

**Australian peacekeepers:
Long-term mental health status,
health service use, and quality of life**

Appendices

Appendices

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Appendix 1 Study invitation package

ID: «Full study list ID»
«AddressBlock»

Friday, 16 December 2011
«GreetingLine»

I am writing to invite you to participate in a study of Australia's peacekeeping veterans concerning their long-term mental health status, health service use and quality of life of. The study is being conducted by The University of Melbourne.

At the present time, there are no Australian studies of the long-term effects of peacekeeping, so this study is important for planning health services to best assist current and future peacekeepers.

This study is recruiting peacekeepers deployed during the 1990s and early 2000s to Namibia, Western Sahara, Cambodia, Rwanda, Somalia and East Timor. We believe, based on records held by the Australian Department of Defence and the Department of Veterans' Affairs, that you were deployed on one or more of these peacekeeping missions.

When thinking about whether or not you wish to participate in this study, can you please consider that for the study to accurately describe the mental health of Australia's peacekeepers we need participation from all veterans whom we are asking to participate, even if you feel quite well.

Should you decide to participate, all that is being asked of you is (a) that you complete a questionnaire, which should take you about 60-70 minutes and (b) that you consent to us examining your medical data held by Medicare Australia. To make completion of the questionnaire as easy as possible, if you prefer you may complete it online at a time that is convenient for you. There is no medication, procedure or medical test involved.

To learn more about the study, please read the enclosed Participant Information and Consent Form document. Once you have read this, can you please indicate on the Consent Form whether you wish to participate in the study or not. Please return the completed Consent Form to us using the reply paid envelope included with this letter.

- If you would prefer, you can consent online by entering this URL link (https://www.surveymonkey.com/s/Australian_Peacekeeper_Study) into your web browser, and following the instructions

Should you choose to participate, your answers to the questionnaire will be completely confidential. Your individual answers, including any personal details which may identify you in any way will, not be passed to the Department of Veterans' Affairs. Only aggregate data will be reported in the study findings. The DVA will never know if you have participated or not. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from the DVA, or to which you may become entitled in the future. If you wish, you can discontinue your participation in this study at any time prior to data entry and aggregation.

This study has the support of the Returned and Services League of Australia (RSL) and the Australian Peacekeepers and Peacemakers Veterans' Association (APPVA). Attached are letters of support from these ex-service organizations.

This study is also approved by the Ethics Committees of the Department of Veterans' Affairs, The University of Melbourne and the Australian Defence Force.

It you would like to learn more about the study, please go to our website where the study is outlined. The address is: <http://www.psychiatry.unimelb.edu.au/qol/>. If you have any further questions about the study please feel free to contact the study co-ordinator, Dr Sam Korn (Telephone: 03 8344 4520; E-mail: korns@unimelb.edu.au).

We encourage you to participate in this study, as the results will lead to a greater understanding of the mental health of Australia's peacekeeper veterans, and they will be used to improve health care services for Australia's current and future peacekeepers.

Yours sincerely

{signature}

Associate Professor Graeme Hawthorne
Principal Research Fellow
Department of Psychiatry
The University of Melbourne



Australian Government

The Repatriation Commission

PRESIDENT
DEPUTY PRESIDENT
COMMISSIONER

TELEPHONE (02) 6289 6736
TELEPHONE (02) 6289 6744
TELEPHONE (02) 6289 6733

FACSIMILE (02) 6289 6257

ID:

Dear

I am writing to encourage you to participate in the Australian Peacekeepers' Study which is being sponsored by the Department of Veterans' Affairs (DVA).

The study will investigate the long-term effects of peacekeeping on the mental health and wellbeing of Australian peacekeepers. It is being conducted by an independent research team at The University of Melbourne and is aimed at peacekeepers who were deployed to Namibia (UNTAG 1989-1990), Western Sahara (MINURSO 1991-1994), Cambodia (UNAMIC/UNTAC 1991-1993), Rwanda (UNAMIR II 1994-1995), Somalia (UNOSOM I/UNITAF/UNOSOM II 1992-1996), and East Timor (INTERFET 1999 and UNATET 1999-2002).

In support of this research, DVA is assisting the researchers in contacting potential study participants. You and more than 2200 other ex-serving personnel are invited to participate in this research. Your support will assist the ADF and DVA in understanding the various health effects of peacekeeping operations, now and into the future.

For the study to be successful, it is vital that as many peacekeeping veterans as possible participate. It is also important that it include those who feel that they enjoy good health and wellbeing, as well as those who are unwell. If you decide to participate in the study, you will be helping all those who serve.

To maintain your privacy, contact information held by DVA and Defence has not (and will not) be passed on to the researchers, rather, we are forwarding the study documents on their behalf. It is your choice whether you wish to reply to them and participate in this research.

Participants will be asked to complete a questionnaire covering their demographic background, deployment history, life stressors, mental and physical health conditions, and quality of life. Study participants' information will be used only for the purposes of the study and will be protected under the provisions of the *Privacy Act 1988* (Cth).

In addition, no information from your questionnaire which identifies you will be passed back to DVA or Defence by the researchers. Your response will not in any way affect any pension, benefits or health services you are receiving or are entitled to receive from DVA.

I emphasise again that it is a matter of choice for you whether you wish to reply and participate in this research. At the same time, I make a special plea for your careful consideration of this request. The study has the full support of the Returned and Services League of Australia (RSL) and the Australian Peacekeepers and Peacemakers Veterans' Association (APPVA).

The study has been approved by the appropriate Ethics Committees. Any queries about your participation in the study may be directed to the study coordinator, Dr Sam Korn on (03) 8344 4520, or you can call DVA on 1800 502 302.

Alternatively, if you have any queries or complaints about the study you can contact the DVA Ethics Committee by writing to HREC Coordinator, DVA, PO Box 21, Woden ACT 2606, phoning (02) 6289 6204, faxing (02) 6289 6173 or emailing ethics.committee@dva.gov.au.

The health and wellbeing of members and ex-members of the ADF is of great importance to both the ADF and DVA. It is vital that we possess the best information available so that we can effectively monitor, prepare for and prevent any adverse effects of peacekeeping operations on our people.

Thank you for your consideration of this important study.

Yours sincerely

A handwritten signature in black ink that reads "M.A. Kelly". The signature is written in a cursive style with a long, sweeping tail on the letter 'y'.

M.A. Kelly, AO
Major General
COMMISSIONER



AUSTRALIAN PEACEKEEPER & PEACEMAKER
VETERANS' ASSOCIATION
NATIONAL EXECUTIVE
P.O. BOX 552, TORQUAY, VIC, 3228

(INCORPORATED IN VICTORIA)

ABN 59 558 194 094

Patron
Major General John Pearm AM, RFD
(Ret'd)

*Affiliated with the Soldiers of Peace
International Association - SPIA
<http://www.fname.info/aisp/eng/>*

Telephone & Fax: (03) 5264 8244
Mobile: 0415094996
Email: president@peacekeepers.asn.au
Website: www.peacekeepers.asn.au

Also assisting Veterans of Iraq, Afghanistan and Peacetime Service

*Commemorating 20 Years of The Australian Contingent
to the United Nations Transitional Administration Group,
Namibia, South West Africa*

Monday, 25 October 2010

I am writing to you on behalf of the *Australian Peacekeepers and Peacemakers Veterans' Association (APPVA)*, regarding a study into the long term mental health of Australia's peacekeeping and peacemaking (Peace - Enforcement) veterans.

Although there have been a number of major Australian studies concerning military personnel deployed to Vietnam, Korea and the Persian Gulf, none have specifically targeted the long term effects of Peacekeeping and Peacemaking Operations. The APPVA has long believed such a study is necessary and has done so for a number of years.

The information gathered from this study will assist in providing a comprehensive picture about the long-term mental-health consequences of participating in Peacekeeping and Peacemaking Operations. These results will assist in identifying to the Department of Defence any issues arising in this area and enable the implementation of changes in policy that may assist future Australian Peacekeepers and Peacemakers.

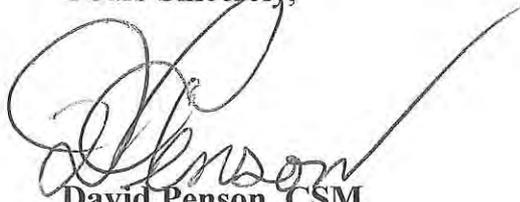
For this study to be successful however, it requires as many participants as possible, including those who feel they are healthy, as well as who feel they are sick.

"Looking After Our Own"

The study has full ethics approval and is being run by an experienced team from The University of Melbourne who are working independently to the DVA.

I would therefore unreservedly encourage your participation in this long overdue study so that the information collected can be used to aid current and future generations of Australian Peacekeeping and Peacemaking veterans.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'D. Penson', with a long, sweeping flourish extending to the right.

David Penson, CSM
National President.



FOUNDED
IN 1916

THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LIMITED

NATIONAL HEADQUARTERS

ABN 63 008 488 097

UNDERSTANDING THE LONG TERM EFFECTS ON THE MENTAL HEALTH OF AUSTRALIAN PEACEKEEPERS

The first national study into the long-term effects of peacekeeping on the mental health of Australian peacekeepers is an important initiative. Its findings will guide the way in which the nation and its health professionals treat and care for the many thousands who have been or are now engaged in peacekeeping operations in diverse parts of the world. The study is of sufficient importance to have received approval from the ethics committees of the Department of Veterans' Affairs and the Australian Defence Force.

Peacekeeping is a vital part of Australia's national security stance and seems likely to continue to be so for the foreseeable future. The nation's peacekeeping effort involves members of the Australian Defence Force, the Federal Police and a wide variety of folk from other Government and non Government agencies. The roles of Australia's peacekeepers vary dependent upon the circumstances of each peace keeping mission but all involve some degree of stress and some an element of danger. The long term effects of these experiences on the mental health of peacekeepers are unknown and it is to overcome this lack of knowledge that a study is being undertaken by a highly qualified and experienced team of experts.

Those undertaking the study seek volunteers for telephone or online interviews from amongst those who were engaged in peacekeeping operations between 1989 and 2002. The researchers will randomly select former peacekeepers who volunteer to participate and ask each to cooperate in completing a once only survey either during a telephone conversation or by answering questions online.

To accord with the usual strict protocols governing such studies, the anonymity of volunteers is assured. Those who elect to participate will be doing an enormous service to their fellow peacekeepers by providing the information needed to guide mental health treatment in the future.

The Returned & Services League of Australia encourages all who have participated in peacekeeping operations during the period 1989 to 2002 to take part in this very important study.

Ken Doolan
National President
The Returned & Services League of Australia

LEST WE FORGET



G.P.O. BOX 303
CANBERRA
A.C.T. 2601

PH: (02) 6248 7199
FAX: (02) 6247 7637



THE PRICE OF LIBERTY IS ETERNAL VIGILANCE

ID: {ID}

Participant Information for persons participating in:

Australian peacekeepers: the long-term effects on mental health status, health service use and quality of life



Principal Researchers: Associate Professor Graeme Hawthorne (1)
Dr Sam Korn (1)
Professor Malcolm Sim (2)
Professor Alexander McFarlane (3)

1. Department of Psychiatry, The University of Melbourne
2. Monash Centre for Occupational & Environmental Health (MonCOEH), Monash University
3. Centre for Military and Veterans' Health (CMVH), University of Adelaide

This participant Information and Consent Form is 9 pages long. Please make sure you have all the pages.

1. Introduction

You are invited to participate in this research project. This is because the Department of Veteran Affairs (DVA) Records indicate that you were involved in one or more international United Nations sanctioned peacekeeping missions between the years 1989-2002 to Namibia, Western Sahara, Cambodia, Rwanda, Somalia, East Timor (INTERFET) and East Timor (UNTAET).

The purpose of this study is to examine the long-term mental health consequences of being involved in peacekeeping and it's impact on health service use and quality of life. Knowing what is involved will help you decide if you want to take part in this research.

Please read this information carefully. If there is anything you don't understand or would like more information about please call or email Dr Sam Korn (ph 03 8344 4520; email: korns@unimelb.edu.au). Before deciding whether or not to take part you may wish to talk about the study with a relative, friend or healthcare worker.

If you would like to learn more about the study, please go to our website where the study is outlined. The address is: <http://www.psychiatry.unimelb.edu.au/qol/>.

Participation is voluntary. Should you participate, your answers to the questionnaire will be completely confidential. Your answers, including any personal details which may identify you in any way will not be passed to the Department of Veterans' Affairs, except in aggregate. The DVA will never know if you have participated or not. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from DVA, or to which you may become entitled in the future. If you wish, you can discontinue your participation in this study at any time prior to data entry and aggregation.

If you decide you want to take part in this study, we ask you to sign the attached consent form and return it in the reply paid envelope. By signing you are telling us that you:

- Understand what you have read
- Consent to be part of the research project
- Consent to participate in the research questionnaire
- Consent to the use of your de-identified personal and health information as described

You may make a copy of this Participant Information and the Consent Form for your own records.

2. What is the purpose of this research project?

This study has 6 objectives

- (a) provide a profile of the mental and physical health of Australia's peacekeeping veterans;
- (b) examine the long-term effect of peacekeeping on the mental health of veterans;
- (c) examine the relationship between single and multiple deployments;
- (d) investigate the relationships between pre-, deployment and post-deployment stressors;
- (e) assess health service utilisation by peacekeeper veterans; and
- (f) estimate the economic burden of mental and physical health conditions in peacekeepers.

3. What does participation in this research project involve?

3.1 Participation in this project will involve a once only completion of the study questionnaire. It is anticipated that the completion of this questionnaire will take approximately 60-90 minutes. There are two ways of completing the questionnaire, online or by telephone interview:

- Online. If you choose this option we will either email or post you a unique web page address and password. The survey is designed so that if you require a break you can log in at a later date and continue from where you left off. However, once the questionnaire is finished it will be automatically locked so you will be unable to change your responses.
- By telephone: If you choose this option a researcher will contact you and arrange a time to interview you over the telephone.

On the consent form there is a place for you to indicate your preference.

3.2 We are also asking for you to consent to us accessing, on a one-off basis, your medical records for the past 5 years from Medicare Australia. This information covers your use of health services in the past 5 years. To protect your privacy, should you provide consent, we will not ask Medicare Australia for your personal information. Rather we will ask Medicare Australia for de-identified data based on each of the seven study deployment cohorts. We will make no attempt to match your personal questionnaire data with these medical records.

4. What are the possible benefits?

You will not benefit directly from participating in this study. However the information that you provide will aid in the understanding of the impact of peacekeeping on mental health.

Current and future peacekeeper veterans will benefit because the results will be used to assist in the planning of health services.

5. What are the possible risks?

We do not anticipate that you will be put at risk by completing the study questionnaire or interview, although there may be unforeseen or unknown risks.

If you become upset or distressed as a result of your participation in the research, the researchers are able to arrange for independent counselling or appropriate support.

- Any counselling or support that you ask for will be provided by an independent counsellor who is not a member of the research team or of DVA.

- You can find the contact details of the counsellor at the end of this Participant Information and Consent Form.
- If you are upset or distressed, you may wish to suspend or end your participation in this study.

6. What if new information arises during this research project?

If new information about the risks and benefits of the project become known to the researchers, you will be told about this new information, whether this new information affects you or not.

7. Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part you don't have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage prior to data entry and aggregation.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect any medical care you are receiving or may require in the future.

8. What if I withdraw from this research project?

If you decide to withdraw from this project please notify one of the researchers (contact details are below in Section 14).

If you decide to withdraw, we would like to keep the personal and health information that has already been collected from you. This is to help ensure that the results of the research can be measured properly.

If you do not want us to do this, you must ask us to destroy your data. You are free to withdraw from the project at any stage before your data is electronically stored and aggregated. Once we have finished collecting data from all study participants your personal details will be destroyed so your data can no longer be linked to you in any way so we will be unable to destroy it.

9. Could this research project be stopped unexpectedly?

It is possible that this research could be stopped if many veterans reported that participating in interviews or completing the questionnaires was too upsetting. This is very unlikely.

10. How will I be informed of the results of this research project?

If you would like a copy of the research findings you will need to inform the study coordinator so that your name and address can be kept for this purpose only. If you wish to do this, we will send you a printed copy of the summarised findings of the project.

We will also place a copy of the findings on the Department of Psychiatry (The University of Melbourne) website and the DVA website. You will be able to read it or download and save or print it. The internet address for the Department of Psychiatry is: <http://www.psychiatry.unimelb.edu.au/>. The internet address for the DVA web site is <http://www.dva.gov.au/Pages/home.aspx>.

11. What will happen to information about me?

Any information obtained in connection with this project and that can identify you will remain confidential. This information about you includes both the information you give us in interviews and questionnaires, and information obtained from your health records held at the DVA for the purposes of this research. It will only be disclosed with your permission, except as required by law.

We will remove any identifying details (Name, contact details, date of birth) and your questionnaire will be assigned a random unique identification number that will not be connected with your identifying details.

If you give us permission, by signing the Consent Form, we plan to analyse your data to understand the long term impact of peacekeeping on mental health, health service use and quality of life.

Your identifying details will be stored in a password protected computer which will be accessible only to the study researchers. This information will be held for the period of time it takes us to gather the data from all participants. Once we have finished collecting data from all study participants your personal details will be destroyed so your data can no longer be linked to you in any way. The de-identified results from the questionnaires will be stored on a secure computer within the Department of Psychiatry in The University of Melbourne for seven years.

After this period of time we will lodge the de-identified data in the Australian National Library for future researchers.

The findings of this study will be published in the academic literature and may be presented at professional conferences. In any publication, information will be provided in such a way that you cannot be identified.

12. How can I access my information?

In accordance with relevant Australian and/or Victorian privacy and other relevant laws you have the right to access the information collected and stored by the researchers about you, subject to us being able to retrieve it (once de-identified, we will not be able to retrieve your particular information). You also have the right to request that any information with which you disagree to be corrected. Please contact one of the researchers named below in Section 14 if you would like to access your information.

13. Is this research project approved?

The ethical aspects of this research project have been approved by the Human Research Ethics Committees of the Department of Veterans Affairs, Australian Defence Force and the University of Melbourne.

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

14. Who can I contact?

Who you need to contact will depend on the nature of your enquiry, therefore please note the following.

For further information about the study please contact:

Dr Sam Korn
Department of Psychiatry, The University of Melbourne
Level 1 North, Royal Melbourne Hospital
Grattan Street, Parkville
Phone: 03 8344 5511
Email: korns@unimelb.edu.au

Or

A/Professor Graeme Hawthorne
Department of Psychiatry, The University of Melbourne
Level 1 North, Royal Melbourne Hospital
Grattan Street, Parkville
Phone: 03 8344 5467
Email: graemeeh@unimelb.edu.au

To organise a telephone interview:

Dr Sam Korn
Department of Psychiatry, The University of Melbourne

Level 1 North, Royal Melbourne Hospital
Grattan Street, Parkville

Phone: 03 8344 4520

Email: korns@unimelb.edu.au

Or

Mr Andrew Rodsted

Department of Psychiatry, The University of Melbourne
Level 1 North, Royal Melbourne Hospital
Grattan Street, Parkville

Phone: 03 8344 5511

Email: korns@unimelb.edu.au

For any complaints which you may have about the conduct of the study:

If you have any complaints about any aspect of this project, the way it is being conducted, or any questions about being a research participant in general, then you can contact:

Department of Veterans' Affairs Ethics Committee

HREC Coordinator
DVA, PO Box 21
Woden ACT 2606P

Phone (02) 6289 6204

Fax (02) 6289 6173

email: ethics.committee@dva.gov.au

Or

Melbourne Research Human Ethics

Executive Officer
Human Research Ethics
The University of Melbourne
VIC 3010.

Tel: (03) 8344 2073.

Or

The Australian Defence Human Research Ethics Committee

Executive Secretary
ADHREC, CP2-7-130
Department of Defence
Canberra ACT 2600

Phone (02) 6266 3837

Fax (02) 6266 3933

email: ADHREC@defence.gov.au

General contact for Department of Veterans' Affairs:

Department of Veterans' Affairs Health Studies enquiry line 1800 502 302.

15. CONSENT FORM (Barcoded with DVA unique identifier)

Department of Veterans Affairs, Australian Defence Force and The University of Melbourne

Full project title: Australian peacekeepers: the long-term effects on mental health status, health service use and quality of life

Name of participant (please print): _____

1. I have read the Participant letter of introduction version (1), dated (27 May 2009), or have had it read to me and I understand what it says. I understand that I may keep a copy of this letter.
2. I understand that the purpose of this research is to study the long term mental health status, health service use and quality of life of Australian veteran peacekeepers.
3. I consent to participate in this project according to the conditions in the Participant Information and Consent Form (PICF).
4. I understand that this project has received ethics clearance from the Ethics Committees at the Department of Veterans' Affairs, The University of Melbourne, and the Australian Defence Force.
5. I understand that the study questionnaire may be completed either online or via an interview over the telephone.
6. I acknowledge that:
 - a. The possible effects of participating in this study have been explained to me to my satisfaction and that if I feel I need to I can contact an independent counsellor to help me should I find completing the questionnaire upsetting. The details of the counsellor are attached as Appendix A to this form.
 - b. I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data previously supplied. The Revocation of Consent form is attached as Appendix B.
 - c. The project is for research purposes;
 - d. I have been informed that the confidentiality of the information I provide will be safe-guarded and that, once data collection has finished, my name or other identifying information will not be stored or used by the researchers, subject to any legal requirements.
7. I consent to my study information being de-identified and stored electronically at The University of Melbourne, Department of Psychiatry and that the de-identified information may be re-analysed by other researchers, as outlined in the PICF.

I agree / do not agree (please circle option) to be part of this study.

Signature _____ Date _____
(Participant)

Signature _____ Date _____
(Witness)

Name of witness: _____

Note: All parties signing the consent form must date their own signature.

Preferred method of participation:

- Telephone (please give telephone number): _____
- Internet (if you would like us to email you access details please print your email address OR provide a postal address):

COUNSELLOR CONTACT INFORMATION

It is possible that you may feel upset after completing this questionnaire, because it may remind you of a past traumatic event that you have experienced.

If you would like to speak with someone about these events or that this questionnaire was upsetting, please feel free to contact:

Ms Laura Hayes
Psychosocial Research Centre,
130 Bell St, Coburg, 3058,
T: 9355 9827

Ms Hayes is a trained counsellor and registered psychologist.

If you feel that you need to contact her, there is no cost to you for speaking with her and what you tell her will be treated with complete confidentiality.

REVOCAION OF CONSENT FORM

Department of Veterans Affairs, Australian Defence Force and The University of Melbourne

Full project title: Australian peacekeepers: the long-term effects on mental health status, health service use and quality of life

I hereby wish to WITHDRAW my consent to participate in this research project and understand that such withdrawal WILL NOT jeopardise any pension, benefits or health services which I am entitled to from DVA, or to which I may become entitled in the future.

Full name of participant (printed): _____

Signature: _____

If you wish to withdraw from this study, please complete this form and return it to:

Dr Sam Korn
Level 1 North
Royal Melbourne Hospital
Grattan Street
Parkville
VIC 3052

Appendix 2 Study questionnaire

Notes:

PART A:

- Demographic questions (Dem)
- Health and Medical conditions (HMC)
- Service history. (SH)
- Posttraumatic checklist (PCL)
- Deployment stress exposure (the Traumatic Stress Exposure Scale) (TSS)
- Smoking status (Smoke)
- The Post-Traumatic Growth Inventory. (PGI)
- The Life Events Checklist (LEC)
- Psychological distress as assessed through the 12-item General Health Questionnaire. (GHQ)
- The Dimensions of Anger Reactions (DAR5)
- Health care service use. (HSU)
- The Short Assessment of Patient Satisfaction Scale. (SAPS)
- The Demoralization Scale (Demor)
- The SF-36V2 (SF)
- Social isolation as measured by the Friendship Scale. (Friend)
- Revised Life Orientation Test (LOT-R) (LOT)
- Assessment of Quality of Life (AQoL) (AQoL)

PART B CIDI:

- 1.1 K10 (includes 4-item anger measure)
- 1.2 Screening questions. Most participants will 'pass' these questions and will go straight to the Posttraumatic Stress Disorder section.
- 1.3 Depression
- 1.4 Mania
- 1.5 Generalized Anxiety Disorder
- 1.6 Alcohol and Substance abuse
- 1.7 Posttraumatic Stress Disorder
- 1.8 Suicidality

PART A

Demographic

Instructions:

To assist us with the study we need to know a little about your background. This will help us to better understand your answers to the other questions. The information you give is personal, and will remain so if you do not use your name.

- Please read each question carefully, and then tick the box which best describes you.
- Remember, only select one box for each question.

Thank you very much for your help.

Dem 1. You are a:

Male

Female

Dem 2. Your age is: _____ years.

Dem 3. In which country were you born? _____

Dem 4. How well do you speak English?

Very well

Well

Not well

Not at all (you have very limited English)

Dem 5. You are:

Single

Married/de facto

Divorced/Separated

Widowed

Dem 6. What is your highest completed education level?

Primary school

Trade/Apprenticeship Certificate

High school

Technical & Further education qualification

University/College degree

Dem 7. To the nearest \$5,000, what is your annual household income after tax, i.e. all the money your household earns or gets from a pension, superannuation or from investments?

\$ _____

Dem 8. Are you receiving any Social Security, pension, or sickness benefits payments?

Yes

No

Dem 8.1 If YES, what type of benefit do you receive? _____
Dem 8.2 If YES, when did you first start receiving benefits? _____ (date: dd/mm/yyyy)
Dem 8.3 If YES, what is your reason for receiving benefits? _____

- Dem 9. What is your main current working status?
- Working full-time or part time
 - Unemployed, or looking for work
 - Homemaker
 - Student
 - Retired or on sickness benefits

Dem 10. What work do you do (or did the last time you worked)? _____
Eg Plumber, Nurse, House worker, Unemployed, Teacher, Clerk etc)

Dem 11. Do you currently have a significant illness?

- No
- Yes

Dem 11.1 If YES, how long have you had it for? _____ months

Dem 11.2 If YES, is it:

- Acute, i.e. temporary and you expect you will get better.
- Chronic, i.e. you expect to live with it over a long period of time.

Dem 12. Are you currently on any medication?

- No
- Yes

If YES, how long have you been using it for? _____ months

Dem 13. Do you hold a DVA White, Orange or Gold Card?

- No
- Yes

Dem 13.1 If YES, what type of card is it? _____ Card

Service history

SH 1.0 In which of these did you serve?

- Army – Regular army
- Army – National service
- RAN
- RAAF

SH 2. Dates of your military service (if uncertain, please specify month or year):

SH 2.1 Date entered service: ____/____/____ (dd/mm/yyyy)

SH 2.2 Date discharged from service: ____/____/____ (dd/mm/yyyy)

Still serving (go to 2d)

SH 2a After your discharge did you enter the reserves?

- No (go to question 2d)
- Yes

SH 2a.1 If yes, which branch of reserves did you enter? _____

SH 2b Are you still in the reserves?

- No
- Yes

SH 2b.1 Date discharged from reserves: ____/____/____ (dd/mm/yyyy)

SH 2c Did you deploy while you were in the reserves?

- No
- Yes

SH 2d Have you discharged from service then subsequently re-enlisted?

- No
- Yes, please provide details below

SH 2d.1 _____

SH 3.0 Deployments you served on (please tick as many as are applicable)

Deployment	Years	Mark if served
World War II	1939-1945	<input type="radio"/>
Japanese Occupation	1946-1951	<input type="radio"/>
Indonesia	1947-1951	<input type="radio"/>
Korea	1950-1953	<input type="radio"/>
Malayan Emergency	1950-1963	<input type="radio"/>
India/Pakistan(Kashmir)	1950-1985	<input type="radio"/>
Korea	1953-	<input type="radio"/>
Middle East	1956-	<input type="radio"/>
Congo	1960-1961	<input type="radio"/>
Vietnam	1962-1973	<input type="radio"/>

West New Guinea	1962-1963	<input type="radio"/>
Indonesia (Borneo)	1963-1966	<input type="radio"/>
Yemen	1963-1964	<input type="radio"/>
India/Pakistan	1965-1966	<input type="radio"/>
Syria	1974-	<input type="radio"/>
Israel/Egypt/Sinai Peninsula	1976-1979	<input type="radio"/>
Lebanon	1978	<input type="radio"/>
Rhodesia/Zimbabwe	1979-1980	<input type="radio"/>
Uganda	1982-1984	<input type="radio"/>
Sinai	1982-1986	<input type="radio"/>
Iran/Iraq	1986-1990	<input type="radio"/>
Namibia	1989-1990	<input type="radio"/>
Afghanistan/Pakistan	1989-1993	<input type="radio"/>
Gulf War	1990-1991	<input type="radio"/>
Pacific Region	1990	<input type="radio"/>
Gulf War	1991	<input type="radio"/>
Turkey/Iraq/Kurdistan	1991	<input type="radio"/>
Western Sahara	1991-1994	<input type="radio"/>
Cambodia	1991-1993	<input type="radio"/>
Iraq	1991-1999	<input type="radio"/>
Bosnia	1992	<input type="radio"/>
Somalia	1992-1993	<input type="radio"/>
Sinai	1993-	<input type="radio"/>
Somalia	1993-1996	<input type="radio"/>
Cambodia	1993-	<input type="radio"/>
Afghanistan	1993	<input type="radio"/>
Mozambique	1994	<input type="radio"/>
Rwanda	1994-1995	<input type="radio"/>
Haiti	1994-1995	<input type="radio"/>
Bosnia	1996	<input type="radio"/>
Papua New Guinea	1997	<input type="radio"/>
Bougainville	1997-2003	<input type="radio"/>
Bosnia	1997-2004	<input type="radio"/>
East Timor	1999-2002	<input type="radio"/>
Solomon Islands	2000-	<input type="radio"/>
Afghanistan	2001-2002	<input type="radio"/>
Sierra Leone	2000-2005	<input type="radio"/>
Ethiopia & Eritrea	2000-2005	<input type="radio"/>
Iraq	2002-	<input type="radio"/>
Afghanistan	2003-	<input type="radio"/>
East Timor	2005-	<input type="radio"/>
Sudan	2005-	<input type="radio"/>
Tonga	2006	<input type="radio"/>
Darfur	2007-	<input type="radio"/>
Kiribati	2008	<input type="radio"/>
Samoa	2009	<input type="radio"/>
Indonesia	2009	<input type="radio"/>
Other		<input type="radio"/>

SH 4a During any of your deployments were you physically injured?

No

Yes

SH 4a.1 If YES, please describe your how you got your physical injury/injuries, what injury/injuries you suffered, and any medical treatment you received for your injury/injuries

4b. How do you regard any physical injury/injuries received during your deployment now?

- I was not injured
- My injury is fully recovered
- I have some slight ongoing disability from my injury
- I have moderate disability from my injury
- I have major disability from my injury
- I have severe and permanent disability from my injury

5a During any of your deployments were you mentally injured?

- No
- Yes

SH 5a.1 If YES, please describe your how you got your mental injury/injuries, what injury/injuries you suffered, and any medical treatment you received for your injury/injuries

SH 5b How do you regard any mental injury/injuries received during your deployment now?

- I was not injured
- My injury is fully recovered
- I have some slight ongoing disability from my injury
- I have moderate disability from my injury
- I have major disability from my injury
- I have severe and permanent disability from my injury

Smoking status

Smoke 1.0 What is your current smoking status?

- Never smoked (go to next question)
- Have smoked in the past but currently don't smoke
 - o Smoke 1a Date stopped? ____/____/_____
- Current smoker.
 - o Smoke 1b What year did you start smoking? _____

PTSD Checklist – Civilian Version (PCL-C)

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and make a selection to indicate how much you have been bothered by that problem in the past month.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
PCL1.	Repeated, disturbing <u>memories</u> , <u>thoughts</u> , or <u>images</u> of a stressful experience from the past?					
PCL2.	Repeated, disturbing <u>dreams</u> of a stressful experience from the past?					
PCL3.	Suddenly <u>acting</u> or <u>feeling</u> as if a stressful experience were happening again (as if you were reliving it)?					
PCL4.	Feeling <u>very upset</u> when <u>something</u> <u>reminded</u> you of a stressful experience from the past?					
PCL5.	Having <u>physical reactions</u> (e.g., heart pounding, trouble breathing, or sweating) when <u>something</u> <u>reminded</u> you of a stressful experience from the past?					
PCL6.	Avoid <u>thinking about</u> or <u>talking about</u> a stressful experience from the past or avoid <u>having feelings</u> related to it?					
PCL7.	Avoid <u>activities</u> or <u>situations</u> because <u>they remind you</u> of a stressful experience from the past?					
PCL8.	Trouble <u>remembering important parts</u> of a stressful experience from the past?					
PCL9.	<u>Loss of interest</u> in things that you used to enjoy?					
PCL10.	Feeling <u>distant</u> or <u>cut off</u> from other people?					
PCL11.	Feeling <u>emotionally numb</u> or being unable to have loving feelings for those close to you?					
PCL12.	Feeling as if your <u>future</u> will somehow be <u>cut short</u> ?					

PCL13.	Trouble <u>falling or staying</u> asleep?					
PCL14.	Feeling <u>irritable</u> or having <u>angry</u> outbursts?					
PCL15.	Having <u>difficulty concentrating</u> ?					
PCL16.	Being " <u>super alert</u> " or watchful on guard?					
PCL17.	Feeling <u>jumpy</u> or easily startled?					

SAPS Version 2

Instructions: After reading each question, circle the answer that best describes your situation. We know that sometimes answers may not describe you exactly, so please pick the answer that *most closely describes you*. When you have finished, please check that you have answered all questions.

SAPS1. How satisfied are you with the effect of your {treatment/care}?

Very satisfied.....	0
Satisfied.....	1
Neither satisfied nor dissatisfied.	2
Dissatisfied.	3
Very dissatisfied.	4

SAPS2. How satisfied are you with the explanations the {doctor/other health professional} has given you about the results of your {treatment/care}?

Very dissatisfied.	0
Dissatisfied.	1
Neither satisfied nor dissatisfied.	2
Satisfied.....	3
Very satisfied.....	4

SAPS3. The {doctor/other health professional} was very careful to check everything when examining you.

Strongly agree.....	0
Agree.....	1
Not sure.....	2
Disagree.....	3
Strongly disagree.....	4

SAPS4. How satisfied were you with the choices you had in decisions affecting your health care?

Very dissatisfied.....	0
Dissatisfied.	1
Neither satisfied nor dissatisfied.	2
Satisfied.....	3
Very satisfied.....	4

SAPS5. How much of the time did you feel respected by the {doctor/other health professional}?

All of the time.....	0
Most of the time.....	1
About half the time.....	2
Some of the time.....	3
None of the time.....	4

SAPS6. The time you had with the {doctor/other health professional} was too short.

Strongly agree.....	0
Agree.....	1
Not sure.....	2
Disagree.....	3
Strongly disagree.....	4

SAPS7. Are you satisfied with the care you received in the {hospital/clinic}?

Very satisfied.....	0
Satisfied.....	1
Neither satisfied nor dissatisfied.	2
Dissatisfied.	3
Very dissatisfied.	4

Demoralisation Scale

For each statement below, you are asked to indicate how strongly the statement has applied to you over the last two weeks by circling the corresponding number.

Over the past two weeks how often have you felt...

	Never	Seldom	Some-times	Often	All the Time
Demor1. There is a lot of value in what I can offer others.	0	1	2	3	4
Demor2. My life seems to be pointless.	0	1	2	3	4
Demor3. There is no purpose to the activities in my life.	0	1	2	3	4
Demor4. My role in life has been lost.	0	1	2	3	4
Demor5. I no longer feel emotionally in control.	0	1	2	3	4
Demor6. I am in good spirits.	0	1	2	3	4
Demor7. No one can help me.	0	1	2	3	4
Demor8. I feel that I cannot help myself.	0	1	2	3	4
Demor9. I feel hopeless.	0	1	2	3	4
Demor10. I feel guilty.	0	1	2	3	4
Demor11. I feel irritable.	0	1	2	3	4
Demor12. I cope fairly well with life.	0	1	2	3	4
Demor13. I have a lot of regret about my life.	0	1	2	3	4
Demor14. Life is no longer worth living.	0	1	2	3	4
Demor15. I tend to feel hurt easily.	0	1	2	3	4
Demor16. I am angry about a lot of things.	0	1	2	3	4
Demor17. I am proud of my accomplishments.	0	1	2	3	4
Demor18. I feel distressed about what is happening to me.	0	1	2	3	4
Demor19. I am a worthwhile person.	0	1	2	3	4
Demor20. I would rather not be alive.	0	1	2	3	4
Demor21. I feel sad and miserable.	0	1	2	3	4
Demor22. I feel discouraged about life.	0	1	2	3	4
Demor23. I feel quite isolated or alone.	0	1	2	3	4
Demor24. I feel trapped by what is happening to me.	0	1	2	3	4

DAR5

Please tick the box that best describes how you feel. There are no right or wrong answers.

DAR 1	I often find myself getting angry at people or situations	<input type="checkbox"/>				
		Not at all	A little	Moderately	A lot	Very much
DAR 2	When I get angry, I get really mad	<input type="checkbox"/>				
		Not at all	A little	Moderately	A lot	Very much
DAR 3	When I get angry, I stay angry	<input type="checkbox"/>				
		Not at all	A little	Moderately	A lot	Very much
DAR 4	When I get angry at someone, I want to hit or clobber the person	<input type="checkbox"/>				
		Not at all	A little	Moderately	A lot	Very much
DAR 5	My anger prevents me from getting along with people as well as I'd like to	<input type="checkbox"/>				
		Not at all	A little	Moderately	A lot	Very much

The Friendship Scale

During the past four weeks:

Friend1. It has been easy to relate to others:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

Friend3. I had someone to share my feelings with:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

Friend5. When with other people, I felt separate from them:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

Friend2. I felt isolated from other people:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

Friend4. I found it easy to get in touch with others when I needed to:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

Friend6. I felt alone and friendless:

- Almost always
- Most of the time
- About half the time
- Occasionally
- Not at all

General Health Questionnaire

These questions ask how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Fill in the response that best applies to you. Thank you for answering all the questions.

Have you recently.....

GHQ 1. Been able to concentrate on what you're doing?

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

GHQ 2. Lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 3. Felt that you are playing a useful part in things?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

GHQ 4. Felt capable of making decisions about things?

- More so than usual
- Same as usual
- Less than usual
- Much less than usual

GHQ 5. Felt constantly under strain?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 6. Felt you couldn't overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 7. Been able to enjoy your normal day to day activities?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

GHQ 8. Been able to face up to your problems?

- More so than usual
- Same as usual
- Less than usual
- Much less than usual

GHQ 9. Been feeling unhappy or depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 10. Been losing confidence in yourself?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 11. Been thinking of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

GHQ 12. Been feeling reasonably happy, all things considered?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

Health service use

HSU1. Have you used the services of a registered medical practitioner in the past 3-months:

Medical practitioner	Number of times used										
HSU1.1 Medical specialist (NOT psychiatrist)	0	1	2	3	4	5	6	7	8	9	10+
HSU1.2 General practitioner (GP)	0	1	2	3	4	5	6	7	8	9	10+
HSU1.3 Psychiatrist	0	1	2	3	4	5	6	7	8	9	10+

HSU2. Have you used any other health service in the past 3-months:

Service	Number of times used										
HSU2.1 Community health centre	0	1	2	3	4	5	6	7	8	9	10+
HSU2.2 District nurse or other community nurse	0	1	2	3	4	5	6	7	8	9	10+
HSU2.3 Social worker	0	1	2	3	4	5	6	7	8	9	10+
HSU2.4 Psychologist	0	1	2	3	4	5	6	7	8	9	10+
HSU2.5 Other counsellor (e.g. marriage guidance)	0	1	2	3	4	5	6	7	8	9	10+
HSU2.6 Chiropractor	0	1	2	3	4	5	6	7	8	9	10+
HSU2.7 Physiotherapist	0	1	2	3	4	5	6	7	8	9	10+
HSU2.8 Occupational therapist	0	1	2	3	4	5	6	7	8	9	10+
HSU2.9 Speech therapist	0	1	2	3	4	5	6	7	8	9	10+
HSU2.10 Acupuncturist	0	1	2	3	4	5	6	7	8	9	10+
HSU2.11 Other alternative therapist (e.g. naturopath, herbalist, homeopath)	0	1	2	3	4	5	6	7	8	9	10+
HSU2.12 Other (please specify : _____) HSU2.13	0	1	2	3	4	5	6	7	8	9	10+

HSU4.1 For each prescribed medication used please answer the following questions

	Can you remember the name of the medication ?	Can you list the purpose for which you took the medication ?	Who prescribed this medication ?	How much did you pay from your own pocket for it?	How many times have you bought the medication?
<i>Example:</i>	<i>Keflex</i>	<i>infection</i>	<i>GP</i>	<i>\$12.00</i>	<i>3</i>
Medication #1	HSU4.1.1	HSU4.1.2	HSU4.1.3	HSU4.1.4	HSU4.1.5
#2	HSU4.1.6	HSU4.1.7	HSU4.1.8	HSU4.1.9	HSU4.1.10
#3	HSU4.1.11	HSU4.1.12	HSU4.1.13	HSU4.1.14	HSU4.1.15
#4	HSU4.1.16	HSU4.1.17	HSU4.1.18	HSU4.1.19	HSU4.1.20
#5	HSU4.1.21	HSU4.1.22	HSU4.1.23	HSU4.1.24	HSU4.1.25
#6	HSU4.1.26	HSU4.1.27	HSU4.1.28	HSU4.1.29	HSU4.1.30
#7	HSU4.1.31	HSU4.1.32	HSU4.1.33	HSU4.1.34	HSU4.1.35
#8	HSU4.1.36	HSU4.1.37	HSU4.1.38	HSU4.1.39	HSU4.1.40

HSU5. Have you used any over-the-counter therapies (OTCs) in the past 3-months (e.g. vitamins, sleeping tablets, herbal remedies)

- NO, please go to next question
- YES.

HSU5.1 For each OTC used please answer the following questions

	Can you remember the name of the OTC?	Can you list the purpose for which you took the OTC?	Who recommended this OTC ?	How much did you pay from your own pocket for it?	How many times have you bought the OTC?
<i>Example:</i>	<i>Panadol</i>	<i>headache</i>	<i>Pharmacist</i>	<i>\$7.00</i>	<i>8</i>
OTC #1	HSU5.1.1	HSU5.1.2	HSU5.1.3	HSU5.1.4	HSU5.1.5
#2	HSU5.1.6	HSU5.1.7	HSU5.1.8	HSU5.1.9	HSU5.1.10
#3	HSU5.1.11	HSU5.1.12	HSU5.1.13	HSU5.1.14	HSU5.1.15
#4	HSU5.1.16	HSU5.1.17	HSU5.1.18	HSU5.1.19	HSU5.1.20
#5	HSU5.1.21	HSU5.1.22	HSU5.1.23	HSU5.1.24	HSU5.1.25
#6	HSU5.1.26	HSU5.1.27	HSU5.1.28	HSU5.1.29	HSU5.1.30
#7	HSU5.1.31	HSU5.1.32	HSU5.1.33	HSU5.1.34	HSU5.1.35
#8	HSU5.1.36	HSU5.1.37	HSU5.1.38	HSU5.1.39	HSU5.1.40

Health & medical conditions

As far as you know, have you had, or do you now have **any** of the following conditions or problems? Please circle YES/NO for each condition.

	Do you have this condition now	
	No	Yes
HMC1 Allergies (hay fever, chronic sinus trouble, and others)	No	Yes
HMC2 Asthma or other severe lung problems, such as chronic bronchitis, emphysema, cancer)	No	Yes
HMC3 Trouble smelling or tasting	No	Yes
HMC4 Trouble seeing (even with glasses or contact lenses)	No	Yes
HMC5 Trouble hearing (even with a hearing aid)	No	Yes
HMC6 Thyroid problems	No	Yes
HMC7 High blood sugar or diabetes	No	Yes
HMC8 Sleeping disorder	No	Yes
HMC9 Headache or migraine	No	Yes
HMC10 Nervousness	No	Yes
HMC11 Depression	No	Yes
HMC12 Lack of energy	No	Yes
HMC13 Lack of physical strength	No	Yes
HMC14 Back problems (including disc or spine)	No	Yes
HMC15 Arthritis	No	Yes
HMC16 Problems with movement	No	Yes
HMC17 Major paralysis or neurological problems (including stroke, multiple sclerosis, muscular dystrophy, nerve problems)	No	Yes
HMC18 Amputation of an arm or leg	No	Yes
HMC19 High blood pressure or hypertension	No	Yes
HMC20 Heart failure or enlarged heart	No	Yes
HMC21 Angina	No	Yes
HMC22 Heart attack, myocardial infarction (MI) or coronary	No	Yes
HMC23 Using a cardiac pacemaker	No	Yes
HMC24 Chronic inflamed bowel, colitis	No	Yes
HMC25 Ulcer (duodenal, stomach, or peptic)	No	Yes
HMC26 Kidney disease	No	Yes
HMC27 Cancer diagnosed within the last three years	No	Yes
HMC28 Some other major problem (please specify)	No	Yes

Life Events Checklist

Listed below are a number of difficult or stressful experiences that sometimes happen to people. For each experience, check one or more of the boxes to the right of that experience to indicate that: (a) It happened to you personally, (b) you witnessed it happen to somebody else, (c) you learned about it happening to somebody close to you, (d) you're not sure if it applies to you, or (e) it doesn't apply to you.

If you have had an experience that may be covered by more than one event description, please choose the description that fits best your experience. (e.g. if you have had a car accident during flood, but you remember the car accident more, then you would select 'Transport accident').

Be sure to consider your entire life (growing up, as well as adulthood) as you go through the list of events.

<i>Event Description</i>	<i>Happened to me</i>	<i>Witnessed it</i>	<i>Learned about it</i>	<i>Not sure</i>	<i>Doesn't apply</i>
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)	LEC1.1	LEC1.2	LEC1.3	LEC1.4	LEC1.5
2. Fire or explosion	LEC2.1	LEC2.2	LEC2.3	LEC2.4	LEC2.5
3. Transport accident (for example, car accident, boat accident, train wreck, plane crash)	LEC3.1	LEC3.2	LEC3.3	LEC3.4	LEC3.5
4. Serious accident at work, home or during recreational activity	LEC4.1	LEC4.2	LEC4.3	LEC4.4	LEC4.5
5. Exposure to toxic substances (for example, dangerous chemicals, radiation)	LEC5.1	LEC5.2	LEC5.3	LEC5.4	LEC5.5
6. Physical assault (for example, being attacked, hit slapped, kicked, beaten up)	LEC6.1	LEC6.2	LEC6.3	LEC6.4	LEC6.5
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife bomb or gun)	LEC7.1	LEC7.2	LEC7.3	LEC7.4	LEC7.5
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	LEC8.1	LEC8.2	LEC8.3	LEC8.4	LEC8.5
9. Other unwanted or uncomfortable sexual experiences	LEC9.1	LEC9.2	LEC9.3	LEC9.4	LEC9.5
10. Combat or exposure to a war-zone (in the military or as a civilian)	LEC10.1	LEC10.2	LEC10.3	LEC10.4	LEC10.5
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	LEC11.1	LEC11.2	LEC11.3	LEC11.4	LEC11.5
12. Life threatening illness or injury	LEC12.1	LEC12.2	LEC12.3	LEC12.4	LEC12.5
13. Severe human suffering	LEC13.1	LEC13.2	LEC13.3	LEC13.4	LEC13.5
14. Sudden, violent death (for example, homicide, suicide)	N/A	LEC14.2	LEC14.3	LEC14.4	LEC14.5
15. Sudden, unexpected death of someone close to you	N/A	LEC15.2	LEC15.3	LEC15.4	LEC15.5

16. Serious injury, harm, or death you caused to someone else	LEC16.1(Check here if you were directly involved)	LEC16.2	LEC16.3	LEC16.4	LEC16.5
17. Any other stressful event or experience	LEC17.1	LEC17.2	LEC17.3	LEC17.4	LEC17.5

Revised Life Orientation Test LOT-R

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

LOT 1. In uncertain times, I usually expect the best.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 2. It's easy for me to relax.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 3. If something can go wrong for me, it will.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 4. I'm always optimistic about my future.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 5. I enjoy my friends a lot.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 6. It's important for me to keep busy.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 7. I hardly ever expect things to go my way.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 8. I don't get upset too easily.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 9. I rarely count on good things happening to me.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

LOT 10. Overall, I expect more good things to happen to me than bad.

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

Peacekeeper STUDY QUESTIONNAIRE Version 9 100322
 POSTTRAUMATIC GROWTH INVENTORY

Indicate by circling for each of the statements below the degree to which this change occurred in your life as a result of your deployment(s) using the following scale.

- 0 = I did not experience this change as a result of my deployment(s)
- 1 = I experienced this change to a very small degree as a result of my deployment(s)
- 2 = I experienced this change to a small degree as a result of my deployment(s)
- 3 = I experienced this change to a moderate degree as a result of my deployment(s)
- 4 = I experienced this change to a great degree as a result of my deployment(s)
- 5 = I experienced this change to a very great degree as a result of my deployment(s)

RELATING TO OTHERS

- | | | |
|------|---|------------------------|
| PGI1 | Knowing that I can count on others | 0 - 1 - 2 - 3 - 4 - 5. |
| PGI2 | A sense of closeness with others | 0 - 1 - 2 - 3 - 4 - 5. |
| PGI3 | A willingness to express my emotions. | 0 - 1 - 2 - 3 - 4 - 5. |
| PGI4 | Having compassion for others | 0 - 1 - 2 - 3 - 4 - 5. |
| PGI5 | Putting effort into my relationships. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI6 | I have learned a great deal about how wonderful people are. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI7 | I accept needing others. | 0 - 1 - 2 - 3 - 4 - 5 |

NEW POSSIBILITIES

- | | | |
|-------|---|-----------------------|
| PGI8 | I developed new interests. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI9 | I established a new path for my life. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI10 | I am able to do better things with my life. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI11 | New opportunities are available which wouldn't have been otherwise. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI12 | I'm more likely to try to change things which need changing. | 0 - 1 - 2 - 3 - 4 - 5 |

PERSONAL STRENGTH

- | | | |
|-------|--|-----------------------|
| PGI13 | A feeling of self reliance. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI14 | Knowing I can handle difficulties. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI15 | Being able to accept the way things work out. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI16 | I discovered I am stronger than I thought I was. | 0 - 1 - 2 - 3 - 4 - 5 |

SPIRITUAL CHANGE

- | | | |
|-------|--|-----------------------|
| PGI17 | A better understanding of spiritual matters. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI18 | I have a stronger religious faith. | 0 - 1 - 2 - 3 - 4 - 5 |

APRECIATION OF LIFE

- | | | |
|-------|--|-----------------------|
| PGI19 | My priorities about what is important in life. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI20 | An appreciation for the value of my own life. | 0 - 1 - 2 - 3 - 4 - 5 |
| PGI21 | Appreciating each day. | 0 - 1 - 2 - 3 - 4 - 5 |

The following questionnaire asks you about events that may have occurred during your last deployment. Please indicate how often you experienced the event and the impact it had on you. For each some examples are given, please indicate if you experienced these or similar experiences.

EVENT	How often did you experience the event	How did it affect you at the time? (felt fear or horror)	How does it affect you now? (feelings of fear or horror)
	0 Never 1 Once 2 Multiple times	0 Not at all 1 A little 2 A moderate amount 3 A great deal	0 Not at all 1 A little 2 A moderate amount 3 A great deal
How often were you in danger of being killed? <i>(e.g. Combat, MVA, Assault, Sexual Assault, Natural Disaster, Hostage Situation)</i>	TSS1.1	TSS1.2	TSS1.3
How often were you in danger of being injured? <i>(e.g. Combat, MVA, Assault, Sexual Assault, Natural Disaster, Hostage Situation)</i>	TSS2.1	TSS2.2	TSS2.3
How often did you have to handle dead bodies? <i>(eg. Disaster Situation, Temporary Morgue, Mass Graves including any form of human remains)</i>	TSS3.1	TSS3.2	TSS3.3
How often did you see dead bodies? <i>(eg. Disaster Situation, Temporary Morgue, Mass Graves including any form of human remains)</i>	TSS4.1	TSS4.2	TSS4.3
How often did you hear of a close friend or co-worker who had been injured or killed? <i>(eg. Combat, Vehicle Accident, Disaster Situation)</i>	TSS5.1	TSS5.2	TSS5.3
How often were you present when a close friend or co-worker had been injured or killed? <i>(eg. Combat, Vehicle Accident, Disaster Situation)</i>	TSS6.1	TSS6.2	TSS6.3
How often did you fear that you had been exposed to a contagious disease, toxic agent or injury? <i>(eg. Radioactivity, HIV, Chemical Warfare)</i>	TSS7.1	TSS7.2	TSS7.3
How often were you witness to human degradation and misery on a large scale? <i>(eg. Refugee camps starvation)</i>	TSS8.1	TSS8.2	TSS8.3
How often did you hear of a loved one who has been injured or killed? <i>(e.g. Disaster situation, while you were</i>	TSS9.1	TSS9.2	TSS9.3

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<i>deployed)</i>			
<p>How often were you present when a loved one who has been injured or killed? <i>(e.g. Disaster situation, while you were deployed)</i></p>	TSS10.1	TSS10.2	TSS10.3
<p>How often do you believe your actions or inaction resulted in someone being seriously injured? <i>(e.g. self defence, an action to save a life, as a result of organizational restrictions not allowing you to act, combat or vehicle accident)</i></p>	TSS11.1	TSS11.2	TSS11.3
<p>How often do you believe your actions or inaction resulted in someone being killed? <i>(e.g. self defence, an action to save a life, as a result of organizational restrictions not allowing you to act, combat or vehicle accident)</i></p>	TSS12.1	TSS12.2	TSS12.3
<p>Were there any events that you found to be traumatic but that are not listed above? Yes/No (13.2 If yes please specify)</p>			TSS13.1

Instructions:

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

SF1. In general, would you say your health is:

- Excellent Very good Good Fair Poor
-

SF2. Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago Somewhat better now than one year ago About the same as one year ago Somewhat worse now than one year ago Much worse now than one year ago
-

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

		Yes, limited a lot	Yes, limited a little	No, not limited at all
SF3a)	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3b)	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3c)	Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3d)	Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3e)	Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3f)	Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3g)	Walking more than a kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3h)	Walking several hundred metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3i)	Walking one hundred metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SF3j)	Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
SF4a) Cut down on the amount of time you spent on work or other activities	<input type="radio"/>				
SF4b) Accomplished less than you would like	<input type="radio"/>				
SF4c) Were limited in the kind of work or other activities	<input type="radio"/>				
SF4d) Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/>				

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
SF5a) Cut down on the amount of time you spent on work or other activities	<input type="radio"/>				
SF5b) Accomplished less than you would like	<input type="radio"/>				
SF5c) Did work or other activities less carefully than usual	<input type="radio"/>				

SF6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

- Not at all Slightly Moderately Quite a bit Extremely
-

SF7. How much bodily pain have you had during the past 4 weeks?

- None Very mild Mild Moderate Severe Very severe
-

SF8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all A little bit Moderately Quite a bit Extremely
-

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
SF9a) did you feel full of life?	<input type="radio"/>				
SF9b) have you been very nervous?	<input type="radio"/>				
SF9c) have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>				
SF9d) have you felt calm and peaceful?	<input type="radio"/>				
SF9e) did you have a lot of energy?	<input type="radio"/>				
SF9f) have you felt downhearted and depressed?	<input type="radio"/>				
SF9g) did you feel worn out?	<input type="radio"/>				
SF9h) have you been happy?	<input type="radio"/>				
SF9i) did you feel tired?	<input type="radio"/>				

SF10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time Most of the time Some of the time A little of the time None of the time
-

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
SF11a) I seem to get sick a little easier than other people	<input type="radio"/>				
SF11b) I am as healthy as anybody I know	<input type="radio"/>				
SF11c) I expect my health to get worse	<input type="radio"/>				
SF11d) My health is excellent	<input type="radio"/>				

INSTRUCTIONS:

Please circle the alternative that best describes you *during the last week*.

AQoL 1 Concerning my use of prescribed medicines:

- A. I do not or rarely use any medicines at all.
- B. I use one or two medicinal drugs regularly.
- C. I need to use three or four medicinal drugs regularly.
- D. I use five or more medicinal drugs regularly.

AQoL 2 To what extent do I rely on medicines or a medical aid? (NOT glasses or a hearing aid.)

(For example: walking frame, wheelchair, prosthesis etc.)

- A. I do not use any medicines and/or medical aids.
- B. I occasionally use medicines and/or medical aids.
- C. I regularly use medicines and/or medical aids.
- D. I have to constantly take medicines or use a medical aid.

AQoL 3 Do I need regular medical treatment from a doctor or other health professional?

- A. I do not need regular medical treatment.
- B. Although I have some regular medical treatment, I am not dependent on this.
- C. I am dependent on having regular medical treatment.
- D. My life is dependent upon regular medical treatment.

AQoL 4 Do I need any help looking after myself?

- A. I need no help at all.
- B. Occasionally I need some help with personal care tasks.
- C. I need help with the more difficult personal care tasks.
- D. I need daily help with most or all personal care tasks.

AQoL 5 When doing household tasks: *(For example, preparing food, gardening, using the video recorder, radio, telephone or washing the car)*

- A. I need no help at all.
- B. Occasionally I need some help with household tasks.
- C. I need help with the more difficult household tasks.
- D. I need daily help with most or all household tasks.

AQoL 6 Thinking about how easily I can get around my home and community:

- A. I get around my home and community by myself without any difficulty.
- B. I find it difficult to get around my home and community by myself.
- C. I cannot get around the community by myself, but I can get around my home with some difficulty.
- D. I cannot get around either the community or my home by myself.

AQoL 7 Because of my health, my relationships (eg: with my friends, partner or parents) generally:

- A. Are very close and warm.
- B. Are sometimes close and warm.
- C. Are seldom close and warm.
- D. I have no close and warm relationships.

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AQoL 8 Thinking about my relationship with other people:

- A. I have plenty of friends, and am never lonely.
- B. Although I have friends, I am occasionally lonely.
- C. I have some friends, but am often lonely for company.
- D. I am socially isolated and feel lonely.

AQoL 9 Thinking about my health and my relationship with my family:

- A. My role in the family is unaffected by my health.
- B. There are some parts of my family role I cannot carry out.
- C. There are many parts of my family role I cannot carry out.
- D. I cannot carry out any part of my family role.

AQoL 10 Thinking about my vision, including when using my glasses or contact lenses if needed:

- A. I see normally.
- B. I have some difficulty focusing on things, or I do not see them sharply.
For example: small print, a newspaper, or seeing objects in the distance.
- C. I have a lot of difficulty seeing things. My vision is blurred.
For example: I can see just enough to get by with.
- D. I only see general shapes, or am blind. *For example: I need a guide to move around.*

AQoL 11 Thinking about my hearing, including using my hearing aid if needed:

- A. I hear normally.
- B. I have some difficulty hearing or I do not hear clearly.
For example: I ask people to speak up, or turn up the TV or radio volume.
- C. I have difficulty hearing things clearly. *For example: Often I do not understand what is said. I usually do not take part in conversations because I cannot hear what is said.*
- D. I hear very little indeed. *For example: I cannot fully understand loud voices speaking directly to me.*

AQoL 12 When I communicate with others: *(For example: by talking, listening, writing or signing)*

- A. I have no trouble speaking to them or understanding what they are saying.
- B. I have some difficulty being understood by people who do not know me. I have no trouble understanding what others are saying to me.
- C. I am only understood by people who know me well. I have great trouble understanding what others are saying to me.
- D. I cannot adequately communicate with others.

AQoL 13 If I think about how I sleep:

- A. I am able to sleep without difficulty most of the time.
- B. My sleep is interrupted some of the time, but I am usually able to go back to sleep without difficulty.
- C. My sleep is interrupted most nights, but I am usually able to go back to sleep without difficulty.
- D. I sleep in short bursts only. I am awake most of the night.

AQoL 14 Thinking about how I generally feel:

- A. I do not feel anxious, worried or depressed.
- B. I am slightly anxious, worried or depressed.
- C. I feel moderately anxious, worried or depressed.

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D. I am extremely anxious, worried or depressed.

AQoL 15 How much pain or discomfort do I experience?

A. None at all.

B. I have moderate pain.

C. I suffer from severe pain.

D. I suffer unbearable pain.

PART B

Peacekeeper study questionnaires from the CIDI
(Composite International Diagnostic Interview)

**1.5 K10 PLUS
(K10)**

The next questions are about how you have been feeling during the <u>past 30 days</u> .						
	ALL	MOST	SOME	A LITTLE	NONE	DK
K101a	About how often during the past 30 days did you feel <u>tired out for no good reason</u> - would you say <u>all</u> of the time, <u>most</u> of the time, <u>some</u> of the time, <u>a little</u> of the time, or none of the time?					
K101b	1	2	3	4	5 GO TO K101d	8 GO TO K101d
K101c	How often did you feel <u>so nervous</u> that nothing could calm you down?					
K101d	1	2	3	4	5	8
K101e	During the past 30 days, about how often did you feel <u>restless or fidgety</u> ?					
K101f	1	2	3	4	5	8
K101g	During the past 30 days, about how often did you feel <u>depressed</u> ?					
K101h	1	2	3	4	5 GO TO K101i	8 GO TO K101i
K101i	How often did you feel <u>so depressed</u> that nothing could cheer you up?					
K101j	1	2	3	4	5	8
	During the past 30 days, about how often did you feel that everything was an					
K101j	During the past 30 days, about how often did you feel <u>worthless</u> ?					
Here are some more questions about how you have been feeling during the <u>past 30 days</u> .						
	ALL	MOST	SOME	A LITTLE	NONE	DK
K109a	During the past 30 days, about how often were you <u>mad or angry</u> ?					
K109b	1	2	3	4	5 GO TO K109c	8 GO TO K109c
K109c	During the past 30 days, about how often were you <u>so angry</u> you felt out of control?					
K109c	During the past 30 days, about how often did you <u>have an urge to hit, push or hurt someone</u> ?					
K109d	1	2	3	4	5	8
K109d	During the past 30 days, about how often did you <u>have an urge to break or smash something</u> ?					

1.1 SCREENER
(SC)

SC8.1 How would you rate your overall physical health?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 8

SC8.2 How would you rate your overall mental health?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 8

SC9a Is your health in general now better, worse, or about the same as it was one year ago?

- BETTER 1
- WORSE 2
- SAME 3 GO TO SC10
- DON'T KNOW 8 GO TO SC10

SC9b Is that a lot (better/worse), some, or only a little (better/worse) than a year ago?

- A LOT 1
- SOME 2
- A LITTLE 3
- DON'T KNOW 8

SC10 How do you feel about your life as a whole, taking into account what has happened in the last year and what you expect to happen in the future?

- DELIGHTED 1
- PLEASED 2
- MOSTLY SATISFIED 3
- MIXED 4
- MOSTLY DISSATISFIED 5
- UNHAPPY 6
- TERRIBLE 7
- DON'T KNOW 8

	YES (1)	NO (5)	DK (8)
SC20 Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?	1 GO TO SC21	5	8
SC20a Have you ever had an attack when all of a sudden you became very uncomfortable, you either became short of breath, dizzy, nauseous, or your heart pounded, or you thought you might lose control, die, or go crazy?	1	5	8
SC21 Have you ever in your life had a period lasting several days or longer when most of the day you felt <u>sad</u> , <u>empty</u> , or <u>depressed</u> ?	1	5	8
SC22 Have you ever had a period lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?	1	5	8
SC23 Have you ever had a period lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?	1	5	8
SC24 Some people have periods lasting four days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting <u>1 week or longer</u> or longer?	1	5	8
SC25 Have you ever had a period lasting <u>1 week or longer</u> when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mood</u> ?	1	5 GO TO SC26	8 GO TO SC26
SC25a Have you ever had a period lasting <u>1 week or longer</u> when most of the time you were so irritable that you either, started arguments, shouted at people, or hit people?	1	5	8
SC26 Did you ever have a time in your life when you were a " <u>worrier</u> " - that is, when you worried a lot more about things than other people with the same problems as you?	1 GOTO SC36	5	8
SC26a Did you ever have a time in your life when you were much more <u>nervous</u> or <u>anxious</u> than most other people with the same problems as you?	1 GOTO SC36	5	8
SC26b Did you ever have a period lasting one month or longer when you were anxious and worried most days?	1	5	8

SC36 ENORCED ITEMS TO BE INCLUDED INTO STUDY.

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SC21 EQUALS '1'	1	GO TO D1
SC22 EQUALS '1'	2	GO TO D2
SC23 EQUALS '1'	3	GO TO D9
SC24 EQUALS '1'	4	GO TO M1
SC25a EQUALS '1'	5	GO TO M5
SC26 EQUALS '1'	10	GO TO G1 INTRO 1
SC26a EQUALS '1'	11	GO TO G1 INTRO 2
SC26b EQUALS '1'	2	GO TO G1 INTRO 3
ALL OTHERS	13	Skip the sections related to Depression, Mania and Generalized Anxiety Disorder.

D1	During episodes of this sort, did you ever feel discouraged about how things were going in your life?		
	YES	1	
	NO	5	GO TO D1b
	DON'T KNOW	8	GO TO D1b
D1a	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?		
	YES	1	GO TO D3
	NO	5	GO TO D4
	DON'T KNOW	8	GO TO D4
D1b	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?		
	YES	1	GO TO D5
	NO	5	GO TO D6
	DON'T KNOW	8	GO TO D6
D2	Earlier mentioned having periods of time that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?		
	YES	1	GO TO D7
	NO	5	GO TO D8
	DON'T KNOW	8	GO TO D8

INSTRUCTION TO INTERVIEWER

D3	USE KEY PHRASE "SAD, DISCOURAGED, OR UNINTERESTED" THROUGHOUT THE SECTION: <u>GO TO D12</u>
D4	USE KEY PHRASE "SAD OR DISCOURAGED" THROUGHOUT THE SECTION: <u>GO TO D12</u>
D5	USE KEY PHRASE "SAD OR UNINTERESTED" THROUGHOUT THE SECTION: <u>GO TO D12</u>
D6	USE KEY PHRASE "SAD" THROUGHOUT THE SECTION: <u>GO TO D12</u>
D7	USE KEY PHRASE "DISCOURAGED OR UNINTERESTED" THROUGHOUT THE SECTION: <u>GO TO D12</u>
D8	USE KEY PHRASE "DISCOURAGED" THROUGHOUT THE SECTION: <u>GO TO D12</u>

D9 Earlier in the interview, you mentioned having periods of time that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have a period of this sort that lasted most of the day, nearly every day for two weeks or longer?

- YES 1 GO TO D11
- NO 5
- DON'T KNOW 8

D9a What is the longest period of days you ever had when you lost interest in most things you usually enjoy?

- NUMBER: CIRCLE UNIT OF TIME:
- 1 DAYS
 - 2 WEEKS
 - 3 MONTHS
 - 4 YEARS
 - DON'T KNOW 998

D10 CHECKPOINT: (SEE D9a) (USE THE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION)

- 1 DURATION OF 3 DAYS OR LONGER: GO TO D14
- 2 ALL OTHERS: GO TO D87.1

D11 USE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION: GO TO D16

D12 Did you ever have a period of being (sad/or/discouraged/or/uninterested in things) that lasted most of the day, nearly every day, for two weeks or longer?

- YES 1 GO TO D16
- NO 5
- DON'T KNOW 8

D12a How long was the longest period of days you ever had when you were (sad/or/discouraged/or/uninterested) most of the day?

- DAYS _____
- DON'T KNOW 998

D13 CHECKPOINT: (SEE D12a)

- 1 DURATION OF 3 DAYS OR LONGER: GO TO D14
- 2 ALL OTHERS: GO TO D87.1

D14 Did you ever have a year or more in your life when you had several different episodes of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?

- | | | |
|------------|---|-------------|
| YES | 1 | |
| NO | 5 | GO TO D87.1 |
| DON'T KNOW | 8 | GO TO D87.1 |

D14a Did you ever have a year or more in your life when just about every month you had an episode of this sort?

- | | | |
|------------|---|-------------|
| YES | 1 | |
| NO | 5 | GO TO D87.1 |
| DON'T KNOW | 8 | GO TO D87.1 |

D15 Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, 1 to less than 3 hours, 3 to 5 hours, or more than 5 hours?

- | | | |
|------------------------|---|-------------|
| LESS THAN 1 HOUR | 1 | GO TO D87.1 |
| 1 TO LESS THAN 3 HOURS | 2 | GO TO D17 |
| 3 TO 5 HOURS | 3 | GO TO D17 |
| MORE THAN 5 HOURS | 4 | GO TO D17 |
| DON'T KNOW | 8 | GO TO D17 |

INTERVIEWER: ASK ABOUT PERIODS OF TIME LASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF THE SECTION: GO TO D17

D16 Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, 1 to less than 3 hours, 3 to 5 hours, or more than 5 hours?

- | | | |
|------------------------|---|-------------|
| LESS THAN 1 HOUR | 1 | GO TO D87.1 |
| 1 TO LESS THAN 3 HOURS | 2 | |
| 3 TO 5 HOURS | 3 | |
| MORE THAN 5 HOURS | 4 | |
| DON'T KNOW | 8 | |

D17 How severe was your emotional distress during those times?

- | | |
|-------------|---|
| MILD | 1 |
| MODERATE | 2 |
| SEVERE | 3 |
| VERY SEVERE | 4 |
| DON'T KNOW | 8 |

D18 How often, during those times, was your emotional distress so severe that nothing could cheer you up?

- | | |
|------------|---|
| OFTEN | 1 |
| SOMETIMES | 2 |
| RARELY | 3 |
| NEVER | 4 |
| DON'T KNOW | 8 |

D19 How often, during those times, was your emotional distress so severe that you could not carry out your daily activities

- | | |
|------------|---|
| OFTEN | 1 |
| SOMETIMES | 2 |
| RARELY | 3 |
| NEVER | 4 |
| DON'T KNOW | 8 |

D20 CHECKPOINT: (SEE D17, D18, D19)

- | | | |
|---|---|-------------|
| D17 EQUALS '1' <u>AND</u> D18 EQUALS '4' <u>AND</u> *D19 EQUALS '4' | 1 | GO TO D87.1 |
| ALL OTHERS | 2 | |

D21 People with episodes of being (sad/or/discouraged/or/uninterested) often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, feelings of low self-worth, and other problems.

Did you ever have any of these problems during one of your episodes of being (sad/ or/ discouraged/or/ uninterested)?

- YES 1
- NO 5 GO TO D87.1
- DON'T KNOW 8 GO TO D87.1

D22 Please think of an episode of being (sad/or/discouraged/or/uninterested) lasting (several days/two weeks) or longer when you also had the largest number of these other problems at the same time.

Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

- YES 1
- NO 5 GO TO D22c
- DON'T KNOW 8 GO TO D22c

D22a How old were you when that worst episode started?

- Years old _____
- DON'T KNOW 998

D22b How long did that worst episode last?

- NUMBER _____ GO TO D23
- DAYS 1 CIRCLE UNIT OF TIME
- WEEKS 2
- MONTHS 3
- YEARS 4
- DON'T KNOW 98 GO TO D23

D22C Then think of the last time you had a bad episode [of being (sad/or/discouraged/or/uninterested)] like this. How old were you when that last episode occurred?

- YEARS OLD _____
- DON'T KNOW 998 GO TO D23

D22d How long did that episode last?

- NUMBER _____
- DAYS 1 CIRCLE UNIT OF TIME:
- WEEKS 2
- MONTHS 3
- YEARS 4
- DON'T KNOW 98

D23 Was there something going on in your life shortly before that episode started that caused it to occur?

- YES 1
- NO 5 GO TO D24
- DON'T KNOW 8 GO TO D24

D23a Briefly, what was going on that caused the episode to occur? (MARK ALL THAT APPLY TO YOU)

- 1 OVERWORK
- 2 TENSION
- 3 DEATH OF LOVED ONE
- 4 MARITAL SEPARATION/DIVORCE

- | | | |
|--------------------------|----|--|
| | 5 | JOB LOSS |
| | 6 | STRESS |
| | 7 | OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW) |
| PHYSICAL | 10 | EXHAUSTION |
| ILLNESS/INJURY/CONDITION | 11 | MENSTRUAL CYCLE |
| | 12 | PREGNANCY/POSTPARTUM |
| | 13 | HEART DISEASE |
| | 14 | THYROID DISEASE |
| | 15 | CANCER |
| | 16 | OVERWEIGHT |
| | 17 | OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY BELOW) |
| OTHER | 82 | OTHER (SPECIFY BELOW) |
| | 98 | DON'T KNOW |

SPECIFY: _____

D24 In answering the next questions, think about the period of (several days/two weeks) or longer during that episode when your (sadness/and/discouragement/and/loss of interest) and other problems were most severe and frequent.

During that period, which of the following problems did you have most of the day, nearly every day:

D24a Did you feel sad, empty, or depressed most of the day, nearly every day during that period of (several days/ two weeks) or longer?

- YES 1
- NO 5 GO TO D24c
- DON'T KNOW 8 GO TO D24c

D24b Did you feel so sad that nothing could cheer you up nearly every day?

- YES 1
- NO 5
- DON'T KNOW 8

D24c During that period of (several days/ two weeks) or longer, did you feel discouraged about how things were going in your life most of the day, nearly every day?

- YES 1
- NO 5 GO TO D24e
- DON'T KNOW 8 GO TO D24e

D24d Did you feel hopeless about the future nearly every day?

- YES 1
- NO 5
- DON'T KNOW 8

D24e During that period of (several days/ two weeks) or longer, did you lose interest in almost all things like work and hobbies and things you like to do for fun?

- YES 1
- NO 5
- DON'T KNOW 8

D24f Did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?

- YES 1
- NO 5
- DON'T KNOW 8

D25 CHECKPOINT: (SEE D24a-D24f)

- ONE OR MORE CODED '1' 1
- ALL OTHERS 2 GO TO D87.1

- D26 D26a Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?
- | | | |
|------------|---|------------|
| YES | 1 | GO TO D26e |
| NO | 5 | |
| DON'T KNOW | 8 | |
- D26b Did you have a much larger appetite than usual nearly every day?
- | | | |
|------------|---|--|
| YES | 1 | |
| NO | 5 | |
| DON'T KNOW | 8 | |
- D26c Did you gain weight without trying to during that period of (several days/two weeks)?
- | | | |
|---------------------|---|------------|
| YES | 1 | GO TO D26d |
| NO | 5 | GO TO D26e |
| PREGNANT OR GROWING | 7 | GO TO D26g |
| DON'T KNOW | 8 | GO TO D26e |
- D26d How much did you gain?
- | | | |
|------------|-------|----------------------|
| NUMBER | _____ | CIRCLE UNIT OF MASS: |
| POUNDS | 1 | GO TO D26g |
| KILOS | 2 | GO TO D26g |
| DON'T KNOW | 998 | |
- D26e Did you lose weight without trying to (apart from being on a diet or physically ill)?
- | | | |
|------------|---|------------|
| YES | 1 | |
| NO | 5 | GO TO D26g |
| DON'T KNOW | 8 | GO TO D26g |
- D26f How much did you lose?
- | | | |
|------------|-------|----------------------|
| NUMBER | _____ | CIRCLE UNIT OF MASS: |
| POUNDS | 1 | |
| KILOS | 2 | |
| DON'T KNOW | 998 | |
- D26g Did you have a lot more trouble than usual either, falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/ two weeks)?
- | | | |
|------------|---|------------|
| YES | 1 | GO TO D26i |
| NO | 5 | |
| DON'T KNOW | 8 | |
- D26h Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)?
- | | | |
|------------|---|------------|
| YES | 1 | GO TO D26j |
| NO | 5 | |
| DON'T KNOW | 8 | |
- D26i Did you sleep much less than usual and still not feel tired or sleepy?
- | | | |
|------------|---|--|
| YES | 1 | |
| NO | 5 | |
| DON'T KNOW | 8 | |
- D26j Did you feel tired or low in energy nearly every day during that period of (several days/ two weeks) even when you had not been working very hard?
- | | | |
|-----|---|------------|
| YES | 1 | GO TO D26l |
|-----|---|------------|

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	NO	5	
	DON'T KNOW	8	
D26k	Did you have a lot more energy than usual nearly every day during that period of (several days/ two weeks)?		
	YES	1	
	NO	5	
	DON'T KNOW	8	
D26l	Did you talk or move more slowly than is normal for you nearly every day?		
	YES	1	
	NO	5	GO TO D26n
	DON'T KNOW	8	GO TO D26n
D26m	Did anyone else notice that you were talking or moving slowly?		
	YES	1	GO TO D26p
	NO	5	GO TO D26p
	DON'T KNOW	8	GO TO D26p
D26n	Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?		
	YES	1	
	NO	5	GO TO D26p
	DON'T KNOW	8	GO TO D26p
D26o	Did anyone else notice that you were restless?		
	YES	1	
	NO	5	
	DON'T KNOW	8	
D26p	Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?		
	YES	1	GO TO D26r
	NO	5	
	DON'T KNOW	8	
D26q	Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?		
	YES	1	
	NO	5	
	DON'T KNOW	8	
D26r	Did you have a lot more trouble concentrating than is normal for you nearly every day?		
	YES	1	
	NO	5	
	DON'T KNOW	8	
D26s	Were you unable to make up your mind about things you ordinarily have no trouble deciding about?		
	YES	1	
	NO	5	
	DON'T KNOW	8	

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D26t Did you lose your self-confidence?

YES	1
NO	5
DON'T KNOW	8

D26u Did you feel that you were not as good as other people nearly every day?

YES	1	
NO	5	GO TO D26w
DON'T KNOW	8	GO TO D26w

D26v Did you feel totally worthless nearly every day?

YES	1
NO	5
DON'T KNOW	8

D26w Did you have feelings of extreme guilt nearly every day?

YES	1	GO TO D26x
NO	5	
DON'T KNOW	8	

D26w.1 Did you feel a lot more guilty than you should have nearly everyday?

YES	1
NO	5
DON'T KNOW	8

D26x Did you feel irritable, grouchy, or in a bad mood nearly every day?

YES	1
NO	5
DON'T KNOW	8

D26y Did you feel nervous or anxious most days?

YES	1
NO	5
DON'T KNOW	8

D26z During that time, did you have any sudden attacks of intense fear or panic?

YES	1
NO	5
DON'T KNOW	8

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D26aa Did you often think a lot about death, either your own, someone else's, or death in general?

YES 1
 NO 5
 DON'T KNOW 8

D26bb During that period, did you ever think that it would be better if you were dead?

YES 1
 NO 5
 DON'T KNOW 8

D26cc Did you think about committing suicide?

YES 1
 NO 5 GO TO D26ff
 DON'T KNOW 8 GO TO D26ff

D26dd Did you make a suicide plan?

YES 1
 NO 5
 DON'T KNOW 8

D26ee Did you make a suicide attempt?

YES 1
 NO 5
 DON'T KNOW 8

D26ff Did you feel that you could not cope with your everyday responsibilities?

YES 1
 NO 5
 DON'T KNOW 8

D26gg Did you feel like you wanted to be alone rather than spend time with friends or relatives?

YES 1
 NO 5
 DON'T KNOW 8

D26hh Did you feel less talkative than usual?

YES 1
 NO 5
 DON'T KNOW 8

D26ii Were you often in tears?

YES 1
 NO 5
 DON'T KNOW 8

D27 CHECKPOINT: (SEE D24 - D26ii)

PROGRAMMER: IF AT LEAST ONE '1' RESPONSE IN D24a- D24d, INCREMENT COUNT BY ONE. IF AT LEAST ONE '1' RESPONSE IN D24e- D24f, INCREMENT COUNT BY ONE. INCREMENT COUNT BY ONE FOR EACH '1' RESPONSE IN D26a - D26ii.

COUNT EQUALS TWO OR MORE 1

ALL OTHERS 2 GO TO D87.1

D28 How much did your [IF *D24a EQUALS '1': sadness/ or/ IF *D24c EQUALS: discouragement/ or/ IF *D24e EQUALS '1':lack of interest]and these other problems interfere with either your work, your social life, or your personal relationships during these episode?

- NOTE AT ALL 1 GO TO D29
- A LITTLE 1 GO TO D29
- SOME 2
- A LOT 3
- EXTREMELY 4
- DON'T KNOW 8

D28a How often during that episode were you unable to carry out your daily activities because of your [IF *D24a EQUALS '1': sadness/ or/ IF *D24c EQUALS: discouragement/ or/ IF *D24e EQUALS '1': lack of interest] - often, sometimes, rarely, or never?

- OFTEN 1
- SOMETIMES 2
- RARELY 3
- NEVER 4
- DON'T KNOW 8

D29 The word "episode" in the next questions, means a time lasting (several days/two weeks) or longer when nearly every day you were [IF *D24a EQUALS '1': sad/ or/ IF *D24c EQUALS: discouraged/ or/ IF *D24e EQUALS '1':uninterested] and also had some of the other problems. The episode ends when you no longer have the problems for two weeks in a row.

With this definition in mind, about how many different episodes did you ever have in your entire life

- NUMBER _____
- DON'T KNOW 998

D29a Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your [IF D29= '1': episode/or/IF D29>1: episodes] of [IF *D24a EQUALS '1': sadness/ or/ IF *D24c EQUALS: discouragement/ or/ IF *D24e EQUALS '1': lack of interest] ever occurred as the result of such physical causes?

- YES 1
- NO 5 GO TO D29d
- DON'T KNOW 8 GO TO D29d

D29b Do you think your [IF D29= '1': episode was/or/IF D29>1: episodes were] always the result of physical causes?

- YES 1
- NO 5 GO TO D29d
- DON'T KNOW 8 GO TO D29d

D29c Briefly, what do you think the physical cause was?

- D29d D29 EQUALS "1" 1 GO TO D37d
- ALL OTHERS 2

D37 Think of the very first time in your life you had an episode lasting (several days or longer / two weeks or longer) when most of the day, nearly every day you felt (sad/or/discouraged/or/uninterested) and also had some of the other problems. How old were you?

- ___ YEARS OLD 5
- DON'T KNOW 8

D37d Episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue", other times they occur after the death of someone close to you, and other times they occur in response to some stressful experience. What about (your/the very first time you had an) episode of this sort - did it start out of the blue, after the death of someone close to you, or did it start in response to some stressful experience that occurred to you?

- OUT OF THE BLUE 1
- DEATH OF SOMEONE CLOSE TO YOU
- RESPONSE TO STRESS 3
- DON'T KNOW 8

D37e CHECKPOINT: (SEE D29)
 D29 EQUALS "1-3" 1 GO TO D38
 ALL OTHERS. 2

D37f As we just mentioned, episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue", other times they occur in response to some stressful experience, and sometimes after the death of someone close to you. Including your first episode, about how many of your lifetime episodes started...?

D37f_1 OUT OF THE BLUE
 _____ NUMBER
 DON'T KNOW 998

D37f_2 IN RESPONSE TO STRESS
 _____ NUMBER
 DON'T KNOW 998

D37f_3 AFTER THE DEATH OF SOMEONE CLOSE TO YOU
 _____ NUMBER
 DON'T KNOW 998

D38. Did you have an episode of being (sad/or/discouraged/or/uninterested) with some of the other problems that are listed on (attachment) that lasted (several days or longer/ two weeks or longer) in the past 12 months?

- YES 1 GO TO D38a
- NO 2
- DON'T KNOW 8

D38.1 CHECKPOINT: (SEE D29)
 D29 LIFETIME EPISODES EQUALS1 GO TO D72
 "1-3"
 ALL OTHERS 2 GO TO D38c

D38a How recently?
 PAST MONTH 1
 2 TO 6 MONTHS AGO 2
 MORE THAN 6 MONTHS AGO 3
 DON'T KNOW 8

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D38a.1 The word "episode" in the next questions, means a time lasting (several days/two weeks) or longer when nearly every day you were (sad/or/discouraged/or/uninterested) and also had some of the other problems that are listed on (attachment). The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, how many different episodes did you have in the past 12 months?

	_____	NUMBER
DON'T KNOW	998	
D38a.2 CHECKPOINT: (SEE D38a.1)		
D38a.1 EQUALS '1'	1	
ALL OTHERS	2	GO TO D38a.7

D38a.3.5 In what month did that episode start?

	_____	MONTH
DON'T KNOW	998	

D38a.3a In what year did that episode start?

.5

	_____	YEAR
DON'T KNOW	998	

D38a.5 CHECKPOINT: (SEE D38a)		
D38a EQUALS '1'	1	
ALL OTHERS	2	GO TO D38b

D38a.6 Has this episode ended or is it still going on?

ENDED	1	
STILL GOING ON	5	
DON'T KNOW	8	
GO TO D38b		

D38a.7 How long did the first of these (NUMBER FROM D38a.1) episodes last?

	_____	CIRCLE UNIT OF TIME
DAYS	1	
WEEKS	2	
MONTHS	3	
YEARS	4	
DON'T KNOW	998	

D38a.8 CHECKPOINT: (SEE D38a)		
D38a EQUALS '1'	1	
ALL OTHERS	2	GO TO D38b

D38a.9 Has the most recent episode ended or is it still going on?

ENDED	1	
STILL GOING ON	5	
DON'T KNOW	8	

D38b About how many days out of the last 365 were you in an episode?

	_____	DAYS
DON'T KNOW	998	

D38b.1 CHECKPOINT: (SEE D29)		
D29 EQUALS '1'	1	GO TO D66

D29 EQUALS '2' or '3'	2	GO TO D66
ALL OTHERS	3	GO TO D66

D38c How old were you the last time you had one of these episodes?

_____ YEARS OLD
DON'T KNOW.....998
REFUSED.....999

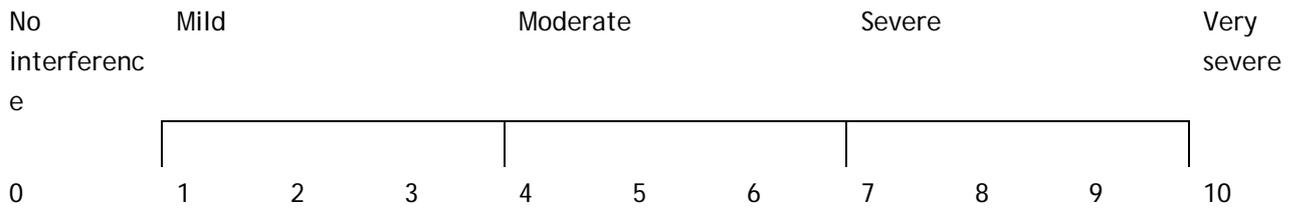
D39 What is the longest episode you ever had when you were (sad/or/discouraged/or/uninterested) and also had some of the other problems most of the day, nearly every day?

_____ CIRCLE UNIT OF TIME

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4
DON'T KNOW	998

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Response scale for D66.



D66 Think about the month or longer in the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe. Using the 0 to 10 scale above, where 0 means no interference and 10 means very severe interference, what number describes how much your (sadness/or/discouragement/or/lack of interest) interfered with each of the following activities during that time?

D66a How much did your (sadness/or/discouragement/or/lack of interest) interfere with your home management, like cleaning, shopping, and taking care of the(house/apartment) (or yard) during that time?

_____ NUMBER 1-10

DOES NOT APPLY 97

DON'T KNOW 98

D66b How much did your (sadness/or/discouragement/or/lack of interest) interfere with your ability to work during that time?

_____ NUMBER 1-10

DOES NOT APPLY 97

DON'T KNOW 98

D66c How much did your (sadness/or/discouragement/or/lack of interest) interfere with your ability to form and maintain close relationships with other people during that time?

_____ NUMBER 1-10

DOES NOT APPLY 97

DON'T KNOW 98

D66d How much did your (sadness/or/discouragement/or/lack of interest) interfere with your social life during that time?

_____ NUMBER 1-10

DOES NOT APPLY 97

DON'T KNOW 98

D67 CHECKPOINT: (SEE D66a - D66d)
 ALL RESPONSES EQUAL '0' OR1 GO TO D72
 '97'
 ALL OTHERS 2

D68 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (sadness/or/discouragement/or/lack of interest)?

	_____	NUMBER OF DAYS
DON'T KNOW	998	

D72 Did you ever in your life talk to a medical doctor or other professional about your (sadness/or/discouragement/or/lack of interest)? (By professional we mean psychologists, social workers, counsellors, herbalists, acupuncturists, and other healing professionals.)

YES	1	
NO	5	GO TO D87.1
DON'T KNOW	8	GO TO D87.1

D84 Did you ever get treatment for your (sadness/or/discouragement/or/lack of interest) that you considered helpful or effective?

YES	1
NO	5
DON'T KNOW	8

D87 Were you ever hospitalised overnight for your (sadness/or/discouragement/or/lack of interest)?

YES	1	
NO	5	GO TO D87.1
DON'T KNOW	8	GO TO D87.1

D87.1 How many of your close relatives - including your biological parents, brothers, sisters, and children - ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?

	_____	NUMBER
DON'T KNOW	98	

D88 INTERVIEWER CHECKPOINT (SEE SC20, SC20a, SC24, SC25a, SC26, SC26a, SC26b, SC28, SC29.4, SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

SC24 EQUALS '1'	1	GO TO M1, NEXT SECTION
SC25a EQUALS '1'	2	GO TO M5 NEXT SECTION
SC26 EQUALS '1'	9	GO TO G1 INTRO 1
SC26a EQUALS '1'	10	GO TO G1 INTRO 2
SC26b EQUALS '1'	11	GO TO G1 INTRO 3
ALL OTHERS	12	GO TO SU1

Screeners question (ATTACHMENT FOR QUESTIONS D38 and D38a.1)

WHICH PROBLEMS DID YOU HAVE MOST OF THE DAY NEARLY EVERY DAY?

- Sad, empty, or depressed
- So sad that nothing could cheer you up
- Discouraged about your life
- Hopeless about the future
- Lost interest in almost all things
- Lost the ability to take pleasure
- Much smaller appetite than usual
- Much larger appetite than usual
- Gain weight without trying to
- Lost weight without trying to
- A lot more trouble than usual falling asleep
- Slept a lot more than usual
- Slept much less than usual
- Tired or low in energy
- A lot more energy than usual
- Talked or moved a lot more slowly than is normal for you
- Anyone else noticed that you were talking or moved slowly
- So restless or jittery that you paced up and down
- Anyone else noticed that you were restless
- Thoughts came much more slowly than usual
- Thoughts seemed to jump from one thing to another
- A lot more trouble concentrating than is normal for you
- Unable to make up your mind about things
- Lost self-confidence
- Not as good as other people
- Totally worthless
- Guilty
- Irritable, grouchy, or in a bad mood
- Nervous or anxious
- Sudden attacks of intense fear or panic
- Thought a lot about death
- Thought it would be better if you were dead
- Thought about committing suicide
- Made a suicide plan
- Made a suicide attempt
- Could not cope with everyday responsibilities
- Wanted to be alone rather than spend time with friends or relatives
- Less talkative than usual
- Often in tears

4.1 Mania

- M1 You mentioned having episodes lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. People who have episodes like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?
- YES 1 GO TO M3
 NO 5
 DON'T KNOW 8
- M3 Please think of the one episode when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?
- YES 1
 NO 5 GO TO M3c
 DON'T KNOW 8 GO TO M3c
- M3a How old were you when that episode occurred?
 _____ YEARS OLD
 DON'T KNOW 998
- M3b How long did that episode last?
 NUMBER CIRCLE UNIT OF TIME
 1 HOURS
 2 DAYS
 3 WEEKS
 4 MONTHS
 5 YEARS
 998 DON'T KNOW: GO TO M4
- M3c Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?
 _____ YEARS OLD
 DON'T KNOW 998
- M3d How long did that episode last?
 NUMBER CIRCLE UNIT OF TIME
 1 HOURS
 2 DAYS
 3 WEEKS
 4 MONTHS
 5 YEARS
 998 DON'T KNOW
- M4 During that episode, which of the following behaviour changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?
- YES 1 GO TO M7a
 NO 5 GO TO M7a
 DON'T KNOW 8 GO TO M7a
- M5 Earlier in the interview you mentioned having episodes lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. People who have episodes of irritability like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?
- YES 1
 NO 5 GOTO NEXT SECTION
 DON'T KNOW 8 GOTO NEXT SECTION
- M6 Please think of the episode of four days or more when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?
- YES 1
 NO 5 GO TO M6c
 DON'T KNOW 8 GO TO M6c
- M6a How old were you when the episode occurred?
 _____ YEARS OLD
 DON'T KNOW 998
- M6b How long did that episode last?
 _____ NUMBER (6b1) GO TO M7
 NUMBER CIRCLE UNIT OF TIME (M6b2)
 1 HOURS
 2 DAYS

3 WEEKS

4 MONTHS

5 YEARS

998 DON'T KNOW: GO TO M7

USE THE KEY PHRASE "IRRITABLE OR GROUCHY" THROUGHOUT THE SECTION

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M6c Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

_____ YEARS OLD

DON'T KNOW 998

M6d How long did that episode last?

NUMBER CIRCLE UNIT OF TIME (M6d2)

1 HOURS

2 DAYS

3 WEEKS

4 MONTHS

5 YEARS

998 DON'T KNOW

USE THE KEY PHRASE "IRRITABLE OR GROUCHY" THROUGHOUT THE SECTION

M7 During that episode, which of the following behaviour changes did you experience:

M7a Did you become so restless or fidgety that you paced up and down or couldn't stand still?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: being restless)

M7b Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: having a lot more interest in sex than usual)

M7c Did you become overly friendly or outgoing with people?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: being overly friendly or outgoing)

M7d Did you do anything else that wasn't usual for you - - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: behaving inappropriately)

M7e Did you try to do things that were impossible to do, like taking on large amounts of work?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: trying to accomplish unrealistic goals)

M7f Did you talk a lot more than usual or feel a need to keep talking all the time?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: talking a lot more than usual)

M7g Did you constantly keep changing your plans or activities?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: constantly changing plans)

M7h Did you find it hard to keep your mind on what you were doing?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: hard to keep your mind on things)

M7i Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: thoughts racing)

M7j Did you sleep far less than usual and still not get tired or sleepy?

YES 1

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NO 5

DON'T KNOW 8

(KEY PHRASE: sleeping far less than usual)

M7k Did you get involved in foolish investments or schemes for making money?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: getting involved in foolish schemes)

M7l Did you spend so much more money than usual that it caused you to have financial trouble?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: getting into financial trouble)

M7m Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: doing risky things)

M7n Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: having too much self-confidence)

M7o Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have?

YES 1

NO 5

DON'T KNOW 8

(KEY PHRASE: believing you were someone else or somehow connected to a famous person)

M8 INTERVIEWER CHECKPOINT: (SEE M7a-o)

3 OR MORE RESPONSES1

CODED '1'

ALL OTHERS

2: GOTO NEXT SECTION

- M9 Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 "YES" RESPONSES IN *M7 SERIES). How much did these episodes ever interfere with either your work, your social life, or your personal relationships?
- | | | |
|------------|---|-------------------|
| NOT AT ALL | 1 | GOTO NEXT SECTION |
| A LITTLE | 2 | GOTO NEXT SECTION |
| SOME | 3 | |
| A LOT | 4 | |
| EXTREMELY | 5 | |
| DON'T KNOW | 8 | |
- M9a How often during these episodes were you unable to carry out your normal daily activities?
- | | | |
|------------|---|--|
| OFTEN | 1 | |
| SOMETIMES | 2 | |
| RARELY | 3 | |
| NEVER | 4 | |
| DON'T KNOW | 8 | |
- M10a Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your episodes ever occurred as the result of such physical causes?
- | | | |
|------------|---|-----------|
| YES | 1 | |
| NO | 5 | GO TO M18 |
| DON'T KNOW | 8 | GO TO M18 |
- M10b Do you think all of your episodes were the result of physical causes?
- | | | |
|------------|---|-----------|
| YES | 1 | |
| NO | 5 | GO TO M18 |
| DON'T KNOW | 8 | GO TO M18 |
- M10c Briefly, what were the physical causes?
-

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- M18 Think of the very first time in your life you had an episode lasting four days or longer when you became very (excited and full of energy/irritable or grouch) and also had some of the other behaviour changes you just reported. How old were you?
- M18a _____ YEARS OLD: GO TO M18c
 DON'T KNOW 998
- M18c Was that episode brought on by some stressful experience? Or did it happen out of the blue?
 NUMBER 1 BROUGHT ON BY STRESS
 2 OUT OF THE BLUE
 5 DON'T REMEMBER
 998 DON'T KNOW
- M18d About how long did that episode go on?
 NUMBER CIRCLE UNIT OF TIME
 1 HOURS
 2 DAYS
 3 WEEKS
 4 MONTHS
 5 YEARS
 998 DON'T KNOW
- M20 How many episodes lasting a full week or longer have you ever had in your life?
 _____ NUMBER
 DON'T KNOW 998
- M21 How many episodes lasting less than one week have you ever had in your life?
 _____ NUMBER
 DON'T KNOW 998
- M21.1 How many of your episodes were brought on by some stressful experience?
 _____ NUMBER
 DON'T KNOW 998
- M22 How long was the longest episode you ever had?
 _____ NUMBER (M22a)
 NUMBER CIRCLE UNIT OF TIME (M22b)
 1 HOURS
 2 DAYS
 3 WEEKS
 4 MONTHS
 5 YEARS
 998 DON'T KNOW

GOTO NEXT SECTION

1.5 GENERALIZED ANXIETY DISORDER (G)

G1 INTRO 1

Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at the list below, what sorts of things were you worried or nervous or anxious about during that time?
(KEY PHRASE :worry or anxiety)

G1 INTRO 2

Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at the list below, what sorts of things were you nervous or anxious about during that time?
(KEY PHRASE: nervousness or anxiety)

G1 INTRO 3

Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at the list below, what sorts of things were you anxious or worried about during that time?
(KEY PHRASE: anxiety or worry)

CIRCLE ALL MENTIONS

DIFFUSE WORRIES

EVERYTHING 1
NOTHING IN PARTICULAR 2

PERSONAL PROBLEMS

R's FINANCES 3
R's SUCCESS AT SCHOOL OR WORK 4
R's SOCIAL LIFE 5
R's LOVE LIFE 6
RELATIONSHIPS AT SCHOOL OR WORK 7
RELATIONSHIPS WITH FAMILY 8
R's PHYSICAL APPEARANCE 9
R's PHYSICAL HEALTH 10
R's MENTAL HEALTH 11
R's SUBSTANCE USE 12
OTHER PERSONAL PROBLEMS (SPECIFY BELOW) 13

PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS

SOCIAL PHOBIAS (E.G. MEETING PEOPLE AFTER MOVING TO A NEW TOWN) 14
AGORAPHOBIA (E.G. LEAVING HOME ALONE AFTER A DIVORCE) 15
SPECIFIC PHOBIAS (E.G. ELEVATORS AFTER MOVING TO A CITY) 16
OBSESSIONS (E.G. GERMS AFTER 'MAD COW DISEASE' SCARE) 17
COMPULSIONS (E.G. REPETITIVE HANDWASHING) 18

NETWORK PROBLEMS

BEING AWAY FROM HOME OR APART FROM LOVED ONES 19
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION 20
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION 21
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION 22
OTHER NETWORK PROBLEMS (SPECIFY BELOW) 23

SOCIETAL PROBLEMS

CRIME / VIOLENCE 24

THE ECONOMY 25

THE ENVIRONMENT (E.G. GLOBAL WARMING,
POLLUTION)..... 26

MORAL DECLINE OF SOCIETY (E.G. COMMERCIALISM, DECLINE OF THE FAMILY)..... 27

WAR /
REVOLUTION..... 28

OTHER SOCIETAL PROBLEMS (SPECIFY
BELOW)..... 29

OTHER PROBLEMS (SPECIFY)

FIRST SPECIFY _____ 30

SECOND SPECIFY _____ 31

THIRD SPECIFY _____ 32

G2 WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING 1 GO TO NEXT SECTION
MULTIPLE WORRIES (INCLUDES EVERYTHING OR NOTHING IN PARTICULAR) 2

G3 Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?
YES 1
NO 5
DON'T KNOW 8

G4 How often did you find it difficult to control your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER..... 4
DON'T KNOW 8

G4a How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried?

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER..... 4
DON'T KNOW 8

G5 What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

_____ NUMBER GO TO G6

CIRCLE UNIT OF TIME:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

DON'T KNOW.....8

G6 **CHECKPOINT**: (SEE G5)
LESS THAN ONE MONTH 1 GO TO Next section
1 TO 5 MONTHS 2 GO TO G7
ALL OTHERS..... 3 GO TO G8

G7 INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING ONE MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION GO TO G9

G8 INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING SIX MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION GO TO G9

G9 Think of your worst period of time lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems:		YES (1)	NO (5)	DK (8)
G9a	Did you often feel restless, keyed up, or on edge?	1	5	8
G9b	Did you often get tired easily?	1	5	8
G9c	Were you often more irritable than usual?	1	5	8
G9d	Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8
G9e	Did you often have tense, sore, or aching muscles?	1	5	8
G9f	Did you often have trouble falling or staying asleep?	1	5	8
G10		YES (1)	NO (5)	DK (8)
G10a	Did your heart often pound or race?	1	5	8
G10b	Did you often sweat?	1	5	8
G10c	Did you often tremble or shake?	1	5	8
G10d	Did you often have a dry mouth?	1	5	8
G10e	Were you sad or depressed most of the time?	1	5	8

G11 **CHECKPOINT:** (SEE G9, G10)

ZERO RESPONSES CODED '1' IN G9 AND G10 SERIES 1 GO TO Next section
 ZERO RESPONSES CODED '1' IN G10 SERIES..... 2 GO TO G12
 FOUR OR MORE RESPONSES CODED '1' IN G9 AND G10 SERIES 3 GO TO G15
 ALL OTHERS..... 4 GO TO G13

G12 **CHECKPOINT:** (SEE G9a-G9f)

TWO OR MORE RESPONSES CODED '1' IN G9 SERIES 1 GO TO G15
 ALL OTHERS..... 3 GO TO Next section

G13 GO TO G15 AS SOON AS FIVE RESPONSES CODED '1' IN G9, G10, AND G13 SERIES		YES (1)	NO (5)	DK (8)
G13a	Did you often feel dizzy or lightheaded?	1	5	8
G13b	Were you often short of breath?	1	5	8
G13c	Did you often feel like you were choking?	1	5	8
G13d	Did you often have pain or discomfort in your chest?	1	5	8
G13e	Did you often have pain or discomfort in your stomach?	1 GO TO G13g	5	8
G13f	Did you often have nausea?	1	5	8
G13g	Did you often feel that you were unreal?	1 GO TO G13i	5	8
G13h	Did you often feel that things around you were unreal?	1	5	8
G13i	Were you often afraid that you might lose control or go crazy?	1 GO TO G13k	5	8
G13j	Were you often afraid that you might pass out?	1	5	8
G13k	Were you often afraid that you might die?	1	5	8
G13l	Did you often have hot flushes or chills?	1	5	8
G13m	Did you often have numbness or tingling sensations?	1	5	8
G13n	Did you often feel like you had a lump in your throat?	1	5	8
G13o	Were you easily startled?	1	5	8

G14 **CHECKPOINT:** (G9, G10, G13)

TWO OR MORE RESPONSES CODED '1' IN G9 SERIES 1
 THREE OR MORE RESPONSES CODED '1' IN G9, G10 AND G13 SERIES..... 2
 ALL OTHERS..... 3 GO TO Next section

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G15 How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

- NONE 1
- MILD..... 2
- MODERATE..... 3
- SEVERE 4
- VERY SEVERE 5
- DON'T KNOW 8

G17 How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships?

- NOT AT ALL 1 GO TO G17.1
- A LITTLE..... 2 GO TO G17.1
- SOME..... 3
- A LOT 4
- EXTREMELY 5
- DON'T KNOW 8

G17a How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

- OFTEN 1
- SOMETIMES 2
- RARELY 3
- NEVER..... 4
- DON'T KNOW 8

G17.1 **CHECKPOINT**: G15 EQUALS '3', '4' OR '5' OR G17 EQUALS '3', '4' OR '5'
.....1
ALL

G18a (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?

- YES 1
- NO 5 GO TO G26
- DON'T KNOW 8 GO TO G26

G18b Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

- YES 1
- NO 5 GO TO G26
- DON'T KNOW 8 GO TO G26

G18c Briefly, what do you think the physical cause was?

G26 Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. How old were you?

G26a _____ YEARS OLD GO TO G26c
 DON'T KNOW 998 GO TO G26c

G26c Was that episode brought on by some stressful experience? Or did it happen out of the blue?

- BROUGHT ON BY STRESS .. 1
- OUT OF THE BLUE..... 2
- DON'T REMEMBER 3
- DON'T KNOW 8

G27 The word "episode" in the next questions, mean a time lasting one month or longer when nearly every day you were (worried or anxious/nervous or anxious/anxious or worried) and had some of the problems we just reviewed. The episode ends when you no longer have these feelings for a full month. With this definition in mind, did you have an episode of this sort in the past 12 months?

- YES 1
- NO 5 GO TO G28
- DON'T KNOW 8 GO TO G28

G27a.6 Has this episode ended or is it still going on?

- ENDED 1
- STILL GOING ON 2 GO TO G28
- DON'T KNOW 8

G28 How many episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting one month or longer have you ever had in your life?
_____ NUMBER
DON'T KNOW 998

G29 INTERVIEWER
G28 EQUALS '1'1
ALL OTHERS.....2 GO TO G31

G30 How long did that episode last?
IF STILL GOING ON: How long did it last so far?
_____ NUMBER GO TO G35
DAYS 1 GO TO G35
WEEKS 2 GO TO G35
MONTHS 3 GO TO G35
YEARS 4 GO TO G35
DON'T KNOW 998 GO TO G35

G31 How long did the longest of these episodes last?
_____ NUMBER
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
DON'T KNOW 998

G31.1 How many of these episodes were brought on by some stressful experience?
_____ NUMBER
DON'T KNOW 998

G35 **CHECKPOINT:** (SEE G27)
G27 EQUALS '1'1
ALL OTHERS.....2 GO TO G44



G38 (RB, PG 76) Think about the month or longer in the past 12 when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. Using the 0 to 10 scale above, where 0 means no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?

NUMBER (1-10)

G38a How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with your home management, like cleaning, shopping, and taking care of the (house/ apartment) (or yard) during that time?

DOES NOT APPLY 97
 DON'T KNOW 98

G38b How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with your ability to work during that time?

DOES NOT APPLY 97
 DON'T KNOW 98

G38c How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with your ability to form and maintain close relationships with other people during that time?

DOES NOT APPLY 97
 DON'T KNOW 98

G38d How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with your social life during that time?

DOES NOT APPLY 97
 DON'T KNOW 98

G39 **CHECKPOINT:** (SEE G38a - G38d)

ALL RESPONSES EQUAL '0' OR '97' 1 GO TO G44
 ALL OTHERS 2

G40 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
(You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998

G44 Did you ever in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, social workers, counsellors, herbalists, acupuncturists, and other healing professionals.)

YES 1

NO 5 GOTO NEXT SECTION

DON'T KNOW 8 GOTO NEXT SECTION

G44a How old were you the first time [you talked to a professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW 998

GOTO Next section

1.6 ALCOHOL

SU1 The next questions are about your use of alcohol. How old were you the very first time you ever drank an alcoholic beverage - including either beer, wine, or spirits?

_____ YEARS OLD

"NEVER" 997 GO TO SU42a

DON'T KNOW..... 998

SU2

A "standard drink" in the next questions, means either a glass of wine, a can or bottle of beer, or a shot of spirit either alone or in a mixed drink. How old were you when you first started drinking at least 12 standard drinks in a year?

_____ YEARS OLD

"NEVER" 997 SU42a

DON'T KNOW..... 998

SU8 Think about the years in your life when you drank most. During those years, how often did you usually have at least one standard drink?

NEARLY EVERY DAY 1

3 - 4 DAYS PER WEEK 2

1 - 2 DAYS PER WEEK 3

1 - 3 DAYS PER MONTH 4

LESS THAN ONCE A MONTH 5 GO TO SU42a

DON'T KNOW..... 8 GO TO SU42a

SU9 And on the days you drank during those years, about how many standard drinks would you usually have per day?

_____ NUMBER OF DRINKS PER DAY

DON'T KNOW..... 998

SU10 **CHECKPOINT** : (SEE SU8)

SU8 IS EQUALS '3' OR '4' 1

ALL OTHERS 2 GO TO SU12

SU11 **CHECKPOINT** : (SEE SU9)

SU9 EQUALS '3' OR MORE 1 GO TO SU12

ALL OTHERS 2 GO TO SU42a

		YES (1)	NO (5)	DK (8)
SU12	The next questions are about problems you may have had because of drinking. First, was there ever a time in your life when your drinking or being hung over interfered frequently with your work or responsibilities at school, on a job, or at home? (KEY PHRASE: interfered with your work)			
SU12a	Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers? (KEY PHRASE: caused problems with family, friends or others)		GO TO SU12c	GO TO SU12c
SU12b	Did you continue to drink even though it caused problems with these people? (NO KEY PHRASE)			
SU12c	Were there times in your life when you were often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else? (KEY PHRASE: jeopardised your safety because you sometimes drank in situations where you could get hurt)			
SU12d	Were you more than once arrested or stopped by the police because of drunk driving or drunk behaviour? (KEY PHRASE: resulted in problems with the police)			

SU13 **CHECKPOINT** : (SEE SU12 SERIES)

- ZERO RESPONSES CODED '1' 1 GO TO SU19
- ONE RESPONSE CODED '1' 2 GO TO SU15 INTRO 1
- ALL OTHERS 3 GO TO SU15 INTRO 2

SU15 INTRO1	SU15 INTRO2
<p>You just reported that your drinking (KEY PHRASE FOR "YES" RESPONSE IN SU12 SERIES). How old were you the very first time you had this problem?</p> <p>SU 15a _____ YEARS OLD DON'T KNOW 8</p>	<p>Your drinking (KEY PHRASES FOR ALL "YES" RESPONSES IN SU12 SERIES). How old were you the very first time you had (either/ any) of these problems?</p> <p>SU15a _____ YEARS OLD DON'T KNOW 8 b</p>

SU16 How recently did you have [this problem/ (either/ any) of these problems] because of drinking?

PAST MONTH.....1 GO TO SU19
 2 TO 6 MONTHS AGO2 GO TO SU19
 7 TO 12 MONTHS AGO3 GO TO SU19
 MORE THAN 12 MONTHS AGO4
 DON'T KNOW8 GO TO SU19

SU17 How old were you the last time (you had [this problem/ (either/ any) of these problems] because of drinking)?

_____ YEARS OLD
 DON'T KNOW 998

		YES (1)	NO (5)	DK (8)
SU19	(The next questions are about some <u>other</u> problems you may have had because of drinking.) Was there ever a time in your life when you often had such a strong desire to drink that you couldn't resist taking a drink or found it difficult to think of anything else?			
SU19a	Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a "buzz" or a high on the amount you used to drink?			
SU19b	People who cut down or stop drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. Did you ever have times when you stopped, cut down, or went without drinking and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes, or emotional problems?	GO TO SU19d		
SU19c	Did you ever have times when you took a drink to <u>keep</u> from having problems like these?			
SU19d	Did you have times when you started drinking even though you <u>promised</u> yourself you wouldn't, or when you drank a lot more than you intended?	GO TO SU19g		
SU19e	Were there ever times when you drank more frequently or for <u>more days</u> in a row than you intended?	GO TO SU19g		
SU19f	Did you have times when you started drinking and became drunk when you <u>didn't want to</u> ?			
SU19g	Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so?			

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SU19h	Did you ever have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?			
SU19i	Did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your drinking - like sports, work, or seeing friends and family?			
SU19j	Did you ever continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?			

SU20

CHECKPOINT : (SEE SU19 SERIES)

ZERO TO TWO RESPONSES CODED '1'1 GO TO SU42a
 ALL OTHERS.....2

- SU20a You reported having a number of alcohol problems. What was your exact age the very first time you had any of these problems?
_____ YEARS OLD GO TO SU20.1
DON'T KNOW 998
- SU20.1 INTERVIEWER **CHECKPOINT** : (SEE SU3)
SU3 EQUALS '6'1 GO TO SU29
ALL OTHERS.....2
- SU26 How recently did you have any of these problems?
PAST MONTH.....1 GO TO SU29
2 TO 6 MONTHS AGO2 GO TO SU29
7 TO 12 MONTHS AGO3 GO TO SU29
MORE THAN 12 MONTHS AGO4
DON'T KNOW8 GO TO SU29
- SU27 How old were you the last time you had any of these problems?
_____ YEARS OLD
BEFORE TEENS12
BEFORE TWENTIES.....19
AFTER TWENTIES20
DON'T KNOW998
- SU29 Did you ever have three or more of these problems in the same year?
YES 1
NO 5 GO TO SU32
DON'T KNOW 8 GO TO SU32
-
- SU30 How old were you the first time you had three (or more) of these problems in the same year?
_____ YEARS OLD
BEFORE TEENS12
BEFORE TWENTIES.....19
AFTER TWENTIES20
DON'T KNOW998
-
- SU30a How recently did you have three (or more) of these problems?
PAST MONTH.....1 GO TO SU32
2 TO 6 MONTHS AGO2 GO TO SU32
7 TO 12 MONTHS AGO3 GO TO SU32
MORE THAN 12 MONTHS AGO4
DON'T KNOW8 GO TO SU32
-
- SU31 How old were you the last time you had three (or more) of these problems in the same year?
_____ YEARS OLD
BEFORE TEENS12
BEFORE TWENTIES.....19
AFTER TWENTIES20
DON'T KNOW998
-
- SU32 Starting from the time you first began having any of these problems, how many different times did you ever make a serious attempt to quit drinking?
_____ TIMES
DON'T KNOW 998
-
- SU37 **CHECKPOINT** : (SEE SU26)

SU26 EQUALS '1', '2' OR '3' 1
ALL OTHERS..... 2 GO TO SU42a

SU38	During the <u>past 12 months</u> , how much have you had each of the following experiences because of your drinking:	A LOT) (1)	SOME (2)	A LITTLE (3)	NOT AT ALL (4)	DK (5)
SU38a	How much has your physical health been harmed by your drinking?					
SU38b	How much has your family been hurt by your drinking?					
SU38c	How much have you done impulsive things that you regretted later because of your drinking?					
SU38d	How much have you failed to do what was expected of you because of your drinking?					
SU38e	How much have you been unhappy because of your drinking?					

SU42a	The next questions are about your use of drugs. Have you ever used any of the following drugs?	YES (1)	NO (5)	DK
	1) MARIJUANA (Marijuana/Cannabis/Hashish)			
	2) STIMILANTS (Amphetamine/Speed/Methamphetamine/Ice/Base/Ecstasy/Cocaine)			
	3) OPIODS (Heroin/Opium/Peyote)			

SU42a.1 **CHECKPOINT**: (SEE SU42a: 1-7)

IF ANY IN SU42a CODED AS '1' 1 GOTO SU42c

ALL OTHERS..... 2 GOTO NEXT SECTION

SU42c	Have you used any of these drugs more than five times in your life?	Yes	No	Don't know
	1) MARIJUANA (Marijuana/Cannabis/Hashish)	1	5	8
	2) STIMILANTS (Amphetamine/Speed/Methamphetamine/Ice/Base/Ecstasy/Cocaine)	1	5	8
	3) OPIODS (Heroin/Opium/Peyote)	1	5	8

SU42e **CHECKPOINT**: (SU42c)

IF ANY IN SU42c CODED AS '1' 1

ALL OTHERS..... 2 GO TO NEXT SECTION

SU45 How old were you the first time you used each of the following? (FOR EACH ENDORSED DRUG CATEGORY FROM SU42c)			
SU45a MARIJUANA _____ YEARS OLD BEFORE TEENS12 BEFORE 20s19 AFTER 20s20 DON'T KNOW.....998	SU45b STIMULANTS _____ YEARS OLD BEFORE TEENS 12 BEFORE 20s 19 AFTER 20s20 DON'T KNOW 998	SU45d OPIOIDS _____ YEARS OLD BEFORE TEENS12 BEFORE 20s19 AFTER 20s20 DON'T KNOW.....998	
SU47 Did you use (DRUG CATEGORY) at any time in the past 12 months? (FOR EACH ENDORSED DRUG CATEGORY FROM SU42c)			
SU47a. MARIJUANA YES..... 1 NO 5 DK 8	SU47b. STIMULANTS YES..... 1 NO 5 DK 8	SU47d. OPIOIDS YES..... 1 NO 5 DK 8	

SU64	You report using (LIST OF DRUG CATEGORIES) more than five times in your lifetime. The next questions are about any problems you ever had because of your use of these drugs.	YES (1)	NO (5)	DK (8)
SU65	First, was there ever a time in your life when your use of any of these medicines or drugs frequently interfered with your work or responsibilities at school, on a job, or at home? (KEY PHRASE: interfered with your work)		GO TO SU65a	GO TO SU65a
SU65a	Was there ever a time in your life when your use of any of these medicines or drugs caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers? (KEY PHRASE: problems with family, friends or others)		GO TO SU65c	GO TO SU65c
SU65b	Did you continue to use any of these medicines or drugs even though they caused problems with these people? (NO KEY PHRASE)		GO TO SU65c	GO TO SU65c
SU65c	Were there times in your life when you were often under the influence of any of these medicines or drugs in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else? (KEY PHRASE: jeopardised your safety because you sometimes used in situation where you could get hurt)		GO TO SU65d	GO TO SU65d
SU65d	: Were you more than once arrested or stopped by the police because of driving under the influence of any of these medicines or drugs or because of your behaviour while you were high? (KEY PHRASE: resulted in problems with the police)			

SU66.1 **CHECKPOINT** (SU5 SERIES
(SU65a EQUALS 5) AND (SU65b EQUALS 5) AND (SU65c EQUALS 5) AND
(SU65d EQUALS 5) 1 GO TO SU72
ALL OTHERS 2

SU68 You said you've had problems as a result of using Drugs like (LIST ITEMS CODED 1 in SU65a-SU65d). How old were you the very first time you had one of these problems?

____YRS OLD
 DON'T KNOW

SU69 How recently did you have any of these problems because of using (LIST ITEMS CODED 1 in SU65a-SU65d)?

PAST MONTH 1
 2 TO 6 MONTHS AGO 2
 7 TO 12 MONTHS AGO 3
 MORE THAN 12 MONTHS AGO..... 4
 DON'T KNOW 8

	YES (1)	NO (5)	DK (8)
<p>SU72 The next questions are about some other problems you may have had because of using any of these medicines or drugs. Was there ever a time in your life when you often had such a strong desire to use any of these medicines or drugs that you couldn't resist (it/ them) or found it difficult to think of anything else?</p>		GO TO SU7 2a	GO TO SU7 2a
<p>SU72a Did you ever need to use more any of these medicines or drugs than you used to in order to get high, or did you ever find that you could no longer get high on the amount you used to use? (KEY PHRASE: used more to get high)</p>		GO TO SU7 2a	GO TO SU7 2a
<p>SU72b People who cut down their substance use or stop using altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover. Did you ever have times when you stopped, cut down, or went without any of these medicines or drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes, or emotional problems? (KEY PHRASE: stopped it and experienced symptoms like fatigue)</p>		GO TO SU7 2c	GO TO SU7 2c
<p>SU72c Did you ever have times when you used any of these medicines or drugs to <u>keep</u> from having problems like these? (KEY PHRASE: used it to stop having symptoms like fatigue)</p>		GO TO SU7 2c	GO TO SU7 2c
<p>SU72d : Did you have times when you used any of these medicines or drugs even though you <u>promised</u> yourself you wouldn't, or when you used a lot more than you intended? (KEY PHRASE: used it even though promised yourself you wouldn't)</p>			
<p>SU72e Were there ever times when you used any of these medicines or drugs more frequently or for more days in a row than you intended? (KEY PHRASE: used more frequently than</p>			
<p>SU72f Were there times when you tried to stop or cut down on your use of any of these medicines or drugs and found that you were not able to do so? (KEY PHRASE: tried to stop and were not able)</p>			
<p>SU72g Did you ever have times of several days or more when you spent so much time using any of these medicines or drugs or recovering from the effects of using that you had little time for anything else? (KEY PHRASE: had little time for anything else)</p>			
<p>SU72h Did you ever have times lasting a month or longer when you gave up or greatly reduced important activities because of your use of any of these medicines or drugs - like sports, work, or seeing friends and family? (KEY PHRASE: reduced activities such as sports)</p>			

<p>SU72i</p>	<p>Did you ever continue to use any of these medicines or drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?</p> <p style="text-align: center;">(KEY PHRASE: continued to use it even though had physical or emotional problem caused by it)</p>			
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SU73.1 **CHECKPOINT:** (SEE SU72 SERIES)

ZERO RESPONSES CODED '1' 1 **GO TO NEXT SECTION**
 ALL OTHERS 2

SU74a You said you've had problems as a result of using (DRUG CATEGORY) like (LIST ITEMS CODED 1 in SU72a-SU72i). How old were you the very first time you had one of these problems?

____ YRS OLD DON'T KNOW 998	
---	--

SU79 How recently did you have any of these problems because of using (DRUG CATEGORY)?

PAST MONTH 1 2 TO 6 MONTHS AGO 2 7 TO 12 MONTHS AGO 3 MORE THAN 12 MONTHS AGO..... 4 DON'T KNOW 8	
---	--

SU82 Did you ever have three or more of these problems because of using (DRUG CATEGORY) in the same year?

YES 1 NO 5 DON'T KNOW 8	
---	--

SU86a.1 How much has your physical health been harmed by your use of drugs?

A LOT 1
 SOME 2
 A LITTLE 3
 NOT AT ALL 4
 DON'T KNOW 8

GO TO NEXT SECTION

1.3 POST-TRAUMATIC STRESS DISORDER (PT)

PT 29 Did you ever participate in combat, either as a member of a military, or as a member of an organised non-military group?

(KEY PHRASE: combat experience)

YES..... 1
NO 5 GO TO PT30
DON'T KNOW..... 8 GO TO PT30

PT29a How old were you when you had your first combat experience?

_____ YEARS OLD

DON'T KNOW..... 998

PT30 Did you ever serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts?

(KEY PHRASE: relief worker in war zone)

YES..... 1
NO 5 GO TO PT31
DON'T KNOW..... 8 GO TO PT31

PT30a How old were you the first time you did this?

_____ YEARS OLD

DON'T KNOW..... 998

PT31 (Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?

(KEY PHRASE: civilian in war zone)

YES..... 1
NO 5 GO TO PT32
DON'T KNOW..... 8 GO TO PT32

PT31a How old were you when you were first in this situation?

_____ YEARS OLD

DON'T KNOW..... 998

PT32 Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?

(KEY PHRASE: civilian in a rein of terror)

YES..... 1
NO 5 GO TO PT33
DON'T KNOW..... 8 GO TO PT33

PT32a How old were you when you were first in this situation?

_____ YEARS OLD

DON'T KNOW..... 998

PT33 Were you ever a refugee - that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution?

(KEY PHRASE: refugee)

YES..... 1
NO 5 GO TO PT34
DON'T KNOW..... 8 GO TO PT34

PT33a How old were you when you were first in this situation?

_____ YEARS OLD

DON'T KNOW..... 998

PT34 Were you ever kidnapped or held captive?
(KEY PHRASE: kidnapped)

YES..... 1

NO 5 GO TO PT35

DON'T KNOW..... 8 GO TO PT35

PT34a How old were you when you were first in this situation?

_____ YEARS OLD

DON'T KNOW..... 998

PT35 Were you ever exposed to a toxic chemical or substance that could cause you serious harm?
(KEY PHRASE: toxic chemical exposure)

YES..... 1

NO 5 GO TO PT36

DON'T KNOW..... 8 GO TO PT36

PT35a How old were you when you first found out about (this exposure/one of these exposures)?

_____ YEARS OLD

DON'T KNOW..... 998

PT36 Were you ever involved in a life-threatening motor vehicle accident?

(KEY PHRASE: motor vehicle accident)

YES..... 1

NO 5 GO TO PT37

DON'T KNOW..... 8 GO TO PT37

PT36a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT37 Were you in any other life- threatening accident, including on your job?

(KEY PHRASE: life threatening accident)

YES..... 1

NO 5 GO TO PT38

DON'T KNOW..... 8 GO TO PT38

PT37a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT38 Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?

(KEY PHRASE: natural disaster)

YES..... 1
NO 5 GO TO PT39
DON'T KNOW..... 8 GO TO PT39

PT38a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT39 Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?

(KEY PHRASE: man made disaster)

YES..... 1
NO 5 GO TO PT40
DON'T KNOW..... 8 GO TO PT40

PT39a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT40 Did you ever have a life-threatening illness?

(KEY PHRASE: life threatening illness)

YES..... 1
NO 5 GO TO PT41
DON'T KNOW..... 8 GO TO PT41

PT40a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT41 As a child, were you ever badly beaten up by your parents or the people who raised you?

(KEY PHRASE: beaten up as a child by caregiver)

YES..... 1
NO 5 GO TO PT42
DON'T KNOW..... 8 GO TO PT42

PT41a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT42 Were you ever badly beaten up by a spouse or romantic partner?

(KEY PHRASE: beaten up by a spouse or romantic partner)

YES..... 1
NO 5 GO TO PT43
DON'T KNOW..... 8 GO TO PT43

PT42a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT43 Were you ever badly beaten up by anyone else?

(KEY PHRASE: beaten by somebody else)

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YES..... 1
NO 5 GO TO PT44
DON'T KNOW..... 8 GO TO PT44

PT43a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT44 Were you ever mugged, held up, or threatened with a weapon?
(KEY PHRASE: mugged or threatened with a weapon)

YES..... 1
NO 5 GO TO PT45
DON'T KNOW..... 8 GO TO PT45

PT44a How old were you the first time?

_____ YEARS OLD

DON'T KNOW..... 998

PT45 The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. Did this ever happen to you?
(KEY PHRASE: raped)

YES..... 1
NO 5 GO TO PT46
DON'T KNOW..... 8 GO TO PT46

PT45a How old were you the first time?

_____ YEARS OLD
DON'T KNOW..... 998

PT46 Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?
(KEY PHRASE: sexually assaulted)

YES..... 1
NO 5 GO TO PT47
DON'T KNOW..... 8 GO TO PT47

PT46a How old were you the first time?

_____ YEARS OLD
DON'T KNOW..... 998

PT47 Has someone ever stalked you - that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?
(KEY PHRASE: stalked)

YES..... 1
NO 5 GO TO PT48
DON'T KNOW..... 8 GO TO PT48

PT47a How old were you the first time?

_____ YEARS OLD

PT48 Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?
(KEY PHRASE: unexpected death of a loved one)

YES..... 1
NO 5 GO TO PT49
DON'T KNOW..... 8 GO TO PT49

PT48a How old were you the first time?

_____ YEARS OLD
DON'T KNOW..... 998

PT49 Other than a death of your child, did you ever have a son or daughter who had a life-threatening illness or injury?
(KEY PHRASE: child's serious injury)

YES..... 1
NO 5 GO TO PT50
DON'T KNOW..... 8 GO TO PT50

PT49a How old were you the first time?

_____ YEARS OLD
DON'T KNOW 998

PT50 Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?

(KEY PHRASE: traumatic event to loved one)

YES..... 1

NO 5 GO TO PT50.1

DON'T KNOW 8 GO TO PT50.1

PT50a How old were you the first time?

_____ YEARS OLD

DON'T KNOW 998

PT50.1 When you were a child, did you ever witness serious physical fights at home, like when one parent beat up the other parent?
(KEY PHRASE: witness physical fights at home)

YES..... 1
NO 5 GO TO PT51
DON'T KNOW 8 GO TO PT51

PT50.1a How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998

PT51 Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?
(KEY PHRASE: witnessed death or dead body or saw someone seriously hurt)

YES..... 1
NO 5 GO TO PT52
DON'T KNOW 8 GO TO PT52

PT51a How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998

PT52 Did you ever do something that accidentally led to the serious injury or death of another person?
(KEY PHRASE: accidently caused serious injury or death)

YES..... 1
NO 5 GO TO PT53
DON'T KNOW 8 GO TO PT53

PT52a How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998

PT53 Did you ever on purpose either seriously injure, torture, or kill another person?
(KEY PHRASE: purposely injured, tortured or killed someone)

YES..... 1
NO 5 GO TO PT54
DON'T KNOW 8 GO TO PT54

PT53a How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998

PT54 Did you ever see atrocities or carnage such as mutilated bodies or mass killings?
(KEY PHRASE: saw atrocities)

YES..... 1
NO 5 GO TO PT55
DON'T KNOW 8 GO TO PT55

PT54a How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998

PT55 Did you ever experience any other extremely traumatic or life-threatening event that haven't been asked about yet?

- YES..... 1
- NO 5 GO TO PT57
- DON'T KNOW 8 GO TO PT57

PT55a Briefly, what was the one most traumatic event that you have not been asked about?

PT55b Was this a one-time event or was it ongoing over a period of days, weeks, months, or even years?

- ONE-TIME EVENT 1 GO TO PT55c
- ONGOING EVENT 2
- DON'T KNOW..... 8

PT55c How old were you when this happened/when you first learned about it?)

- _____ YEARS OLD GO TO PT56
- DON'T KNOW..... 998

PT56 Did this event involve threat of death or serious injury to you or to a close loved one?)

- YES..... 1
- NO 5
- DON'T KNOW 8

PT57 Sometimes people have experiences they don't want to talk about in interviews. We won't ask you to describe anything like this, but, without telling what it was, did you ever have a traumatic event that you didn't tell about because you didn't want to talk about it?

- YES..... 1
- NO 5 GO TO PT62
- DON'T KNOW 8 GO TO PT62

PT57a How old were you when your most upsetting event like this happened?

If I ask you any further questions about this event, I will refer to it as your "private event."

_____ YEARS OLD

PT62a **CHECKPOINT** (SEE PT29, PT30,PT31, PT32, PT33, PT34, PT35, PT36, PT37, PT38, PT39, PT40, PT41, PT42, PT43, PT44, PT45, PT46, PT47, PT48, PT49, PT50, PT50.1, PT51, PT52, PT53, PT54, PT55, PT57)

0 YES RESPONSE Go to next SECTION.

1 YES RESPONSE PT29, PT30,PT31, PT32, PT33, PT34, PT35, PT36, PT37, PT38, PT39, PT40, PT41, PT42, PT43, PT44, PT45, PT46, PT47, PT48, PT49, PT50, PT50.1, PT51, PT52, PT53, PT54, PT55, PT57

.....1 GO TO PT62 INTRO 2

2 OR 3 YES RESPONSES PT29, PT30,PT31, PT32, PT33, PT34, PT35, PT36, PT37, PT38, PT39, PT40, PT41, PT42, PT43, PT44, PT45, PT46, PT47, PT48, PT49, PT50, PT50.1, PT51, PT52, PT53, PT54, PT55, PT572 GO TO PT62 INTRO 3

MORE THAN 3 YES RESPONSES PT29, PT30,PT31, PT32, PT33, PT34, PT35, PT36, PT37, PT38, PT39, PT40, PT41, PT42, PT43, PT44, PT45, PT46, PT47, PT48, PT49, PT50, PT50.1, PT51, PT52, PT53, PT54, PT55, PT573 GO TO PT62

INTRO 4

<p>PT62 INTRO 2. Let me review. You experienced (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after you [KEY PHRASE OF EVENT TYPE]?</p>	<p>PT62 INTRO 3. Let me review. You had (two/three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES]. After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>	<p>PT62 INTRO 4. Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES]. After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>
<p>YES 1 NO 5 GO TO Next module DON'T KNOW 8 GO TO Next module</p>		

PT62.2 Did you ever in your life talk to a medical doctor or other professional about (this problem/any of these problems)? (By professional we mean psychologists, social workers, counsellors, herbalists, acupuncturists, and other healing professionals.)

YES..... 1

NO 5 GO TO PT64

DON'T KNOW..... 8 GO TO PT64

PT62.2a How old were you the first time [you talked to a professional about (this problem/any of these problems)]?

_____ YEARS OLD

DON'T KNOW 998

PT64 Of the experiences you mentioned to me, which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems? **"THIS EVENT WILL NOW BE REFERRED TO AS "WORST EVENT"**

LIST ENDORCED EVENTS.

RECORD WORST EVENT CODE: _____

DON'T KNOW..... 998

PT64a Of the times when you experienced (WORST EVENT), which occurrence caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which occurrence caused the largest number or most severe problems?

OCCURRENCE: _____ (e.g. - the only time the first time, - the second time...)

DON'T KNOW..... 998

PT64b How old were you when worst event happened/started?

_____ YEARS OLD

DON'T KNOW 998

	YES (1)	NO (5)	DK (8)
PT207 Were you terrified or very frightened at the time of your (WORST EVENT(S))?	GO TO PT208		
PT207a Did you feel helpless?	GO TO PT208		
PT207b Did you feel shocked or horrified?	GO TO PT208		
PT207c Did you feel numb?			
PT208 In the <u>weeks</u> , <u>months</u> , or <u>years</u> after (the event/ this event/ this experience ended/ WORST EVENT), did you try to not think about (it/ what happened)? (KEY PHRASE: tried not to think about it)			
PT209 Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? (KEY PHRASE: stayed away from reminders of it)			
PT210 Were you ever unable to remember some important parts of what happened? (KEY PHRASE: were unable to remember part(s) of it)			
PT211 Did you lose interest in doing things you used to enjoy? (KEY PHRASE: lost interest in things you used to enjoy)			
PT212 Did you feel emotionally distant or cut-off from other people? (KEY PHRASE: felt distant from other people)			
PT213 Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? (KEY PHRASE: had trouble feeling normal feelings)			
PT214 Did you feel you had no reason to plan for the future because you thought it would be cut short? (KEY PHRASE: felt you had no reason to plan for the future)			

PT215 **CHECKPOINT:** (SEE PT208 - PT214)

ZERO 'YES' RESPONSES IN PT208 - PT214..... 1 GO TO PT222
ALL OTHERS 2 GO TO PT217

PT217 How soon after (the event/ this experience/ WORST EVENT) did you start having [this reaction/ (either/any) of these reactions]?

_____ ONSET NUMBER

CIRCLE UNIT OF TIME:

- DAYS 1
 - WEEKS..... 2
 - MONTHS 3
 - YEARS 4
 - DON'T KNOW..... 98
-

PT218 For about how many days, weeks, months, or years did you continue to have [this reaction/ (either/ any) of these reactions]

_____ DURATION NUMBER GO TO PT219

CIRCLE UNIT OF TIME:

- DAYS 1
- WEEKS..... 2
- MONTHS 3
- YEARS 4

DON'T KNOW..... 98 GO TO PT218c

PT218c Was it at least a month?

- YES..... 1
 - NO 5
 - DON'T KNOW..... 8
-

PT219 Think of the time when [this reaction was/ these reactions were] most frequent and intense. How often did (it/ they) occur?

- LESS THAN ONCE A MONTH..... 1 GO TO PT222
 - ONE TO TWO TIMES A MONTH 2
 - THREE TO FIVE TIMES A MONTH 3
 - SIX TO TEN TIMES A MONTH..... 4
 - MORE THAN TEN TIMES A MONTH.. 5
 - DON'T KNOW..... 8
-

PT220 How much distress did (this reaction/ these reactions) cause you?

- NONE 1
 - MILD 2
 - MODERATE 3
 - SEVERE 4
 - VERY SEVERE 5
 - DON'T KNOW..... 8
-

PT221 How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life?

- NOT AT ALL 1
- A LITTLE 2
- SOME 3
- A LOT..... 4
- EXTREMELY 5
- DON'T KNOW..... 8

		YES (1 \)	NO (5 \)	DK (8 \)
PT222	Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ WORST EVENT) - that is, you <u>kept</u> remembering it even when you didn't want to? (KEY PHRASE: had unwanted memories)			
PT223	Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/this experience/ WORST EVENT)? (KEY PHRASE: had unpleasant dreams)			
PT224	Did you have <u>flashbacks</u> - that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ WORST EVENT) were happening all over again? (KEY PHRASE: had flashbacks)			
PT225	Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ WORST EVENT)? (KEY PHRASE: got really upset when reminded of it)			
PT226	When you were <u>reminded</u> of (it/ the event/ this experience/ WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling shaky? (KEY PHRASE: had physical reactions)			

PT227 **CHECKPOINT**: (SEE PT222- PT226)

ZERO 'YES' RESPONSES IN PT222 - PT226..... 1 GO TO PT233
 ALL OTHERS 2

PT228 How soon after (the event/ this experience/ WORST EVENT) did you start having [this reaction/ (either/any) of these reactions]?

_____ ONSET NUMBER

CIRCLE UNIT OF TIME:

DAYS 1
 WEEKS..... 2
 MONTHS 3
 YEARS 4
 DON'T KNOW..... 98

PT229 For about how many days, weeks, months, or years did you continue to have [this reaction/ (either/ any) of these reactions]?

_____ DURATION NUMBER GO TO PT230

CIRCLE UNIT OF TIME:

DAYS 1
 WEEKS..... 2
 MONTHS 3
 YEARS 4
 DON'T KNOW..... 98 GO TO PT229c

PT229c Was it at least a month?

YES..... 1
 NO 5
 DON'T KNOW..... 8

PT230 Think of the time when [this reaction was/ these (Group 2) reactions were] most frequent and intense. How often did (it/ they) occur?

LESS THAN ONCE A MONTH..... 1 GO TO PT233
 ONE TO TWO TIMES A MONTH 2
 THREE TO FIVE TIMES A MONTH 3
 SIX TO TEN TIMES A MONTH..... 4
 MORE THAN TEN TIMES A MONTH.. 5
 DON'T KNOW..... 8

PT231 How much distress did (this reaction/ these reactions) cause you?

NONE 1
 MILD 2
 MODERATE 3
 SEVERE 4
 VERY SEVERE 5
 DON'T KNOW..... 8

PT232 How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life?

NOT AT ALL 1
 A LITTLE 2
 SOME 3
 A LOT 4
 EXTREMELY 5
 DON'T KNOW..... 8

YES (1)	NO (5)	DK (8)
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PT233	During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u> , did you have trouble falling or staying asleep? (KEY PHRASE: had sleep problems)			
PT234	Were you more <u>irritable</u> or short-tempered than you usually are? (KEY PHRASE: were irritable)			
PT235	Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing? (KEY PHRASE: had trouble concentrating)			
PT236	Were you much more alert or watchful, even when there was no real need to be? (KEY PHRASE: were more alert or watchful)			
PT237	Were you more <u>jumpy</u> or easily startled by ordinary noises? (KEY PHRASE: were jumpy or easily startled)			

PT238 **CHECKPOINT:** (SEE PT233- PT237)

ZERO 'YES' RESPONSES IN PT233 - PT237..... 1 GO TO PT244
 ALL OTHERS 2

PT239 How soon after (the event/ this experience/ WORST EVENT) did you start having [this reaction/ (either/any) of these reactions]?

_____ ONSET NUMBER

CIRCLE UNIT OF TIME:

- DAYS 1
- WEEKS..... 2
- MONTHS 3
- YEARS 4
- DON'T KNOW..... 98

PT240 For about how many days, weeks, months, or years did you continue to have [this reaction/ (any/ either) of these reactions]?

_____ DURATION NUMBER GO TO PT241

CIRCLE UNIT OF TIME:

- DAYS 1
- WEEKS..... 2
- MONTHS 3
- YEARS 4
- DON'T KNOW..... 98 GO TO PT240c

PT240c Was it at least a month?

- YES..... 1
- NO 5
- DON'T KNOW..... 8

PT241 Think of the time when [this reaction was/ these reactions were] most frequent and intense. How often did (it/ they) occur?

- LESS THAN ONCE A MONTH..... 1 GO TO PT244
- ONE TO TWO TIMES A MONTH 2
- THREE TO FIVE TIMES A MONTH 3
- SIX TO TEN TIMES A MONTH..... 4
- MORE THAN TEN TIMES A MONTH.. 5
- DON'T KNOW..... 8

PT242 How much distress did (this reaction/ these reactions) cause you?

- NONE 1
- MILD 2
- MODERATE 3
- SEVERE 4
- VERY SEVERE 5
- DON'T KNOW..... 8

PT243 How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life?

- NOT AT ALL 1
- A LITTLE 2
- SOME 3
- A LOT..... 4
- EXTREMELY 5
- DON'T KNOW..... 8

PT244 **CHECKPOINT:** (SEE PT215, PT219, PT220, PT221, PT227, PT230, PT231, PT232, PT238, PT241, PT242, PT243)

- IF PT215 EQUALS '2' AND PT219 EQUALS '2'-'5' AND (PT220 EQUALS '3'-'5' OR PT221 EQUALS '3'-'5') AND PT227 EQUALS '2' AND PT230 EQUALS '2'-'5' AND (PT231 EQUALS '3'-'5' OR PT232 EQUALS '3'-'5') AND PT238 EQUALS '2' AND PT241 EQUALS '2'-'5' AND (PT242 EQUALS '3'-'5' OR PT243 EQUALS '3'-'5')..... 1
- ALL OTHERS 2 GO TO PT260.1

PT246 Did you ever in your life talk to a medical doctor or other professional about your reactions to (WORST EVENT)? (By professional we mean psychologists, social workers, counsellors, herbalists, acupuncturists, and other healing professionals.)

- YES..... 1
 - NO 5
 - DON'T KNOW..... 8
-

PT260.1 **CHECKPOINT**: (SEE PT215, PT227, PT238)

PT215 EQUALS '2' and PT227 EQUALS '2' and PT238 EQUALS '2' 1 GO TO PT261
ALL OTHERS 2 GO TO NEXT MODULE

PT261 (Looking at all the reactions on **attachment**.) The next question is about whether in the past 12 months you had any reactions like these associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?

- YES..... 1
 - NO 5 GO TO NEXT MODULE
 - DON'T KNOW..... 8 GO TO NEXT MODULE
-

PT262 When was the last time you had any of these reactions?

- PAST MONTH 1
 - TWO TO SIX MONTHS AGO 2
 - MORE THAN SIX MONTHS AGO 3
 - DON'T KNOW..... 8
-

PT263 About how many weeks altogether in the past 12 months did you have any of these reactions? (You can use any number between 0 and 52.)

_____ NUMBER OF WEEKS

DON'T

KNOW..... 98

PT264 **CHECKPOINT**: (SEE PT263)

ZERO TO THREE WEEKS IN PT263 1 GO TO NEXT MODULE
 ALL OTHERS 2

PT265 What were the traumatic events that caused these recent reactions?

- COMBAT EXPERIENCE 1
- RELIEF WORKER IN A WAR ZONE 2
- CIVILIAN IN A WAR ZONE 3
- CIVILIAN IN REGION OF TERROR 4
- REFUGEE 5
- KIDNAPPED 6
- TOXIC CHEMICAL EXPOSURE 7
- CAR ACCIDENT 8
- LIFE THREATENING ACCIDENT 9
- NATURAL DISASTER 10
- MAN-MADE DISASTER 11
- LIFE-THREATENING ILLNESS 12
- BEATEN UP AS A CHILD BY A CAREGIVER 13
- BEATEN UP BY A SPOUSE OR ROMANTIC PARTNER 14
- BEATEN BY SOMEONE ELSE 15
- MUGGED OR THREATENED WITH A WEAPON 16
- RAPED 17
- SEXUALLY ASSAULTED 18
- STALKED 19
- UNEXPECTED DEATH OF A LOVED ONE 20
- CHILD'S SERIOUS ILLNESS 21
- TRAUMATIC EVENT TO A LOVED ONE 22
- WITNESSED DEATH OR A DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT 23
- ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH 24
- PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE 25
- SAW ATROCITIES 26
- SOME OTHER EVENT 27
- PRIVATE EVENT 28
- WITNESSED PHYSICAL FIGHTS AT HOME 29
- DON'T KNOW 98 GO TO PT269

PT266 INTERVIEWER **CHECKPOINT**: (SEE PT265)

ONLY ONE EVENT TICKED IN PT265 1 GO TO PT269
 MORE THAN ONE EVENT TICKED IN PT265 2

PT267 Of these events, was there one that caused you the most upsetting reactions during the past 12 months?

YES 1 "THIS EVENT WILL NOW BE REFERRED TO AS "WORST 12 MONTH EVENT""
 NO 5 GO TO PT269
 DON'T KNOW 8 GO TO PT269

		YES (1 \	NO (5 \	DK (8 \
PT269	Please think of the 30-day period in the past 12 months when your reactions to [(WORST 12-MONTH EVENT)/ these events/ these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?			
PT270	Did you feel emotionally distant or cut off from other people during that month?			
PT271	Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?			
PT272	Did you feel you had no reason to plan for the future because you thought it would be cut short?			
PT273	Did you have any trouble falling or staying asleep during that month?			
PT274	Were you more jumpy or more easily startled by ordinary noises?			
PT275	Did you purposely stay away from places, people or activities that reminded you of [(WORST 12-MONTH EVENT)/ these events]?			

NUMBER (1-10)

Response scale for PT278a.



Think about the month or longer in the past 12 when your reactions to (WORST 12-MONTH EVENT/these events) were most severe. Using the 0 to 10 scale, where 0 means no interference and 10 means very severe interference, what number describes how much your reactions to (WORST 12-MONTH EVENT/ these events) interfered with each of the following activities during that time?

PT278a How much did your reactions interfere with your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard) during that time? _____

DOES NOT
APPLY..... 97
DON'T KNOW..... 98

PT278b How much did your reactions interfere with your ability to work during that time?_____

DOES NOT APPLY
..... 97
DON'T
KNOW..... 98

PT278c How much did your reactions interfere with your ability to form and maintain close relationships with other people during that time?_____

DOES NOT
APPLY.....97
DON'T KNOW..... 98

PT278d How much did your reactions interfere with your social life during that time?_____

DOES NOT
APPLY..... 97
DON'T KNOW..... 98

PT279 **CHECKPOINT:** (SEE PT278a - PT278d)

ALL FOUR RESPONSES TO PT278a - PT278d SERIES EQUAL '0' OR '97' 1 GO TO PT281
ALL OTHERS 2

PT280 About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your reactions [to (WORST 12-MONTH EVENT/ these events)]?

_____ NUMBER
OF DAYS DON'T
KNOW..... 998

PT281 Did you receive any professional treatment for your reactions to (WORST 12-MONTH EVENT/ these events) in the 12 months prior to this questionnaire?

YES..... 1
NO 5
DON'T KNOW..... 8

GO TO NEXT MODULE

LIST OF REACTIONS FOR QUESTION 261

GROUP 1:

Trying not to think about it
Staying away from reminders of it
Being unable to remember parts of it
Losing interest in things you used to enjoy
Feeling emotionally distant from other people
Trouble feeling normal feelings
Feeling you have no reason to plan for the future

GROUP 2:

Unwanted memories
Unpleasant dreams
Flashbacks
Getting very upset when reminded of it
Physical reactions

GROUP 3:

Sleep problems
Irritability
Trouble concentrating
Being more aware or watchful
Being jumpy or easily startled

1.7 SUICIDALITY (SD)

SD2 The next section of the interview asks about suicide. Three experiences are labelled A, B, and C. Did Experience A ever happen to you?

EXPERIENCE A IS 'YOU SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE'

YES 1
NO 5 GO TO NEXT SECTION
DON'T KNOW 8 GO TO NEXT SECTION

SD2a How old were you the first time this happened?

_____ YEARS OLD

DON'T KNOW 998

SD3 Did Experience A happen to you at any time in the past 12 months?

YES 1 GO TO SD4
NO 5
DON'T KNOW 8

SD3a How old were you the last time this experience happened to you?

_____ YEARS OLD

DON'T KNOW 998

SD4 Did Experience B ever happen to you?
EXPERIENCE B IS 'YOU MADE A PLAN FOR COMMITTING SUICIDE'
YES 1
NO 5 GO TO SD6
DON'T KNOW 8 GO TO SD6

SD4a How old were you the first time this happened?
_____ YEARS OLD
DON'T KNOW 998

SD5 Did Experience B happen to you at any time in the past 12 months?
YES 1 GO TO SD6
NO 5
DON'T KNOW 8

SD5a How old were you the last time this experience happened to you?
_____ YEARS OLD
DON'T KNOW 998

-
- SD6 Did experience C ever happen to you?
EXPERIENCE C IS 'YOU ATTEMPTED SUICIDE'
YES 1
NO 5 GO TO NEXT SECTION
DON'T KNOW 8 GO TO NEXT SECTION
- SD6a How many times did Experience C ever happen to you in your lifetime?
_____ NUMBER OF TIMES
DON'T KNOW 998
-
- SD7 **CHECKPOINT:** (SEE SD6a)
SD6a EQUALS '1' 1 GO TO SD10
ALL OTHERS..... 2
- SD8 How old were you the first time?
_____ YEARS OLD
DON'T KNOW 998
-
- SD9 Which of these three statements best describes your situation when Experience C happened to you the first time - 1, 2, or 3?
I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED..... 1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF 2
MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE 3
DON'T KNOW 8
-
- SD10 Did Experience C happen to you in the past 12 months?
YES 1 GO TO SD11
NO 5
DON'T KNOW 8
- SD10a How old were you (when/the last time) experience C happened to you?
_____ YEARS OLD GO TO SD14
DON'T KNOW 998 GO TO SD14
-
- SD11 Did it result in an injury or poisoning?
YES 1
NO 5 GO TO SD14
DON'T KNOW 8 GO TO SD14
-
- SD12 Did it require medical attention?
YES 1
NO 5 GO TO SD14
DON'T KNOW 8 GO TO SD14
-

SD13 Did it require overnight hospitalisation?
 YES 1
 NO 5
 DON'T KNOW 8

SD14 Which of the three statements best describes your situation when Experience C happened to you (the last time)?
 I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED 1
 I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF 2
 MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE 3
 DON'T KNOW 8

SD14.1 **CHECKPOINT:** (SEE SD10)
 SD10 EQUALS '1' 1
 ALL OTHERS..... 2 **GO TO NEXT SECTION**

SD14.2 What method did you use (when/the last time) Experience C happened to you

1. GUN 1
2. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT 2
3. OVERDOSE OF PRESCRIPTION MEDICATIONS 3
4. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS 4
5. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL) 5
6. POISONING (E.G. CARBON MONOXIDE, RAT POISON) 6
7. HANGING, STRANGULATION, SUFFOCATION 7
8. DROWNING 8
9. JUMPING FROM HIGH PLACES 9
10. MOTOR VEHICLE CRASH 10
11. OTHER (PLEASE DESCRIBE) 11

DON'T KNOW 98
GO TO NEXT SECTION



Australian Government
Department of Veterans' Affairs

Reference: E009/016
Contact: Ms Sue-Ellen Keir
Telephone: (02) 6289 6204
Facsimile: (02) 6289 6173
E-mail: ethics.committee@dva.com.au

A/Professor Graeme Hawthorne
Department of Psychiatry
University of Melbourne
Level 1, North Royal Melbourne Hospital
Grattan Street
PARKVILLE VIC 3050

Dear A/Professor Hawthorne

Australian Peacekeepers: the Long-term Effect on Mental Health Status, Health Service Use and Quality of Life

Thank you for your email of 24 November 2009 re-submitting the above proposal for consideration by the DVA Human Research Ethics Committee (DVA HREC).

The Chair of DVA HREC considered your response out of session on 27 November 2009 and agreed that your amended proposal now meets the requirements of the *National Statement on Ethical Conduct in Research Involving Human* and was therefore **approved**.

The Chairman's decision will be ratified by the DVA HREC at its meeting on 11 December 2009.

DVA HREC approval does not of itself guarantee access to any DVA information requested. Such access is a matter for the appropriate section of DVA, and the Researcher remains responsible for negotiating directly with the section owning the data about the requirements for release.

As a requirement of monitoring, the Committee will seek six-monthly reports on the project until it has received a final report specifying the outcome of the research, or advice that the project has been suspended or abandoned. Any variation to the agreed protocol or conditions of approval will require separate DVA HREC consideration.

The Committee looks forward to receiving your progress report by **30 May 2010**.

The report should contain a brief statement on each of the following:

- progress to date;
- any events of significance that have occurred during the study, particularly in relation to adverse outcomes;
- maintenance and security of records;
- compliance with the approved proposal and protocol; and
- compliance with any conditions of approval.

Reports can be made by mail, email or facsimile. Please quote reference number E009/016.

The Committee reserves the right to at any time seek further information which may affect the continuation of its approval.

If you would like to discuss this matter further, please contact Ms Sue-Ellen Keir in the first instance on (02) 6289 6204 or via the Committee's e-mail address (ethics.committee@dva.gov.au).

Yours sincerely



Sue-Ellen Keir
Secretariat DVA Human Research Ethics Committee

30 November 2009



ADHREC, CP2-6-104, Campbell Park Offices, Campbell ACT2600

2009/1117020
ADHREC/OUT/2009/AF1511480

**A/Professor Graeme Hawthorne
Professor Malcolm Sim
Professor Alexander McFarlane**

Dear Professors Hawthorne, Sim and McFarlane

**AUSTRALIAN DEFENCE HUMAN RESEARCH ETHICS COMMITTEE (ADHREC)
COMMENTS ON PROTOCOL 567-09 - AUSTRALIAN PEACEKEEPERS: THE LONG TERM
EFFECTS ON MENTAL HEALTH STATUS, HEALTH SERVICE USE AND QUALITY OF
LIFE**

ADHREC has considered your protocol amendments and has cleared your project to proceed. Please note that ethical clearance from ADHREC does not automatically confer access to Australian Defence Force (ADF) personnel; this will have to be sought from the relevant military commanders. Similarly, ADHREC approval is not to be interpreted as endorsement by the wider Defence organisation.

Your protocol has been allocated **ADHREC Protocol Number 567-09** and this number should be quoted in all correspondence. Your protocol has been approved for a period of three years. If your research is to continue over the three year approval time, ADHREC approval for an extension is to be sought in writing.

ADHREC requires you to provide six-monthly progress reports. The first report is due on **07 May 2010**. As part of your report would you please include:

- A narrative describing the progress to date;
- Any events of significance occurring in the conduct of the protocol, in particular any adverse outcomes;
- Outcome in the case of completed research;
- Maintenance and security of your records;
- Compliance with the approved protocol;
- Any amendments or modifications to the protocol; and
- Compliance with any other special conditions that ADHREC may have required.

If your protocol requires any modification, ADHREC approval must be sought in writing, detailing all modifications required.

For Clinical trials, ADHREC is to be notified in writing of all Serious Adverse Events (SAE) within 72 hours of the event occurring.

For completeness, would each of you please sign and initial the enclosed **Researcher's Agreement** and return it to me at your convenience.

I have also attached ADHREC's *Guidelines for Volunteers*, a copy of which is to be given to each study participant.

The Committee wishes you well with your research. Please contact me if I can be of any assistance.

Yours sincerely,



Lieutenant Colonel Rosemary A. Landy
Executive Secretary
Australian Defence Human Research Ethics Committee
CP2-6-105
Campbell Park Offices
CANBERRA ACT 2600

Tel (02) 62663837

Fax (02) 62663881

E-mail: ADHREC@defence.gov.au

26 November 2009

Attachment:

- A. ADHREC *Researchers Agreement*
- B. ADHREC *Guidelines for Volunteers*



RESEARCHER'S AGREEMENT

The Australian Defence Human Research Ethics Committee (ADHREC) requires your agreement to the following conditions in order to secure its endorsement of your project:

**AUSTRALIAN DEFENCE HUMAN RESEARCH ETHICS COMMITTEE (ADHREC)
COMMENTS ON PROTOCOL 567-09 AUSTRALIAN PEACEKEEPERS:THE LONG TERM
EFFECTS ON MENTAL HEALTH STATUS, HEALTH SERVICE USE AND QUALITY OF
LIFE.**

Please
Initial

- 1 You must quote your ADHREC number and title of your protocol in all correspondence.

**AUSTRALIAN DEFENCE HUMAN RESEARCH ETHICS COMMITTEE
(ADHREC) COMMENTS ON PROTOCOL 567-09 AUSTRALIAN
PEACEKEEPERS:THE LONG TERM EFFECTS ON MENTAL HEALTH STATUS,
HEALTH SERVICE USE AND QUALITY OF LIFE.**

- 2 If you do not commence data collection within twelve months of this approval, the protocol will need to be resubmitted.

- 3 The approval of your protocol is for a period of three years. If your research is to continue beyond the three-year approval time, an extension is to be sought in writing.

- 4 You are required to submit six-monthly progress reports, the first of which is due **07 May 2010.**

- 5 The Committee requires confirmation that your project has begun, or notification that it has been delayed or abandoned.

- 6 The Committee requires that a copy of the ADHREC *Guidelines for Volunteers* be given to every participant when they are recruited for the protocol.

- 7 Committee approval **must** be sought before any modifications to the protocol are instituted.

- 8 The Committee **must** be informed of any deviations from the approved protocol and immediately informed of any protocol deviations with real or potential ethical implications.

- 9 The Committee **must** be informed immediately of unforeseen event that might affect the continued ethical acceptability of this project.

- 10 The Committee **must** be informed immediately of any untoward effects with respect to the medical, personal or administrative management of participants, or which may have ethical and / or publicity implications.

- 11 ADHREC gives it ethical approval subject to your explicit agreement to an *intention to publish*. Publication should be in a refereed journal or other source open to public audit. It would be appropriate to include in your submission for publication the phrase "Ethical clearance for this project was provided by the Australian Defence Human Research Ethics

Committee”. Should a security classification make publish in an open source inappropriate, ADHREC is to be notified in writing.

12 ADHREC requires a comprehensive **Final Report** which details the conduct of the project and its findings. This report is to be submitted as soon as possible after the project has finished.

13 The ADHREC Secretariat requires that you provide notification of any change in your contact details. Point of Contact is the Executive Secretary at ADHREC@defence.gov.au.

For Clinical Trials Only

14 ADHREC requires that the nominal roll of participants, for the purpose of future tracing, is to be kept for the requisite time by you, according to the NHMRC *National Statement on Ethical Conduct in Human Research*.

15 The Committee must be informed of any ‘adverse events’ and immediately informed of any ‘serious adverse events’ (SAE) which are considered by the Principal Investigator (PI) to be possibly drug related **within 72 hours of their occurrence**.

16 You must retain records of your volunteers’ details, any who withdraw, the reasons for that withdrawal (if known) and provide such on request.

I agree to abide by the conditions above:

Signature

Surname.....

First Name.....

Position/Rank

Contact No Work:.....**Work Mobile**.....

Email.....

Date.....

Executive Secretary
Australian Defence Human Research Ethics Committee
CP2-6-105
Department of Defence
CANBERRA ACT 2600

Ph: 02 62663837

Fax: 02 62663881

E-mail: ADHREC@defence.gov.au

Useful Information

Useful information may be obtained from the following websites:

WorldWideWeb: <http://www.defence.gov.au/health/research/adhrec/i-adhrec.htm>

Defence Intranet: <http://intranet.defence.gov.au/dsg/sites/Research/default.asp?page=10063>

AUSTRALIAN DEFENCE HUMAN RESEARCH ETHICS COMMITTEE— GUIDELINES FOR VOLUNTEERS

Thank you for taking part in Defence Research. Your involvement is much appreciated. This pamphlet explains your rights as a volunteer.

What is the Australian Defence Human Research Ethics Committee?

- ADHREC is the Australian Defence Human Research Ethics Committee. It was established in 1988, to make sure that Defence complied with accepted guidelines for research involving human beings.
- After World War II (WWII), there was concern around the world about human experimentation. The Declaration of Helsinki was made in 1964, which provided the basic principles to be followed wherever humans were used in research projects.
- The National Health and Medical Research Council (NHMRC) in Australia has published the *National Statement on Ethical Conduct in Human Research* (NHMRC 2007). This *Statement* describes how human research should be carried out.
- ADHREC follows both the *Declaration of Helsinki* and the *NHMRC Statement*.

What Australian Defence Human Research Ethics Committee approval means

- If you are told that the project has ADHREC approval, what that means is that ADHREC has reviewed the research proposal and has agreed that the research is ethical.
- ADHREC approval does not imply any obligation on commanders to order or encourage their Service personnel to participate, or to release personnel from their usual workplace to participate. Obviously, the use of any particular personnel must have clearance from their commanders but commanders should not use ADHREC approval to pressure personnel into volunteering.

Voluntary participation

- As you are a volunteer for this research project, you are under **no obligation** to participate or continue to participate. You may withdraw from the project **at any time** without detriment to your military career or to your medical care.
- At no time must you feel pressured to participate or to continue if you do not wish to do so.
- If you do not wish to continue, it would be useful to the researcher to know why, but you are under no obligation to give reasons for not wanting to continue.

Informed consent

- Before commencing the project you will have been given an information sheet which explains the project, your role in it and any risks to which you may be exposed.
- You must be sure that you understand the information given to you and that you ask the researchers about anything of which you are not sure.
- If you are satisfied that you understand the information sheet and agree to participate, you should initial every page of the information sheet and keep a copy.
- Before you participate in the project you should also have been given a consent form to sign. You must be happy that the consent form is easy to understand and

spells out what you are agreeing to. Again, you should keep a copy of the signed consent form.

Clinical trials.

The NHMRC requires that the researcher provide a nominal roll of study participants where the study is a clinical trial (eg when the researchers are trialling a new treatment or device). For trials conducted by large Defence institutions like the Defence Science and Technology Organisation, the Submarine and Underwater Medicine Unit, the Army Malaria Institute, the Institute of Aviation Medicine or the Centre for Military and Veterans' Health, this roll is kept by them on ADHREC's behalf. These records will not be used to consider your medical employment standard or for compensation purposes.

All ADHREC protocol files are secured in a locked filing cabinet and only the Secretariat has access to these. If you do need to be traced in the future, ADHREC will do this. ADHREC will not pass your contact information to a third party without your permission.

Complaints

- If at any time during your participation in the project you are worried about how the project is being run or how you are being treated, then you should speak to the researchers.

- If you don't feel comfortable doing this, you can contact the Executive Secretary of ADHREC. Contact details are:

Executive Secretary
Australian Defence Human Research Ethics Committee
CP2-6-105
Department of Defence
CANBERRA ACT 2600
Telephone: (02) 6266 3837
Facsimile: (02) 6266 3881
Email: ADHREC@defence.gov.au

More information

- If you would like to read more about ADHREC, you can look up the following references on the Electronic Defence Documents (eDocs) or on the Defence http://defweb.cbr.defence.gov.au/home/documents/DATA/ADFPUBS/DIG/GA24_03.PDF Intranet (DEFWEB):

[DI\(G\) ADMIN 24-3—Conduct of human research in Defence](http://defweb.cbr.defence.gov.au/home/documents/DATA/ADFPUBS/DIG/GA24_03.PDF)
http://defweb.cbr.defence.gov.au/home/documents/DATA/ADFPUBS/DIG/GA24_03.PDF

Health Manual—*Human Research in Defence—Instructions for Researchers*, volume 23
<http://defweb.cbr.defence.gov.au/home/documents/adfdocs/hlthman/hlthmanv23.htm>

Or, visit the ADHREC websites

<http://intranet.defence.gov.au/dsg/sites/research/> (DEFWEB) and follow the links, or <http://www.defence.gov.au/health/research/adhrec/i-adhrec.htm> (Internet).



Ethics Record Overview

Ethics ID	Last Date Record Updated	Last Update By	Status	Status Reason	Status Date
0932998	07-Oct-2011	Murphy, Ms Catharine	Active	Continuing	14-Nov-2011

Application Type:	Registration	Approval Category:	HESC
Responsible HEAG:	Psychiatry	HESC:	Health Sciences
Approval Date:	26-Nov-2009	Special Conditions of Approval:	<input type="checkbox"/>
Annual Expiry Date:	31-Dec-2011	Maximum Expiry Date:	26-Nov-2014
Administering Department	554 - Psychiatry	Administering Centre (if applicable)	

Related Documents

Application Versions

Version Name	System Status	Operational Status	Status Set By	Last Update	Last Updated By	View	Update
0932998.1	Finalised	Ratified HESC	Iacovino, Miss Leonarda	07-OCT-2011	Murphy, Ms Catharine		

Annual Reports

Number	Year	System Status	Operational Status	Status Set By	Last Update	Last Updated By	View	Update
1	2010	Finalised	Approved (set at submission)	Korn, Dr Sam	10-Feb-2011	Korn, Dr Sam		
2	2011	Initiated	Draft	Rickard, Dr Kurt	16-Dec-2011	Rickard, Dr Kurt		