



Please print your answers.

ADULT SELF-REPORT FOR AGES 18-59

For office use only
ID#

YOUR FULL NAME	First	Middle	Last
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YOUR GENDER	YOUR AGE	ETHNIC GROUP OR RACE
<input type="checkbox"/> Male <input type="checkbox"/> Female		

TODAY'S DATE	YOUR BIRTHDATE
Mo. ____ Date ____ Yr. ____	Mo. ____ Date ____ Yr. ____

Please fill out this form to reflect **your** views, even if other people might not agree. You need not spend a lot of time on any item. Feel free to print additional comments. **Be sure to answer all items.**

YOUR USUAL TYPE OF WORK, even if not working now. Please be specific—for example, auto mechanic; high school teacher; homemaker; laborer; lathe operator; shoe salesman; army sergeant; student (indicate what you are studying & what degree you expect).
 Your work _____ Spouse or partner's work _____

PLEASE CHECK YOUR HIGHEST EDUCATION

<input type="checkbox"/> 1. No high school diploma and no GED	<input type="checkbox"/> 7. Some graduate school but no graduate degree
<input type="checkbox"/> 2. General Equivalency Diploma (GED)	<input type="checkbox"/> 8. Master's Degree
<input type="checkbox"/> 3. High school graduate	<input type="checkbox"/> 9. Doctoral or Law Degree
<input type="checkbox"/> 4. Some college but no college degree	<input type="checkbox"/> Other education (specify): _____
<input type="checkbox"/> 5. Associate's Degree	
<input type="checkbox"/> 6. Bachelor's or RN Degree	

I. FRIENDS:

- A. About how many close friends do you have? (Do not include family members.)
 None 1 2 or 3 4 or more
- B. About how many times a month do you have contact with any of your close friends? (Include in-person contacts, phone, letters, e-mail.)
 Less than 1 1 or 2 3 or 4 5 or more
- C. How well do you get along with your close friends?
 Not as well as I'd like Average Above average Far above average
- D. About how many times a month do any friends or family visit you?
 Less than 1 1 or 2 3 or 4 5 or more

II. SPOUSE OR PARTNER:

- What is your marital status? Never been married Married but separated from spouse
 Married, living with spouse Divorced
 Widowed Other—please describe: _____

At any time in the past 6 months, did you live with your spouse or with a partner?

- No—please skip to page 2.
 Yes—Circle 0, 1, or 2 beside items A-H to describe your relationship **during the past 6 months:**

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 A. I get along well with my spouse or partner	0 1 2 E. My spouse or partner and I disagree about living arrangements, such as where we live
0 1 2 B. My spouse or partner and I have trouble sharing responsibilities	0 1 2 F. I have trouble with my spouse or partner's family
0 1 2 C. I feel satisfied with my spouse or partner	0 1 2 G. I like my spouse or partner's friends
0 1 2 D. My spouse or partner and I enjoy similar activities	0 1 2 H. My spouse or partner's behavior annoys me

III. FAMILY:

Compared with others, how well do you:

		Worse than Average	Variable or Average	Better than Average	No Contact
A. Get along with your brothers?	<input type="checkbox"/> I have no brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Get along with your sisters?	<input type="checkbox"/> I have no sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Get along with your mother?	<input type="checkbox"/> Mother is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Get along with your father?	<input type="checkbox"/> Father is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Get along with your biological or adopted children?	<input type="checkbox"/> I have no children				
1. Oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 2nd oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 3rd oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other children	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Get along with your stepchildren?	<input type="checkbox"/> I have no stepchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. JOB: At any time in the past 6 months, did you have any paid jobs (including self-employment and military service)?

No—please skip to Section V.

Yes—please describe your job(s): _____

Circle 0, 1, or 2 beside items A-I to describe your work experience *during the past 6 months:*

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2	A. I work well with others	0 1 2	F. I do things that may cause me to lose my job
0 1 2	B. I have trouble getting along with bosses	0 1 2	G. I stay away from my job even when I'm not sick or not on vacation
0 1 2	C. I do my work well	0 1 2	H. My job is too stressful for me
0 1 2	D. I have trouble finishing my work	0 1 2	I. I worry too much about work
0 1 2	E. I am satisfied with my work situation		

V. EDUCATION: At any time in the past 6 months, did you attend school, college, or any other educational or training program?

No—please skip to Section VI.

Yes—what kind of school or program? _____

What degree or diploma are you seeking? _____ Major? _____

When do you expect to receive your degree or diploma? _____

Circle 0, 1, or 2 beside items A-E to describe your educational experience *during the past 6 months:*

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2	A. I get along well with other students	0 1 2	D. I am satisfied with my educational situation
0 1 2	B. I achieve what I am capable of	0 1 2	E. I do things that may cause me to fail
0 1 2	C. I have trouble finishing assignments		

VI. Do you have any illness, disability, or handicap? No Yes—please describe:

VII. Please describe your concerns or worries about family, work, education, or other things: No concerns

VIII. Please describe the best things about yourself:

VIII. Below is a list of items that describe people. For each item, please circle 0, 1, or 2 to describe yourself over the past 6 months. Please answer all items as well as you can, even if some do not seem to apply to you.

0 = Not True	1 = Somewhat or Sometimes True	2 = Very True or Often True	
0 1 2	1. I am too forgetful	0 1 2	37. I get in many fights
0 1 2	2. I make good use of my opportunities	0 1 2	38. My relations with neighbors are poor
0 1 2	3. I argue a lot	0 1 2	39. I hang around people who get in trouble
0 1 2	4. I work up to my ability	0 1 2	40. I hear sounds or voices that other people think aren't there (describe): _____
0 1 2	5. I blame others for my problems		
0 1 2	6. I use drugs (other than alcohol and nicotine) for nonmedical purposes (describe): _____	0 1 2	41. I am impulsive or act without thinking
		0 1 2	42. I would rather be alone than with others
0 1 2	7. I brag	0 1 2	43. I lie or cheat
0 1 2	8. I have trouble concentrating or paying attention for long	0 1 2	44. I feel overwhelmed by my responsibilities
0 1 2	9. I can't get my mind off certain thoughts (describe): _____	0 1 2	45. I am nervous or tense
		0 1 2	46. Parts of my body twitch or make nervous movements (describe): _____
0 1 2	10. I have trouble sitting still		
0 1 2	11. I am too dependent on others	0 1 2	47. I lack self-confidence
0 1 2	12. I feel lonely	0 1 2	48. I am not liked by others
0 1 2	13. I feel confused or in a fog	0 1 2	49. I can do certain things better than other people
0 1 2	14. I cry a lot	0 1 2	50. I am too fearful or anxious
0 1 2	15. I am pretty honest	0 1 2	51. I feel dizzy or lightheaded
0 1 2	16. I am mean to others	0 1 2	52. I feel too guilty
0 1 2	17. I daydream a lot	0 1 2	53. I have trouble planning for the future
0 1 2	18. I deliberately try to hurt or kill myself	0 1 2	54. I feel tired without good reason
0 1 2	19. I try to get a lot of attention	0 1 2	55. My moods swing between elation and depression
0 1 2	20. I damage or destroy my things	0 1 2	56. Physical problems without known medical cause:
0 1 2	21. I damage or destroy things belonging to others	0 1 2	a. Aches or pains (not stomach or headaches)
0 1 2	22. I worry about my future	0 1 2	b. Headaches
0 1 2	23. I break rules at work or elsewhere	0 1 2	c. Nausea, feel sick
0 1 2	24. I don't eat as well as I should	0 1 2	d. Problems with eyes (not if corrected by glasses) (describe): _____
0 1 2	25. I don't get along with other people		
0 1 2	26. I don't feel guilty after doing something I shouldn't	0 1 2	e. Rashes or other skin problems
0 1 2	27. I am jealous of others	0 1 2	f. Stomachaches
0 1 2	28. I get along badly with my family	0 1 2	g. Vomiting, throwing up
0 1 2	29. I am afraid of certain animals, situations, or places (describe): _____	0 1 2	h. Heart pounding or racing
		0 1 2	i. Numbness or tingling in body parts
0 1 2	30. My relations with the opposite sex are poor	0 1 2	57. I physically attack people
0 1 2	31. I am afraid I might think or do something bad	0 1 2	58. I pick my skin or other parts of my body (describe): _____
0 1 2	32. I feel that I have to be perfect		
0 1 2	33. I feel that no one loves me	0 1 2	59. I fail to finish things I should do
0 1 2	34. I feel that others are out to get me	0 1 2	60. There is very little that I enjoy
0 1 2	35. I feel worthless or inferior	0 1 2	61. My work performance is poor
0 1 2	36. I accidentally get hurt a lot	0 1 2	62. I am poorly coordinated or clumsy

Please print your answers. Be sure to answer all items.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 63. I would rather be with older people than with people of my own age
- 0 1 2 64. I have trouble setting priorities
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe): _____

- 0 1 2 67. I have trouble making or keeping friends
- 0 1 2 68. I scream or yell a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): _____

- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I worry about my family
- 0 1 2 73. I meet my responsibilities to my family
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
- 0 1 2 76. My behavior is irresponsible
- 0 1 2 77. I sleep more than most other people during day and/or night (describe): _____

- 0 1 2 78. I have trouble making decisions
- 0 1 2 79. I have a speech problem (describe): _____

- 0 1 2 80. I stand up for my rights
- 0 1 2 81. My behavior is very changeable
- 0 1 2 82. I steal
- 0 1 2 83. I am easily bored
- 0 1 2 84. I do things that other people think are strange (describe): _____

- 0 1 2 85. I have thoughts that other people would think are strange (describe): _____

- 0 1 2 86. I am stubborn, sullen, or irritable
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
- 0 1 2 89. I rush into things without considering the risks
- 0 1 2 90. I drink too much alcohol or get drunk
- 0 1 2 91. I think about killing myself
- 0 1 2 92. I do things that may cause me trouble with the law (describe): _____

- 0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
- 0 1 2 99. I dislike staying in one place for very long
- 0 1 2 100. I have trouble sleeping (describe): _____

- 0 1 2 101. I stay away from my job even when I'm not sick and not on vacation
- 0 1 2 102. I don't have much energy
- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than others
- 0 1 2 105. People think I am disorganized
- 0 1 2 106. I try to be fair to others
- 0 1 2 107. I feel that I can't succeed
- 0 1 2 108. I tend to lose things
- 0 1 2 109. I like to try new things
- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others
- 0 1 2 112. I worry a lot
- 0 1 2 113. I worry about my relations with the opposite sex
- 0 1 2 114. I fail to pay my debts or meet other financial responsibilities
- 0 1 2 115. I feel restless or fidgety
- 0 1 2 116. I get upset too easily
- 0 1 2 117. I have trouble managing money or credit cards
- 0 1 2 118. I am too impatient
- 0 1 2 119. I am not good at details
- 0 1 2 120. I drive too fast
- 0 1 2 121. I tend to be late for appointments
- 0 1 2 122. I have trouble keeping a job
- 0 1 2 123. I am a happy person
124. **In the past 6 months**, about how many times per day did you use tobacco (including smokeless tobacco)? _____ times per day.
125. **In the past 6 months**, on how many days were you drunk? _____ days.
126. **In the past 6 months**, on how many days did you use drugs for nonmedical purposes (including marijuana, cocaine, and other drugs, except alcohol and nicotine)? _____ days.