Section O — MENTAL HEALTH

RT 69 3–4

PERSON 1

5–6 7–8

Enter person number(s) of respondent(s).

Person number(s) of respondent(s)

These questions are about mental and emotional disorders.

1a. DURING THE PAST 12 MONTHS, did anyone in the family have —

If "Yes," ask 1b and c.

b. Who is this?

Mark box in appropriate person's column.

c. DURING THE PAST 12 MONTHS, did anyone else have —

A. Schizophrenia (skit-suh-free'-nee-uh)?	☐ Yes	☐ No	A.	1 ☐ Schizophrenia 9
B. Paranoid or delusional disorder, other than schizophrenia?	☐ Yes	☐ No	B.	1 ☐ Paranoid disorder 10
C. Manic episodes or manic depression, also called bipolar disorder?	☐ Yes *(Specify)*	☐ No	C.	1 ☐ Manic episodes 11 1 ☐ Manic depression 12
D. Major depression? *Read if necessary:* **A depressed mood and loss of interest in almost all activities FOR AT LEAST TWO WEEKS.**	☐ Yes	☐ No	D.	1 ☐ Major depression 13
E. Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?	☐ Yes	☐ No	E.	1 ☐ Personality disorder 14
F. Alzheimer's (alltz' hī-merz) **disease or another type of senile disorder?**	☐ Yes	☐ No	F.	1 ☐ Senility 15
G. Alcohol abuse disorder?	☐ Yes	☐ No	G.	1 ☐ Alcohol abuse 16
H. Drug abuse disorder?	☐ Yes	☐ No	H.	1 ☐ Drug abuse 17
I. Does anyone in the family NOW have mental retardation?	☐ Yes	☐ No	I.	1 ☐ Mental retardation 18

2a. DURING THE PAST 12 MONTHS, did anyone in the family have any OTHER mental or emotional disorders? Include ONLY those disorders which SERIOUSLY interfere with a person's ability to work or attend school, or to manage their day-to-day activities. ☐ Yes ☐ No *(Check Item 1)*

b. Who is this? Anyone else? *Mark box in appropriate person's column.* — 2b. 1 ☐ Other 19

Ask for each person with "Other" in 2b:

c. What would you call the disorder — — has? — c. 20–22

CHECK ITEM 1 — *Refer to 1A–F and 2b/c.* — CK 1 — 1 ☐ One or more entries in 1A–F or 2b/c *(Check Item 2)* 23; 8 ☐ All others *(NP or Section P)*

CHECK ITEM 2 — *Enter disorder(s) from 1A–F and 2c. DO NOT RECORD G, H, OR I.* — CK 2 — *(Check Item 3)*

Notes

FORM HIS-1A (1989) (3-10-89)

Section O — MENTAL HEALTH — Continued		PERSON 1
CHECK ITEM 3 *Refer to Age.*	CK 3	24 1 ☐ Under 5 *(8)* 2 ☐ 5–17 *(4)* 3 ☐ 70 or over *(5)* 8 ☐ All others *(3)*
Ask questions 3-8 about ALL disorders reported in 1 and 2. **3a. Does — — *(disorder(s) in questions 1 and 2)* NOW entirely prevent — — from working at a paid job or business?**	3a.	25 1 ☐ Yes *(3d)* 2 ☐ No 3 ☐ Doesn't work — Other reasons 9 ☐ DK
b. Because of [this disorder/any of these disorders], is — — limited in the kind or amount of work — — can do?	b.	26 1 ☐ Yes *(3d)* 2 ☐ No 9 ☐ DK
Mark "Doesn't work" if marked in 3a; otherwise ask: **c. Because of [this disorder/any of these disorders], does — — have trouble finding or keeping a job or doing job tasks?**	c.	27 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't work 9 ☐ DK *(Check Item 4)*
d. For how long has — — [been unable to work/ been limited in work/ had trouble with work] because of [this disorder/any of these disorders]?	d.	28 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ 1 year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK
CHECK ITEM 4 *Refer to Age AND HIS-1, C1.*	CK 4	29 1 ☐ 18–24 AND neither Wa/Wb box marked *(4)* 8 ☐ All others *(Check Item 5)*
4a. Does — — *(disorder(s) in questions 1 and 2)* NOW entirely prevent — — from attending regular school (or college)?	4a.	30 1 ☐ Yes *(4c)* 2 ☐ No 3 ☐ Not in school — Other *reasons (Ck. Item 5)* 9 ☐ DK
b. Because of [this disorder/any of these disorders], does — — have trouble with school attendance or school work?	b.	31 1 ☐ Yes 2 ☐ No 3 ☐ Not in school — Other reasons 9 ☐ DK *(Check Item 5)*
c. For how long has — — [been unable to attend school/had trouble with school] because of [this disorder/any of these disorders]?	c.	32 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ 1 year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK
CHECK ITEM 5 *Refer to age, then questions 3d and 4c and mark first appropriate box.*	CK 5	33 1 ☐ Under age 10 *(7)* 2 ☐ Entry in 3d or 4c *(5)* 8 ☐ All others *(6)*
5a. ON — — OWN AND WITHOUT HELP, does — — appropriately take care of — — own personal care needs, such as eating, dressing, bathing, and going to the toilet?	5a.	34 1 ☐ Yes *(6)* 2 ☐ No 9 ☐ DK *(6)*
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	b.	35 1 ☐ Yes 2 ☐ No 9 ☐ DK *(6)*
c. For how long has — — had trouble taking care of any of these needs?	c.	36 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ 1 year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK *(6)*

Notes

Section O — MENTAL HEALTH — Continued		PERSON 1
6a. **ON — — OWN AND WITHOUT HELP, does — — adequately handle routine matters such as —**	**6a.**	37
(1) Managing money?	**(1)**	1 ☐ Yes *(2)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	38 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(2) Doing everyday household chores?**	**(2)**	39 1 ☐ Yes *(3)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	40 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(3) Shopping?**	**(3)**	41 1 ☐ Yes *(4)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	42 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(4) Getting around outside the home?**	**(4)**	43 1 ☐ Yes *(6c)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	44 1 ☐ Yes 2 ☐ No 9 ☐ DK
Ask if "Yes" in any 6b; otherwise, skip to 7. **6c. For how long has — — had trouble taking care of any of these things?**	**c.**	45 1 ☐ Less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ 1 year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK *(7)*

Notes

Section O — MENTAL HEALTH — Continued

PERSON 1

Hand Card O1. Read answer categories if telephone interview.

7. Because of — — *(disorder(s) in questions 1 and 2)*, how much difficulty does — — NOW have —

a. Forming friendships? — **7a.**

46
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

b. Keeping friendships? — **b.**

47
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

c. Concentrating long enough to complete tasks? — **c.**

48
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

d. Coping with day-to-day stresses? — **d.**

49
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

If all "No difficulty" and/or "DK" in 7a—d, skip to 8; otherwise ask:

e. For how long has — — had any of these difficulties? — **e.**

50
1 ☐ Less than 3 months
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 5 years
4 ☐ 5 years or more
9 ☐ DK

8a. When did — — LAST see or talk to a MENTAL HEALTH PROFESSIONAL about — — *(disorder(s) in questions 1 and 2)*? Include psychiatrists, psychologists, social workers, psychiatric nurses, and any other type of mental health professional. — **8a.**

51
1 ☐ Less than 2 weeks
2 ☐ 2 weeks, less than 1 month
3 ☐ 1 month, less than 3 months
4 ☐ 3 months, less than 1 year
5 ☐ 1 year, less than 5 years
6 ☐ 5 years or more
7 ☐ Never *(8c)*
9 ☐ DK

b. What type of mental health professional was last seen? — **b.**

52–53
_____
Mental health professional

c. (Besides mental health professionals) When did — — LAST see or talk to a doctor or other health professional about — — *(disorder(s) in questions 1 and 2)*? — **c.**

54
1 ☐ Less than 2 weeks
2 ☐ 2 weeks, less than 1 month
3 ☐ 1 month, less than 3 months
4 ☐ 3 months, less than 1 year
5 ☐ 1 year, less than 5 years
6 ☐ 5 years or more
7 ☐ Never
9 ☐ DK

CHECK ITEM 7 — *Refer to 8a and c.* — **CK 7**

55
1 ☐ Never in 8a AND c *(12)*
8 ☐ Other *(9)*

Notes

Section O — MENTAL HEALTH — Continued

PERSON 1

Ask 9 for the first 4 disorders recorded in Check Item 2.

▶ **FIRST DISORDER IN CHECK ITEM 2:**

9a. **When did a doctor or other health professional FIRST give a diagnosis of** *(first disorder in Check Item 2)* **for — — ?**

9a. 56 57
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(9b)*
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

b. **Did the doctor call the** *(first disorder in Check Item 2)* **by a more technical or specific name?**

b. 58
1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

c. **What did he or she call it?**

c. 59–61
(Next disorder or 10)

d. **Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?**

d. 62
1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

e. **What did he or she call it?**

e. 63–65

f. **When did a doctor first call this disorder** *(entry in 9e)*?

f. 66
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(Next disorder or 10)*
3 ☐ 5 years or more
9 ☐ DK

▶ **SECOND DISORDER IN CHECK ITEM 2:**

9a. **When did a doctor or other health professional FIRST give a diagnosis of** *(second disorder in Check Item 2)* **for — — ?**

9a. 67 68
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(9b)*
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

b. **Did the doctor call the** *(second disorder in Check Item 2)* **by a more technical or specific name?**

b. 69
1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

c. **What did he or she call it?**

c. 70–72
(Next disorder or 10)

d. **Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?**

d. 73
1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

e. **What did he or she call it?**

e. 74–76

f. **When did a doctor first call this disorder** *(entry in 9e)*?

f. 77
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(Next disorder or 10)*
3 ☐ 5 years or more
9 ☐ DK

FORM HIS-1A (1989) (3 10 89)

Section O — MENTAL HEALTH — Continued

PERSON 1

▶ **THIRD DISORDER IN CHECK ITEM 2:**

9a. When did a doctor or other health professional FIRST give a diagnosis of *(third disorder in Check Item 2)* for — — ? — 78 79

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(9b)*
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

b. Did the doctor call the *(third disorder in Check Item 2)* by a more technical or specific name? — 80

1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

c. What did he or she call it? — 81–83

(Next disorder or 10)

d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name? — 84

1 ☐ Yes
2 ☐ No } *(Next disorder or 10)*
9 ☐ DK

e. What did he or she call it? — 85–87

f. When did a doctor first call this disorder *(entry in 9e)*? — 88

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(Next disorder or 10)*
3 ☐ 5 years or more
9 ☐ DK

▶ **FOURTH DISORDER IN CHECK ITEM 2:**

9a. When did a doctor or other health professional FIRST give a diagnosis of *(fourth disorder in Check Item 2)* for — — ? — 89 90

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(9b)*
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

b. Did the doctor call the *(fourth disorder in Check Item 2)* by a more technical or specific name? — 91

1 ☐ Yes
2 ☐ No } *(10)*
9 ☐ DK

c. What did he or she call it? — 92–94

(10)

d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name? — 95

1 ☐ Yes
2 ☐ No } *(10)*
9 ☐ DK

e. What did he or she call it? — 96–98

f. When did a doctor first call this disorder *(entry in 9e)*? — 99

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs. } *(10)*
3 ☐ 5 years or more
9 ☐ DK

FORM HIS-1A (1989) (3-10-89)

Section O — MENTAL HEALTH — Continued

PERSON 1

10a. **Does — — NOW take any prescription medication for — — *(disorder(s) in Check Item 2)*?** — **10a.** 100
1 ☐ Yes *(10c)*
2 ☐ No
9 ☐ DK

b. **DURING THE PAST 12 MONTHS, did — — take any prescription medication for [this disorder/any of these disorders]?** — **b.** 101
1 ☐ Yes
2 ☐ No } *(12)*
9 ☐ DK

c. **How many DIFFERENT medications [does — — take/did — — take during the past 12 months] for [this disorder/any of these disorders]?** — **c.** 102
_____ Medication(s)
Number
9 ☐ DK

11a. **[May I see/Would you please bring to the telephone] the container(s) for the medication(s) you just told me about?** — **11a.** 103
1 ☐ Container available
2 ☐ No container available

Record from container label. If no container available and for telephone, ask 11b—d as appropriate. If DK, show Card 02, asking "Is it any of these?" before marking "DK".

▶ FIRST MEDICATION

b. **What is the name of the first medication?** — **b.** 104–106
_____
_____
999 ☐ DK

▶ SECOND MEDICATION

c. **What is the name of the second medication?** — **c.** 107–109
_____
_____
999 ☐ DK

▶ THIRD MEDICATION

d. **What is the name of the third medication?** — **d.** 110–112
_____
_____
999 ☐ DK

12a. **Does — — NOW receive a disability payment through any government program because of — — *(disorder(s) in Check Item 2)*?** — **12a.** 113
1 ☐ Yes
2 ☐ No } *(Check Item 1 for NP)*
9 ☐ DK

b. **Is this payment through Social Security Disability Insurance, called "SSDI"; through Supplemental Security Income, called SSI"; through the Veteran's Administration; or through some other program?** *Mark all that apply.* — **b.**
1 ☐ SSDI } *(Check Item 1 for NP)* — 114
2 ☐ SSI — 115
3 ☐ VA — 116
4 ☐ Other — 117

Notes

STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI— KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAID AND/OR MEDICAL ASSISTANCE

All other States

CARD 01

1. **No difficulty**
2. **Some difficulty**
3. **A lot of difficulty**
4. **Completely unable to do because of disorder**

CARD Q2

Adapin
Amitid
Amitril
Asendin
Ativan
Aventyl
Azene
Centrax
Cibalith-S
Compazine
Daxolin
Desyrel
Dexedrine
Elavil
Endep
Eskalith
Haldol
Imavate
Janimine
Librax
Libritabs
Librium
Lidone
Lithane
Lithobid
Loxitane
Ludiomil
Marplan
Mellaril
Moban
Nardil
Navane
Norpramin
Pamelor
Parnate
Paxipam
Permitil
Pertofrane
Presamine
Proketazine
Prolixin
Quide
Repoise
Ritalin
Serax
Serentil
Sinequan
Stelazine
Taractan
Tegretol
Thorazine
Tindal
Tofranil
Tranxene
Trilafon
Valium
Vesprin
Vestran
Vivactil
Xanax

CARD Q1

1. **Always**
2. **Most of the time**
3. **Some of the time**
4. **Rarely**
5. **Never**

Card Q2

Card Q1

(Text along dashed line)