you symptoms? |  | [Rec Age Other Physical Illness](#_gu0amboyiykj) |
| qa27il4 | \*What was that illness? |  | [Specify Other Physical Illness](#_mwwc24449i1b) |
| qa27st | Have you ever been under a doctor’s care for stroke? |  | [Stroke](#_j4q5y5m5ya49) |
| qa27st1 | \*When did you first find out you had a stroke? |  | [Onset Age Stroke](#_u58pseas6rop) |
| qa27st2 |  |  |  |
| qa27st3 | \*When did your stroke last give you symptoms? |  | [Rec Age Stroke](#_fzsjg26eiw8j) |
| qa27st4 |  |  |  |
| qa27tu | Have your ever been under a doctor’s care for tuberculosis? |  | [Tuberculosis](#_yl10ne8xyq9e) |
| qa27tu1 | \*When did you first find out you had tuberculosis? |  | [Onset Age Tuberculosis](#_wanzz0t3xuvm) |
| qa27tu2 |  |  |  |
| qa27tu3 | \*When did your tuberculosis last give you symptoms? |  | [Rec Age Tuberculosis](#_qom99op6id1z) |
| qa27tu4 |  |  |  |
|  | | | |
| qd1 | Have you ever had a period of 6 months or longer when most days you felt worried and anxious and had a number of worries on your mind? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd2 | \*What types of things did you worry about at that time? | Generalized Anxiety (GA) | [Kinds of worries](#_390al9madod6) |
| qd2b | \*Were there several different things you worried about that were not about own health, appearance, feelings, or behavior? | Generalized Anxiety (GA) | [Kinds of worries](#_390al9madod6) |
| qd3 | \*Did you worry about these things much more than you should have? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd4 | \*Did you find it difficult to stop worrying about things like that? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| **During the 6 months or more when you had worries like that on your mind, were you also...** | | | |
| qd5a | \*feeling restless or keyed up or on edge a  lot of the time? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5b | \*Were you easily tired? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5c | \*Did you have a lot of trouble keeping your mind on what you were doing? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5d | \*Would your mind go blank-so you lost  track of what you had been thinking about? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5e | \*Did you feel particularly irritable? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5f | \*Were your muscles tense, sore, or aching? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd5g | \*Did you have trouble falling or staying  asleep, or did you sleep so poorly that  you woke up tired? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd6 | \*HOW MANY 5's ARE CODED IN D5? | Generalized Anxiety (GA) | [Other sx of GA](#_67vkz0tt0b7l) |
| qd7 | \*Did you have one or more of those problems **most days** while you were worried or anxious about things like  (EXAMPLES CIRCLED IN D2)? | Generalized Anxiety (GA) | [Worries](#_i7qurflf1c6j) |
| qd8 | \*Did you tell a doctor about these worries or how they made you feel | Generalized Anxiety (GA) | [Told Dr](#_ibrs1i8ss5ij) |
| qd8a | \*Did the doctor say your ... was caused by any physical illness | Generalized Anxiety (GA) | [Dr Dx\_Phys](#_71v0mqsz9qyg) |
| qd8b | \*Did the doctor say your ... were caused by taking any medication, alcohol. or drug? | Generalized Anxiety (GA) | [Dr Dx\_Chem](#_j77x9u80ra4g) |
| qd8md | QD8MD | Generalized Anxiety (GA) | [QD8MD](#_m4xgon85h2r2) |
| qdafa & qdata | \*Between what ages were you not bothered by one of these long period of feeling anxious or worried? | Generalized Anxiety (GA) | [REM Age Range](#_abal1pdts8un) |
| qdbfa & qdbta | \*Any other years? | Generalized Anxiety (GA) | [REM Other Years](#_5wtx2cs8fft5) |
| qdc | \*Did R mention more than 2 remissions? | Generalized Anxiety (GA) | [REM Multiple](#_alnw7jk6soc4) |
| qd9cr | \*In the last 12 months, have you been worried and anxious about several things for most of the year, while also (SX CODED 5 IN D5) on most days? | Generalized Anxiety (GA) | [CUR](#_nnyhoi5x8eoq) |
| qd9cra | \*Did you have at least 3 of those problems like (SX CODED 5 IN D5) in the last 12 months? | Generalized Anxiety (GA) | [CUR With Problems](#_o2764fnkw7ou) |
| qd9ons | \*At what age did you first have a period of 6 months or longer of feeling worried and anxious most of the time and having some of these other problems like ...? | Generalized Anxiety (GA) | [Age of onset](#_k6xqwzh7353v) |
| qd9reag | \*How old were you then? | Generalized Anxiety (GA) | [REC AGE](#_65sh9qfo3idf) |
| qd9remo | \*When did you get over your last period of 6 months or longer of feeling anxious or worried about things like (EXAMPLES CIRCLED IN D2) while having some of these other problems? | Generalized Anxiety (GA) | [REC Month](#_65sh9qfo3idf) |
| qd9rm | \*Between the time... when your first period began of being anxious or worried like that and..., the end of your last period like that, was there any full year when you did not feel worried or anxious for as much as a month? | Generalized Anxiety (GA) | [REM](#_6k07xbvjux52) |
| qd10 | \*Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about feeling worried or anxious? | Generalized Anxiety (GA) | [Ask Dr?](#_uqgiprvvamvk) |
| qd10a | \*Did you do it? | Generalized Anxiety (GA) | [Told Dr?](#_uqgiprvvamvk) |
| qd11 | \*Did these periods of feeling anxious and worried cause problems for you with family, friends, work or in other  situations at any time in the last 12 months? | Generalized Anxiety (GA) | [Recent Social Problems from GA](#_erpkki6q7ezt) |
| qd11a | \*Did these periods of feeling anxious and worried ever cause problems for you with family, friends, work, or in other situations? | Generalized Anxiety (GA) | [Social Problems from GA](#_erpkki6q7ezt) |
| qd11b | \*Did these problems ever cause serious difficulties for you with family, friends or work for a month or longer? | Generalized Anxiety (GA) | [Serious Social Difficulties from GA](#_erpkki6q7ezt) |
|  | | | |
| qf1 | In your lifetime, have you ever had at least two weeks when nearly every day you felt sad, depressed, or empty most  of the time? | Major Depression (MD) | [QF1-F3a](#_d2o7mj712izo) |
| qf2 | Have you ever had a period of at least two weeks when you lost interest in most things or got no pleasure from things which would usually have made you happy? | Major Depression (MD) | [QF1-F3a](#_d2o7mj712izo) |
| qf3 | Has there ever been a period when you thought about committing suicide? | Major Depression (MD) | [QF1-F3a](#_d2o7mj712izo) |
| qf3a | Did you ever try to end your own life, (whether or not you had thought about it ahead)? | Major Depression (MD) | [QF1-F3a](#_d2o7mj712izo) |
| qf3b | Is F1 or F2 coded 5? | Major Depression (MD) | [Coded 5](#_con68yotohnk) |
| qf4 | \*(While you (were feeling sad, empty or depressed/had lost interest in most things)) have you ever had a period of at least two weeks in a row when there was a change in things like your sleeping, your appetite, your energy, or your ability to concentrate and remember? | Major Depression (MD) | [2 week changes](#_6gmdfa2sbcm9) |
| qf4a | \*Did the doctor say your (DIAGNOSIS) was caused by physical illness? | Major Depression (MD) | [Dr Dx](#_yk6weqlcwxbx) |
| qf4b | \*Did the doctor say your (DIAGNOSIS) was caused by taking any medication, drugs, or alcohol? | Major Depression (MD) | [Dr Dx](#_yk6weqlcwxbx) |
| qf4md | QF4MD |  | [QF4MD](#_2pqldm4gk3) |
| qf5 | \*Think about a period of at least two weeks when you (were feeling sad, empty or depressed/had lost interest in most things and) had the largest number of these problems with sleeping, eating, being tired all the time, or not thinking clearly. How old were you then? | Major Depression (MD) | [Age Worst 2 Weeks](#_gen3fiy8ba4) |
| qf5a | \*Was that in the last 12 months? | Major Depression (MD) | [Last 12 months](#_1n92r4202u1u) |
| **During those two weeks when you were (AGE)...**Major Depression (MD) | | | |
| qf5b1i | \*were you feeling sad, blue or depressed? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo) |
| qf5b1ii | \*were you feeling sad, blue or depressed? (Last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo) |
| qf5b2i | \*had you lost interest in most things? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo) |
| qf5b2ii | \*had you lost interest in most things? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo) |
|  | | | |
| qf6i | \*During that two week period (when you were AGE IN F5), did you have much less appetite than usual almost every day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf6ii | \*During that two week period (when you were AGE IN F5), did you have much less appetite than usual almost every day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf7i | \*Did you lose weight without trying to, as much as two pounds a week or as much as 8 pounds altogether? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf7ii | \*Did you lose weight without trying to, as much as two pounds a week or as much as 8 pounds altogether? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf8i | \*Did you have a much bigger appetite than is usual for you almost every day for at least 2 weeks? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf8ii | \*Did you have a much bigger appetite than is usual for you almost every day for at least 2 weeks? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf9i | \*Did you gain as much as two pounds a week or 8 pounds altogether? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
| qf9ii | \*Did you gain as much as two pounds a week or 8 pounds altogether? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Appetite Problems)](#_roe6wzrodjzo) |
|  | | | |
| qf10ai | \*Did you wake up at least two hours before you wanted to every morning? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
| qf10aii | \*Did you wake up at least two hours before you wanted to every morning? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
| qf10i | \*During that two week period, did you have trouble falling asleep, waking during the night, or waking too  early almost every night? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
| qf10ii | \*During that two week period, did you have trouble falling asleep, waking during the night, or waking too  early almost every night? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
| qf11i | \*During those two weeks, were you sleeping too much almost every day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
| qf11ii | \*During those two weeks, were you sleeping too much almost every day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Sleep Problems)](#_roe6wzrodjzo) |
|  | | | |
| qf12i | \*At that time, did you lack energy or feel much more tired than usual nearly every day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Tired or Lacked Energy)](#_roe6wzrodjzo) |
| qf12ii | \*At that time, did you lack energy or feel much more tired than usual nearly every day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Tired or Lacked Energy)](#_roe6wzrodjzo) |
| qf13i | \*Did you feel particularly bad when you first got up, but better later in the day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Tired or Lacked Energy)](#_roe6wzrodjzo) |
| qf13ii | \*Did you feel particularly bad when you first got up, but better later in the day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Tired or Lacked Energy)](#_roe6wzrodjzo) |
|  | | | |
| qf14i | \*Nearly every day were you talking or moving more slowly than is normal for you-or hardly talking or moving at all? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Slow/Restless)](#_roe6wzrodjzo) |
| qf14ii | \*Nearly every day were you talking or moving more slowly than is normal for you-or hardly talking or moving at all? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Slow/Restless)](#_roe6wzrodjzo) |
| qf15i | \*Nearly every day were you so much more restless or fidgety than usual that you paced up and down or couldn't sit still? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Slow/Restless)](#_roe6wzrodjzo) |
| qf15ii | \*Nearly every day were you so much more restless or fidgety than usual that you paced up and down or couldn't sit still? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Slow/Restless)](#_roe6wzrodjzo) |
|  | | | |
| qf16i | \*At that time, was your interest in sex a lot less than usual? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Loss of Interest with Sex)](#_roe6wzrodjzo) |
| qf16ii | \*At that time, was your interest in sex a lot less than usual? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Loss of Interest with Sex)](#_roe6wzrodjzo) |
|  | | | |
| qf17ai | \*Did you feel guilty even though you didn't deserve to feel that way? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Feeling Worthless/or Guilty)](#_roe6wzrodjzo) |
| qf17aii | \*Did you feel guilty even though you didn't deserve to feel that way? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Feeling Worthless/or Guilty)](#_roe6wzrodjzo) |
| qf17i | \*At that time, did you feel worthless nearly every day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Feeling Worthless/or Guilty)](#_roe6wzrodjzo) |
| qf17ii | \*At that time, did you feel worthless nearly every day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Feeling Worthless/or Guilty)](#_roe6wzrodjzo) |
|  | | | |
| qf18i | \*Nearly every day did you have a lot more trouble concentrating than is normal for you? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf18ii | \*Nearly every day did you have a lot more trouble concentrating than is normal for you? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf19i | \*Nearly every day did you have unusual difficulty remembering things? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf19ii | \*Nearly every day did you have unusual difficulty remembering things? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf20i | \*Did your thoughts come much slower than usual or seem mixed up almost every day? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf20ii | \*Did your thoughts come much slower than usual or seem mixed up almost every day? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf21i | \*Were you unable to make up your mind about things you ordinarily had no trouble deciding about? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
| qf21ii | \*Were you unable to make up your mind about things you ordinarily had no trouble deciding about? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Trouble Thinking)](#_roe6wzrodjzo) |
|  | | | |
| qf22i | \*During that period, did you often believe it would be better if you were dead? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
| qf22ii | \*During that period, did you often believe it would be better if you were dead? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
| qf23ai | \*Did you make a plan as to how you might do it? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
| qf23aii | \*Did you make a plan as to how you might do it? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
| qf23i | \*Did you think about committing suicide? (max sx) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
| qf23ii | \*Did you think about committing suicide? (last 12 months) | Major Depression (MD) | [QF5bli-QF23ii](#_roe6wzrodjzo)  [(Thoughts about death)](#_roe6wzrodjzo) |
|  | | | |
| qf24 | Is F1 or F2 Coded 5? | Major Depression (MD) | [Yes to F1or F2](#_con68yotohnk) |
| qf24a | Are 3 or more boxes checked? | Major Depression (MD) | [3 Boxes Checked](#_xfhhypcbgo3x) |
| qf24b | How many boxes are checked? | Major Depression (MD) | [# Boxes Checked](#_ozv5e0ohre2e) |
| qf24c | \*During this 2 week period when you had ..., were you feeling unusually sad or empty or uninterested in everything? | Major Depression (MD) | [2 weeks with X](#_2w263oe1e7n7) |
| qf25 | \*Since you first (were depressed/lost interest) for two weeks or longer, have you ever had 2 or more months in a row when you felt OK? | Major Depression (MD) | [Felt OK](#_dh2rm1p39ovs) |
| qf25a | \*Once you felt OK for two months or longer after an episode, did you ever have another period of (feeling depressed/lost interest) for two weeks or longer? | Major Depression (MD) | [Felt OK](#_dh2rm1p39ovs) |
| qf25b | \*How many episodes have you had altogether that had at least 2 months of your feeling OK between them? | Major Depression (MD) | [Episodes of OK](#_ym4io75xqptn) |
| qf26 | \*(What’s the longest episode you’ve ever had/How long did that episode last) when you (felt depressed/lost interest) and had several of these problems? | Major Depression (MD) | [Longest Episode](#_hsxrk1mcu6u0) |
| qf27 | \*You said earlier that you had a period of at least 6 months when you were anxious and worried a lot. Did  this whole episode of feeling anxious and worried fall within a period when you were depressed or had lost interest? | Major Depression (MD) | [QF27-QF29a](#_kf3sorhfbm6u) |
| qf28 | \*Did the episode of (depression/lost interest) when you were (AGE IN F5) occur just after someone close to you died? | Major Depression (MD) | [QF27-QF29a](#_kf3sorhfbm6u) |
| qf28a | \*Have you had any episode of (feeling depressed or empty/lost interest) along with these other problems like (LIST 3 BOXES CHECKED IN F3-F23) at times when it **wasn’t** just after the death of someone close to you? | Major Depression (MD) | [QF27-QF29a](#_kf3sorhfbm6u) |
| qf29 | \*Has an episode of feeling (sad or empty/lost interest) and having some of these problems started within a month of your having a baby? | Major Depression (MD) | [QF27-QF29a](#_kf3sorhfbm6u) |
| qf29a | \*Did the episode when you were (AGE IN F5) start within a month of having a baby? | Major Depression (MD) | [QF27-QF29a](#_kf3sorhfbm6u) |
| qf30afa & qf30ata | \*Between what ages did you have no episode where you ... lasting at least two weeks? | Major Depression (MD) | [REM Age Range](#_l6v0eifnvfp) |
| qf30bfa & qf30bta | \*Any other years? | Major Depression (MD) | [REM Other Years](#_g07zrsgi8gzi) |
| qf30c | \*DID R MENTION MORE THAN 2 REMISSIONS? | Major Depression (MD) | [REM Multiple](#_2tft90ojl1sl) |
| qf30ons | \*How old were you the first time you (felt depressed/lost interest) and had some of these problems for two weeks or more? | Major Depression (MD) | [ONS](#_etoqa2sc1vve) |
| qf30reag | \*When did (your last/the) episode end, when you had (been feeling depressed/lost interest) and had some of these problems nearly every day for at least two weeks? | Major Depression (MD) | [RECREAG](#_sbvet2ahk4x1) |
| qf30remo | \*When did (your last/the) episode end, when you had (been feeling depressed/lost interest) and had some of these problems nearly every day for at least two weeks? | Major Depression (MD) | [REC](#_sbvet2ahk4x1) |
| qf30rm | Between (ONS AGE/the time) when you first had an episode like this and (REC AGE), the last time you had an episode like that, was there any full year when you had no episode that lasted as  long as two weeks? | Major Depression (MD) | [REM](#_w8fpsg9jg9py) |
| qf31cr | You said that in the last 12 months, you had at least 2 weeks of (feeling depressed/ having lost interest in things) and some of these other problems. Let's talk about the 2 week period in the last 12 months when you had the most problems like the ones we've been talking about. | Major Depression (MD) | [CUR](#_l09kv75v0ud9) |
| qf32 | \*Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about feeling depressed or uninterested in things? | Major Depression (MD) | [Ask Dr](#_csrqhocfcyek) |
| qf32a | \*Did you do it? | Major Depression (MD) | [Told Dr](#_9r0dy8qszilm) |
| qf33 | \*Did these periods of (feeling sad, empty, depressed/loss of interest) cause problems for you with family, friends or work at any time in the last 12 months? | Major Depression (MD) | [QF33-QF33b (Problems with Family/Friends/Work)](#_kz19nx9ey05o) |
| qf33a | \*Did these periods of depression **ever** cause problems for you with family, friends, work, or in other situations? | Major Depression (MD) | [QF33-QF33b (Problems with Family/Friends/Work)](#_kz19nx9ey05o) |
| qf33b | \*Did these periods of ... ever cause serious problems for you with family, friends, or work for a month or longer? | Major Depression (MD) | [QF33-QF33b (Problems with Family/Friends/Work)](#_kz19nx9ey05o) |
| qf34 | \*Were you ever in a hospital overnight because of an episode of feeling depressed, sad, or empty or having lost interest? | Major Depression (MD) | [Hospitalization](#_y3ut7zo7drbw) |
| qf35 | \*Have you ever had 2 years or longer when most days you felt depressed or sad throughout much of the day? | Dysthymia (DYS) | [QF35-35a](#_47ey5metnw70)  [(2 Yr Depression)](#_47ey5metnw70) |
| qf35a | \*Have you ever been depressed for as long as two years without an interruption of at least 2 months in a row of feeling OK? | Dysthymia (DYS) | [QF35-35a](#_47ey5metnw70)  [(2 Yr Depression)](#_47ey5metnw70) |
| **During the time you were feeling sad or blue for two years or longer, did you have any of the following problems?** | | | |
| qf36a1 | \*...a poor appetite? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36a2 | \*...a much larger appetite than usual? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36b1 | \*...sleeping poorly? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36b2 | \*...sleeping too much? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36c | \*...feeling tired or having very little energy? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36d | \*...having a low opinion of yourself? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36e1 | \*...not being able to concentrate? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36e2 | \*...not being able to make decisions? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf36f | \*...feeling hopeless? | Dysthymia (DYS) | [QF36a-QF36f](#_dx22vqxp2bpy) |
| qf37 | \*During such a long period of feeling sad or blue and having these problems, did you talk to a doctor about it? | Dysthymia (DYS) | [Talk to Dr](#_p2u8jh5qe6b3) |
| qf37a | \*Did the doctor say your ... was caused by a physical illness? | Dysthymia (DYS) | [Dr Dx](#_ewwpfkfp0k3) |
| qf37b | \*Did the doctor say your ... was caused by taking any medication, drugs or alcohol? | Dysthymia (DYS) | [Dr Dx](#_ewwpfkfp0k3) |
| qf37md | QF37MD | Dysthymia (DYS) | [MD](#_r38u682636nf) |
| qf38afa & qf38ata | \*Between what ages were you not depressed most of the time? | Dysthymia (DYS) | [REM Age Range](#_ca7o44a60s86) |
| qf38bfa& qf38bta | \*Any other years? | Dysthymia (DYS) | [REM Other Years](#_knwub8sychrl) |
| qf38c | \*Did R mention more than 2 remissions? | Dysthymia (DYS) | [REM Multiple](#_6p3j1hwp1qnz) |
| qf38ons | \*How old were you at the beginning of your first period of two years or more like that? | Dysthymia (DYS) | [ONS](#_lyaxldny878w) |
| qf38reag | When was the end of your last period of at least two years when of feeling sad and having some of these problems? | Dysthymia (DYS) | [REC](#_ot72q812kayv) |
| qf38remo | When was the end of your last period of at least two years when of feeling sad and having some of these problems? | Dysthymia (DYS) | [REC](#_ot72q812kayv) |
| qf38rm | \*Between (ONS AGE/the time) when your first long period of sadness began and (REC AGE), the end of your last long period of depression, was there any full year when you were not depressed most of the time? | Dysthymia (DYS) | [REM](#_sqmzb7e0bwc2) |
| qf39 | \*Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about these episodes of depression? | Dysthymia (DYS) | [Ask Dr](#_jfrrxfi9ulmr) |
| qf39a | \*Did you do it? | Dysthymia (DYS) | [Told Dr](#_le95oppbwv71) |
| qf40 | \*Did your feeling depressed and having these problems cause you difficulties with family, friends or work at any time in the last 12 months? | Dysthymia (DYS) | [QF40-QF40b](#_98fczxbqkeia)  [(Problems w/ Family/Friends/Work)](#_98fczxbqkeia) |
| qf40a | \*Did these long periods of depression ever cause difficulties for you with family, friends, work, or in other situations? | Dysthymia (DYS) | [QF40-QF40b](#_98fczxbqkeia)  [(Problems w/ Family/Friends/Work)](#_98fczxbqkeia) |
| qf40b | \*Did they ever cause serious problems for you with family, friends, or work for a month or longer? | Dysthymia (DYS) | [QF40-QF40b](#_98fczxbqkeia)  [(Problems w/ Family/Friends/Work)](#_98fczxbqkeia) |
|  | | | |
| **The next questions are about your behavior since your 15th birthday. Some of them are like the ones I asked you about before, but now we are only talking about after your 15th birthday.** | | | |
| qp1 | Since age 15, have you been in physical fights? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| qp1a | \*Were you sometimes the one who hit first? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| qp2 | Have you sometimes used a stick, knife, gun, bottle, or bat to hurt someone? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| qp2a | Have you sometimes threatened someone with one of those things? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| qp3 | Have you more than once hit your (husband/wife/partner) or thrown things that could have hurt (him/her)? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15 (Hit Partner)](#_2je9j4f5lx68) |
| qp3a | \*Were you sometimes the one to do this first? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| qp4 | Have you more than once spanked, hit, or shaken a child hard enough so that there were bruises or pain the next day? | Antisocial Personality Disorder (ASPD) | [Behavior since Age 15](#_w186iz18xjdc) |
| **I'm going to ask you now about doing things that people might think would be dangerous for you or for others.** | | | |
| qp5 | ...Since the AIDS epidemic began, have you sometimes had unprotected sex, that is without a condom, with someone who you thought could have the disease? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp6 | Have you ever had sexual intercourse with at least 10 different people in a single year? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp7 | \*Have you ever owned a gun or had access to one? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp7a | \*Has anyone been shot accidentally by you or with your gun? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp7b | Since you were 15, have you more than once fired a gun to scare someone? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp8 | Have you often taken chances when driving a car, motorcycle, or other vehicle-like speeding through city streets? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors (Reckless Driving)](#_o4z3xua1ofo0) |
| qp9 | Have you been the driver in an auto accident where someone was seriously hurt or a car was not drivable after the accident? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp9a | \*Did that happen more than once? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp10 | Have you often driven when you were high or drowsy on alcohol or drugs? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp11 | Have you sometimes left a child under 6 without a grownup or teenager to look after them? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp12 | Since you were 15, have you stolen things or money by holding someone up, or breaking into a car, house, or  building, taking things from stores or construction sites, or stealing in any other way? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp13 | Have you sometimes made money illegally, perhaps by selling things you knew were stolen, selling drugs, prostitution, providing false IDs, or any other way? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp14 | Since age 15, have you sometimes intentionally destroyed or harmed someone's home or car, or a building, perhaps by breaking windows or spraying it with paint or setting it on fire? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| qp15 | Have you ever intentionally annoyed or frightened someone by repeatedly following them or phoning them or showing up at their house? | Antisocial Personality Disorder (ASPD) | [Dangerous behaviors](#_b46smc5l8epq) |
| **Now I want to ask you about ways in which you might have tried to con or fool someone.** | | | |
| qp16 | ...Have you sometimes pretended you were sick or injured to collect insurance,  worker's compensation, or disability pay? | Antisocial Personality Disorder (ASPD) | [Deceitfulness](#_10bt1xws1okt) |
| qp17 | Have you sometimes used an alias ­­ that is, given a false name ­­so you couldn't be identified as the one who did something annoying or illegal? | Antisocial Personality Disorder (ASPD) | [Deceitfulness](#_10bt1xws1okt) |
| qp18 | Have you sometimes pretended to have education or work experience you didn't have or (IF EVER MARRIED: pretended you were not married when you were or) told other lies to make money or get a date or get something else you wanted? | Antisocial Personality Disorder (ASPD) | [Deceitfulness](#_10bt1xws1okt) |
| **Now I want to ask you about doing things on impulse without making plans, or changing your plans frequently.** | | | |
| qp19 | ...Have you had times when you had no fixed address at all, or moved around to different places? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| qp20 | Have you walked off more than one job without giving notice? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| qp21 | Have you ever left your (wife/husband/partner) without warning ­­ perhaps because you got interested in someone else or just felt bored or tied down? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| qp21a | \*Have you ever had a close sexual relationship that lasted for some months? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| qp21b | \*Did you ever leave that person without warning or put that relationship at risk because you couldn’t resist being attracted to others? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| qp22 | Have you often moved out of an apartment or house shortly after you moved in because you changed your  mind about it? | Antisocial Personality Disorder (ASPD) | [Impulsivity](#_3eipzaif0x8i) |
| **Now I'd like to ask you about problems with meeting obligations and keeping your promises.** | | | |
| qp23 | ...Have you had a lot of trouble with debts, like having things repossessed, or being chased by collection agencies, or not being able to pay your rent? | Antisocial Personality Disorder (ASPD) | [Responsibility (Debt)](#_48irrff0oh99) |
| qp24 | Since you first left school, has there been a period when you did not work for several months, when you were not  too physically ill to work, you had not retired, and you were not staying home to care for relatives or children? | Antisocial Personality Disorder (ASPD) | [Responsibility (Work)](#_aht9w055n8yf) |
| qp25 | \*Have you several times quit your main job, without having enough savings to live on until you found another job? | Antisocial Personality Disorder (ASPD) | [Responsibility (Savings)](#_3s10fjb7i7jp) |
| qp26 | \*Have you sometimes skipped child support payments or other support payments that you had agreed to take care of? | Antisocial Personality Disorder (ASPD) | [Responsibility](#_pplhnpzf3ql9) |
| qp27 | \*Have you often been late to work or often not shown up at all on days when you weren't sick and didn't have any  emergency? | Antisocial Personality Disorder (ASPD) | [Responsibility](#_pplhnpzf3ql9) |
| qp28 | Have you sometimes borrowed $20 or more and not paid it back? | Antisocial Personality Disorder (ASPD) | [Responsibility](#_pplhnpzf3ql9) |
| qp29 | How many columns on tally sheet P contained a circled number? | Antisocial Personality Disorder (ASPD) | [Circle Tally](#_w3xcu7k9s94h) |
| qp30 | Are there any starred items circled on tally sheet P? | Antisocial Personality Disorder (ASPD) | [Starred Items Circle Tally](#_6hqcf087a4p1) |
| qp31 | \*You said you have done things to other people like .. After you did things like that, were you sorry about having hurt or upset someone? | Antisocial Personality Disorder (ASPD) | [Remorse (Q31)](#_24zjzcrpqesy) |
| qp31a | \*Did you feel the person was just getting what they deserved? | Antisocial Personality Disorder (ASPD) | [QP31a-QO\P31c](#_awabtf2xy1fe) |
| qp31b | \*Had the person treated you badly? | Antisocial Personality Disorder (ASPD) | [QP31a-QO\P31c](#_awabtf2xy1fe) |
| qp31c | \*Do you think people would have done the same or worse to you if they could? | Antisocial Personality Disorder (ASPD) | [QP31a-QO\P31c](#_awabtf2xy1fe) |
| qp31d | \*Was it the kind of person you have no use for? | Antisocial Personality Disorder (ASPD) | [Worth of Another](#_2hxrsykqior4) |
| qp32 | Are any items without stars circled on tally sheet P? | Antisocial Personality Disorder (ASPD) | [No Star Circle Tally](#_jvs06fiorfqx) |
| qp33 | \*Do you regret ...? | Antisocial Personality Disorder (ASPD) | [Regret](#_jvs06fiorfqx) |
| qp33a | \*Why do you regret having done that? | Antisocial Personality Disorder (ASPD) | [Why Regret](#_k021s1jfnupn) |
| qp33ax | Example of why regret having done that? | Antisocial Personality Disorder (ASPD) | [Why Regret](#_k021s1jfnupn) |
| qp33b | \*Have you tried to make up for what you did? | Antisocial Personality Disorder (ASPD) | [Making Amends](#_sug9q7wy6vif) |
| qp34afa & qp34ata | \*Between what ages did you do none of them at all? | Antisocial Personality Disorder (ASPD) | [REM Age Range](#_g251yzz8krpv) |
| qp34bfa & qp34bta | \*Any other years? | Antisocial Personality Disorder (ASPD) | [REM Other Years](#_t9z6dnuihtaj) |
| qp34c | \*Did R mention more than 2 remissions? | Antisocial Personality Disorder (ASPD) | [REM Multiple](#_srmn9nmzubb2) |
| qp34cra, qp34crb, qp34crc, qp34crd, qp34cre, qp34crf | \*In the last 12 months, have you done several of the things you told me about? For example, in the last 12 months have you... | Antisocial Personality Disorder (ASPD) | [CUR](#_vkks5oqyw0dy) |
| qp34ons | \*Did you do any of these things when you were 15 years old? | Antisocial Personality Disorder (ASPD) | [ONS](#_lel2czaqem5m) |
| qp34rea |  | Antisocial Personality Disorder (ASPD) |  |
| qp34reag | \*When was the last time you did any of these things like (SX circled on tally sheet P)? | Antisocial Personality Disorder (ASPD) | [RECAGE](#_191qvy8gvm8d) |
| qp34reb |  | Antisocial Personality Disorder (ASPD) |  |
| qp34remo | \*When was the last time you did any of these things like (SX circled on tally sheet P)? | Antisocial Personality Disorder (ASPD) | [REC](#_191qvy8gvm8d) |
| qp34rm | \*Between the time... when you first did any of these things and... the time you last did any of them, was there ever a 12-month period when you didn't do these things at all? | Antisocial Personality Disorder (ASPD) | [REM](#_bzcnm7408xpc) |
| qp34suba | \*Did you do these things only if you had been drinking or taking drugs? | Antisocial Personality Disorder (ASPD) | [SUBA](#_28fu9i99qanp) |
| qp34subb | \*Did you sometimes do them when you had been drinking or using drugs? | Antisocial Personality Disorder (ASPD) | [SUBE](#_rga8s4tlhb9i) |
| qp35 | Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about your doing any of these things? | Antisocial Personality Disorder (ASPD) | [Ask Dr](#_n1rkkvcej5ii) |
| qp35a | \*Did you do it? | Antisocial Personality Disorder (ASPD) | [Told Dr](#_c1y4vq57n4vv) |
| qp35b | Have you ever talked to a doctor or other health professional about these behaviors? | Antisocial Personality Disorder (ASPD) | [Talked to Dr](#_88jxtk558u1x) |
| qp36 | Did doing any of these things we talked about cause problems for you with family, friends, or work in the  last 12 months? | Antisocial Personality Disorder (ASPD) | [QP36-QP36b (Problems Family/Friends/Work)](#_x1ntnwcx5djt) |
| qp36a | Did doing these things ever cause problems for you with family, friends or work? | Antisocial Personality Disorder (ASPD) | [QP36-QP36b (Problems Family/Friends/Work)](#_x1ntnwcx5djt) |
| qp36b | Did doing these things ever cause serious problems for you with family, friends, or work for a month or longer? | Antisocial Personality Disorder (ASPD) | [QP36-QP36b (Problems Family/Friends/Work)](#_x1ntnwcx5djt) |
| qp37 | Have you ever been arrested? | Antisocial Personality Disorder (ASPD) | [QP37;QP37c-QP37f (Arrested)](#_ul6g0sogqlas) |
| qp37a | \*How old were you the first time? | Antisocial Personality Disorder (ASPD) | [Age Arrested](#_68r504mpncbt) |
| qp37b | \*How old were you the next time? IF NEVER AGAIN, ENTER 00. | Antisocial Personality Disorder (ASPD) | [2nd Age Arrested](#_1gqngvxo4fcj) |
| qp37c | \*Have you been arrested since your 18th birthday? | Antisocial Personality Disorder (ASPD) | [QP37;QP37c-QP37f (Arrested)](#_ul6g0sogqlas) |
| qp37d | \*Were you arrested in the last 12 months? | Antisocial Personality Disorder (ASPD) | [QP37;QP37c-QP37f (Arrested)](#_ul6g0sogqlas) |
| qp37e | \*Were you ever convicted? | Antisocial Personality Disorder (ASPD) | [QP37;QP37c-QP37f (Arrested)](#_ul6g0sogqlas) |
| qp37f | \*Did you serve time? | Antisocial Personality Disorder (ASPD) | [QP37;QP37c-QP37f (Arrested)](#_ul6g0sogqlas) |
| qp37gmo &  qp37gy | \*How long did you serve in all? | Antisocial Personality Disorder (ASPD) | [Time Served](#_yq99lg7p3ztn) |
| qp37h | \*Have you been in jail or prison in the last 12 months? | Antisocial Personality Disorder (ASPD) | [Recent Incarceration](#_3mlypfa5zqyv) |

*Note.* \*= Follow-up item only visible if the participant responds, *yes*, to a previous item.

Item Values:

#### Record sex as observed

1 = Male

2 = Female

#### So you’re how old now?

Record age. If older than 96, code 96.

#### Which of these racial or ethnic groups best describes you?

10 = Alaska native/eskimo/aleut

20 = American Indian

Asain or Asian-American:

30 = Chinese

31 = (East) Indian

32 = Filipino

33 = Japanese

34 = Other (specify)

Black:

40 = African American

41 = Caribbean or West Indian

42 = Cuban

43 = Dominican

44 = Puerto Rican

45 = Other (Specify)

Latino or Hispanic, Non-Black

50 = Cuban

51 = Dominican

52 = Mexican

53 = Puerto Rican

54 = Other (Specify)

60 = Middle Eastern (Specify)

70 = Pacific Islander (Specify)

80 = White Caucasian, Euro-American not of Latino origin

90 = Biracial or multiracial (Specify)

91 = Other (Specify)

#### Please indicate your racial group

Record answer

#### What language do you usually speak at home?

1 = English

2 = Spanish

3 = Other

#### What is this “other” language?

Record Answer

#### How many brothers and sisters do you have who have the same biological father and mother as you, including any who died? Include full sibs only, not step, foster, or adopted siblings.

Record # of brothers.

Record # of sisters.

#### Before you were 15, was there a time when you did not live with your biological mother for at least 6 months? Do not include time away at school.

1 = No

5 = Yes

#### At what ages (from 00/infant to 14) were you living apart from your biological mother?

1 = No

5 = Yes

#### Was there a woman who took your mother's place in raising you before you were 15?

1 = No

5 = Yes

#### What relationship was that person to you? If more than one, choose person who took care of R the longest.

1 = Foster Mother

2 = Adoptive Mother

3 = Grandmother

4 = Female relative

5 = Stepmother

6 = None of the above

#### What is the highest education degree or certificate held by your mother/person coded in A11A?

0 = None

1 = Elementary or Junior High

2 = GED

3 = H.S. Diploma

4 = Vocational Tech Diploma

5 = Associate Degree

6 = R.N. Diploma

7 = Bachelor Degree

8 = Master Degree

9 = Doctorate: M.D., Ph.D., J.D., etc

10 = DK

#### Before you were 15, was there a time when you did not live with your biological father for at least 6 months? Do not include time away at school.

1 = No

5 = Yes

#### At what ages (00/infant to 14) were you living apart from your biological father? Select all that apply

1 = No

5 = Yes

#### Was there a man who took your father’s place in raising you before you were 15?

1 = No

5 = Yes

#### What relationship was that person to you? If more than one, choose person who took care of R the longest.

1 = Foster Father

2 = Adoptive Father

3 = Grandfather

4 = Other male relative

5 = Stepfather

6 = None of the above

#### What is the highest education degree or certificate held by your father/person coded in A15A?

0 = None

1 = Elementary or Junior High

2 = GED

3 = H.S. Diploma

4 = Vocational Tech Diploma

5 = Associate Degree

6 = R.N. Diploma

7 = Bachelor Degree

8 = Master Degree

9 = Doctorate: M.D., Ph.D., J.D., etc

10 = DK

#### What is your current marital status-married, widowed, separated, divorced, or never married?

1 = Married

2 = Widowed

3 = Separated

4 = Divorced

5 = Never Married

#### How long have you been (status in A17)(this time)?

Record # months or # years not both. If less than 1 month, code # months = 00

#### How many times have you been legally married?

Record # of times

#### How old were you when you first got married?

Record age

#### How many times have you been divorced?

Record # of times. If never, code 00.

#### How old were you when you were divorced (the first time)?

Record age

#### How many times have you been widowed?

Record # of times

#### How old were you when you were widowed (the first time)?

Record age

#### Have you ever lived with someone as though you were married?

1 = No

5 = Yes

#### What was the longest time you lived as if you were married?

Record # of months OR # of years

#### When were you last living with someone as if you were married?

If current month, code month = 00. If not in last 12 months, code month = 66, and enter age. Others code actual last month.

#### How many children have you (fathered/given birth to)? That is, not including adopted, foster, or step children.

Record # of children.

#### What year was your first child born?

Record year

#### What year was your youngest born?

Record year

#### How many children have you reared, whether or not you (fathered/gave birth to) them?

Record # of children reared.

#### What is the highest education degree or certificate you hold?

0 = None

1 = Elementary or Junior High

2 = GED

3 = H.S. Diploma

4 = Vocational Tech Diploma

5 = Associate Degree

6 = R.N. Diploma

7 = Bachelor Degree

8 = Master Degree

9 = Doctorate: M.D., Ph.D., J.D., etc

10 = DK

#### How old were you the last time you were in school full-­time?

Record Age.

95 = Currently a full time student

96 = Never attended school full-time

#### In the last 12 months, how many months did you work for pay full-­time?

Record # of months worked full-time, where full-time = 35 hours or more per week

#### During the last 12 months when you were not working full-time, how many months did you work part-time?

Record # of months worked part-time.

#### In the last 12 months, was there a month or longer when you lived away from a home of your own in…? (For qa24b1-qa24b5)

1 = No

5 = Yes

#### Now I’m going to ask you some questions about your health. During the last 12 months, would you say your health has been excellent, good, fair, or poor?

1 = excellent

2 = good

3 = fair

4 = poor

#### Would you say you have been sickly a large part of your life?

PRB 1 4 5

#### For QA26MD

1 = ?

5 = ?

#### Have you ever been under a doctor’s care for arthritis?

1 = No

5 - Yes

#### When did you first find out you had arthritis?

Record onset age.

#### When did your arthritis last give you symptoms?

Record age.

#### Have you ever been under a doctor’s care for asthma?

1 = No

5 = Yes

#### When did you first find out you had asthma?

Record age.

#### When did your asthma last give you symptoms?

Record age.

#### Have you ever been under a doctor’s care for a bleeding ulcer?

1 = No

5 = Yes

#### When did you first find out you had a bleeding ulcer?

Record age

#### When did your bleeding ulcer last give you symptoms?

Record age.

#### Have you ever been under a doctor’s care for cancer?

1 = No

5 = Yes

#### When did you first find out you had cancer?

Record age

#### When did your cancer last give you symptoms?

Record Age

#### Have you ever been under a doctor's care for diabetes?

1 = No

5 = Yes

#### When did you first find out you had diabetes?

Record Age

#### When did your diabetes last give you symptoms?

Record Age

#### Have you ever been under a doctor’s care for epilepsy?

1 = No

5 = Yes

#### When did you first find out you had epilepsy?

Record Age

#### When did your epilepsy last give you symptoms?

Record Age

#### Have you ever been under a doctor’s care for heart disease or heart attack?

1 = No

5 = Yes

#### When did you first find out you had heart disease?

Record Age

#### When did your heart disease last give you symptoms?

Record Age

#### Have you ever been under a doctor’s care for hepatitis or cirrhosis?

1 = No

5 = Yes

#### When did you first find out you had hepatitis or cirrhosis?

Record Age

#### When did your hepatitis or cirrhosis last give you symptoms?

Record Age

#### Have you ever been under a doctor's care for any other serious and long-lasting physical illness?

1 = No

5 = Yes

#### When did you first find out you had that physical illness?

Record Age

#### When did that physical illness last give you symptoms?

Record Age

#### What was that illness?

Specify and record other physical illness

#### Have you ever been under a doctor’s care for stroke?

1 = No

5 = Yes

#### When did you first find out you had a stroke?

Record Age

#### When did your stroke last give you symptoms?

Record Age

#### Have you ever been under a doctor’s care for tuberculosis?

1 = No

5 = Yes

#### When did you first find out you had tuberculosis?

Record Age

#### When did your tuberculosis last give you symptoms?

Record Age

#### Worry and anxiety related-questions in the p 6 months? (For GA Qs D1, D3-D5g, D7)

1 = No

5 = Yes

#### What kinds of things did you worry about at the time? (For GA Q D2-D2b)

Interviewer to record up to 4 worries from the respondent and to circle those not about own health, appearance, feelings or behaviors.

Are there two or more worries circle?

1 = No

5 = Yes

#### How many 5’s are coded in D5? (For GA Q D6)

1 = None

2 = 1 or 2

5 = 3 or more

#### Did you tell a doctor about these worries or how they made you feel?

PRB 2 3 4 5

#### Did the doctor say the dx was caused by any physical illness?

1 = No

4 = Yes

#### Did the doctor say the dx was caused by taking any medication, alcohol or drug?

1 = No

3 = Yes

#### For QD8MD

1 = ?

5 = ?

#### Between what ages were you not bothered by one of these long periods of feeling anxious or worried?

Record FROM AGE and TO AGE

#### Any other years?

Record FROM AGE and To AGE. If “No,” code 00 in FROM AGE

#### Did R mention more than 2 remissions?

1 = No

5 = Yes

#### In the last 12 months, have you been worried and anxious about several things for most of the year, while also (SX CODED 5 IN D5) on most days?

1 = No

5 = Yes

#### Did you have at least 3 of those problems like (SX CODED 5 IN D5) in the last 12 months?

1 = No

5 = Yes

#### At what age did you have a period of 6 months or longer of feeling worried and anxious most of the time and having some of these other problems?

Record age

If respondent says “Whole life” then code 01

#### When did you get over your last period of 6 months or longer of feeling anxious or worried about things like (EXAMPLES CIRCLED IN D2) while having some of these other problems?

00 = present in current month and go to ONS

66 = If not in last 12 months and also enter AGE

Code actual last month for all others

#### Between your first and last period of being anxious or worried like that, was there any full year where you did not feel worried or anxious for as much as a month?

No=1

Yes=5

#### Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about feeling worried or anxious? Did you do it?

1 = No

5 = Yes

#### Did these periods of feeling anxious and worried cause problems for you with family, friends, work or in other situations at any time in the last 12 months? Did they ever cause problems? Did they ever cause serious difficulties for a month or longer?

1 = No

5 = Yes

#### For MD Qs F1-F3

1 = No

5 = Yes

#### Is F1 or F2 coded 5?

1 = No

5 = Yes

#### (While you (were feeling sad, empty or depressed/had lost interest in most things)) have you ever had a period of at least two weeks in a row when there was a change in things like your sleeping, your appetite, your energy, or your ability to concentrate and remember?

PRB: 1 2 3 4 5

#### Did the doctor say it was caused by a physical illness or by taking any medication, drugs or alcohol?

1 = No

5 = Yes

#### QF4MD

1 = ?

5 = ?

#### Think about a period of at least two weeks when you ... had the largest number of these problems with sleeping, eating, being tired all the time, or not thinking clearly. How old were you then?

Record age

#### Was that in the last 12 months?

1 = No

5 = Yes

#### For Qs F5bli-QF23ii…

1 = No

5 = Yes

#### Is F1 or F2 Coded 5?

1 = No

5 = Yes

#### Are 3 or more boxes checked?

1 = No

5 = Yes

#### How many boxes are checked?

5 = 3 or more

3 = 2

1 = 0 or 1

#### During this 2 week period when you had (BOXES CHECKED), were you feeling unusually sad or empty or uninterested in everything?

1 = No

5 = Yes

#### 2 or more months in a row when you felt OK…

1 = No

5 = Yes

#### How many episodes have you had altogether that had at least 2 months of your feeling OK between them?

Record # of episodes

#### What's the longest episode you've ever had/How long did that episode last) when you (felt depressed/lost interest) and had several of these problems?

Record in # of weeks (Years X 52=# of Weeks & Months X 4 = # of Weeks). If entire life or more than 19 years code 996

#### For Qs F27-F29a...

1 = No

5 = Yes

#### Between what ages did you have no episode of depression or loss of interests lasting at least 2 weeks?

Record From Age and To Age

#### Any other years?

Record From Age and To Age. If NO, code 00 in From Age.

#### Did R mention more than 2 remissions?

1 = No

5 = Yes

#### How old were you the first time you (felt depressed/lost interest) and had some of these problems for two weeks or more?

Record age

#### When did (your last/the) episode end, when you had (been feeling depressed/lost interest) and had some of these problems nearly every day for at least two weeks?

If present in current month code = 00. If not in last 12 months, code month = 66. Others code actual month. Record age if code month = 66

#### Between (ONS AGE/the time) when you first had an episode like this and (REC AGE), the last time you had an episode like that, was there any full year when you had no episode that lasted as long as two weeks?

1 = No

5 = Yes

#### You said that in the last 12 months, you had at least 2 weeks of (feeling depressed/ having lost interest in things) and some of these other problems. Let's talk about the 2 week period in the last 12 months when you had the most problems like the ones we've been talking about.

If REC month coded 66, got to F33A. If F5 is current age or F5A is coded 5, go to F32. If F1 and F2 both = 5 or F24C = d, return to F5B, omitting the parenthesis. Code in Col. II. Others go to F6, omitting F6 parenthesis and code in column II.

#### Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about feeling depressed or uninterested in things?

1 = No

5 = Yes

#### Did you do it?

1 = No

5 = Yes

#### For QF33-QF33b (regarding periods of depression causing problems with family/friends/work)...

1 = No

5 = Yes

#### Were you ever in a hospital overnight because of an episode of feeling depressed, sad, or empty or having lost interest?

1 = No

5 = Yes

#### For QF35-QF35a (regarding depression lasting at least 2 years)?

1 = No

5 = Yes

#### For QF36a-QF36f…

1 = No

5 = Yes

#### During such a long period of feeling sad or blue and having these problems, did you talk to a doctor about it?

PRB: 1 2 3 4 5

#### Did the doctor say (diagnosis) was caused by a physical illness or by taking any medication, drugs or alcohol?

1 = No

5 = Yes

#### QF37MD

1 = ?

5 = ?

#### Between what ages were you not depressed most of the time?

Record From Age and To Age

#### Any other years?

Record From Age and To Age. If “No” code 00 in From Age.

#### Did R mention more than 2 remissions?

1 = No

5 = Yes

#### How old were you at the beginning of your first period of two or more years like that?

Record age

#### When was the end of your last period of at least two years of feeling sad and having some of the problems?

If present in current month code = 00. If not in last 12 months, code month = 66. Others code actual month. Record age if code month = 66

#### Between (ONS Age/the time) when your first long period of sadness began and (REC Age), the end of your last long period of depression, was there any full year when you were not depressed most of the time?

1 = No

5 = Yes

#### Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about feeling depressed or uninterested in things?

1 = No

5 = Yes

#### Did you do it?

1 = No

5 = Yes

#### For QF40-QF40b (regarding problems w/ Family/Friends/Work)

1 = No

5 = Yes

#### The next questions are about your behavior since your 15th birthday. Some of them are like the ones I asked you about before, but now we are only talking about after your 15th birthday.

1 = No

5 = Yes

#### Have you more than once hit your (husband/wife/partner) or thrown things that could have hurt (him/her)?

1 = No

2 = Vol: only once

5 = Yes

#### I'm going to ask you now about doing things that people might think would be dangerous for you or for others.

1 = No

5 = Yes

#### Have you often taken chances when driving a car, motorcycle, or other vehicle-like speeding through city streets?

1 = No

5 = Yes

6 = Never drove

#### Now I want to ask you about ways in which you might have tried to con or fool someone.

1 = No

5 = Yes

#### Now I want to ask you about doing things on impulse without making plans, or changing your plans frequently.

1 = No

5 = Yes

#### Now I'd like to ask you about problems with meeting obligations and keeping your promises.

1 = No

5 = Yes

#### How many columns on tally sheet P contained a circled number?

1 = None

3 = 1

5 = 2 or more

#### Have you had a lot of trouble with debts, like having things repossessed, or being chased by collection agencies, or not being able to pay your rent?

1 = No

2 = Vol: Only Once

5 = Yes

#### Since you first left school, has there been a period when you did not work for several months, when you were not too physically ill to work, you had not retired, and you were not staying home to care for relatives or children?

1 = No

2 = Never worked for pay

5 = Yes

#### Have you several times quit your main job, without having enough savings to live on until you found another job?

1 = No

2 = Vol: Only Once

5 = Yes

#### Are there any starred items circled on tally sheet P?

1 = No

5 = Yes

#### You said you (starred items circled on tally sheet). After you did things like that, were you sorry about having hurt or upset someone?

5 = No

3 = They were not hurt or upset

1 = Yes

#### For QP31a-QP31c…

1 = No

5 = Yes

#### Was it the kind of person you have no use for?

1 = No

3 = Some were

5 = Yes

#### Are any items without stars circled on tally sheet P?

1 = No

5 = Yes

#### Do you regret that you (behaviors without stars circled on tally sheet P)?

5 = No

1 = Yes

#### Why do you regret having done that? Record example and code.

5 = Practical Consequences Only: e.g. got into trouble, others retaliated

1 = Empathy: someone else suffered

2 = Morality: bad, unfair wrong

3 = Other

#### If P33A coded 1 or 2: Have you tried to make up for what you did?

5 = No

1 = Yes

#### Between what ages did you do none of them at all?

Record From Age and To Age

#### Any other years?

Record From Age and To Age. If “No.” code 00 in From Age

#### Did R mention more than 2 remisions?

1 = No

5 = Yes

#### If REC month coded 66, go to P35B. In the last 12 months, have you done several of the things you told me about? For example, in the last 12 months have you) begin with first item circled in a column on tally sheet p. At first "yes", code 5 for that column, and go to next column. If a column has no circled number or none of those circled occurred in last year, code 1, and go to next column.

1 = No

5 = Yes

#### Did you do any of these things when you were 15 years old?

If “Yes,” enter 15. If No: Ask Q below...

#### How much older than 15 were you when you started them?

Enter Age

#### When was the last time you did any of these things like (SX CIRCLED ON TALLY SHEET P)?

00 =If present in the current month and go to SUBA.

66= If not in last 12 months and enter age

Others code actual last month and go to SUBA.

#### Between (ONS AGE/the time) and (REC AGE), the time you last did any of them, was there ever a 12-month period when you didn't do these things at all?

1 = No

5 = Yes

#### Did you do these things only if you had been drinking or taking drugs?

1 = No

5 = Yes

#### Did you sometimes do them when you had been drinking or using drugs?

1 = No

5 = Yes

#### Was there any time in the last 12 months when you wanted to talk to a doctor or other health professional about your doing any of these things?

1 = No

5 = Yes

#### Did you do it?

1 = No

5 = Yes

#### Have you ever talked to a doctor or other health professional about these behaviors?

1 = No

5 = Yes

#### For QP36-QP36b (regarding problems with family/friends/work)…

1 = No

5 = Yes

#### For QP37;QP37c-QP37f (regarding being arrested)...

1 = No

5 = Yes

#### How old were you the first time?

Record Age

#### How old were you the next time?

Record Age.

00 = if never again

#### How long did you serve in all?

Record #months or #years

01 = <1 month served

#### Have you been in jail or prison in the last 12 months?

1 = No

5 = Yes

Scale Scoring:

Modifications:

### Substance Use

**(PhenX Toolkit; X items)\***

Description:

These items were included from the PhenX Toolkit’s “Alcohol, Tobacco, and Other Substances” domain (adult protocols). This domain includes fourteen different measures across all substance categories: lifetime use/status, 30-day use, age of initiation/offset of use, maximum number of drinks in 24-hours, and, lastly, lifetime abuse and dependence.insomnia

PhenX toolkit measure replaced the CIDI-SAM

Associated Papers:

Robins, LN, Cottler, LB, & Babor T (1993). *WHO-NIH Composite International Diagnostic Interview-Substance Abuse Module*. St. Louis, MO: Washington University; 1993.

Hamilton CM, Strader LC, Pratt JG, Maiese D, Hendershot T, Kwok RK, Hammond JA, Huggins W, Jackman D, Pan H, Nettles DS, Beaty TH, Farrer LA, Kraft P, Marazita ML, Ordovas JM, Pato CN, Spitz MR, Wagener D, Williams M, Junkins HA, Harlan WR, Ramos EM, Haines J (2011). The PhenX Toolkit: get the most from your measures. *Americal Journal of Epidemiology,174*, 253-60.

**Tobacco- Smoking Status**

U.S. Department of Commerce, Census Bureau. (2008). *National Cancer Institute and Centers for Disease Control and Prevention Co-sponsored Tobacco Use Supplement to the Current Population Survey* (2006-2007) Technical documentation (questions A1, A3, and C7a).

**Tobacco- Age of Initiation & Offset**

U.S. Department of Commerce, Census Bureau. (2008). *National Cancer Institute and Centers for Disease Control and Prevention Co-sponsored Tobacco Use Supplement to the Current Population Survey* (2006-2007) Technical documentation. Questions A2 modified and A2.

U.S. Department of Commerce, Census Bureau. (2008). *National Cancer Institute and Centers for Disease Control and Prevention Co-sponsored Tobacco Use Supplement to the Current Population Survey* (2006-2007) Technical documentation. Question H1.

**Tobacco- 30-Day Use**

U.S. Department of Commerce, Census Bureau. (2008). *National Cancer Institute and Centers for Disease Control and Prevention Co-sponsored Tobacco Use Supplement to the Current Population Survey* (2006-2007) Technical documentation (questions B1, C1, C1a, H2, H4).

**Tobacco- Nicotine Dependence**

Heatherton, T. F., Kozlowski, L. T., Frecker, R. C., & Fagerstrom, K. O. (1991). The Fagerstrom Test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire. *British Journal of Addiction,* *86,* 1119-1127. Fagerstrom Test for Nicotine Dependence (questions 1-6).

**Alcohol- Lifetime Use/Age of Initiation/30-Day Use/Maximum 24-Hour Drinks**

National Institute on Alcohol Abuse and Alcoholism (NIAAA) *National Epidemiologic Survey on Alcohol and Related Conditions*. Wave 1 (NESARC - WAVE 1). Alcohol Use Disorder and Associated Disabilities Interview Schedule - Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition Version (AUDADIS-IV). Section 2A. Question 1 and Flashcard Booklet, Flashcards 13A-C, 16A-C, and 17A-C.

Grant, B. F., Dawson, D. A., Stinson, F. S., Chou, P. S., Kay, W., & Pickering, R. (2003) The Alcohol Use Disorder and Associated Disabilities Interview Schedule-IV (AUDADIS-IV): Reliability of alcohol consumption, tobacco use, family history of depression and psychiatric diagnostic modules in a general population sample. *Drug and Alcohol Dependence,* *71*(1), 7-16.

**Alcohol- 30-Day Use**

2008 National Survey on Drug Use and Health. CAI Specifications for Programming, English Version; November 2007. (questions AL06 and AL07).

**Alcohol- Lifetime Abuse and Dependence**

Semi-Structured Assessment for the Genetics of Alcoholism II (SSAGA II) (questions E5, E5A, E6, E9, E9D, E9E, E9I, E10, E10B, E10D, E10D1, E12, E12C, E13, E13B, E14, E14B, E15, E15A, E31, E31B, E32, E33, E33A, E37, E37C, E37D, E37H, E37I, E38, E38C, E39, E39C).

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Subject Instructions & Item List:

| **Q#** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| **Alcohol** | | | |
| PHQ0001 | In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? A drink is 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, or 1 mixed drink with 1oz of liquor. | Alcohol-Lifetime Use | [Alcohol](#_p9fsjl37lym7) |
| PHQ0002 | In your entire life, have you had more than 5 drinks? A drink is 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, or 1 mixed drink with 1oz of liquor. |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0003 | About how old were you when you first started drinking, not counting small tastes or sips of alcohol? | Alcohol-Age of First Use | [Age](#_v8uh2bb6l6hf) |
| PHQ0004 | About how old were you when you first started drinking once a month or more? (enter 0 if never drank alcohol regularly) | Alcohol-Age of First Use | [Age](#_v8uh2bb6l6hf) |
| PHQ0005 | Think specifically about the past 30 days from [DATEFILL], up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? DATEFILL is the date 30 days prior to the date of the interview | Alcohol-30-Day Quantity/Frequency | [Day Quantity](#_b18m7enyh44o) |
| PHQ0006 | How old were you the last time you used alcohol? |  | [Age](#_v8uh2bb6l6hf) |
| PHQ0007 | When you stopped using alcohol, did you ever have a period when you started using again (a relapse)? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0008 | Has this happened more than once? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0009 | On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count a drink as a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail. | Alcohol-30-Day Quantity/Frequency | [Day Quantity](#_b18m7enyh44o) |
| PHQ0010 | On the days you drank in the past 30 days, for how much of the day were you typically feeling the effects of the alcohol? | Alcohol-30-Day Quantity/Frequency? | [Length of alcohol aftereffects](#_kaf4o0tggsrk) |
| **On the days you drank in the past 30 days, during which part(s) of the day were you typically feeling the effects of the alcohol? [Please check all that apply]** | | | |
| PHQ0011\_1 | morning | Alcohol-30-Day Quantity/Frequency? |  |
| PHQ0011\_2 | afternoon | Alcohol-30-Day Quantity/Frequency? |  |
| PHQ0011\_3 | evening | Alcohol-30-Day Quantity/Frequency? |  |
| PHQ0011\_4 | nighttime | Alcohol-30-Day Quantity/Frequency? |  |
| PHQ0011\_999 | would rather not answer | Alcohol-30-Day Quantity/Frequency? |  |
| **I’m going to read you a list of experiences that many people have reported in connection with their drinking. As I read each experience, please tell me if this has EVER happened to you.**  **In your ENTIRE LIFE, did you EVER… (PAUSE) (Repeat phrase frequently)** | | | |
| PHQ0013 | Find that your usual number of drinks had much less effect on you than it once did? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0014 | Did this happen in the last 12 months? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0015 | Find that you had to drink much more than you once did to get the effect you wanted? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0016 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0017 | Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0018 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0019 | Increase your drinking because the amount you used to drink didn’t give you the same effect anymore? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0020 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0021 | More than once want to stop or cut down on your drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0022 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0023 | More than once TRY to stop or cut down on your drinking but found you couldn’t do it? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0024 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0025 | Have a period when you ended up drinking more than you meant to? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0026 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0027 | Have a period when you kept on drinking for longer than you had intended to? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0028 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0029 | Experience alcohol craving, or a strong desire or urge to use alcohol? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0030 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| **The next few questions are about the bad after effects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down.**  **Did you EVER...** | | | |
| PHQ0031 | Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0032 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0033 | Find yourself shaking (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0034 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0035 | Feel anxious or nervous (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0036 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0037 | Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0038 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0039 | Feel more restless than is usual for you (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0040 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0041 | Find yourself sweating or your heart beating fast (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0042 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0043 | See, feel, or hear things that weren’t really there (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0044 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0045 | Have fits or seizures (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0046 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0047 | Have very bad headaches (when the effects of alcohol were wearing off)? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0048 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
|  | | | |
| PHQ0049 | You mentioned some bad physical after effects of drinking in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life—like at work or school or with family or friends? |  | [Alcohol](#_p9fsjl37lym7) |
| **In your ENTIRE LIFE, did you EVER...(PAUSE)** | | | |
| PHQ0050 | Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0051 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0052 | Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0053 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0054 | Have a period when you spent a lot of time drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0055 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0056 | Have a period when you spent a lot of time being sick or getting over the bad after effects of drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0057 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0058 | Give up or cut down on activities that were important to you in order to drink— like work, school, or associating with friends or relatives? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0059 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0060 | Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0061 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0062 | Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0063 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0064 | Continue to drink even though you knew it was causing you a health problem or making a health problem worse? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0065 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0066 | Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0067 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0068 | Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0069 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0070 | Have job or school troubles because of your drinking or being sick from drinking - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled, or dropping out of school? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0071 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0072 | More than once drive a car or other vehicle WHILE you were drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0073 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0074 | More than once ride in a car or other vehicle as a passenger WHILE the driver was drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0075 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0076 | More than once drive a car, motorcycle, truck, boat, or other vehicle after having too much to drink? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0077 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0078 | Get into situations while drinking or after drinking that increased your chances of getting hurt—like swimming, using machinery, or walking in a dangerous area or around heavy traffic? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0079 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0080 | Continue to drink even though you knew it was causing you trouble with your family or friends? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0081 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0082 | Get into physical fights while drinking or right after drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0083 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0084 | Get arrested, held at a police station, or have any other legal problems because of your drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0085 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0086 | Find that you could drink much LESS than you once did to get the effect you wanted? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0087 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| PHQ0088 | Ride in a car as a passenger while you were drinking? | Alcohol-Lifetime Abuse/Dependence | [Alcohol](#_p9fsjl37lym7) |
| PHQ0089 | Did this happen in the last 12 months? |  | [Alcohol](#_p9fsjl37lym7) |
| **Tobacco** | | | |
| PHQ0090 | Have you smoked at least 100 cigarettes in your entire life? (Note to interviewer: 100 CIGARETTES = APPROXIMATELY 5 PACKS) | Tobacco-Smoking Status | [Tobacco](#_f8qizk7peaaq) |
| PHQ0091 | Do you now smoke cigarettes every day, some days, or not at all? | Tobacco-Smoking Status (If “Yes” to above) | [Current Smoking Status](#_4549lvbgzhaq) |
| PHQ0092 | Have you EVER smoked cigarettes EVERY DAY for at least 6 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0093 | How old were you when you first started smoking cigarettes every day? (enter 0 if don't know/refuse to answer) | Tobacco-Age of Initiation (If “Current/Former Every-Day Smoker”) | [Age](#_rlv6hb8lmzqu) |
| PHQ0094 | How old were you when you first started smoking cigarettes FAIRLY REGULARLY? (enter 0 if don't know/refuse to answer/never smoked regularly) | Tobacco-Age of Initiation (If “Current Some-Day Smoker” or “Former Smoker”) | [Age](#_rlv6hb8lmzqu) |
| PHQ0095 | How old were you the last time you used tobacco? |  | [Age](#_rlv6hb8lmzqu) |
| PHQ0096 | When you stopped using tobacco, did you ever have a period when you started using again (a relapse)? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0097 | Has this happened more than once? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0098 | On the average, about how many cigarettes do you now smoke each day? (enter 0 if don't know/ refused) (Note to interviewer: One pack usually equals 20 cigarettes, If converting packs to cigarettes, always verify calculation with respondent.) | Tobacco-30-Day Use (If Current/Former Smoker) | [Cigarette Use](#_pamds8xom197) |
| PHQ0099 | On how many of the past 30 days did you smoke cigarettes? (enter 0 for don't know/refused) |  | [Days smoked](#_yktzl6hhwy08) |
| PHQ0100 | On the average, on those days, how many cigarettes did you usually smoke each day? (enter 0 if don't know/ refused) |  | [Cigarette Use](#_pamds8xom197) |
| PHQ0101 | Have you EVER smoked cigarettes EVERY DAY for at least 6 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0102 | When you last smoked every day, on average how many cigarettes did you smoke each day? (enter 0 if don't know/ refused) (Note to interviewer: One pack usually equals 20 cigarettes. If converting packs to cigarettes, always verify calculation with respondent.) |  | [Cigarette Use](#_pamds8xom197) |
| PHQ0103 | When you last smoked fairly regularly, on average how many cigarettes did you smoke each day? (Note to interviewer: One pack usually equals 20 cigarettes. If converting packs to cigarettes, always verify calculation with respondent.) |  | [Cigarette Use](#_pamds8xom197) |
| PHQ0104 | How soon after you wake up do you smoke your first cigarette? | Tobacco-Nicotine Dependence (If Current/Former Smoker) | [How soon start smoking](#_8b4ja06csw4l) |
| PHQ0105 | Do you find it difficult to refrain from smoking in places where it is forbidden for example in church, at the library, at the movie theater, etc.? | Tobacco-Nicotine Dependence (If Current/Former Smoker) | [Tobacco](#_f8qizk7peaaq) |
| PHQ0106 | Which cigarette would you hate most to give up? | Tobacco-Nicotine Dependence (If Current/Former Smoker) | [Cigarette to give up](#_xiwzr98upv6l) |
| PHQ0107 | Do you smoke more frequently during the first hours after waking than during the rest of the day? | Tobacco-Nicotine Dependence (If Current/Former Smoker) | [Tobacco](#_f8qizk7peaaq) |
| PHQ0108 | Do you smoke if you are so ill that you are in bed most of the day? | Tobacco-Nicotine Dependence (If Current/Former Smoker) | [Tobacco](#_f8qizk7peaaq) |
| PHQ0109 | Have you ever used other forms of tobacco (cigars, pipes, chew, snuff, other) more than 5 times in your life? |  | [Tobacco](#_f8qizk7peaaq) |
| **What kinds of tobacco have you used more than 5 times? Check any that apply** | | | |
| PHQ0110\_1 | Cigars |  |  |
| PHQ0110\_2 | E-Cigarettes |  |  |
| PHQ0110\_3 | Chewing Tobacco |  |  |
| PHQ0110\_4 | Pipe |  |  |
| PHQ0110\_5 | Snuff |  |  |
| PHQ0110\_other | Other |  |  |
|  | | | |
| phq0111 | Which type of tobacco have you used most often? Choose one of the following answers |  | [Tobacco Type](#_wc5oainey7kh) |
| PHQ0111\_other | [Other] Which type of tobacco have you used most often? |  | [Tobacco Type](#_wc5oainey7kh) |
| **The next few questions are about experiences that many people have had with using tobacco, including cigarettes, cigars, a pipe, snuff, chewing tobacco, or e-cigarettes. As I read each experience, please tell me if it has EVER happened to you as a result of using ANY of these types of tobacco.**  **In your ENTIRE LIFE, did you EVER… (PAUSE) (Repeat phrase frequently)** | | | |
| PHQ0113 | More than once want to cut down on your tobacco use? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0114 | Did this happen in the last 12 months? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0115 | Give up or cut down on activities that you were interested in or that gave you pleasure because tobacco use was not permitted at the activity? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0116 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0117 | Give up or cut down on activities that were important to you— like associating with friends or relatives or attending social activities —because tobacco use was not permitted at the activity? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0118 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0119 | Continue to use tobacco even though you knew it was causing you a health problem or making a health problem worse? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0120 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0121 | Find yourself (chain smoking/using one pinch or plug of snuff or chewing tobacco right after another)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0122 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0123 | More than once try to stop or cut down on your tobacco use but found you couldn’t do it? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0124 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0125 | Experience tobacco craving, or a strong desire or urge to use tobacco? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0126 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| **Many people experience problems on occasions when they stop or cut down on their tobacco use.**  **After stopping or cutting down on your tobacco use, did you EVER...** | | | |
| PHQ0127 | Feel depressed? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0128 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0129 | Have difficulty falling asleep or staying asleep (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0130 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0131 | Have difficulty concentrating (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0132 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0133 | Eat more than usual or gain weight (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0134 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0135 | Become easily irritated, angry, or frustrated (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0136 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0137 | Feel anxious or nervous (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0138 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0139 | Feel your heart beating more slowly than usual (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0140 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0141 | Feel more restless than usual (after stopping or cutting down on tobacco)? | Lifetime Abuse/Dependence | [Tobacco](#_f8qizk7peaaq) |
| PHQ0142 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0143 | You mentioned some experiences after stopping or cutting down on your tobacco use in the last 12 months. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life — like at work or school or with family or friends? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0144 | Did you use tobacco in the last 12 months to keep from having any of these experiences? |  | [Tobacco](#_f8qizk7peaaq) |
| **In your ENTIRE LIFE, did you EVER...** | | | |
| PHQ0145 | Wake up in the middle of the night to use tobacco? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0146 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0147 | Often use tobacco just after getting up or shortly after getting up in the morning? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0148 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0149 | Find yourself using tobacco JUST AFTER being in a situation where tobacco use was not permitted — like after being on a plane, at a meeting, or shopping at the mall? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0150 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0151 | Find that you had to use much more tobacco than you once did to get the effect you wanted? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0152 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0153 | Increase your use of tobacco by at least 50 percent? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0154 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0155 | Have a period when you often used tobacco more than you intended to? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0156 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| PHQ0157 | Continue to use tobacco even though it made you nervous, jittery, anxious, or depressed? | Tobacco-Lifetime Abuse/Dependence? | [Tobacco](#_f8qizk7peaaq) |
| PHQ0158 | Did this happen in the last 12 months? |  | [Tobacco](#_f8qizk7peaaq) |
| **Substance Use**  **Have you EVER used any of these medicines or drugs other than as prescribed (that is, not as prescribed, more than prescribed, or for longer than prescribed)?** | | | |
| **Have you EVER used any of these medicines or drugs? (specify drug(s) in field to the right):** | | | |
| PHQ0159\_SED | Sedatives, for example, sleeping pills, barbiturates, Seconal®, Quaaludes, or Chloral Hydrate |  |  |
| PHQ0159\_SEDcomment | Comment |  |  |
| PHQ0159\_TRAN | Tranquilizers or anti-anxiety drugs, for example, Valium®, Librium®, muscle relaxants, or Zanax |  |  |
| PHQ0159\_TRANcomment | Comment |  |  |
| PHQ0159\_PAIN | Painkillers, for example, Codeine, Darvon®, Percodan®, Oxycontin®, Dilaudid®, Demerol®, Celebrex®or Vioxx® |  |  |
| PHQ0159\_PAINcomment | Comment |  |  |
| PHQ0159\_STIM | Stimulants, for example, Preludin®, Benzedrine®, Methedrine®, Ritalin®, uppers, speed, meth, crystal (meth), or ice |  |  |
| PHQ0159\_STIMcomment | Comment |  |  |
| PHQ0159\_MAR | Marijuana, hash, THC, or grass (please specify medical or recreational marijuana or both) |  |  |
| PHQ0159\_MARcomment | Comment |  |  |
| PHQ0159\_COC | Cocaine or crack |  |  |
| PHQ0159\_COCcomment | Comment |  |  |
| PHQ0159\_HAL | Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, psilocybin, PCP, angel dust, or peyote |  |  |
| PHQ0159\_HALcomment | Comment |  |  |
| PHQ0159\_SOL | Inhalants or solvents, for example, amyl nitrite, nitrous oxide, glue, toluene or gasoline |  |  |
| PHQ0159\_SOLcomment | Comment |  |  |
| PHQ0159\_HER | Heroin |  |  |
| PHQ0159\_HERcomment | Comment |  |  |
| PHQ0159\_OTH | Any OTHER medicines, or drugs, or substances, for example, methadone, Elavil®, steroids, Thorazine® or Haldol®? - (SELECT MOST FREQUENTLY USED OTHER DRUG) |  |  |
| PHQ0159\_OTHcomment | Comment |  |  |
| PHQ0159\_NONE | NO DRUGS |  |  |
| PHQ0159\_NONEcomment | Comment |  |  |
| PHQ0159\_WRNA | Would Rather Not Answer |  |  |
| PHQ0159\_WRNAcomment | Comment |  |  |
| **Have you used any of these drugs more than 5 times?** | | | |
| PHQ0160\_SED | Sedatives, for example, sleeping pills, barbiturates, Seconal®, Quaaludes, or Chloral Hydrate |  |  |
| PHQ0160\_TRAN | Tranquilizers or anti-anxiety drugs, for example, Valium®, Librium®, muscle relaxants, or Zanax |  |  |
| PHQ0160\_PAIN | Painkillers, for example, Codeine, Darvon®, Percodan®, Oxycontin®, Dilaudid®, Demerol®, Celebrex®or Vioxx® |  |  |
| PHQ0160\_STIM | Stimulants, for example, Preludin®, Benzedrine®, Methedrine®, Ritalin®, uppers, or speed |  |  |
| PHQ0160\_MAR | Marijuana, hash, THC, or grass |  |  |
| PHQ0160\_COC | Cocaine or crack |  |  |
| PHQ0160\_HAL | Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, psilocybin, PCP, angel dust, or peyote |  |  |
| PHQ0160\_SOL | Inhalants or solvents, for example, amyl nitrite, nitrous oxide, glue, toluene or gasoline |  |  |
| PHQ0160\_HER | Heroin |  |  |
| PHQ0160\_OTH | Any OTHER medicines, or drugs, or substances, for example, methadone, Elavil®, steroids, Thorazine® or Haldol®? - (SELECT MOST FREQUENTLY USED OTHER DRUG) |  |  |
| PHQ0160\_NO | None |  |  |
| PHQ0160\_WRNA2 | Would Rather Not Answer |  |  |
| **Which drugs have you used in the past 12 months?** | | | |
| PHQ0161\_SED | Sedatives, for example, sleeping pills, barbiturates, Seconal®, Quaaludes, or Chloral Hydrate |  |  |
| PHQ0161\_TRAN | Tranquilizers or anti-anxiety drugs, for example, Valium®, Librium®, muscle relaxants, or Zanax |  |  |
| PHQ0161\_PAIN | Painkillers, for example, Codeine, Darvon®, Percodan®, Oxycontin®, Dilaudid®, Demerol®, Celebrex®or Vioxx® |  |  |
| PHQ0161\_STIM | Stimulants, for example, Preludin®, Benzedrine®, Methedrine®, Ritalin®, uppers, or speed |  |  |
| PHQ0161\_MAR | Marijuana, hash, THC, or grass |  |  |
| PHQ0161\_COC | Cocaine or crack |  |  |
| PHQ0161\_HAL | Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, psilocybin, PCP, angel dust, or peyote |  |  |
| PHQ0161\_SOL | Inhalants or solvents, for example, amyl nitrite, nitrous oxide, glue, toluene or gasoline |  |  |
| PHQ0161\_HER | Heroin |  |  |
| PHQ0161\_OTH | Any OTHER medicines, or drugs, or substances, for example, methadone, Elavil®, steroids, Thorazine® or Haldol®? - (SELECT MOST FREQUENTLY USED OTHER DRUG) |  |  |
| PHQ0161\_NO3 | No Drugs in past 12 months |  |  |
| PHQ0161\_WRNA3 | Would Rather Not Answer |  |  |
|  | | | |
| PHQ0162 | How old were you when you FIRST used sedatives? |  | [Age](#_548ovwjctvpk) |
| PHQ0163 | How old were you when you FIRST started using Sedatives once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0164 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use any sedatives? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0165 | How old were you the last time you used sedatives? |  | [Age](#_548ovwjctvpk) |
| PHQ0166 | When you stopped using sedatives, did you ever have a period when you started using again (a relapse)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0167 | Has this happened more than once? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0168 | How old were you when you FIRST used tranquilizers? |  | [Age](#_548ovwjctvpk) |
| PHQ0169 | How old were you when you FIRST started using Tranquilizers once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0170 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use tranquilizers or anti-anxiety drugs? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0171 | How old were you the last time you used tranquilizers? Only numbers may be entered in this field. |  | [Age](#_548ovwjctvpk) |
| PHQ0172 | When you stopped using tranquilizers, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0173 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0174 | How old were you when you FIRST used painkillers? |  | [Age](#_548ovwjctvpk) |
| PHQ0175 | How old were you when you FIRST started using Painkillers once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0176 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use painkillers? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0177 | How old were you the last time you used painkillers? Only numbers may be used in this field. |  | [Age](#_548ovwjctvpk) |
| PHQ0178 | When you stopped using painkillers, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0179 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0180 | How old were you when you FIRST used stimulants? |  | [Age](#_548ovwjctvpk) |
| PHQ0181 | How old were you when you FIRST started using Stimulants once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0182 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use stimulants? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0183 | How old were you the last time you used stimulants? |  | [Age](#_548ovwjctvpk) |
| PHQ0184 | When you stopped using stimulants, did you ever have a period when you started using again (a relapse)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0185 | Has this happened more than once? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0186 | How old were you when you FIRST used marijuana? |  | [Age](#_548ovwjctvpk) |
| PHQ0187 | How old were you when you FIRST started using Marijuana once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0188 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| phq0189 | During the past 30 days how did you obtain marijuana most often? |  | [How obtain marijuana](#_7kandc2o7gn7) |
| PHQ0189\_other | During the past 30 days how did you obtain marijuana most often? Other: |  | [How obtain marijuana](#_7kandc2o7gn7) |
| PHQ0190 | How old were you the last time you used marijuana? |  | [Age](#_548ovwjctvpk) |
| PHQ0191 | When you stopped using marijuana, did you ever have a period when you started using again (a relapse)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0192 | Has this happened more than once? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0193 | How old were you when you FIRST used cocaine or crack? |  | [Age](#_548ovwjctvpk) |
| PHQ0194 | How old were you when you FIRST started using Cocaine or Crack once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0195 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use cocaine or crack? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0196 | How old were you the last time you used cocaine? Only numbers may be entered in this field. |  | [Age](#_548ovwjctvpk) |
| PHQ0197 | When you stopped using cocaine, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0198 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0199 | How old were you when you FIRST used hallucinogens? |  | [Age](#_548ovwjctvpk) |
| PHQ0200 | How old were you when you FIRST started using Hallucinogens once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0201 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use any hallucinogens? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0202 | How old were you the last time you used hallucinogens? |  | [Age](#_548ovwjctvpk) |
| PHQ0203 | When you stopped using hallucinogens, did you ever have a period when you started using again (a relapse)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0204 | Has this happened more than once? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0205 | How old were you when you FIRST used inhalents/solvents? |  | [Age](#_548ovwjctvpk) |
| PHQ0206 | How old were you when you FIRST started using Inhalents/Solvents once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0207 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use any inhalant for kicks or to get high? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0208 | How old were you the last time you used inhalants? Only numbers may be entered in this field. |  | [Age](#_548ovwjctvpk) |
| PHQ0209 | When you stopped using inhalants, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0210 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0211 | How old were you when you FIRST used heroin? |  | [Age](#_548ovwjctvpk) |
| PHQ0212 | How old were you when you FIRST started using Heroin once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0213 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use any heroin? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0214 | How old were you the last time you used heroin? Only numbers may be entered in this field. |  | [Age](#_548ovwjctvpk) |
| PHQ0215 | When you stopped using heroin, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0216 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0217 | How old were you when you FIRST used other drugs? (first drug on list) |  | [Age](#_548ovwjctvpk) |
| PHQ0218 | How old were you when you FIRST started using Other Drugs once a month or more? Enter 0 if never used regularly |  | [Age](#_548ovwjctvpk) |
| PHQ0219 | Think specifically about the past 30 days, from [DATEFILL\*\*] up to and including today. During the past 30 days, on how many days did you use any other medicines or drugs or substances? DATEFILL is 30 days prior to this interview |  | [Past 30 days use](#_fpmr83j5rc52) |
| PHQ0220 | How old were you the last time you used other drug? Only numbers may be entered in this field |  | [Age](#_548ovwjctvpk) |
| PHQ0221 | When you stopped using other drug, did you ever have a period when you started using again (a relapse)? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0222 | Has this happened more than once? Choose one of the following answers |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0223 | On the days you used a medicine or drug in the past 30 days, for how much of the day were you typically feeling the effects of that substance? |  | [Time felt effects of substance use](#_vt9p2zp58plq) |
| **On the days you used a medicine or drug in the past 30 days, during which part(s) of the day were you typically feeling the effects of that substance? [Please check all that apply]** | | | |
| PHQ0224\_1 | morning |  |  |
| PHQ0224\_2 | afternoon |  |  |
| PHQ0224\_3 | evening |  |  |
| PHQ0224\_4 | nighttime |  |  |
| PHQ0224\_999 | would rather not answer |  |  |
| **Now I’m going to ask you about some experiences that people have reported in connection with their use of the medicines or drugs that we just talked about. As I read each experience, please tell me if this has ever happened to you.**  **In your entire life, did you EVER…(PAUSE) (Repeat phrase frequently)** | | | |
| PHQ0226 | Have arguments with your spouse, boyfriend/girlfriend, family, or friends as a result of your medicine or drug use? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0227 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0228\_SED | Sedatives |  |  |
| PHQ0228\_TRAN | Tranquilizers |  |  |
| PHQ0228\_PAIN | Painkillers |  |  |
| PHQ0228\_STIM | Stimulants |  |  |
| PHQ0228\_MAR | Marijuana/Hashish |  |  |
| PHQ0228\_COC | Cocaine/Crack |  |  |
| PHQ0228\_HAL | Hallucinogens |  |  |
| PHQ0228\_SOL | Inhalents/Solvents |  |  |
| PHQ0228\_HER | Heroin |  |  |
| PHQ0228\_OTH | Other Drugs |  |  |
| PHQ0228\_DK | Don't Know |  |  |
|  | | | |
| PHQ0229 | Get into physical fights while under the influence of a medicine or drug? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0230 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0231\_SED | Sedatives |  |  |
| PHQ0231\_TRAN | Tranquilizers |  |  |
| PHQ0231\_PAIN | Painkillers |  |  |
| PHQ0231\_STIM | Stimulants |  |  |
| PHQ0231\_MAR | Marijuana/Hashish |  |  |
| PHQ0231\_COC | Cocaine/Crack |  |  |
| PHQ0231\_HAL | Hallucinogens |  |  |
| PHQ0231\_SOL | Inhalents/Solvents |  |  |
| PHQ0231\_HER | Heroin |  |  |
| PHQ0231\_OTH | Other Drugs |  |  |
| PHQ0231\_DK | Don't Know |  |  |
|  | | | |
| PHQ0232 | Continue to use a medicine or drug even though you knew it was causing you trouble with your family and friends? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0233 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0234\_SED | Sedatives |  |  |
| PHQ0234\_TRAN | Tranquilizers |  |  |
| PHQ0234\_PAIN | Painkillers |  |  |
| PHQ0234\_STIM | Stimulants |  |  |
| PHQ0234\_MAR | Marijuana/Hashish |  |  |
| PHQ0234\_COC | Cocaine/Crack |  |  |
| PHQ0234\_HAL | Hallucinogens |  |  |
| PHQ0234\_SOL | Inhalents/Solvents |  |  |
| PHQ0234\_HER | Heroin |  |  |
| PHQ0234\_OTH | Other Drugs |  |  |
| PHQ0234\_DK | Don't Know |  |  |
|  | | | |
| PHQ0235 | Have job or school troubles as a result of your medicine or drug use—like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0236 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0237\_SED | Sedatives |  |  |
| PHQ0237\_TRAN | Tranquilizers |  |  |
| PHQ0237\_PAIN | Painkillers |  |  |
| PHQ0237\_STIM | Stimulants |  |  |
| PHQ0237\_MAR | Marijuana/Hashish |  |  |
| PHQ0237\_COC | Cocaine/Crack |  |  |
| PHQ0237\_HAL | Hallucinogens |  |  |
| PHQ0237\_SOL | Inhalents/Solvents |  |  |
| PHQ0237\_HER | Heroin |  |  |
| PHQ0237\_OTH | Other Drugs |  |  |
| PHQ0237\_DK | Don't Know |  |  |
|  | | | |
| PHQ0238 | Have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your home or family? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0239 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0240\_SED | Sedatives |  |  |
| PHQ0240\_TRAN | Tranquilizers |  |  |
| PHQ0240\_PAIN | Painkillers |  |  |
| PHQ0240\_STIM | Stimulants |  |  |
| PHQ0240\_MAR | Marijuana/Hashish |  |  |
| PHQ0240\_COC | Cocaine/Crack |  |  |
| PHQ0240\_HAL | Hallucinogens |  |  |
| PHQ0240\_SOL | Inhalents/Solvents |  |  |
| PHQ0240\_HER | Heroin |  |  |
| PHQ0240\_OTH | Other Drugs |  |  |
| PHQ0240\_DK | Don't Know |  |  |
|  | | | |
| PHQ0241 | Accidentally injure yourself while under the influence of a medicine or drug, for example, have a bad fall or cut yourself badly, get hurt in a traffic accident or anything like that? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ02 42 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0243\_SED | Sedatives |  |  |
| PHQ0243\_TRAN | Tranquilizers |  |  |
| PHQ0243\_PAIN | Painkillers |  |  |
| PHQ0243\_STIM | Stimulants |  |  |
| PHQ0243\_MAR | Marijuana/Hashish |  |  |
| PHQ0243\_COC | Cocaine/Crack |  |  |
| PHQ0243\_HAL | Hallucinogens |  |  |
| PHQ0243\_SOL | Inhalents/Solvents |  |  |
| PHQ0243\_HER | Heroin |  |  |
| PHQ0243\_OTH | Other Drugs |  |  |
| PHQ0243\_DK | Don't Know |  |  |
|  | | | |
| PHQ0244 | More than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0245 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0246\_SED | Sedatives |  |  |
| PHQ0246\_TRAN | Tranquilizers |  |  |
| PHQ0246\_PAIN | Painkillers |  |  |
| PHQ0246\_STIM | Stimulants |  |  |
| PHQ0246\_MAR | Marijuana/Hashish |  |  |
| PHQ0246\_COC | Cocaine/Crack |  |  |
| PHQ0246\_HAL | Hallucinogens |  |  |
| PHQ0246\_SOL | Inhalents/Solvents |  |  |
| PHQ0246\_HER | Heroin |  |  |
| PHQ0246\_OTH | Other Drugs |  |  |
| PHQ0246\_DK | Don't Know |  |  |
|  | | | |
| PHQ0247 | Find yourself under the influence of a medicine or drug or feeling its aftereffects in situations that increased chances of getting hurt—like swimming, using machinery, or walking in a dangerous area or around heavy traffic? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0248 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0249\_SED | Sedatives |  |  |
| PHQ0249\_TRAN | Tranquilizers |  |  |
| PHQ0249\_PAIN | Painkillers |  |  |
| PHQ0249\_STIM | Stimulants |  |  |
| PHQ0249\_MAR | Marijuana/Hashish |  |  |
| PHQ0249\_COC | Cocaine/Crack |  |  |
| PHQ0249\_HAL | Hallucinogens |  |  |
| PHQ0249\_SOL | Inhalents/Solvents |  |  |
| PHQ0249\_HER | Heroin |  |  |
| PHQ0249\_OTH | Other Drugs |  |  |
| PHQ0249\_DK | Don't Know |  |  |
|  | | | |
| PHQ0250 | Get arrested, get held at a police station or have any other legal problems because of your medicine or drug use? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0251 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0252\_SED | Sedatives |  |  |
| PHQ0252\_TRAN | Tranquilizers |  |  |
| PHQ0252\_PAIN | Painkillers |  |  |
| PHQ0252\_STIM | Stimulants |  |  |
| PHQ0252\_MAR | Marijuana/Hashish |  |  |
| PHQ0252\_COC | Cocaine/Crack |  |  |
| PHQ0252\_HAL | Hallucinogens |  |  |
| PHQ0252\_SOL | Inhalents/Solvents |  |  |
| PHQ0252\_HER | Heroin |  |  |
| PHQ0252\_OTH | Other Drugs |  |  |
| PHQ0252\_DK | Don't Know |  |  |
| **Now I’m going to ask you about some OTHER experiences you may have had with medicines and drugs.**  **In your ENTIRE LIFE, did you EVER…(PAUSE) (Repeat phrase frequently)** | | | |
| PHQ0254 | More than once want to stop or cut down on using any of these medicines or drugs? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0255 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0256\_SED | Sedatives |  |  |
| PHQ0256\_TRAN | Tranquilizers |  |  |
| PHQ0256\_PAIN | Painkillers |  |  |
| PHQ0256\_STIM | Stimulants |  |  |
| PHQ0256\_MAR | Marijuana/Hashish |  |  |
| PHQ0256\_COC | Cocaine/Crack |  |  |
| PHQ0256\_HAL | Hallucinogens |  |  |
| PHQ0256\_SOL | Inhalents/Solvents |  |  |
| PHQ0256\_HER | Heroin |  |  |
| PHQ0256\_OTH | Other Drugs |  |  |
| PHQ0256\_DK | Don't Know |  |  |
|  | | | |
| PHQ0257 | More than once try to stop or cut down on using any of these medicines or drugs but found you couldn’t do it? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0258 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0259\_SED | Sedatives |  |  |
| PHQ0259\_TRAN | Tranquilizers |  |  |
| PHQ0259\_PAIN | Painkillers |  |  |
| PHQ0259\_STIM | Stimulants |  |  |
| PHQ0259\_MAR | Marijuana/Hashish |  |  |
| PHQ0259\_COC | Cocaine/Crack |  |  |
| PHQ0259\_HAL | Hallucinogens |  |  |
| PHQ0259\_SOL | Inhalents/Solvents |  |  |
| PHQ0259\_HER | Heroin |  |  |
| PHQ0259\_OTH | Other Drugs |  |  |
| PHQ0259\_DK | Don't Know |  |  |
|  | | | |
| PHQ0260 | Often use a medicine or drug in larger amounts or for a much longer period than you meant to? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0261 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0262\_SED | Sedatives |  |  |
| PHQ0262\_TRAN | Tranquilizers |  |  |
| PHQ0262\_PAIN | Painkillers |  |  |
| PHQ0262\_STIM | Stimulants |  |  |
| PHQ0262\_MAR | Marijuana/Hashish |  |  |
| PHQ0262\_COC | Cocaine/Crack |  |  |
| PHQ0262\_HAL | Hallucinogens |  |  |
| PHQ0262\_SOL | Inhalents/Solvents |  |  |
| PHQ0262\_HER | Heroin |  |  |
| PHQ0262\_OTH | Other Drugs |  |  |
| PHQ0262\_DK | Don't Know |  |  |
|  | | | |
| PHQ0263 | Have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0264 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0265\_SED | Sedatives |  |  |
| PHQ0265\_TRAN | Tranquilizers |  |  |
| PHQ0265\_PAIN | Painkillers |  |  |
| PHQ0265\_STIM | Stimulants |  |  |
| PHQ0265\_MAR | Marijuana/Hashish |  |  |
| PHQ0265\_COC | Cocaine/Crack |  |  |
| PHQ0265\_HAL | Hallucinogens |  |  |
| PHQ0265\_SOL | Inhalents/Solvents |  |  |
| PHQ0265\_HER | Heroin |  |  |
| PHQ0265\_OTH | Other Drugs |  |  |
| PHQ0265\_DK | Don't Know |  |  |
|  | | | |
| PHQ0266 | Have a period when you spent a lot of time making sure you always had enough of a medicine or drug available? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0267 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0268\_SED | Sedatives |  |  |
| PHQ0268\_TRAN | Tranquilizers |  |  |
| PHQ0268\_PAIN | Painkillers |  |  |
| PHQ0268\_STIM | Stimulants |  |  |
| PHQ0268\_MAR | Marijuana/Hashish |  |  |
| PHQ0268\_COC | Cocaine/Crack |  |  |
| PHQ0268\_HAL | Hallucinogens |  |  |
| PHQ0268\_SOL | Inhalents/Solvents |  |  |
| PHQ0268\_HER | Heroin |  |  |
| PHQ0268\_OTH | Other Drugs |  |  |
| PHQ0268\_DK | Don't Know |  |  |
|  | | | |
| PHQ0269 | Experience drug craving, or a strong desire or urge to use a drug? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0270 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0271\_SED | Sedatives |  |  |
| PHQ0271\_TRAN | Tranquilizers |  |  |
| PHQ0271\_PAIN | Painkillers |  |  |
| PHQ0271\_STIM | Stimulants |  |  |
| PHQ0271\_MAR | Marijuana/Hashish |  |  |
| PHQ0271\_COC | Cocaine/Crack |  |  |
| PHQ0271\_HAL | Hallucinogens |  |  |
| PHQ0271\_SOL | Inhalents/Solvents |  |  |
| PHQ0271\_HER | Heroin |  |  |
| PHQ0271\_OTH | Other Drugs |  |  |
| PHQ0271\_DK | Don't Know |  |  |
| **Did you ever have bad aftereffects when the effects of a medicine or drug were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it. For example, did you EVER...** | | | |
| PHQ0272 | Sleep more than usual? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0273 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0274\_SED | Sedatives |  |  |
| PHQ0274\_TRAN | Tranquilizers |  |  |
| PHQ0274\_PAIN | Painkillers |  |  |
| PHQ0274\_STIM | Stimulants |  |  |
| PHQ0274\_MAR | Marijuana/Hashish |  |  |
| PHQ0274\_COC | Cocaine/Crack |  |  |
| PHQ0274\_HAL | Hallucinogens |  |  |
| PHQ0274\_SOL | Inhalents/Solvents |  |  |
| PHQ0274\_HER | Heroin |  |  |
| PHQ0274\_OTH | Other Drugs |  |  |
| PHQ0274\_DK | Don't Know |  |  |
|  | | | |
| PHQ0275 | Feel weak or tired (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0276 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0277\_SED | Sedatives |  |  |
| PHQ0277\_TRAN | Tranquilizers |  |  |
| PHQ0277\_PAIN | Painkillers |  |  |
| PHQ0277\_STIM | Stimulants |  |  |
| PHQ0277\_MAR | Marijuana/Hashish |  |  |
| PHQ0277\_COC | Cocaine/Crack |  |  |
| PHQ0277\_HAL | Hallucinogens |  |  |
| PHQ0277\_SOL | Inhalents/Solvents |  |  |
| PHQ0277\_HER | Heroin |  |  |
| PHQ0277\_OTH | Other Drugs |  |  |
| PHQ0277\_DK | Don't Know |  |  |
|  | | | |
| PHQ0278 | Feel depressed (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0279 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0280\_SED | Sedatives |  |  |
| PHQ0280\_TRAN | Tranquilizers |  |  |
| PHQ0280\_PAIN | Painkillers |  |  |
| PHQ0280\_STIM | Stimulants |  |  |
| PHQ0280\_MAR | Marijuana/Hashish |  |  |
| PHQ0280\_COC | Cocaine/Crack |  |  |
| PHQ0280\_HAL | Hallucinogens |  |  |
| PHQ0280\_SOL | Inhalents/Solvents |  |  |
| PHQ0280\_HER | Heroin |  |  |
| PHQ0280\_OTH | Other Drugs |  |  |
| PHQ0280\_DK | Don't Know |  |  |
|  | | | |
| PHQ0281 | Find yourself sweating or your heart beating fast (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0282 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0283\_SED | Sedatives |  |  |
| PHQ0283\_TRAN | Tranquilizers |  |  |
| PHQ0283\_PAIN | Painkillers |  |  |
| PHQ0283\_STIM | Stimulants |  |  |
| PHQ0283\_MAR | Marijuana/Hashish |  |  |
| PHQ0283\_COC | Cocaine/Crack |  |  |
| PHQ0283\_HAL | Hallucinogens |  |  |
| PHQ0283\_SOL | Inhalents/Solvents |  |  |
| PHQ0283\_HER | Heroin |  |  |
| PHQ0283\_OTH | Other Drugs |  |  |
| PHQ0283\_DK | Don't Know |  |  |
|  | | | |
| PHQ0284 | Have nausea, vomiting or a stomach ache (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0285 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0286\_SED | Sedatives |  |  |
| PHQ0286\_TRAN | Tranquilizers |  |  |
| PHQ0286\_PAIN | Painkillers |  |  |
| PHQ0286\_STIM | Stimulants |  |  |
| PHQ0286\_MAR | Marijuana/Hashish |  |  |
| PHQ0286\_COC | Cocaine/Crack |  |  |
| PHQ0286\_HAL | Hallucinogens |  |  |
| PHQ0286\_SOL | Inhalents/Solvents |  |  |
| PHQ0286\_HER | Heroin |  |  |
| PHQ0286\_OTH | Other Drugs |  |  |
| PHQ0286\_DK | Don't Know |  |  |
|  | | | |
| PHQ0287 | Yawn a lot (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0288 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0289\_SED | Sedatives |  |  |
| PHQ0289\_TRAN | Tranquilizers |  |  |
| PHQ0289\_PAIN | Painkillers |  |  |
| PHQ0289\_STIM | Stimulants |  |  |
| PHQ0289\_MAR | Marijuana/Hashish |  |  |
| PHQ0289\_COC | Cocaine/Crack |  |  |
| PHQ0289\_HAL | Hallucinogens |  |  |
| PHQ0289\_SOL | Inhalents/Solvents |  |  |
| PHQ0289\_HER | Heroin |  |  |
| PHQ0289\_OTH | Other Drugs |  |  |
| PHQ0289\_DK | Don't Know |  |  |
|  | | | |
| PHQ0290 | Have runny eyes or a runny nose (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0291 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0292\_SED | Sedatives |  |  |
| PHQ0292\_TRAN | Tranquilizers |  |  |
| PHQ0292\_PAIN | Painkillers |  |  |
| PHQ0292\_STIM | Stimulants |  |  |
| PHQ0292\_MAR | Marijuana/Hashish |  |  |
| PHQ0292\_COC | Cocaine/Crack |  |  |
| PHQ0292\_HAL | Hallucinogens |  |  |
| PHQ0292\_SOL | Inhalents/Solvents |  |  |
| PHQ0292\_HER | Heroin |  |  |
| PHQ0292\_OTH | Other Drugs |  |  |
| PHQ0292\_DK | Don't Know |  |  |
|  | | | |
| PHQ0293 | Eat more than usual or gain weight (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0294 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0295\_SED | Sedatives |  |  |
| PHQ0295\_TRAN | Tranquilizers |  |  |
| PHQ0295\_PAIN | Painkillers |  |  |
| PHQ0295\_STIM | Stimulants |  |  |
| PHQ0295\_MAR | Marijuana/Hashish |  |  |
| PHQ0295\_COC | Cocaine/Crack |  |  |
| PHQ0295\_HAL | Hallucinogens |  |  |
| PHQ0295\_SOL | Inhalents/Solvents |  |  |
| PHQ0295\_HER | Heroin |  |  |
| PHQ0295\_OTH | Other Drugs |  |  |
| PHQ0295\_DK | Don't Know |  |  |
|  | | | |
| PHQ0296 | Feel anxious or nervous (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0297 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0298\_SED | Sedatives |  |  |
| PHQ0298\_TRAN | Tranquilizers |  |  |
| PHQ0298\_PAIN | Painkillers |  |  |
| PHQ0298\_STIM | Stimulants |  |  |
| PHQ0298\_MAR | Marijuana/Hashish |  |  |
| PHQ0298\_COC | Cocaine/Crack |  |  |
| PHQ0298\_HAL | Hallucinogens |  |  |
| PHQ0298\_SOL | Inhalents/Solvents |  |  |
| PHQ0298\_HER | Heroin |  |  |
| PHQ0298\_OTH | Other Drugs |  |  |
| PHQ0298\_DK | Don't Know |  |  |
|  | | | |
| PHQ0299 | Have muscle aches or cramps or diarrhea (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0300 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0301\_SED | Sedatives |  |  |
| PHQ0301\_TRAN | Tranquilizers |  |  |
| PHQ0301\_PAIN | Painkillers |  |  |
| PHQ0301\_STIM | Stimulants |  |  |
| PHQ0301\_MAR | Marijuana/Hashish |  |  |
| PHQ0301\_COC | Cocaine/Crack |  |  |
| PHQ0301\_HAL | Hallucinogens |  |  |
| PHQ0301\_SOL | Inhalents/Solvents |  |  |
| PHQ0301\_HER | Heroin |  |  |
| PHQ0301\_OTH | Other Drugs |  |  |
| PHQ0301\_DK | Don't Know |  |  |
|  | | | |
| PHQ0302 | Have a fever (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0303 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0304\_SED | Sedatives |  |  |
| PHQ0304\_TRAN | Tranquilizers |  |  |
| PHQ0304\_PAIN | Painkillers |  |  |
| PHQ0304\_STIM | Stimulants |  |  |
| PHQ0304\_MAR | Marijuana/Hashish |  |  |
| PHQ0304\_COC | Cocaine/Crack |  |  |
| PHQ0304\_HAL | Hallucinogens |  |  |
| PHQ0304\_SOL | Inhalents/Solvents |  |  |
| PHQ0304\_HER | Heroin |  |  |
| PHQ0304\_OTH | Other Drugs |  |  |
| PHQ0304\_DK | Don't Know |  |  |
|  | | | |
| PHQ0305 | Became so restless you fidgeted, paced or couldn’t sit still (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0306 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0307\_SED | Sedatives |  |  |
| PHQ0307\_TRAN | Tranquilizers |  |  |
| PHQ0307\_PAIN | Painkillers |  |  |
| PHQ0307\_STIM | Stimulants |  |  |
| PHQ0307\_MAR | Marijuana/Hashish |  |  |
| PHQ0307\_COC | Cocaine/Crack |  |  |
| PHQ0307\_HAL | Hallucinogens |  |  |
| PHQ0307\_SOL | Inhalents/Solvents |  |  |
| PHQ0307\_HER | Heroin |  |  |
| PHQ0307\_OTH | Other Drugs |  |  |
| PHQ0307\_DK | Don't Know |  |  |
|  | | | |
| PHQ0308 | Move or talk much more slowly than usual (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0309 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0310\_SED | Sedatives |  |  |
| PHQ0310\_TRAN | Tranquilizers |  |  |
| PHQ0310\_PAIN | Painkillers |  |  |
| PHQ0310\_STIM | Stimulants |  |  |
| PHQ0310\_MAR | Marijuana/Hashish |  |  |
| PHQ0310\_COC | Cocaine/Crack |  |  |
| PHQ0310\_HAL | Hallucinogens |  |  |
| PHQ0310\_SOL | Inhalents/Solvents |  |  |
| PHQ0310\_HER | Heroin |  |  |
| PHQ0310\_OTH | Other Drugs |  |  |
| PHQ0310\_DK | Don't Know |  |  |
|  | | | |
| PHQ0311 | Find yourself sweating, your pupils dilating or your hair standing up (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0312 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0313\_SED | Sedatives |  |  |
| PHQ0313\_TRAN | Tranquilizers |  |  |
| PHQ0313\_PAIN | Painkillers |  |  |
| PHQ0313\_STIM | Stimulants |  |  |
| PHQ0313\_MAR | Marijuana/Hashish |  |  |
| PHQ0313\_COC | Cocaine/Crack |  |  |
| PHQ0313\_HAL | Hallucinogens |  |  |
| PHQ0313\_SOL | Inhalents/Solvents |  |  |
| PHQ0313\_HER | Heroin |  |  |
| PHQ0313\_OTH | Other Drugs |  |  |
| PHQ0313\_DK | Don't Know |  |  |
|  | | | |
| PHQ0314 | Have unpleasant dreams that often seemed real (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0315 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0316\_SED | Sedatives |  |  |
| PHQ0316\_TRAN | Tranquilizers |  |  |
| PHQ0316\_PAIN | Painkillers |  |  |
| PHQ0316\_STIM | Stimulants |  |  |
| PHQ0316\_MAR | Marijuana/Hashish |  |  |
| PHQ0316\_COC | Cocaine/Crack |  |  |
| PHQ0316\_HAL | Hallucinogens |  |  |
| PHQ0316\_SOL | Inhalents/Solvents |  |  |
| PHQ0316\_HER | Heroin |  |  |
| PHQ0316\_OTH | Other Drugs |  |  |
| PHQ0316\_DK | Don't Know |  |  |
|  | | | |
| PHQ0317 | See, feel or hear things that weren’t really there (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0318 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0319\_SED | Sedatives |  |  |
| PHQ0319\_TRAN | Tranquilizers |  |  |
| PHQ0319\_PAIN | Painkillers |  |  |
| PHQ0319\_STIM | Stimulants |  |  |
| PHQ0319\_MAR | Marijuana/Hashish |  |  |
| PHQ0319\_COC | Cocaine/Crack |  |  |
| PHQ0319\_HAL | Hallucinogens |  |  |
| PHQ0319\_SOL | Inhalents/Solvents |  |  |
| PHQ0319\_HER | Heroin |  |  |
| PHQ0319\_OTH | Other Drugs |  |  |
| PHQ0319\_DK | Don't Know |  |  |
|  | | | |
| PHQ0320 | Find yourself shaking (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0321 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0322\_SED | Sedatives |  |  |
| PHQ0322\_TRAN | Tranquilizers |  |  |
| PHQ0322\_PAIN | Painkillers |  |  |
| PHQ0322\_STIM | Stimulants |  |  |
| PHQ0322\_MAR | Marijuana/Hashish |  |  |
| PHQ0322\_COC | Cocaine/Crack |  |  |
| PHQ0322\_HAL | Hallucinogens |  |  |
| PHQ0322\_SOL | Inhalents/Solvents |  |  |
| PHQ0322\_HER | Heroin |  |  |
| PHQ0322\_OTH | Other Drugs |  |  |
| PHQ0322\_DK | Don't Know |  |  |
|  | | | |
| PHQ0323 | Have trouble falling asleep or staying asleep (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0324 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0325\_SED | Sedatives |  |  |
| PHQ0325\_TRAN | Tranquilizers |  |  |
| PHQ0325\_PAIN | Painkillers |  |  |
| PHQ0325\_STIM | Stimulants |  |  |
| PHQ0325\_MAR | Marijuana/Hashish |  |  |
| PHQ0325\_COC | Cocaine/Crack |  |  |
| PHQ0325\_HAL | Hallucinogens |  |  |
| PHQ0325\_SOL | Inhalents/Solvents |  |  |
| PHQ0325\_HER | Heroin |  |  |
| PHQ0325\_OTH | Other Drugs |  |  |
| PHQ0325\_DK | Don't Know |  |  |
|  | | | |
| PHQ0326 | Have fits or seizures (when the effects of a drug or medicine were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0327 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0328\_SED | Sedatives |  |  |
| PHQ0328\_TRAN | Tranquilizers |  |  |
| PHQ0328\_PAIN | Painkillers |  |  |
| PHQ0328\_STIM | Stimulants |  |  |
| PHQ0328\_MAR | Marijuana/Hashish |  |  |
| PHQ0328\_COC | Cocaine/Crack |  |  |
| PHQ0328\_HAL | Hallucinogens |  |  |
| PHQ0328\_SOL | Inhalents/Solvents |  |  |
| PHQ0328\_HER | Heroin |  |  |
| PHQ0328\_OTH | Other Drugs |  |  |
| PHQ0328\_DK | Don't Know |  |  |
|  | | | |
| PHQ0329 | Have very bad headaches (when the effects of a medicine or drug were wearing off)? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0330 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0331\_SED | Sedatives |  |  |
| PHQ0331\_TRAN | Tranquilizers |  |  |
| PHQ0331\_PAIN | Painkillers |  |  |
| PHQ0331\_STIM | Stimulants |  |  |
| PHQ0331\_MAR | Marijuana/Hashish |  |  |
| PHQ0331\_COC | Cocaine/Crack |  |  |
| PHQ0331\_HAL | Hallucinogens |  |  |
| PHQ0331\_SOL | Inhalents/Solvents |  |  |
| PHQ0331\_HER | Heroin |  |  |
| PHQ0331\_OTH | Other Drugs |  |  |
| PHQ0331\_DK | Don't Know |  |  |
|  | | | |
| PHQ0332 | In your ENTIRE LIFE, did you EVER take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0333 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0334\_SED | Sedatives |  |  |
| PHQ0334\_TRAN | Tranquilizers |  |  |
| PHQ0334\_PAIN | Painkillers |  |  |
| PHQ0334\_STIM | Stimulants |  |  |
| PHQ0334\_MAR | Marijuana/Hashish |  |  |
| PHQ0334\_COC | Cocaine/Crack |  |  |
| PHQ0334\_HAL | Hallucinogens |  |  |
| PHQ0334\_SOL | Inhalents/Solvents |  |  |
| PHQ0334\_HER | Heroin |  |  |
| PHQ0334\_OTH | Other Drugs |  |  |
| PHQ0334\_DK | Don't Know |  |  |
|  | | | |
| PHQ0335 | Find that your usual amount of a medicine or drug had much less effect on you than it once did? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0336 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0337\_SED | Sedatives |  |  |
| PHQ0337\_TRAN | Tranquilizers |  |  |
| PHQ0337\_PAIN | Painkillers |  |  |
| PHQ0337\_STIM | Stimulants |  |  |
| PHQ0337\_MAR | Marijuana/Hashish |  |  |
| PHQ0337\_COC | Cocaine/Crack |  |  |
| PHQ0337\_HAL | Hallucinogens |  |  |
| PHQ0337\_SOL | Inhalents/Solvents |  |  |
| PHQ0337\_HER | Heroin |  |  |
| PHQ0337\_OTH | Other Drugs |  |  |
| PHQ0337\_DK | Don't Know |  |  |
|  | | | |
| PHQ0338 | Find that you had to use much more of a medicine or drug than you once did to get the effect you wanted? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0339 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0340\_SED | Sedatives |  |  |
| PHQ0340\_TRAN | Tranquilizers |  |  |
| PHQ0340\_PAIN | Painkillers |  |  |
| PHQ0340\_STIM | Stimulants |  |  |
| PHQ0340\_MAR | Marijuana/Hashish |  |  |
| PHQ0340\_COC | Cocaine/Crack |  |  |
| PHQ0340\_HAL | Hallucinogens |  |  |
| PHQ0340\_SOL | Inhalents/Solvents |  |  |
| PHQ0340\_HER | Heroin |  |  |
| PHQ0340\_OTH | Other Drugs |  |  |
| PHQ0340\_DK | Don't Know |  |  |
|  | | | |
| PHQ0341 | Give up or cut down on activities that were important to you in order to use a medicine or drug—like work, school, or associating with friends or relatives? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0342 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0343\_SED | Sedatives |  |  |
| PHQ0343\_TRAN | Tranquilizers |  |  |
| PHQ0343\_PAIN | Painkillers |  |  |
| PHQ0343\_STIM | Stimulants |  |  |
| PHQ0343\_MAR | Marijuana/Hashish |  |  |
| PHQ0343\_COC | Cocaine/Crack |  |  |
| PHQ0343\_HAL | Hallucinogens |  |  |
| PHQ0343\_SOL | Inhalents/Solvents |  |  |
| PHQ0343\_HER | Heroin |  |  |
| PHQ0343\_OTH | Other Drugs |  |  |
| PHQ0343\_DK | Don't Know |  |  |
|  | | | |
| PHQ0344 | Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0345 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0346\_SED | Sedatives |  |  |
| PHQ0346\_TRAN | Tranquilizers |  |  |
| PHQ0346\_PAIN | Painkillers |  |  |
| PHQ0346\_STIM | Stimulants |  |  |
| PHQ0346\_MAR | Marijuana/Hashish |  |  |
| PHQ0346\_COC | Cocaine/Crack |  |  |
| PHQ0346\_HAL | Hallucinogens |  |  |
| PHQ0346\_SOL | Inhalents/Solvents |  |  |
| PHQ0346\_HER | Heroin |  |  |
| PHQ0346\_OTH | Other Drugs |  |  |
| PHQ0346\_DK | Don't Know |  |  |
|  | | | |
| PHQ0347 | Continue to use a medicine or drug even though it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0348 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0349\_SED | Sedatives |  |  |
| PHQ0349\_TRAN | Tranquilizers |  |  |
| PHQ0349\_PAIN | Painkillers |  |  |
| PHQ0349\_STIM | Stimulants |  |  |
| PHQ0349\_MAR | Marijuana/Hashish |  |  |
| PHQ0349\_COC | Cocaine/Crack |  |  |
| PHQ0349\_HAL | Hallucinogens |  |  |
| PHQ0349\_SOL | Inhalents/Solvents |  |  |
| PHQ0349\_HER | Heroin |  |  |
| PHQ0349\_OTH | Other Drugs |  |  |
| PHQ0349\_DK | Don't Know |  |  |
|  | | | |
| PHQ0350 | Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse? |  | [Substance Use](#_yop99i49i2j7) |
| PHQ0351 | Did this happen in the last 12 months? |  | [Substance Use](#_yop99i49i2j7) |
| **During the last 12 months, which medicines or drugs did this happen with? Check any that apply** | | | |
| PHQ0352\_SED | Sedatives |  |  |
| PHQ0352\_TRAN | Tranquilizers |  |  |
| PHQ0352\_PAIN | Painkillers |  |  |
| PHQ0352\_STIM | Stimulants |  |  |
| PHQ0352\_MAR | Marijuana/Hashish |  |  |
| PHQ0352\_COC | Cocaine/Crack |  |  |
| PHQ0352\_HAL | Hallucinogens |  |  |
| PHQ0352\_SOL | Inhalents/Solvents |  |  |
| PHQ0352\_HER | Heroin |  |  |
| PHQ0352\_OTH | Other Drugs |  |  |
| PHQ0352\_DK | Don't Know |  |  |
|  | | | |
| PHQ0353 | Tester Comments if applicable |  | [Comments](#_h6uikh8pcky4) |

Item Values:

#### 

#### Most Alcohol Items

1 = Yes

2 = No

999 = Would Rather Not Answer

#### Age Related Items under Alcohol Section

Record age as number.

#### Alcohol- Day Quantity

Record number of days/drinks per day

#### On the days you drank in the past 30 days, for how much of the day were you typically feeling the effects of the alcohol?

1 = an hour or 2

2 = about half of the day

3 = most or all of the day

999 = would rather not answer

#### Most Tobacco Items

1 = Yes

2 = No

999 = Don’t Know/Would rather not answer

#### Do you now smoke cigarettes every day, some days, or not at all?

1 = Every Day

2 = Some Days

3 = Not at all

999 = Don’t Know/Would rather not answer

#### Age Related Items under Tobacco Section

Record age as number. Enter 0 if don't know/refuse to answer

#### On average, how many cigarettes:

Respondent can enter values ranging from 1-99

#### How many days smoked in past 30 days

Record number. Enter 0 if don’t know/refuse to answer

#### How soon after you wake up do you smoke your first cigarette?

0 = After 60 minutes

1 = 31-60 minutes

2 = 6-30 minutes

3 = within 5 minutes

999 = Would rather not answer

#### Which cigarette would you hate most to give up?

0 = All others

1 = The first one in the morning

999 = Would rather not answer

#### Which type of tobacco have you used most often? Choose one of the following answers

.00 = Cigarettes

1.00 = Cigars

2.00 = E-Cigarettes

3.00 = Chewing Tobacco

4.00 = Pipe

5.00 = Snuff

6.00 = Other

(If “other” chosen, participant able to specify what they’ve used)

#### Age Related Items under Substance Abuse Section

Record age as number. Enter 0 if don't know/refuse to answer

#### Use of substance in past 30 days from DATEFILL (DATEFILL is 30 days prior to this interview)

Record response 0-30.

#### Most Substance Use Items

1 = Yes

2 = No

999 = Would rather not answer

#### During the past 30 days how did you obtain marijuana most often?

1.00 = medical dispensary

2.00 = legal retail location

3.00 = other

(If “other” chosen, participant able to specify where else they’ve obtained marijuana)

#### On the days you used a medicine or drug in the past 30 days, for how much of the day were you typically feeling the effects of that substance?

1 = an hour or 2

2 = about half of the day

3 = most or all of the day

999 = would rather not answer

#### Tester Comments if applicable

Tester able to put in any comments regarding participants and their responses.

Scale Scoring:

**Tobacco-Smoking Status**

*Interpreting responses to assess smoking status of adults:*

* If answer to Question 1 is "*No,*" then respondent is a "Never Smoker."
* If answer to Question 1 is "*Yes*" and answer to Question 2 is "*Every day,*" then respondent is a "Current Every-Day Smoker."
* If answer to Question 1 is "*Yes*" and answer to Question 2 is "*Some days,*" then respondent is a "Current Some-Day Smoker."
* If answer to Question 1 is "*Yes*" and answer to Question 2 is "*Not at all,*" then respondent is a "Former Smoker."
* Question 3 allows further classification of Current Some-Day and Former Smokers into those who smoked every day in the past from those who have not done so. The former would be indicating heavier past exposure

**Tobacco-Nicotine Dependence: Scoring Procedure**

* Sum the points for each round of 6 questions asked.
* The highest score determines lifetime dependence. If the highest score is greater than 4, then the subject meets criteria for lifetime nicotine dependence.
* If the score is 4 or more for current smokers who answered the first round of questions ("Currently..."), then the respondent also meets criteria for current dependence.

**Alcohol-Lifetime Abuse and Dependence: Scoring Procedure**

(Original Source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=30501> )

ALCOHOL TALLY SHEET A - DSM-IV CRITERIA

This Tally Sheet is used for assessing an abuse and dependence diagnosis. The question numbers are listed in black in the left hand column. The corresponding variable name is listed below the question number in blue. This variable name is also used by the SAS coding algorithm below.

The Tally Sheet is used by the interviewer to keep track of which criteria are positively endorsed by the subject. This tool is used to tally the multiple indicators of each criterion in the SSAGA. When a criterion question is rated positively by the interviewer, a tick mark/check is made on the Tally Sheet by that particular question. If at least one indicator is achieved in the left hand column, then the Box field is also checked, indicating that a DMS-IV alcohol use disorder criteria have been met.

| \_\_\_\_\_\_\_ Question 4 [E9D] | Needed 50% more alcohol to get an effect |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_ Question 4.1 [E9I] | Could drink 50% more alcohol before getting drunk | BOX 1:\_\_\_\_\_\_\_ |

| \_\_\_\_\_\_\_ Question 5 [E10] | Wanted to stop or cut down 3+ times |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_ Question 5.1a[E10D1] | Tried but was unable to stop or cut down 3+ times | BOX 2:\_\_\_\_\_\_\_ |

| \_\_\_\_\_\_\_ Question 6.1[E12C] | Drank more than intended, more days in row than intended, or when promised self wouldn’t 3+ times |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_ Question 7.1[E13B] | Became drunk when didn’t want to 3+ times | BOX 3:\_\_\_\_\_\_\_ |
|  | | |
| \_\_\_\_\_\_\_ Question 8.1[E14B] | Gave up or greatly reduced important activities to drink 3+ times or for 1+ month | BOX 4:\_\_\_\_\_\_\_ |

| \_\_\_\_\_\_\_ Question 9.1[E15A] | Drinking or recovering from effects left little time for anything else for 1+ month or 3+ times | BOX 5:\_\_\_\_\_\_\_ |
| --- | --- | --- |

| \_\_\_\_\_\_\_ Question 10.1[E31B] | Continued to drink knowing alcohol caused health problems |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_ Question 11 [E32] | Continued to drink despite serious physical illness |  |
| \_\_\_\_\_\_\_ Question 12.1[E33A] | Continued to drink knowing alcohol caused emotional problems | BOX 6:\_\_\_\_\_\_\_ |

| \_\_\_\_\_\_\_ Question 13.2[E37\_B2 - AL37\_B10] | Experienced 2+ withdrawal symptoms from Column III |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_ Question 13.4[E37I] | Drank to relieve or avoid withdrawal symptoms 3+ times |  |
| \_\_\_\_\_\_\_ Question 14 [E38] | Had fits or seizures from drinking |  |
| \_\_\_\_\_\_\_ Question 14.1[E38C] | Drank to relieve or avoid fits or seizures 3+ times |  |
| \_\_\_\_\_\_\_ Question 15 [E39] | Had the DT’s from drinking |  |
| \_\_\_\_\_\_\_ Question 15.1[E39C] | Drank to relieve or avoid the DT’s 3+ times | BOX 7:\_\_\_\_\_\_\_ |

***Interviewer Instructions***

*The following section can be used to train an interviewer administering this protocol. This information provides context for the questions.*

Respondents are given the opportunity to skip out of this section in the following three cases: (1) If they have never had one full drink of alcohol (Alcohol - Lifetime Use measure); (2) If they never had more than 3 drinks within a 24-hour period (Question 3); (3) If they have never consumed alcohol at least once a month for 6 months or more **and** have never been drunk (Questions 1 and 2).

This protocol is a fully diagnostic section that assesses Alcohol Abuse/Dependence for the *DSM-IV* criteria.

Question-by-question specifications:

| **TALLIES** | **A boxed instruction informs the interviewer that some "5" responses will now need to be marked on the tally sheets labeled "A" for the DSM-IV. Beginning at Question 1, the interviewer should be alert for questions that have an "MARK TALLY SHEET A" to the right of the "5" response. Whenever these occur, the interviewer must mark that experience on the appropriate tally sheet.** |
| --- | --- |
| 1 | "Regular" drinking is defined as drinking at least once a month for 6 consecutive months. This is coded on the timeline. |
| 2 | The SSAGA-II standard definition of "drunk" is defined as slurred speech or being unsteady on one’s feet. |
| 3 | This elicits largest number of drinks taken in 24 hours across R’s lifetime. The largest number of drinks in a 24-hour period is the total number of alcoholic drinks (beer, wine, liquor, etc.) R consumed within a 24-hour period. So, if the largest amount of alcohol R had was a 1/2 case of beer, a bottle of wine, and a fifth of gin, the total number of drinks would be 12+6+20=38 drinks. The interviewer would code "038" in the spaces provided. Card E1 is provided for such conversions. |
| 4 | This must be more than R **intended**, not just more than was expected. |
| 4.1 | Code silently. Note skip instructions to Question 2. Card E2 is used to illustrate a 50 percent or more increase to obtain the same effect. For the purpose of this interview, tolerance requires a 50% increase and threshold of increasing to 5 drinks for women or 6 drinks for men to get an effect. One drink to 6, 2 drinks to 6, 3 drinks to 6, and 4 drinks to 6 all count, as they represent a 50 percent or greater increase. Five drinks to 6 does not count. |
| 4.2 | Asks R to determine if s/he could drink more than at the beginning of drinking career before getting drunk. |
| 4.3 | See Question 1.1 note. |
| 5 | Code unsuccessful efforts or persistent desire to stop or cut down when R was experiencing problems due to drinking. As instructed in interview, do not count cutting down due to dieting or pregnancy, because these are not harmful effects of alcohol. |
| 5.1 | All unsuccessful efforts count in Question 2.1, so we ask about every attempt-- even when R was pregnant. |
| 6 | This item asks R if s/he **did not adhere** to the self-imposed restrictions of promising self not to drink on a particular occasion or promising self to have only a certain **number** of drinks on a particular occasion. Restrictions must be set**before** a drinking session begins and must represent an effort to **control** drinking. Do not code reports of drinking more than R expected to, just those occasions when R had set a limit and than did not adhere to it. |
| 7 | Refers to a self-imposed restriction of **deciding** not to get drunk **before** a particular drinking occasion. Note this is an occasion when R became drunk when s/he did not **want>** to, **not** simply when s/he did not **expect** to get drunk. |
| 8 | Activities must be greatly reduced, not just missed a few times. Thus, missing a day or two of school, some exercise routines, or missing a family celebration once would not count. The intent is to determine if R has chosen drinking over other activities. |
| 9 | By "several days" we mean 3 or more days in a row. |
| 10 | Only code the health problems that drinking caused. Do not count reasons other than alcohol for these conditions. Make sure R connects the condition with the drinking. |
| 11 | This assesses drinking despite pre-existing and serious physical health problems that could be exacerbated by drinking. Stress serious and physical. Emotional problems, such as depression or mood swings, do not count. Pregnancy is not counted as a serious physical illness if R was only told that drinking would harm the fetus and not the mother. Illnesses such as the flu, stomach aches, measles, etc. do not count as serious, (even if R reports that drinking caused the flu to develop into pneumonia). Insulin-dependent diabetes counts. However, diabetes that is controlled by diet only counts if R consumed more than an average of one drink per month. |
| 12 | This question assesses psychological and emotional problems that may have been caused by drinking. The specifications of "more than 24 hours" and "interfered with your functioning" have been added to emphasize the severity of the symptoms |
| 13 | Stress that symptoms must be for most of the day for 2 days or longer |
| 13.1 | If more than one symptom is endorsed in E37 (coded in Col. 1), R is asked whether two or more of these symptoms occurred together (clustered). |
| 13.2 | Respondent is asked to identify the withdrawal symptoms which clustered. The interviewer should read the withdrawal symptoms that were coded "yes." Code all problems that R says occurred together in Column 2 where there is a place to code. Note: some spaces are blank because that particular criteria system does not recognize the symptom as a withdrawal symptom. The tally sheet is marked if the required number of symptoms clustered. |
| 13.3 | Refer to all withdrawal symptoms endorsed. (column 1) |
| 13.4 | This requires R to have deliberately taken a drink on 3 or more *different occasions* to either keep from having or to relieve **any** withdrawal symptom. |
| 15 | This item describes delirium tremens (DTs), a rare, severe, and life-threatening withdrawal syndrome. |

Modifications:

## In-Person Testing: Physical

### Self-Report Health

**(Day Questionnaire; 21 items)**

Description:

This questionnaire is a 24-hour report on participants’ exercise, caffeine consumption and sleep (i.e., the 24 hours prior to coming into the clinic for a blood draw). Participants will complete these items on the day of their clinic visit for the in-person cognitive and physical assessments.

These items are related to project aim 3.

Associated Papers:

Subject Instructions & Item List:

| **Q#** | **Item** | **Subscale** | **Variable Label** |
| --- | --- | --- | --- |
| PFQ00034 | Did you exercise yesterday?\* | N/A | [Exercise yesterday](#_b24rus1spcgp) |
| PFQ00035\_SQ001 | If so, what activity/ies did you do? (be specific as possible) (Activity 1) | N/A | [Activities done](#_iux0curlfkqk) |
| PFQ00035\_SQ002 | If so, what activity/ies did you do?(be specific as possible) (Activity 2) | N/A | [Activities done](#_iux0curlfkqk) |
| PFQ00035\_SQ003 | If so, what activity/ies did you do? (be specific as possible)(Activity 3) | N/A | [Activities done](#_iux0curlfkqk) |
| PFQ00036\_SQ001 | For how long did you maintain this activity/ies? (in minutes) (Activity 1) | N/A | [Time spent on activities](#_camrc1bumcgd) |
| PFQ00036\_SQ002 | For how long did you maintain this activity/ies? (in minutes) (Activity 2) | N/A | [Time spent on activities](#_camrc1bumcgd) |
| PFQ00036\_SQ003 | For how long did you maintain this activity/ies? (in minutes) (Activity 3) | N/A | [Time spent on activities](#_camrc1bumcgd) |
| PFQ00037\_SQ001 | Did you sweat from exertion? (see Kaiser Q) (Activity 1)\* | N/A | [Sweating](#_spoefpljizx5) |
| PFQ00037\_SQ002 | Did you sweat from exertion? (see Kaiser Q) (Activity 2)\* | N/A | [Sweating](#_spoefpljizx5) |
| PFQ00037\_SQ003 | Did you sweat from exertion? (see Kaiser Q) (Activity 3)\* | N/A | [Sweating](#_spoefpljizx5) |
| PFQ00038 | What time did you go to bed last night?  BED TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_ | N/A | [Bedtime](#_cjljxii1mq2s) |
| PFQ00038a | What time did you go to bed last night (am or pm)? |  | [Time period](#_f2y0aovsa8hq) |
| PFQ00039 | What time did you get up this morning? GETTING UP TIME: \_\_\_\_\_\_\_\_ | N/A | [Getup Time](#_cjljxii1mq2s) |
| PFQ00039a | What time did you go to bed last night (am or pm)? |  | [Time period](#_f2y0aovsa8hq) |
| PFQ00040 | How many actual hours of sleep did you get last night?  HOURS OF SLEEP: **\_\_\_\_\_\_\_\_\_\_\_\_\_** | N/A | [Hours of sleep](#_xc0i04g4rlmb) |
| PFQ00041 | How would you rate your sleep quality last night? (Circle one) | N/A | [Sleep quality](#_ym26camcqz8y) |
| PFQ00042 | Do you usually have a caffeinated beverage (coffee, tea, soda) in the morning?\* | N/A | [Caffeinated beverage in AM](#_xszmup45mlo4) |
| PFQ00043 | If so, how much? (Specify) | N/A | [How much caffeinated beverage](#_d658z7ikkwcj) |
| PFQ00044 | Have you had any today?\* | N/A | [Caffeinated beverage today](#_xszmup45mlo4) |
| PFQ00045 | If so, how much? (Specify) | N/A | [How much caffeinated beverage](#_d658z7ikkwcj) |
| PFQ00046 | Before you arrived for the blood draw, when was the last time you ate or drank anything besides water? (If less than 8 hours before blood draw appointment, continue. Otherwise, done) | N/A | [How long fasting](#_cjljxii1mq2s) |
| PFQ00046a | Was that a.m. or P.m.? |  | [Time period](#_f2y0aovsa8hq) |
| PFQ00048 | What did you eat or drink? (Specify) | N/A | [Specify food/drink consumed](#_whph5fd1mvpp) |
| PFQ00049 | Is there a reason you were unable to fast? (Specify) | N/A | [Reason for not fasting](#_9t1fga40fb1i) |

*Note.* \*= Dichotomous (Yes/No) response.

Item Values:

#### Exercise yesterday:

1 = Yes

2 = No

#### If so, what activity/ies did you do?

Open for response for up to 3 different activities.

#### For how long did you maintain this activity/ies?

Open for response (in minutes) for up to 3 different activities.

#### Sweat from exertion:

A1 = Yes

A2 = No

#### Bed/get up/how long fasting time:

Open for written response to record bedtime, get up time, and since what time participants have fasted as a numerical response.

#### Time period:

1 = am

2 = pm

#### Hours of Sleep:

Open to record # hours of sleep as a numerical response.

#### Sleep quality:

1 = Very good

2 = Fairly good

3 = Fairly bad

4 = Very bad

#### Do you usually have a caffeinated beverage (coffee, tea, soda) in the morning/ Have you had any today?

1 = Yes

2 = No

#### Specify how much (caffeinated beverage):

Open to specify how much and what type of caffeinated product taken

#### Specify food/drink:

Open response to specify how much and what type of food/drink consumed if less than 8 hours from scheduled blood draw.

#### Specify reason for not fasting:

Open response to specify why participant didn’t fast.

Scale Scoring:

### Modifications:

### 

### 

### Safety Questions (34 items)

Description:

These items were asked during the in-person physical health assessment in order to determine the participant’s eligibility for procedures, namely, the grip strength and spirometry tasks. These were based on protocols from the National Health and Nutrition Examination Survey (NHANES). The questions are completed by trained testers from the CATSLife project. Participants will respond to these questions during the 5-minute waiting periods between the blood pressure assessments.

Associated Papers:

NHANES Respiratory Health, Spirometry Procedures manual (<https://www.cdc.gov/nchs/data/nhanes/nhanes_11_12/Spirometry_Procedures_Manual.pdf>)

NHANES Muscle Strength Procedures Manual

<https://www.cdc.gov/nchs/data/nhanes/nhanes_13_14/Muscle_Strength_2013.pdf>

<https://wwwn.cdc.gov/Nchs/Nhanes/2013-2014/MGX_H.htm>

Tester Instructions & Item List:

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| PFQ00017\_1 | ID | N/A |  |
|  | Date | N/A |  |
| PFQ00017\_3 | Tester | N/A |  |
| PFQ00017\_4 | Handedness | N/A |  |
| PFQ00018 | Do you have a painful ear infection?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00019 | Have you ever had eye surgery? (Do not include cosmetic surgery on the eyelid or skin around the eye.) | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00020 | Was the eye surgery in the last 3 months? (If yes to above)\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00021 | Have you ever had open chest or abdominal surgery? | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00022 | Was the open chest or abdominal surgery in the last 3 months? (If yes to above)\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00023 | Did you or anyone in your household have tuberculosis in the past year?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00024 | Has a doctor or other health professional told you that you had an aneurysm?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00025 | Has a doctor or other health professional told you that you had a collapsed lung?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00026 | Has a doctor or other health professional told you that you had a detached retina?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00026a | Has a doctor or other health professional told you that you had a stroke? | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00028 | Did this stroke happen in the last 3 months?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00029 | Has a doctor or other health professional told you that you had a heart attack? | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00030 | Did this heart attack happen in the last 3 months?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00031 | In the past month, have you coughed up blood?\* | Spirometry | [Spiro safety](#_1wm1cb3k11if) |
| PFQ00032 | Has a doctor or other health professional told you that you have or have had asthma? (enter into spirometer) | Spirometry | [Asthma](#_tpucx1icogd4) |
| PFQ00033 | Are you a current or former smoker? (enter into spirometer) | Spirometry | [Smoker](#_wjicyhpzbpub) |
| **Ask to see participant’s hands and note if there are any visible limitations:** | | | |
| PFQ00050\_SQ001 | …Hand paralysis | Grip Strength | [Vis Limit](#_npbjldwyptbe) |
| PFQ00050\_SQ002 | …Wearing a cast on wrist or hand (exclude hand) | Grip Strength | [Vis Limit](#_npbjldwyptbe) |
| PFQ00050\_SQ003 | …Most of hand covered by bandages (exclude hand) | Grip Strength | [Vis Limit](#_npbjldwyptbe) |
| PFQ00050\_SQ004 | …Missing fingers other than thumb or broken fingers | Grip Strength | [Visible Limit Fingers](#_f2zd63trse0m) |
| PFQ00050\_SQ005 | …Other- Specify (exclude hand) | Grip Strength |  |
| PFQ00051 | Write in Other | Grip Strength |  |
| PFQ00052\_SQ001 | …No visible limitations | Grip Strength | [No Vis Lim](#_dall5u5xvbhk) |
|  | | | |
| PFQ00053 | Have you had any surgery on your hands or wrists in the past 3 months? | Grip Strength | [Sx1](#_7u3inqg3v5qs) |
| PFQ00054 | (If yes) Which hand or wrist was the surgery on? | Grip Strength | [Sx1 Side](#_8ip50929fmli) |
| PFQ00055 | In this test, we will be asking you to squeeze this instrument as hard as you can. Do you know of any reason why you should not do the test? (Do not include exclusions previously  recorded) | Grip Strength | [Exclude](#_pomzczoguo58) |
| PFQ00056 | (If yes) which hand and why: | Grip Strength |  |
| PFQ00057 | Have you ever had surgery on your hands or wrists for arthritis or carpal tunnel syndrome? | Grip Strength | [Sx2](#_iye30j83zxg4) |
| PFQ00058 | (If yes) Which hand or wrist? | Grip Strength | [Sx2 Side](#_rl4rzxiahaoq) |
| PFQ00059 | Have you had any pain, aching or stiffness in your **right** hand in the past 7 days? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |
| PFQ00060 | (If yes) Is the pain, aching or stiffness in your **right** hand caused by arthritis, tendonitis, or carpal tunnel syndrome? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |
| PFQ00061 | (If yes) Has the pain, aching or stiffness in your **right** hand gotten worse in the past 7 days? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |
| PFQ00062 | Have you had any pain, aching or stiffness in your **left** hand in the past 7 days? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |
| PFQ00063 | (If yes) Is the pain, aching or stiffness in your **left** hand caused by arthritis, tendonitis, or carpal tunnel syndrome? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |
| PFQ00064 | (If yes) Has the pain, aching or stiffness in your **left** hand gotten worse in the past 7 days? | Grip Strength | [Hand Issue](#_urn0jh9vp7s8) |

*Note*. \*= If the respondent indicates “*yes*” for this item, stop and do not perform the test.

Item Values:

#### Spirometry Safety: (For PFQ0018-PFQ0031)

1 = Yes

2 = No

#### Asthma?

1 = Yes

1a = Possibly

2 = No

#### Current/former smoker?

1 = Yes

1a = Former

2 = No

**Grip Strength Safety:**

#### Visible limitations?

1 = L

2 = R

#### Missing and/or broken fingers?

1 = Left

2 = Right

3 = Both

#### No visible limitations?

0 = Not selected

1 = Yes

#### Any surgery on your hands or wrists in past 3 months?

1 = Yes

2 = No

#### (If yes) Which hand or wrist was the surgery on?

1 = Left (exclude)

2 = Right (exclude)

3 = Both (exclude)

#### Do you know of any reason why you should not do the test? (Do not include exclusions previously recorded)

1 = Yes

2 = No

#### 

#### Surgery on your hands or wrists for arthritis or carpal tunnel syndrome?

1 = Yes

2 = No

#### (If yes) Which hand or wrist?

1 = Left

2 = Right

3 = Both

#### For PFQ00059-PFQ00064

1 = Yes

2 = No

Scale Scoring:

Modifications:

### Anthropometric Measures

**(Height, Weight, Waist, Hip; 6 items)**

Description:

Height, weight, waist and hip circumference will be measured directly using a scale and tape measure. Weight and height measures will be used to calculate Body Mass Index (BMI; kg/m2).

These items are related to project aim 3.

Associated Papers:

Haworth CM, Carnell S, Meaburn EL, Davis OS, Plomin R, & Wardle J. (2008). Increasing heritability of BMI and stronger associations with the FTO gene over childhood. *Obesity (Silver Spring), 16*, 2663-8.

Willer CJ, Speliotes EK, Loos RJ, Li S, Lindgren CM, Heid IM, Berndt SI, Elliott AL, Jackson AU, Lamina C, Lettre G, Lim N, Lyon HN, McCarroll SA, Papadakis K, Qi L, Randall JC, Roccasecca RM, Sanna S, Scheet P, Weedon MN, Wheeler E, Zhao JH, Jacobs LC, Prokopenko I, Soranzo N, Tanaka T, Timpson NJ, Almgren P, Bennett A, Bergman RN, Bingham SA, Bonnycastle LL, Brown M, Burtt NP, Chines P, Coin L, Collins FS, Connell JM, Cooper C, Smith GD, Dennison EM, Deodhar P, Elliott P, Erdos MR, Estrada K, Evans DM, Gianniny L, Gieger C, Gillson CJ, Guiducci C, Hackett R, Hadley D, Hall AS, Havulinna AS, Hebebrand J, Hofman A, Isomaa B, Jacobs KB, Johnson T, et al. (2009). Six new loci associated with body mass index highlight a neuronal influence on body weight regulation. *Nat Genet, 41*, 25-34.

Dahl AK, Hassing LB, Fransson EI, Gatz M, Reynolds CA, & Pedersen NL (2013). Body mass index across midlife and cognitive change in late life. Int J Obes (Lond), 37, 296-302.

Tester Instructions & Item List:

Tester Instructions:

**Waist Measurements**

1. Have subject hold tape measure at belly button and spin around.

2. Make sure tape measure is straight and level all the way around subject.

3. Record measurement to nearest ½ cm.

**Hip Measurements**

1. Have subject turn with their right hip is facing you so you can determine the level of the

maximum protrusion of the gluteus muscles (the furthest point of the butt).

2. Have subject hold tape measure at this point and spin around.

3. Make sure tape measure is straight and level all the way around subject.

4. Record measurement to nearest ½ cm.

5. Repeat process, recording second measurement.

6. If measurements differ more than 1 cm, take a 3rd measurement.

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| PFQ00003\_SQ001 | Height in inches |  | [Height](#_jjxb89kqnbyh) |
| PFQ00003\_SQ002 | Weight |  | [Weight](#_33bbn6zoo64) |
| PFQ00003\_SQ003 | Waist in cm |  | [Waist](#_9i9kxay0188g) |
| PFQ00003\_SQ004 | Hips in cm (1) |  | [Hips](#_fmlhewvx7i9v) |
| PFQ00003\_SQ005 | Hips in cm (2) |  | [Hips](#_fmlhewvx7i9v) |
| PFQ00003\_SQ006 | Hips in cm (3)- If previous differ > 1cm |  | [Hips](#_fmlhewvx7i9v) |

Item Values:

#### Height

Tester to input height in inches (i.e. 5’ 6.5” = 66.5”)

#### Weight

Tester to input height in pounds (lbs) (i.e. 109)

#### Waist

Tester to input waist circumference in centimeters (cm) (i.e. 68)

#### Hips

Tester to input hip circumference in centimeters (cm) (i.e. 87)

Scale Scoring:

Modifications:

### **Grip Strength**

**(Dynanometer; 6 items)**

Description:

Measures of handgrip strength (3 assessments on each hand) will be collected using a Jamar® Plus+ Digital Hand Dynamometer. These items will be examined for associations with early-life and concurrent cognitive functioning, as well as for underlying genetic and environmental sources of variation in the relationships.

These items are related to project aim 3.

Associated Papers:

Hamilton CM, Strader LC, Pratt JG, Maiese D, Hendershot T, Kwok RK, Hammond JA, Huggins W, Jackman D, Pan H, Nettles DS, Beaty TH, Farrer LA, Kraft P, Marazita ML, Ordovas JM, Pato CN, Spitz MR, Wagener D, Williams M, Junkins HA, Harlan WR, Ramos EM, Haines J (2011). The PhenX Toolkit: get the most from your measures. *American Journal of Epidemiology, 174,* 253-60.

Tester Instructions & Item List:

Tester Instructions:

1. Place grip handle on second rung for all subjects.

2. Have subject sitting in chair with feet touching the ground.

3. Tell them: “*I’m going to use this machine to measure your hand strength. You will hold*

*the machine like this [demonstrate with your arm against your trunk wrist at neutral and*

*elbow at 90 degrees] and squeeze the handle for about 3-4 seconds. The handle won’t*

*move, but it will take a measurement*.”

4. Press on/off button.

5. Press select test until “L 1” is showing in upper left corner.

6. Press Test and make sure the number is blinking in the upper left corner, then hand

Dynamometer to subject to practice hand grip strength. Say “*Let’s practice. When I say*

*squeeze, I want you to squeeze the handle hard, but not as hard as you can. [Support*

*dynamometer from bottom and top while subject is squeezing] Ready? 3-2-1 squeeze!”*

After 3-4 seconds say “*Stop*.”

7. Press reset and test.

8. Say “*Now we will do the actual test. When I say ‘squeeze’ this time I want you to*

*squeeze the handle as hard as you can. [Support dynamometer as before] Ready?*

*3-2-1 squeeze*!” After 3-4 seconds say “*Stop*.”

9. Record readings, wait 20 seconds then press reset and test for trial 2.

10. Record readings, wait 20 seconds then press reset and test for trial 3.

11. Press Reset.

12. Press Select Test until “R 1” appears in the upper left corner.

13. Repeat steps 6-10.

14. Press and hold On/Off button to turn unit off

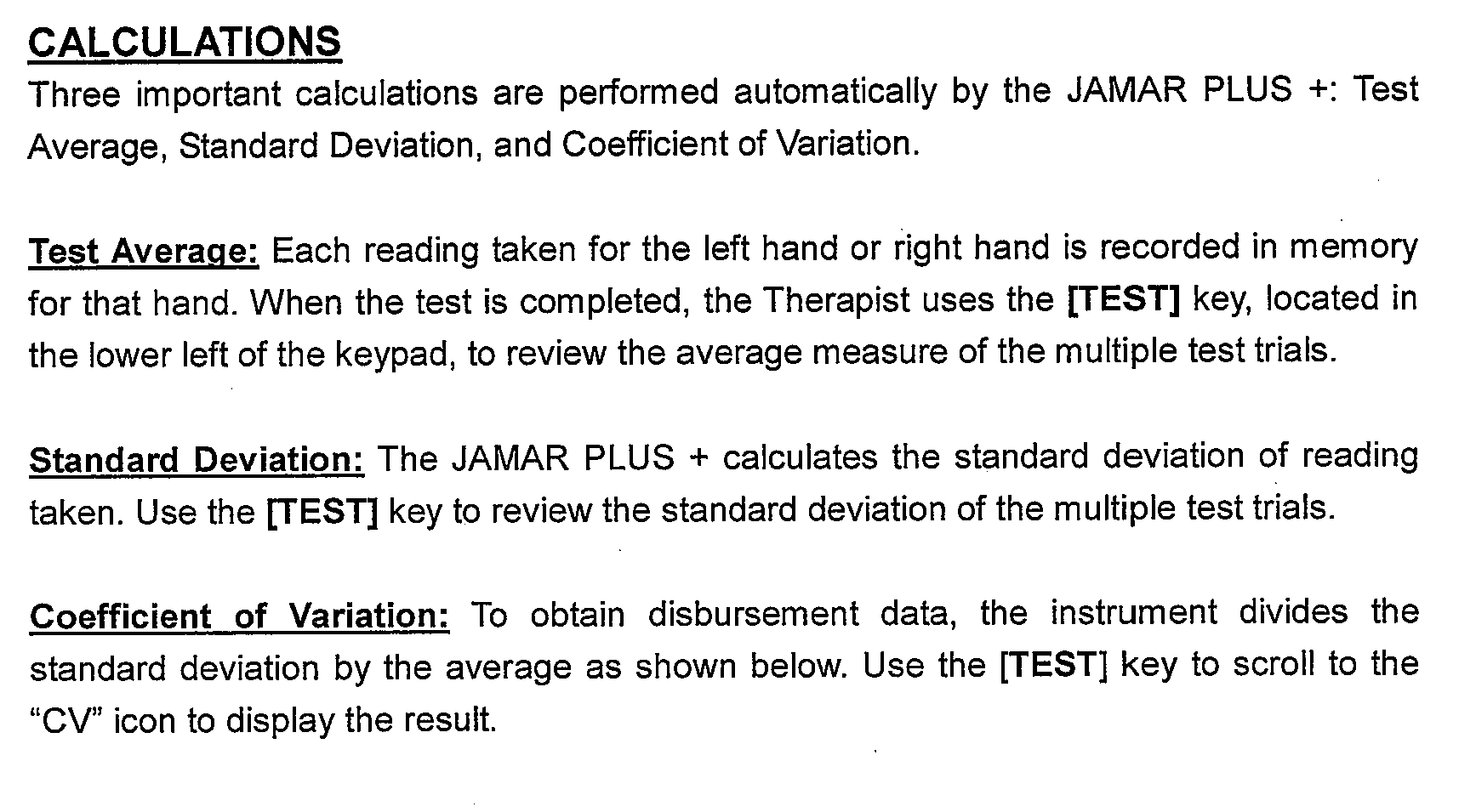
| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| PFQ00014\_SQ001 | Hand Grip L1 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |
| PFQ00014\_SQ002 | Hand Grip L2 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |
| PFQ00014\_SQ003 | Hand Grip L3 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |
| PFQ00014\_SQ004 | Hand Grip R1 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |
| PFQ00014\_SQ005 | Hand Grip R2 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |
| PFQ00014\_SQ006 | Hand Grip R3 (wait 20 sec) |  | [GS](#_ulny4rxl881e) |

Item Values:

#### Grip Strength

Tester to record dynamometer reading in pounds (lbs) (i.e. 59.9)

Scale Scoring:



Modifications:

### Resting Blood Pressure & Heart Rate

**(Blood Pressure Monitor; 9 items)**

Description:

Three assessments of resting blood pressure (systolic, diastolic, mean arterial) and resting heart rate will be included in the in-person physical assessment. Resting heart rate items will be used to calculate estimates of VO2 max for each participant. These items will be examined for their associations with early-life and concurrent cognitive functioning, as well as for underlying genetic and environmental sources of variation in the relationships.

These items are related to project aim 3.

Associated Papers:

<http://phenxtoolkitstage.rti.org/index.php?pageLink=browse.protocoldetails&id=40301>

Tanaka, H, Monahan, KD, & Seals, DR (2001). Age-predicted maximal heart rate revisited. *J Am Coll Cardiol, 37*, 153-6.

Uth, N, Sorensen, H, Overgaard, K, & Pedersen, PK (2004). Estimation of VO2max from the ratio between HRmax and HRrest--the Heart Rate Ratio Method. *Eur J Appl Physiol, 9*, 111-5.

Hamilton CM, Strader LC, Pratt JG, Maiese D, Hendershot T, Kwok RK, Hammond JA, Huggins W, Jackman D, Pan H, Nettles DS, Beaty TH, Farrer LA, Kraft P, Marazita ML, Ordovas JM, Pato CN, Spitz MR, Wagener D, Williams M, Junkins HA, Harlan WR, Ramos EM, Haines J (2011). The PhenX Toolkit: get the most from your measures. *American Journal of Epidemiology, 174*, 253-60.

Tester Instructions & Item List:

Tester Instructions:

1. Plug in unit (yes, it plugs in upside down).

2. Push and hold the on/off button until unit turns on.

3. Make sure dials on front are set to **AUTO** and **SINGLE.**

4. Choose an appropriate sized cuff based upon subject’s arm size. If you need the extra-

large size, the tubing gets plugged in at the unit.

5. Place cuff around subject’s bicep with the “ART.” triangle ½” to 1” above the inner side of

elbow joint.

6. Wrap the cuff so that you can insert only one finger between the cuff and the arm. Use

arm opposite of blood draw.

7. Have subject sit upright in chair, making sure legs are uncrossed and flat on the ground,

arm resting on armrest of chair.

8. Tell subject you want them to sit quietly just like that for 5 minutes and start stopwatch.

9. Press Start on unit at the end of 5 minutes.

10. Record measurements.

11. Wait 1 minute, repeat 2 times starting at step 9.

11. Turn unit off and unplug.

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| PFQ00004\_SQ001 | Blood Pressure 1 (Systolic)-after 5 min rest |  | [BP-Systolic](#_lfkt1ohmdj9f) |
| PFQ00004\_SQ002 | Blood Pressure 1 (Diastolic)-after 5 min rest |  | [BP-Diastolic](#_lfkt1ohmdj9f) |
| PFQ00004\_SQ003 | Resting HR 1-after 5 min rest |  | [HR](#_1j64cun9q7j9) |
| PFQ00005\_SQ001 | Blood Pressure 2-Wait 1 mins (Systolic) |  | [BP-Systolic](#_lfkt1ohmdj9f) |
| PFQ00005\_SQ002 | Blood Pressure 2-Wait 1 mins (Diastolic) |  | [BP-Diastolic](#_lfkt1ohmdj9f) |
| PFQ00005\_SQ003 | Resting HR 2- Wait 1 mins |  | [HR](#_1j64cun9q7j9) |
| PFQ00006\_SQ001 | Blood Pressure 3-Wait 1 mins (Systolic) |  | [BP-Systolic](#_lfkt1ohmdj9f) |
| PFQ00006\_SQ002 | Blood Pressure 3-Wait 1 mins (Diastolic) |  | [BP-Diastolic](#_lfkt1ohmdj9f) |
| PFQ00006\_SQ003 | Resting HR 3- Wait 1 mins |  | [HR](#_1j64cun9q7j9) |

Item Values:

#### Blood Pressure

Tester to record instrument reading for systolic and diastolic pressure in mmHg. (i.e. 120 for systolic and 80 for diastolic)

#### Heart Rate

Tester to record instrument reading for resting heart rate in beats/minute (i.e. 77)

Scale Scoring:

Modifications:

The PhenX blood pressure and heart rate protocols were modified, such that a 5-minute resting period was implemented before the first assessment. For the second and third assessments, a 1-minute resting period was used.

### Pulmonary Functioning

**(Spirometry; 16 items)**

Description:

Measures of pulmonary functioning, including forced vital capacity, will be collected during the in-person physical assessment, using a ndd 2000 EasyOne Frontline Spirometer. These items will be examined for their associations with early-life and concurrent cognitive functioning, as well as for underlying genetic and environmental sources of variation in the relationships.

These items are related to project aim 3.

Associated Papers:

Tester Instructions & Item List:

Tester Instructions:

1. Press and hold on/off button until unit turns on.

2. Use right arrow to select Configuration, then press enter.

3. Use right arrow to select Test Settings, then press enter.

4. Use right arrow to toggle Lung Age on, then press enter.

5. Use right arrow to toggle FVC, then press enter.

6. Continue to press enter until unit returns to configuration screen.

7. Press and hold 0 to get to main menu.

8. Press enter to select Perform Test.

9. Press enter to perform new test.

10. Press enter twice to leave ID and name fields blank.

11. Enter age, press enter.

12. Enter ft, press enter.

13. Enter in, press enter.

14. Enter weight, press enter.

15. Use right arrow to select ethnicity, press enter.

16. Use right arrow to select gender, press enter.

17. Use arrow to select smoking status, press enter.

18. Use arrow to select asthma status, press enter.

19. Insert Spirette as far as possible into unit being sure to align triangles.

20. Have subject sit upright in chair, making sure legs are uncrossed and flat on the ground.

21. Tell them: “*We are going to use this to measure your lung capacity. To get a good*

*reading, I need you to take the deepest possible breath to fully inflate your lungs, then*

*forcefully exhale until no more air is left. Your exhale must be rapid and complete, like*

*this.”* Then demonstrate with your own Spirette and have them practice with the one you

have inserted into the unit before you calibrate.

22. Use plastic wrapping to block Spirette during calibration.

23. Have subject apply nose plugs.

24. Instruct subject to take the deepest breath possible, put spirette into their mouth and create a

good seal with their lips, then “Blast Out” until their lungs are completely empty.

You will need to coach them to keep going throughout the process. If their data is not

useable for that trial, the readout will tell what went wrong so you can hopefully correct

the problem for the next trial. Press enter when “Next” is highlighted to advance to the

next trial. **If subject cannot produce a useable session after 7 tries, abandon task.**

25. Once enough useable trials have been logged, record measurements.

26. Press 0 twice to return to main menu, wait one minute, repeat starting at step 7.

27. Press and hold On/Off button to turn unit off.

| **Q#** | **Item** | **Subscale** | **Value Label** |
| --- | --- | --- | --- |
| PFQ00008\_SQ001 | FVC(1) Spirometer Session 1 Line 1 |  |  |
| PFQ00008\_SQ002 | % Pred Spirometer Session 1 Line 1 |  |  |
| PFQ00008\_SQ003 | Grade Spirometer Session 1 Line 1 |  |  |
| PFQ00008\_SQ007 | LA Spirometer Session 1 Line 1 |  |  |
| PFQ00009\_SQ005 | FEV1(1) Spirometer Session 1 Line 2 |  |  |
| PFQ00009\_SQ006 | % Pred Spirometer Session 1 Line 2 |  |  |
| PFQ00009\_SQ007 | % FEV1 Spirometer Session 1 Line 2 |  |  |
| PFQ00009\_SQ008 | % Pred Spirometer Session 1 Line 2 |  |  |
| PFQ00011\_SQ001 | FVC(2) (Wait 1 minute) Spirometer Session 2 Line 1 |  |  |
| PFQ00011\_SQ002 | % Pred (Wait 1 minute) Spirometer Session 2 Line 1 |  |  |
| PFQ00011\_SQ003 | Grade (Wait 1 minute) Spirometer Session 2 Line 1 |  |  |
| PFQ00011\_SQ007 | LA (Wait 1 minute) Spirometer Session 2 Line 1 |  |  |
| PFQ00012\_SQ005 | FEV1(2) Spirometer Session 2 Line 2 |  |  |
| PFQ00012\_SQ006 | % Pred Spirometer Session 2 Line 2 |  |  |
| PFQ00012\_SQ007 | % FEV1 Spirometer Session 2 Line 2 |  |  |
| PFQ00012\_SQ008 | % Pred Spirometer Session 2 Line 2 |  |  |

Item Values:

Scale Scoring:

Modifications:

### Serum Biomarkers & Genotypes

Description:

Fasting blood samples are collected from participants at the CTRC and may include other sites. Lipid and *BDNF* biomarker assays will be used on these samples to evaluate the following physiological measures: fasting total cholesterol, HDL, non-HDL cholesterol, triglycerides and calculated LDLs.

The genotyping array is the Affymetrix Precision Medicine Array. Two variants in *APOE* are genotyped at IBG.

Aim: 4.

Associated Papers:

<https://www.thermofisher.com/order/catalog/product/902981>

<http://tools.thermofisher.com/content/sfs/brochures/GGNO07706-2_DS_Axiom_PMRA.pdf>

Reynolds, C. A., Smolen, A., Corley, R. P., Munoz, E., Friedman, N. P., Rhee, S. H., Stallings, M. C., DeFries, J. C., & Wadsworth, S. J. (2019, Dec). APOE effects on cognition from childhood to adolescence. *Neurobiol Aging*, 84, 239.e231-239.e238. https://doi.org/10.1016/j.neurobiolaging.2019.04.011

Subject Instructions & Item List:

iC42 Lab Lipid Panels

| **Test** | **Unit of Measurement** |
| --- | --- |
| Cholesterol | mg/dL |
| HDL | mg/dL |
| LDL Calculated | mg/dL |
| Non-HDL Cholesterol | mg/dL |
| Triglycerides | mg/dL |

Item Values:

Scale Scoring:

Modifications:

## Greenbook

Administrative Variables

| Test | ID | Tester | Time of Test | Time period | Test Delivery |
| --- | --- | --- | --- | --- | --- |
| [Greenbook Battery](#_berkt5834z4y) | PFQ0033\_SQ001,  PFQ00065\_SQ001 | PFQ0033\_SQ003,  PFQ00065\_SQ003 | PFQ00065\_SQ004 | [PFQ00065a](#_i9fmsu5i365s) | [PFQ00066](#_l6vxydp0wr2i) |

Test Variables

| Test Name | Trial 1 - Correct | Trial 2 - Correct | Trial 1 - Incorrect | Trial 2 - Incorrect |
| --- | --- | --- | --- | --- |
| Picture Memory Test | PFQ00067\_1 ([Pic.Mem. Imm.](#_4sx023aetx0h)) | PFQ00075\_1 ([Pic. Mem. Delayed](#_qs97jhlc3o20)) | PFQ00067\_2 ([Pic.Mem. Imm.](#_4sx023aetx0h)) | PFQ00075\_2 ([Pic. Mem. Delayed](#_qs97jhlc3o20)) |
| Vocabulary | PFQ00068\_1 ([Vocab 1](#_5gu7hgjew43y)) | PFQ00080\_1 ([Vocabulary II](#_j7orqndqcqe)) | PFQ00068\_2 ([Vocab 1](#_5gu7hgjew43y)) | PFQ00080\_1 ([Vocabulary II](#_j7orqndqcqe)) |
| [Card Rotations](#_skzz5rrtbg3a) | PFQ00069\_1, PFQ00084\_SQ001\_SQ001, PFQ00084\_SQ002\_SQ001, PFQ00084\_SQ003\_SQ001, PFQ00084\_SQ004\_SQ001, PFQ00084\_SQ005\_SQ001, PFQ00084\_SQ006\_SQ001, PFQ00084\_SQ007\_SQ001, PFQ00084\_SQ008\_SQ001, PFQ00084\_SQ009\_SQ001, PFQ00084\_SQ0010\_SQ001, PFQ00084\_SQ0011\_SQ001, PFQ00084\_SQ0012\_SQ001, PFQ00084\_SQ0013\_SQ001, PFQ00084\_SQ0014\_SQ001 | PFQ00070\_1, PFQ00084\_SQ001\_SQ003, PFQ00084\_SQ002\_SQ003, PFQ00084\_SQ003\_SQ003, PFQ00084\_SQ004\_SQ003, PFQ00084\_SQ005\_SQ003, PFQ00084\_SQ006\_SQ003, PFQ00084\_SQ007\_SQ003, PFQ00084\_SQ008\_SQ003, PFQ00084\_SQ009\_SQ003, PFQ00084\_SQ0010\_SQ003, PFQ00084\_SQ0011\_SQ003, PFQ00084\_SQ0012\_SQ003, PFQ00084\_SQ0013\_SQ003, PFQ00084\_SQ0014\_SQ003 | PFQ00069\_2, PFQ00084\_SQ001\_SQ002, PFQ00084\_SQ002\_SQ002, PFQ00084\_SQ003\_SQ002, PFQ00084\_SQ004\_SQ002, PFQ00084\_SQ005\_SQ002, PFQ00084\_SQ006\_SQ002, PFQ00084\_SQ007\_SQ002, PFQ00084\_SQ008\_SQ002, PFQ00084\_SQ009\_SQ002, PFQ00084\_SQ0010\_SQ002, PFQ00084\_SQ0011\_SQ002, PFQ00084\_SQ0012\_SQ002, PFQ00084\_SQ0013\_SQ002, PFQ00084\_SQ0014\_SQ002 | PFQ00070\_2, PFQ00084\_SQ001\_SQ004, PFQ00084\_SQ002\_SQ004, PFQ00084\_SQ003\_SQ004, PFQ00084\_SQ004\_SQ004, PFQ00084\_SQ005\_SQ004, PFQ00084\_SQ006\_SQ004, PFQ00084\_SQ007\_SQ004, PFQ00084\_SQ008\_SQ004, PFQ00084\_SQ009\_SQ004, PFQ00084\_SQ0010\_SQ004, PFQ00084\_SQ0011\_SQ004, PFQ00084\_SQ0012\_SQ004, PFQ00084\_SQ0013\_SQ004, PFQ00084\_SQ0014\_SQ004 |
| [Subtraction and Multiplication Test](#_2q0lyh57uktt) | PFQ00073\_1  (Sub/Mult Pt. 1) | PFQ00074\_1  (Sub/Mult Pt. 2) | PFQ00073\_2  (Sub/Mult Pt. 1) | PFQ00074\_2  (Sub/Mult Pt. 2) |
| [Paper Form Board](#_xz0lu4mnp5pa) | PFQ00076\_1  (Paper Form Board) | N/A | PFQ00076\_2 (Paper Form Board) | N/A |
| Names and Faces | PFQ00077\_1 ([Names/Faces Imm.](#_2oiaj1b8pipd)) | PFQ00083\_1 ([N/F Delayed](#_pr7uwih6n7z)) | PFQ00077\_2 ([Names/Faces Imm.](#_2oiaj1b8pipd)) | PFQ00083\_2 ([N/F Delayed](#_pr7uwih6n7z)) |
| [Pedigrees](#_lonbgyiv2zg5) | PFQ00078\_1 (Pedigrees Pt. 1) | PFQ00079\_1 (Pedigrees Pt. 2) | PFQ00078\_2 (Pedigrees Pt. 1) | PFQ00079\_2 (Pedigrees Pt. 2) |
| [Colorado Perceptual Speed (CPS)](#_2s4w0iqjgok) | PFQ00081\_1 (CPS Pt. 1) | PFQ00082\_1  (CPS Pt. 2) | PFQ00081\_2  (CPS Pt. 1) | PFQ00082\_2 (CPS Pt. 2) |
| [Arithmetic](#_2q0lyh57uktt) | PFQ00085\_SQ001\_SQ001, PFQ00085\_SQ002\_SQ001, PFQ00085\_SQ003\_SQ001, PFQ00085\_SQ004\_SQ001, PFQ00085\_SQ005\_SQ001, PFQ00085\_SQ006\_SQ001 | PFQ00085\_SQ001\_SQ003, PFQ00085\_SQ002\_SQ003, PFQ00085\_SQ003\_SQ003, PFQ00085\_SQ004\_SQ003, PFQ00085\_SQ005\_SQ003, PFQ00085\_SQ006\_SQ003 | PFQ00085\_SQ001\_SQ002, PFQ00085\_SQ002\_SQ002, PFQ00085\_SQ003\_SQ002, PFQ00085\_SQ004\_SQ002, PFQ00085\_SQ005\_SQ002, PFQ00085\_SQ006\_SQ002 | PFQ00085\_SQ001\_SQ004, PFQ00085\_SQ002\_SQ004, PFQ00085\_SQ003\_SQ004, PFQ00085\_SQ004\_SQ004, PFQ00085\_SQ005\_SQ004, PFQ00085\_SQ006\_SQ004 |

| Test Name | Trial 1 - Correct | Trial 2 - Correct | Trial 1 - Incorrect | Trial 2 - Incorrect | Trial 1 - Categories | Trial 2- Categories |
| --- | --- | --- | --- | --- | --- | --- |
| [Things Categories Test](#_tquked33q0dy) | PFQ00071\_1 (Things Categories Pt. 1) | PFQ00072\_1  (Things Categories Pt. 2) | PFQ00071\_3  (Things Categories Pt. 1) | PFQ00072\_3  (Things Categories Pt. 2) | PFQ00071\_2 (Things Categories Pt. 1) | PFQ00072\_2 (Things Categories Pt. 2) |

Item Values:

#### Time period

A1 = am

A2 = pm

#### Test delivery

A1 = in person

A2 = phone

## WAIS

Administrative Variables

| Test | ID # | Start Time of Test | Tester # | Age (in years) | [Time Period](#_5u1mg6afw5ld) | [Test Location](#_y597l31jw84x) |
| --- | --- | --- | --- | --- | --- | --- |
| [WAIS-III](#_7nb5hufhamxy) | PFQ00086\_SQ001 | PFQ00086\_SQ003 | PFQ00086\_SQ004 | PFQ00086\_SQ005 | PFQ00086a | PFQ0086a |

Test Variables

| Test | Scaled Score | Point Score |
| --- | --- | --- |
| Full Scale Score | PFQ00087\_1 | N/A |
| Verbal Score | PFQ00087\_2 | N/A |
| Performance Score | PFQ00087\_3 | N/A |
| [Vocabulary](#_rckte0kxj1o7) | PFQ00088\_1 | PFQ00089\_1 |
| [Similarities](#_iovr5ovfw4ho) | PFQ00088\_2 | PFQ00089\_2 |
| [Arithmetic](#_pdxqvjk0ltj4) | PFQ00088\_3 | PFQ00089\_3 |
| [Digit Span](#_o2ulzml9o79j) | PFQ00088\_4 | PFQ00089\_4 |
| [Information](#_z0ozqsji3s81) | PFQ00088\_5 | PFQ00089\_5 |
| [Comprehension](#_f3l7p5qzez2) | PFQ00088\_6 | PFQ00089\_6 |
| [Picture Completion](#_pwqrbmhdzsep) | PFQ00088\_7 (Pic Completion) | PFQ00089\_7 (Pic Completion) |
| [Digit Symbol - Coding](#_u8anrilryjww) | PFQ00088\_8 (Digit Symbol) | PFQ00089\_8 (Digit Symbol) |
| [Block Design](#_31dx9wrmi0k2) | PFQ00088\_9 | PFQ00089\_9 |
| [Picture Arrangement](#_efjbk0z4oz3v) | PFQ00088\_10 (Pic Arrangement) | PFQ00089\_10 (Pic Arrangement) |
| [Object Assembly](#_n2rmuyh9d15m) | PFQ00088\_11 | PFQ00089\_11 |

| Test | Correct-Trials | Incorrect-Trials |
| --- | --- | --- |
| [Digit Symbol-Coding](#_u8anrilryjww) | PFQ00090\_SQ001\_SQ001, PFQ00090\_SQ002\_SQ001, PFQ00090\_SQ003\_SQ001, PFQ00090\_SQ004\_SQ001, PFQ00090\_SQ005\_SQ001, PFQ00090\_SQ006\_SQ001, PFQ00090\_SQ007\_SQ001 | PFQ00090\_SQ001\_SQ002, PFQ00090\_SQ002\_SQ002, PFQ00090\_SQ003\_SQ002, PFQ00090\_SQ004\_SQ002, PFQ00090\_SQ005\_SQ002, PFQ00090\_SQ006\_SQ002, PFQ00090\_SQ007\_SQ002 |

Item Values:

#### Time period

A1 = am

A2 = pm

#### Test location

A1 = IBG

A2 = away

## In-Person Testing: Cognitive

### WAIS-III

**(Wechsler Adult Intelligence Scale-third edition; X items)**

Wechsler Adult Intelligence Scale-­‐III Various Wechsler Tests of intelligence are internationally normed measures and the standard for cognitive assessment. The test consists of verbal tasks, such as vocabulary, and performance tasks, such as assembling puzzles. Even though there is a more current version, we are using this edition because it is isomorphic with the participants’ own past assessments and closer to the assessment given to their parents than is the current edition [Wechsler D. *Manual for the Wechsler Adult Intelligence Scale–3rd Edition*. San Antonio, TX: The Psychological Corporation; 1993.]

Subtests Administered

1. **Picture Completion**
2. **Vocabulary**
3. **Digit Symbol – Coding**
4. **Similarities**
5. **Block Design**
6. **Arithmetic**
7. **Object Assembly (optional)**
8. **Digit Span**
9. **Information**
10. **Picture Arrangement**
11. **Comprehension**

##### Picture Completion

Time Limit: 20 seconds

Reverse Rule: Score of 0 on item 6 or 7, administer items 1-5 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 5 consecutive scores of 0

Scoring Rule all items 0 or 1 (total raw score maximum = 25)

Items: 25

##### Vocabulary

Time Limit: NA

Reverse Rule: Score of 0 or 1 on item 4 or 5, administer items 1-3 in reverse sequence until tow consecutive perfect scores are obtained.

Discontinue Rule: 6 consecutive scores of 0

Scoring Rule: all items 0, 1, or 2 points (total raw score maximum = 66

Items: 33

##### Digit Symbol – Coding

Time Limit: 120 seconds

Discontinue Rule: 120 seconds or 4 rows

Reverse rule: NA

Discontinue Rule: NA

Scoring Rule: 1 per correct answer (total raw score maximum = 133)

Items: 140

##### Similarities

Time Limit: NA

Reverse Rule: Score of 0 or 1 on item 6 or 7 administer items 1 – 5 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 4 consecutive scores of 0

Scoring Rule: Items 1-5 0 or 1 pt. for each response. Items 6-19: 0, 1, or 2 pts for each response. (total raw score maximum = 33)

Items: 19

##### Block Design

Time Limit: 30-120 seconds

Reverse Rule: Score of 0 or 1 on item 5 or 6 administer items 1 – 4 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 3 consecutive scores of 0

Scoring Rule: Items 1-6: 2 pts. For each correct design in trial 1 1 pt., for each correct design in trail 2, 0 pts for each incorrect design in trials 1 & 2. Items 7-14 circle the appropriate score up to a maximum of 7 pts. (total raw score maximum = 68)

Items: 14

##### Arithmetic

Time Limit: 15-120 seconds

Reverse Rule: Score of 0 or 1 on item 5 or 6 administer items 1 – 4 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 4 consecutive scores of 0

Scoring Rule: Items 1-18: 0 or 1pt, for each response. Items 19-20: 0, 1, or 2 pts. (total raw score (maximum = 22)

Items: 20

##### Object Assembly (optional)

Time Limit: 120-180 seconds

Reverse Rule: N/A

Discontinue Rule: Do not discontinue. Administer all items.

Scoring Rule: enter time in seconds and enter number of correct junctures. Apply time bonus and weighting, and circle the appropriate score. \* round half scores up. (total raw score maximum = 52)

Items: 5

##### Digit Span

Time Limit: N/A

Reverse Rule: N/A

Discontinue Rule: Digits forward and backward: Score of 0 on both trials of any item. For both Digits forward and Backward, administer both trials of each item even if trail 1 is passed. Administer Digits backward even if examinee scores 0 on digits forward.

Scoring Rule: Each trail: 0 or 1 pt. for each response. Item score = Trial 1 + Trial 2 (total raw score maximum Forward = 16 Backward= 14

Items: Forward 8, Backward 7

##### Information

Time Limit: N/A

Reverse Rule: Score of 0 or 1 on item 5 or 6 administer items 1 – 4 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 6 consecutive scores of 0

Scoring Rule: All items: 0 or 1 pt. for each response (total raw score maximum = 28)

Items: 28

##### Picture Arrangement

Time Limit: 30-120 seconds

Reverse Rule: N/A

Discontinue Rule: 4 consecutive scores of 0 starting with item 2

Scoring Rule: Item 1: 2 points for each correct response on Trial 1, 1 pt. for correct response on trial 2, 0 pts for incorrect response on Trial 1 or 2. Items 2-11: Circle the appropriate score up to a maximum of 2 pts. \*\*\*note: letter in item names correspond to correct order for 2 point response (e.g., for item 5, examinee must arrange cards in C-L-E-A-N order to score two points. Items 5-9 have possible 1 point responses. (total raw score maximum = 22)

Items: 11

##### Comprehension

Time Limit: NA

Reverse rule: Score of 0 or 1 on item 4 or 5 administer items 1 – 3 in reverse sequence until two consecutive perfect scores are obtained.

Discontinue Rule: 4 consecutive scores of 0

Scoring Rule: Items 1-3: 0 or 1 pt for each response. Items: 4-18 0, 1, or 2 pts for each response. (total raw score maximum = 33)

Items: 18

### Greenbook Battery

Geenbook Tests:

1. Picture Memory Test (immediate)
2. Vocabulary (part 1) [Primary Mental Abilities, PMA]
3. Card Rotations [ETS]
4. Things Categories Test [ETS]
5. Subtraction and Multiplication Test [ETS]
6. Picture Memory Test (delayed)
7. Paper Form Board
8. Names and Faces (immediate)
9. Pedigrees
10. Vocabulary (part 2) [ETS]
11. Colorado Perceptual Speed Test
12. Names and Faces (delayed)

Battery adapted from the Hawaii Family Study of Cognition, ETS, and other sources:

DeFries, J. C., Ashton, G.C., Johnson, R. C. Kuse, A. R., McClearn, G.E., Mi, M. P., Rashad, M.N., Vandenberg, S.G., Wilson, J.R. (1978). Short Communication. The Hawaii Family Study of Cognition: A reply. *Behavior Genetics.* 8(3). 281—288. https://doi.org/10.1007/BF01072831

DeFries, J. C., Plomin, R., Vandenberg, S. G., & Kuse, A. R. (1981). Parent-offspring resemblance for cognitive abilities in the Colorado Adoption Project: Biological, adoptive, and control parents and one-year-old children. Intelligence, 5(3), 245–277. <https://doi.org/10.1016/S0160-2896(81)80012-8>

Wadsworth, S. J., Corley, R. P., Munoz, E., Trubenstein, B. P., Knaap, E., DeFries, J. C., Plomin, R., & Reynolds, C. A. (2019). CATSLife: A study of lifespan behavioral development and cognitive functioning. Twin Research and Human Genetics, 1–12. <https://doi.org/10.1017/thg.2019.49>

ETS citation:

French, J. W., Harman, H. H., & Dermen, D. (1976). *Manual for kit of factor referenced cognitive tests* (pp. 109-113). Princeton, NJ: Educational Testing Service.

[**http://www.ets.org/Media/Research/pdf/Kit\_of\_Factor-Referenced\_Cognitive\_Tests.pdf**](http://www.ets.org/Media/Research/pdf/Kit_of_Factor-Referenced_Cognitive_Tests.pdf)

[**http://www.ets.org/Media/Research/pdf/Manual\_for\_Kit\_of\_Factor-Referenced\_Cognitive\_Tests.pdf**](http://www.ets.org/Media/Research/pdf/Manual_for_Kit_of_Factor-Referenced_Cognitive_Tests.pdf)

##### 1. Picture Memory Test (immediate)

Sub-Scale: Memory (immediate)

Instructions:

In this test you are asked to look for 45 seconds at 40 objects pictured on the following two pages. Then, on a signal from the test administrator, you will be asked to turn the page and to show how many objects you can remember. Only circle those object that are exactly the same as the ones shown before, because wrong answers will be subtracted from your score. If you make a mistake, don’t bother to erase, just cross out the picture that should not be circled and continue with the test. The administrator will tell you when to turn the page. Please wait for the signal.

##### 2. Vocabulary (PMA; Part 1)

Instructions:

The first word in line 1 is “big.”

One of the other words means the same as “big.” The word “large” has been circled because it means the same as “big.” 

1. big ill large down sour

The first word in line 2 is “ancient.” Circle one of the other words that means the same as “ancient.”

1. ancient dry long happy old

You should have circled “old” because it means the same or nearly the same as “ancient.”

In each of the following lines circle the word that means the same or almost the same as the first word.

1. quite blue still tense watery
2. safe secure loyal passive young
3. brave hot cooked red courageous

STOP HERE. WAIT FOR FURTHER INSTRUCTIONS FROM THE EXAMINER. PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO.

##### 3. Card Rotations

Instructions:

This is a test of your ability to see differences between figures. Look at the 5 figures below.



All of these drawings are of the same figure which has been slid around on the page into different positions.

Now look at the next two figures: 

These two are not completely alike. You cannot slide the first around on the page so that it would cover the second. It would have to be flipped over, so that the other side would show.

Each problem in this test consists of a figure on the left of a line and 8 figures on the right. You are to decide whether each of the 8 cards on the right shows the same side of the figure or the opposite side. Put a plus (+) on each figure that sows the same side and a minus (-) if it shows the opposite side.

Practice on the following rows. The first row has already been marked. Try the next two rows.

Do not guess because your mistakes will be subtracted from your score. You will have 3 minutes for each of the 2 pages of this test. Do not go to page 2 until asked to do so.

PLEASE DO NOT TURN THIS PAGE UNTIL ASKED TO DO SO

##### 

##### 4. Things Categories test

Instructions:

This is a test to see how many things you can think of that are alike in some way.

Below are two examples of things that are often red. Now write down some things that are often red.

You may use several words to describe each thing.

\_\_\_\_\_\_\_\_\_\_\_Tomatoes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_Bricks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In this example would be the number of different things that are often red that you write. In the test you will be given a new topic for each of the two parts and you will have three minutes for each.

Please do not go on to part 2 until you are asked to do so.

PLEASE DO NOT TURN THIS PAGE UNTIL YOU ARE ASKED TO DO SO.

##### 

##### 5. Subtraction and Multiplication Test

Instructions:

This is a test to see how quickly and accurately you can subtract and multiply. It is not expected that you will finish all the problems in the time allowed.

You are to write you answers in the boxes below the problems. Several problems are given below with the first one correctly worked. Practice for speed on the others. This practice may help your score.

If you wish you may use the space between the lines or at the bottom of the page for scratch work.

Practice Problems:

Subtract:

| 98 |  | 40 |  | 37 |  | 84 |  | 81 |  | 76 |  | 59 |  | 90 |  | 46 |  | 56 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -75 |  | -35 |  | -19 |  | -47 |  | -38 |  | -40 |  | -46 |  | -31 |  | -29 |  | -23 |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Multiply:

| 86 |  | 67 |  | 30 |  | 81 |  | 42 |  | 37 |  | 81 |  | 86 |  | 43 |  | 69 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X 6 |  | X 4 |  | X 3 |  | X 8 |  | X 5 |  | X 8 |  | X 4 |  | X 3 |  | X 6 |  | X 7 |
| 516 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Your score on this test will be the number of problems solved correctly. Work as rapidly as you can without sacrificing accuracy.

You will have 2 minutes for each of the two parts of this test. Each part has one page. When you have finished Part 1, STOP. Please do not go on to part 2 until you are asked to do so.

PLEASE DO NOT TURN THIS PAGE UNTIL ASKED TO DO SO.

##### 

##### 6. Picture Memory Test (delayed)

Instructions:

A little while ago you were asked to memorize two pages of pictured objects.

On the following two pages, some of those pictures appear again. When the test administrator tell you to turn the page, please circle those pictures you remember seeing before.

Circle only those objects that are exactly thesame as the ones shown earlier, because wrong answers will be subtracted from your score. If you make a mistake, don’t bother to erase, just cross out the picture that should not be circled and continue with the test.

The test administrator will tell you when to begin. Please wait for the signal.

PLEASE DO NOT TURN THE PAGE UNTIL INSTRUCTED TO DO SO. STOP.

##### 

##### 7. Paper Form Board

Instructions:

Look at the drawings in the box below. The dotted line in the figure on the left shows where it should be cut to for the two pieces on the right. 



Can you also see how the two pieces fit together to make the figure? The pieces do not have to be flipped over. Just by sliding them around on the page they can be arranged to form the figure.

In this test you ware asked to draw a line or lines showing where the figure on the lefts should be cut to for the pieces on the right. Sometimes you have to be careful to do this without flipping any of the pieces over.

Now try this example. Draw a solid line or lines with your pencil showing how you would cut the figure on the left to get the pieces on the right. 

Here is the correct way the line should be drawn 



Right way to draw the line

This next box shows the wrong place to draw the line, because one piece would have to be flipped over. Find the piece that must be flipped over.



This is the wrong answer.

All the figures in the test should be cut so that none of the pieces have to be flipped over. Now try this last example:

Two lines are needed to show how to cut the figure.



In this example there are many correct ways to draw the lines on the figure on the left. Here are a few right ways: 



Like this or this or this 

Please don’t spend too much time on any item. If you don’t find the correct answer after a reasonable time, move on to the next item.

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP.

##### 8. Names and Faces

Instructions

In this test you are asked to look for one minute at 16 people with their first names. Try to remember the names of the people. On a signal from the test administrator, you will be asked to turn the page where you will see the people in different order without their names. You will be asked to remember their names and write them down under the photo.

For example try to remember the names of these four people:



Mary Dennis

Chuck Greg

Now, turn the page and write their names under their photo.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

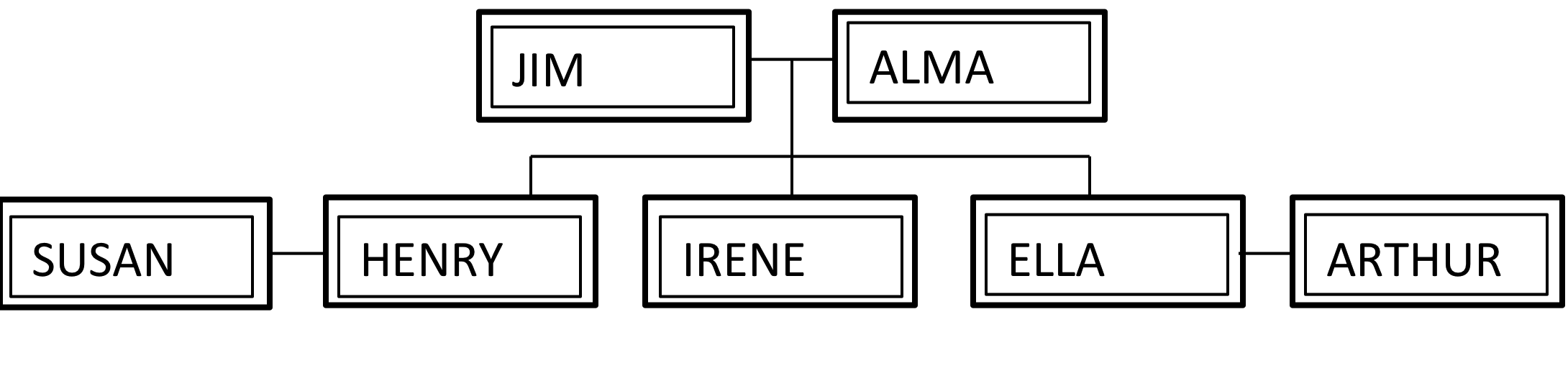
The name that you should have written under the first photograph is “Greg.” The second photograph is “Mary.” The third photograph is “Dennis” and the forth is “Chuck.” If you made a mistake, don’t bother to erase just cross out the name and write in the correct one.

The test administrator will tell you when to turn the page. Please wait for the signal. You will have one minute to look at the 16 names and faces.

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP.

##### 9. Pedigrees

Instructions: Look at this chart of a family.



1. Irene’s brother is

| Jim | Henry | Arthur | Ella | Susan |  |
| --- | --- | --- | --- | --- | --- |

2. How many children has Alma?

| 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- |

3. Irene’s brother-in-law is

| Henry | Susan | Ella | Arthur | Jim |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

4. Ella’s sister-in-law is

| Susan | Arthur | Irene | Alma | Henry |
| --- | --- | --- | --- | --- |

5. Jim is Alma’s

| Father | Husband | Brother | Son | Uncle |
| --- | --- | --- | --- | --- |

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP

##### 10. Vocabulary (ETS; Part 2)

Instructions:

This is a test of your knowledge of word meanings. Look at the sample below. One of the five words has the same meaning or nearly the same meaning as the word “jovial.” Circle the correct answer.

| Jovial | Refreshing | Scare | Thickset | Wise | Jolly |
| --- | --- | --- | --- | --- | --- |

The answer to the sample item is “jolly” so you should have circled “jolly.”

Your score will be the number marked correctly minus a fraction of the number marked incorrectly. Therefore, it will not be to your advantage to guess unless you are able to eliminate one or more of the answer choices wrong.

You will have 3 minutes for this test.

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP.

##### 

##### 11. Colorado Perceptual Speed Test

Instructions

This is a test to see how quickly you can find matching groups of letters and numbers. You see below sever lines of letter and number groups. Look at the group on the left of a colon (:). Now, find the exact copy of that group in the four choices on the other side. Circle the exact copy.

Below are given two examples which are marked correctly:

| ascr: | rcas | acsr | sacr | rsca |
| --- | --- | --- | --- | --- |
| dbbx: | xbbd | bdbx | xddb | dbbx |

Proceed to the example below, working as quickly as possible:

| ocwt: | twco | cwto | wtco | ocwt |
| --- | --- | --- | --- | --- |
| mn6v: | mn6v | 6nvm | v6nm | nm6v |
| skzw: | zksw | skzw | wzks | kzsw |
| dp9p: | bpqp | bp6p | dp9p | dq9p |
| vgeh: | evgh | hegv | vheg | vgeh |

You will have one minute for each of the two parts.

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP.

##### 12. Names and Faces (Part II)

Instructions:

A little while ago you were asked to memorize the names of 16 people.

On the following page, the people will appear again. When the test administrator tells you to turn the page, please write down their names under their photos. If you make a mistake, don’t bother to erase, just cross out the wrong name and write in the correct one.

The test administrator will tell you when to begin. Please wait for the signal.

PLEASE DO NOT TURN THE PAGE UNTIL ASKED TO DO SO. STOP.

#### EF Battery

EF Tasks:

Geeenbook Tests:

1. Antisaccade
2. Stroop
3. Keep Track
4. Letter Memory
5. Category Switch
6. Number-Letter

Battery adapted from:

Friedman NP, Miyake A, Young SE, Defries JC, Corley RP, Hewitt JK. (2008) . Individual differences in executive functions are almost entirely genetic in origin. *Journal of experimental psychology. General*, 137(2), 201-225.

##### **Inhibiting**.

###### Antisaccade task.

On each trial of the antisaccade task, a small visual cue briefly flashed on one side of the computer screen for 200 ms, followed by a target (a box containing a number) that appears for 150 ms before being masked. To see the target for long enough to identify the number, participants have to inhibit the automatic tendency to saccade to the cue and instead immediately saccade in the opposite direction. The primary dependent measure will be the proportion of correctly identified targets.

###### Stroop task.

In the Stroop task, participants name the font colors of incongruent color words (e.g., say "blue" when presented with the word RED printed in blue), congruent color words, and strings of asterisks matched in length to the words. Hence, on incongruent trials they have to resist the dominant tendency to read the words. The primary dependent measures will be the difference between the average response times for the incongruent trials compared to those for asterisks or congruent trials.

##### **Updating**.

###### Keep Track task.

In the keep track task, participants are given 2 to 5 target categories (e.g., animals and countries). After viewing a serial list of 15-20 words drawn from 6 categories, they have to recall the last exemplar of each target category. Because each list contains 2-3 exemplars of each category, they have to update which exemplars to remember during the lists. The primary dependent measure will be the proportion of the words correctly recalled out of all trials.

###### Letter Memory task.

In the letter memory task, participants see series of letters appear on the screen. For each letter, they must report the last 4 letters. Hence, as each new letter appears, the participant must update which letters to report, dropping the 5th one back and adding the new letter. The primary dependent measure will be the proportion of letter sets reported perfectly.

##### **Shifting**.

###### Category Switch task.

In the category switch task, participants see words presented with symbols classifying the object as living or nonliving or as bigger or smaller than a soccer ball. Participants complete blocks in which they only have to do one type of categorization as well as blocks in which they have to switch in an unpredictable sequence (via random cues) between the two types of categorization. The primary dependent measure will be the shift cost, calculated as the difference between the average RTs of the target trials that require a mental and the average RTs of the trials that require no mental shift.

###### Number-Letter task.

The number-letter task is set up similarly to Category Switch, except the stimuli are number-letter pairs (e.g., 4A), and the participant has to categorize the number as odd/even or the letter as consonant/vowel, depending on the location of the stimuli on the screen.

**EF**

Administrative Variables

| Test | CATSLife ID | ID# | [Family ID#](#_95yabl142fco) | [Sibling](#_qmfdccwxgl3) | [Sibling relationship](#_qh8h5ug3l21h) | [Project Identifier](#_2fb5z4582vdh) |
| --- | --- | --- | --- | --- | --- | --- |
| Executive Function Tasks | SubjNum | id | analysisFamily | CATSsib | CATSrelation | projectx |

Test Variables

| Test | [Variable](#_i29ood6tabe) | [Predicted Values Variable (MRI only)](#_2kha8wqqruml) | [Harmonized Variable (MRI only)](#_vzkeofehj0cf) |
| --- | --- | --- | --- |
| [Shifting](#_xz4b2vi1dilr) | | | |
| [Number-Letter Task](#_6wnm7e7z61fa) | swCost.NUM | pred\_swCost\_NUM | harmonized\_NUM |
| [Category Switch Task](#_wvyde0kzpfbz) | swCost.CAT | n/a | n/a |
| [Updating](#_x6ay4bf6ofr2) | | | |
| [Keep Track Task](#_meo8tzkhts4w) | KTscore | pred\_KTscore | harmonized\_KT |
| [Letter Memory Task](#_qbygd7sqmxjf) | LMscore | n/a | n/a |
| Inhibiting | | | |
| [Antisaccade Task](#_q7goka4zigcy) | Anti\_Mean | pred\_ANTImean | harmonized\_Anti |
| [Stroop Task](#_p5gmyefjr916) | WKinterflncAst | n/a | n/a |

Item Values (Data File: “WindorizedEFData\_v10\_forChandra”):

#### Family ID#

7000 = CATSLife LTS

10000 = Adoptive Family

20000 = Control Family

#### Sibling

1.00 = 1st sibling in a family

2.00 = 2nd sibling in a family

3.00 = 3rd sibling in a family

#### Sibling Relationship

1.00 = MZ twins

2.00 = DZ twins

3.00 = biological siblings

4.00 = adoptive siblings

#### Project Identifier

CAP = Colorado Adoption Project

LTS = Colorado Longitudinal Twin Sample

MRI = LTS participants who completed 3 EF tasks (antisaccade, keep track, number-letter)

in MRI scanner

#### Variables

swCost.Num = Reaction time (RT) switch cost for Number-Letter task.

swCost.CAT = RT switch cost for Category-Switch task.

KTscore = Keep Track task accuracy

LMscore = Letter Memory Task accuracy

Anti\_Mean = Antisaccade task accuracy

WKinterflncAst = Stroop RT interference (incongruent - asterisk)

#### Predicted Values Variables

pred\_swCost\_NUM = predicted values for RT switch cost for Number-Letter task for LTS individuals who completed this task as part of separate assessment in an MRI scanner before the primary CATSLife assessment

pred\_KTscore = predicted values for Keep Track task accuracy for individuals who completed this task as part of separate assessment in an MRI scanner before the primary CATSLife assessment

pred\_ANTImean = predicted values for Antisaccade task accuracy for individuals who completed this task as part of separate assessment in an MRI scanner before the primary CATSLife assessment

#### Harmonized Variables

harmonized\_NUM = RT switch cost for Number-Letter task but for LTS participants who completed this task as part of separate MRI assessment had scores replaced with predicted value from variable “pred\_swCost\_NUM”

harmonized\_KT = Keep-Track task accuracy but for LTS participants who completed this task as part of separate MRI assessment had scores replaced with predicted value from variable “pred\_KTscore”

harmonized\_Anti = Antisaccade task accuracy but for LTS participants who completed this task as part of separate MRI assessment had scores replaced with predicted value from variable “pred\_ANTImean”