

SELF-ADMINISTERED QUESTIONNAIRE

For this part of the interview you are asked to answer the following questions on the interview form yourself. Please answer the questions by placing an "X" mark over the circle next to the response that you have chosen.

The questions in this part of the interview include those dealing with alcohol and drug use, depression and suicide, and being the victim of a violent crime, including sexual assault. It is possible that these questions might make you feel uncomfortable. As with any part of the interview, you are free to choose not to participate in this self-administered part of the interview, or if you choose to participate you can skip any question that you do not wish to answer. As with any part of the interview, your responses during the interview are confidential as neither your name, address or any other identifier will be attached to any of your responses.

When you have finished, please fold the papers in half, place them in the envelope, and then seal the envelope. The interviewer has pledged not to open the envelope. The person opening the envelope will not know who completed this form.

(PLEASE ANSWER **ONLY** IF YOU ARE FEMALE) (MEN SKIP TO D39):

D36. How many children have you given birth to? _____

- NONE → → SKIP TO D39

D37. Were any of these stillbirths?

- YES
 NO

(IF YES) ↓

D38. How many?

00 _____(CHILDREN)

D39. Do you ever drink wine, beer, liquor, or home brew?

- YES
 NO → → SKIP TO D42

D40. During the past 12 months, how often did you drink alcoholic beverages?

- ONCE A MONTH OR LESS
- 2-3 TIMES PER MONTH
- ONCE PER WEEK
- 2-3 TIMES APERWEEK
- MORE THAN 2-3 TIMES PER WEEK

D41. During the past 12 months, how often have you had five or more drinks on one occasion?

- ONCE A MONTH OR LESS
- 2-3 TIMES PER MONTH
- ONCE PER WEEK
- 2-3 TIMES APERWEEK
- MORE THAN 2-3 TIMES PER WEEK

D42. Were there any problems related to alcohol or drugs in your home in your childhood?

- YES, OFTEN
- YES, SOMETIMES
- NO, NEVER

D43. Are there any problems related to alcohol or drugs in your home today?

- YES, OFTEN
- YES, SOMETIMES
- NO, NEVER

D44. Do you take any of the following drugs? [PLEASE JUST X THE BOX UNDER "NO" OR "YES"]			D45. If yes, how often have you taken this drug in the past 12 months? [PLEASE X THE APPROPRIATE BOX]				
	NO	YES	ONCE A MONTH OR LESS	2-3 TIMES PER MONTH	ONCE PER WEEK	2-3 TIMES PER WEEK	MORE THAN 2-3 TIMES PER WEEK
a. Marijuana?	<input type="radio"/>	<input checked="" type="radio"/>					
b. Amphetamines?	<input type="radio"/>	<input checked="" type="radio"/>					
c. Sniffing gas or other inhalants?	<input type="radio"/>	<input checked="" type="radio"/>					
d. Ecstasy?	<input type="radio"/>	<input checked="" type="radio"/>					
e. Heroin?	<input type="radio"/>	<input checked="" type="radio"/>					
f. Cocaine?	<input type="radio"/>	<input checked="" type="radio"/>					
g. Other drugs?	<input type="radio"/>	<input checked="" type="radio"/>					

D46. Within the past 12 months, have you been a victim of:

- | | | |
|-----------------------|-----------------------|--------------------------------|
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | D39a. theft? |
| <input type="radio"/> | <input type="radio"/> | D39b. sexual assault? |
| <input type="radio"/> | <input type="radio"/> | D39c. another type of assault? |
| <input type="radio"/> | <input type="radio"/> | D39d. other offenses? |

D47. Have you ever thought seriously of committing suicide ?

- YES
 NO → → SKIP TO D49

D48. Was this during the last year ?

- YES
 NO

D49. How much of the time in the last month have you felt like each of the items below? Please check one of the six answer categories for each item.

	→						
	1.	2.	3.	4.	5.	6.	8.
	NEVER					ALWAYS	DON'T KNOW
a. been a nervous person?	<input type="radio"/>						
b. felt calm and peaceful?	<input type="radio"/>						
c. felt downhearted and blue?	<input type="radio"/>						
d. been a happy person?	<input type="radio"/>						
e. felt so down that nothing could cheer you up?	<input type="radio"/>						
f. felt good about yourself?	<input type="radio"/>						
g. felt good about your life?	<input type="radio"/>						
h. known that there are people who care about you?	<input type="radio"/>						



That's all the questions in this section. Please put your completed self-administered questionnaire in the envelope and seal it. Then please tell me that you're done.