



Please print your answers.

ADULT SELF-REPORT FOR AGES 18-59

For office use only
ID#

YOUR FULL NAME		First	Middle	Last
YOUR GENDER		YOUR AGE		ETHNIC GROUP OR RACE
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 technician; 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 B. My spouse or partner and I have trouble sharing responsibilities
 0 1 2 C. I feel satisfied with my spouse or partner
 0 1 2 D. My spouse or partner and I enjoy similar activities

- 0 1 2 E. My spouse or partner and I *disagree* about living arrangements, such as where we live
 0 1 2 F. I have trouble with my spouse or partner's family
 0 1 2 G. I like my spouse or partner's friends
 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 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:** _____

IX. 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 2. I make good use of my opportunities
- 0 1 2 3. I argue a lot
0 1 2 4. I work up to my ability
- 0 1 2 5. I blame others for my problems
0 1 2 6. I use drugs (other than alcohol or nicotine) for nonmedical purposes (describe): _____
- 0 1 2 7. I brag
0 1 2 8. I have trouble concentrating or paying attention for long
- 0 1 2 9. I can't get my mind off certain thoughts (describe): _____
- 0 1 2 10. I have trouble sitting still
- 0 1 2 11. I am too dependent on others
0 1 2 12. I feel lonely
- 0 1 2 13. I feel confused or in a fog
0 1 2 14. I cry a lot
- 0 1 2 15. I am pretty honest
0 1 2 16. I am mean to others
- 0 1 2 17. I daydream a lot
0 1 2 18. I deliberately try to hurt or kill myself
- 0 1 2 19. I try to get a lot of attention
0 1 2 20. I damage or destroy my things
- 0 1 2 21. I damage or destroy things belonging to others
0 1 2 22. I worry about my future
- 0 1 2 23. I break rules at work or elsewhere
0 1 2 24. I don't eat as well as I should
- 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 27. I am jealous of others
0 1 2 28. I get along badly with my family
- 0 1 2 29. I am afraid of certain animals, situations, or places (describe): _____
- 0 1 2 30. My social relations with other genders are poor
- 0 1 2 31. I am afraid I might think or do something bad
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 34. I feel that others are out to get me
- 0 1 2 35. I feel worthless or inferior
0 1 2 36. I accidentally get hurt a lot, accident-prone

- 0 1 2 37. I get in many fights
0 1 2 38. My relations with neighbors are poor
- 0 1 2 39. I hang around people who get in trouble
0 1 2 40. I hear sounds or voices that other people think aren't there (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 43. I lie or cheat
0 1 2 44. I feel overwhelmed by my responsibilities
- 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 47. I lack self-confidence
0 1 2 48. I am not liked by others
- 0 1 2 49. I can do certain things better than other people
0 1 2 50. I am too fearful or anxious
- 0 1 2 51. I feel dizzy or lightheaded
0 1 2 52. I feel too guilty
- 0 1 2 53. I have trouble planning for the future
0 1 2 54. I feel tired without good reason
- 0 1 2 55. My moods swing between elation and depression
56. Physical problems **without known medical cause:**
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
0 1 2 b. Headaches
0 1 2 c. Nausea, feel sick
0 1 2 d. Problems with eyes (**not** if corrected by glasses) (describe): _____
- 0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches
0 1 2 g. Vomiting, throwing up
0 1 2 h. Heart pounding or racing
0 1 2 i. Numbness or tingling in body parts
- 0 1 2 57. I physically attack people
0 1 2 58. I pick my skin or other parts of my body (describe): _____
- 0 1 2 59. I fail to finish things I should do
0 1 2 60. There is very little that I enjoy
- 0 1 2 61. My work performance is poor
0 1 2 62. I am poorly coordinated or clumsy

0 = Not True

1 = Somewhat or Sometimes True

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- 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 or 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 a different gender
- 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 social relations with other genders
- 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) or use e-cigarettes? _____ 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.