

36 Month Re-interview for the Hurricane Katrina Community Advisory Group (CAG)

NOTE: This survey was administered to the Katrina CAG members approximately 36 months after their first baseline interview. All respondents provided verbal consent to participate at their first interview. This survey asks some of the same questions that were asked at the baseline, 12-month, and 24-month follow-up interviews, e.g. about current emotional, physical, psychological health.. An important addition to this survey is the inclusion of adolescent respondents. CAG respondents who were parents or legal guardians of adolescents ages 12-17 were asked if their child(ren) could join the study. If a parent consented to having their child participate and the child agreed as well, the child was administered the teen survey.

BEGIN INTERVIEW

1. The following questions are about your experience with Hurricane Katrina. Do you and your household currently need any help because of Hurricane Katrina and the aftermath that relief agencies might be able to provide?

PRE-HURRICANE RESIDENCE AND NEIGHBORHOOD SECTION

1. When we last spoke to you, you were living [ADDRESS] [CITY] [STATE]. Do you still live there?
2. What's your new street address? *NOTE: This question is asked only if R reported a change of address. "Skip logic" of this sort is not rigorously mapped out in this document, but can generally be inferred from marginal comments.*
3. In what state do you currently live?
4. In what town do you currently live?
5. What's your street address?
6. What's your zip code?
7. What county/parish IS [CITY] in?
8. The next questions are about your current housing situation. Do you own the home you currently live in without a mortgage, own with a mortgage, rent, or live in your home without paying rent?
9. What's your current monthly [rent/mortgage payment]?
10. Is your current monthly [rent/mortgage payment] higher, lower, or about the same as it was 12 months ago?
13. Are you planning to live permanently in [CITY] in, or are you planning to move?
14. What town and state are you planning on moving to?
15. What state are you planning on moving to?
16. How long do you think it will be until you move in terms of weeks, months or years?

SOCIAL NETWORKS AND SUPPORT SECTION

1. About how many relatives do you have who currently live in the same [county/parish] as you, NOT counting those who live with you?
2. Not counting relatives, about how many people in the [county/parish] are you currently friendly enough with that you could borrow a cup of sugar or have them pick up your mail if you were out of town?
3. About how many friends or relatives in the [county/parish] are you currently close enough to that you could talk about your private feelings without feeling embarrassed?
4. Not counting yourself, how many other people currently live with you?
5. Again, not counting yourself, how many of the people who currently live with you are less than 4 years old, between 4 and 5 years old, between 6 and 12 years old, between 13 and 17 years old, or older than 17?

PRACTICAL PROBLEMS SECTION

1. How stressful overall would you say your experiences with ONGOING PROBLEMS due to Hurricane Katrina have been in the PAST 30 DAYS on a 0 to 10 scale where 0 means not at all stressful and 10 means the most stressful thing you can imagine?
2. Taking everything into consideration, what would you say are your MOST SERIOUS current practical problems caused by Hurricane Katrina?
3. If you think of your life overall, would you say your current life is better, worse, or about the same as before Hurricane Katrina?
4. How optimistic do you feel about the way things will turn out for you in the future - very optimistic, somewhat, not very, or not at all optimistic?

5. I'm going to read a list of stressful experiences that might have happened to you in the past 12 months. Whether or not they were related to Hurricane Katrina, please tell me which ones occurred to you: Did you have a serious illness or injury that either started or got much worse? Did you have a parent, child, spouse, or sibling who had a serious illness or injury that either started or got much worse? Did you have anyone else close to you who had a serious illness or injury that either started or got much worse? Did you have a parent, child, spouse, or sibling who died? Did you have anyone else close to you who died? Did you have a marital separation or divorce? Did you have a break-up of any other close relationship? Did you have any serious ongoing problems or arguments with a close friend, neighbor or relative? Were you or your family's chief breadwinner fired from a job? Did you have any other major financial crisis? Did you have any problems with the police or the law? Was anything valuable to you lost or stolen?

PHYSICAL HEALTH SECTION

1. Is your current physical health better, worse, or about the same as before Hurricane Katrina?
2. How many times have you seen a doctor for a health problem in the past 12 months?
3. Which of the following kinds of health insurance do you currently have -- none, private insurance through a current or former employer or union, private insurance that you purchased directly from the insurance company, Medicare, Medicaid, other government insurance based on financial need, government insurance for military personnel or veterans, or some other kind of health insurance?

EMOTIONAL REACTIONS SECTION

1. After disasters such as Hurricane Katrina, some people have emotional reactions that can continue for years, such as becoming more nervous, depressed, or withdrawn than usual. During the worst month since the last interview, please tell me how often you have had each of the following reactions during that month. During the worst month since the last interview, how often did you have bodily reactions - such as a fast heartbeat, stomach churning, sweatiness, or dizziness - when reminded of Hurricane Katrina?
2. During the worst month since the last interview, how often did you try to distract yourself by doing something to get your mind off the painful memory?
3. During the worst month since the last interview, how often did you feel upset by reminders of Hurricane Katrina or terrible things that happened to you after Hurricane Katrina?
4. During the worst month since the last interview, how often did you have nightmares or upsetting dreams about Hurricane Katrina?
5. During the worst month since the last interview, how often did you have more difficulty concentrating than usual? How often did you have this experience?
6. During the worst month since the last interview, how often did you have difficulty falling asleep or staying asleep?
7. During the worst month since the last interview, how often were you more irritable or angry than usual?
8. During the worst month since the last interview, how often did you try to push the memory of Hurricane Katrina out of your mind?
9. You mentioned having several emotional reactions since the last interview. How soon after the last interview did you start having these emotional reactions at least once a week?
10. Do you still have these reactions at least once a week now? Or have they either stopped entirely or decreased to less often than once a week?
11. Beginning with the time you first had these reactions at least once a week, for how many months did you continue to have these emotional reactions at least once a week?
12. When was the MOST RECENT month and year when you had these emotional reactions at least once a week? What was the year?
13. In the past 30 days, how often have you felt either anxious or worried or nervous?
14. In the past 30 days, how often have you felt restless or fidgety?
15. In the past 30 days, how often have you felt so sad that nothing could cheer you up?
16. In the past 30 days, how often have you felt hopeless?
17. In the past 30 days, how often have you felt worthless?
18. In the past 30 days, how often have you felt that everything was an effort?
19. In the past 30 days, how often have you felt angry?
20. In the past 30 days, how often have you felt so angry that you either lost your temper or felt out of control?
21. Would you say that your current mental health is BETTER than it was before Hurricane Katrina, WORSE, or ABOUT THE SAME as it was before Hurricane Katrina?

22. WOULD THAT BE A LOT [BETTER/WORSE], SOMEWHAT, OR ONLY A LITTLE [BETTER/WORSE] than before Hurricane Katrina?

PHYSICAL HEALTH QUESTIONNAIRE

1. In the past 2 weeks, how often have you had little interest or pleasure in doing things? Felt down, depressed, or hopeless? Had trouble falling asleep, staying asleep, or sleeping too much? Felt tired or had little energy? Had Poor appetite or overeating? Felt bad about yourself, felt that you are a failure, or felt that you have let yourself or your family down? Had trouble concentrating on things such as reading the newspaper or watching television? Been moving or speaking so slowly that other people could have noticed? Or BEEN so fidgety or restless that you have been moving around a lot more than usual? Thought that you would be better off dead or that you want to hurt yourself in some way?
2. You mentioned having several problems with your mood in the past two weeks. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

LOSS

1. People lost many things because of Hurricane Katrina [and Hurricane Rita] - loved ones, property, a sense of community, and a way of life. On a 0-to-10 scale where 0 means no loss and 10 means the greatest loss you can imagine, what number describes how much you lost because of the hurricane(s)? You can use any number between 0 and 10 to respond. IF NOT 0: Briefly, what was your greatest loss due to the hurricane(s)?
2. In the past 30 days, how often have you found yourself longing or yearning for the people or things you lost?
3. How BITTER do you feel over your loss - not at all, a little, some, a lot, or extremely bitter?
4. How EMPTY or MEANINGLESS do things seem since your loss - not at all, a little, some, a lot, or extremely?
5. How difficult is it for you to accept your loss or to believe that it's real - not at all, a little, some, a lot, or extremely difficult?
6. How often did you think about this loss so much that it's hard for you to do things you normally do?
7. How often did you go out of your way to avoid things that made you feel angry or sad about the death?

PATHOLOGICAL GRIEF

1. You mentioned during your first interview that you knew [someone/people] who died during Katrina. How often did you have each of these reactions to the death of [this person/these people] over the past 2 weeks? How often did you miss the [person/people] who died, have upsetting thoughts about the way the [person/people] died, feel sad about the loss of the [person/people] who died, avoid people, places or things that remind you of the loss, try not to think about the [person/people] who died because it was too painful, worry that you might suddenly lose someone else you care about, get angry when you thought about the [death/deaths], think about how the [death/deaths] could have been prevented, feel guilty about moving ahead with your life while others can't, and/or have good memories of the [person/people] who died?
2. Has anyone close to you died since the last interview?

HISTORY OF EMOTIONAL PROBLEMS SECTION

1. The next questions are about thoughts of hurting yourself. Was there ever a time since the last interview when you seriously thought about suicide?
2. Did you make a plan for committing suicide at any time since the last interview?
3. Did you attempt suicide since the last interview?
4. Did this attempt result in an injury or poisoning?
5. Did it require medical attention?
6. Did it require overnight hospitalization?

CHILDHOOD ADVSERSITY

1. The next questions are about your childhood. Before you were 18 years old, did either of your parents die?
2. (Before you were 18 years old) were your parents ever separated or divorced?
3. (Before you were 18 years old) did you ever live with anyone who was a problem drinker or alcoholic?
4. (Before you were 18 years old) did you ever live with anyone who used street drugs?
5. (Before you were 18 years old) were either of your parents or another caregiver ever depressed or mentally ill?
6. (Before you were 18 years old) did either of your parents or another caregiver ever attempt suicide?
7. (Before you were 18 years old) were either of your parents or another caregiver arrested or sent to prison?
8. (Before you were 18 years old) were either of your parents or another caregiver involved in criminal activity like burglary or selling stolen property?
9. Was there ever a time when your family received money from a government assistance program like welfare, Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families before you were 18?
10. About how many years did your family receive money from a government assistance program before you were 18?
11. How often did a parent or other caregiver in your household do the following things to you before you were 18? How often did your parent or other caregiver swear at you, insult you, or put you down? Make you fear that you might be physically hurt? Push, grab, slap, or throw something at you? Hit you so hard that you had marks or were injured? Touch or fondle you in a sexual way? Have you touch their body in a sexual way? Attempt to have oral, anal, or vaginal intercourse with you? Actually have oral, anal, or vaginal intercourse with you?
12. Before you were 18 years old, how often were you made to do chores that were too difficult or dangerous for someone your age? Were you left alone or unsupervised when you were too young to be alone? Did you go without things you needed like clothes, shoes, or school supplies because your parents or caregivers spent the money on themselves? Did your parents or caregivers make you go hungry or not prepare regular meals? Did your parents or caregivers ignore or fail to get you medical treatment when you were sick or hurt?
13. Before you were 18, how often did either of your parents or other caregivers do the following things TO EACH OTHER? How often did your parents or other caregivers push, grab, slap, hit, shove, or throw something at each other? Kick, bite, hit with a fist, or hit each other with something hard? Threaten or hurt each other with a weapon?

SUBSTANCE ABUSE SECTION

1. The next questions are about your use of alcohol. During the past 12 months, how often did you have at least 1 drink of alcohol?
2. Did you have at least one drink 1 or 2 days a week, 2 or 3 days a month, less often than once a month, or never in the last year?
3. By a drink of alcohol I mean either a bottle of beer, a glass of wine, a shot of hard liquor, or a mixed drink. With that definition in mind, how many drinks did you USUALLY have on days when you drank during the past 12 months?
4. What was the LARGEST number of drinks that you drank in a single day, during the past 12 months?
5. During the past 12 months, how much did you have each of the following experiences because of your alcohol use? How much was your physical health harmed by your use of alcohol? How much was your family hurt by your use of alcohol? How much did you do impulsive things that you regretted later because of your alcohol use? How much did you fail to do what was expected of you because of your alcohol use? How much have you been unhappy because of your alcohol use?
6. The next question is about use of marijuana, cocaine, or other illegal drugs. During the past 12 months, about how often did you use marijuana, cocaine, or any other illegal drug?
7. Would you say it was one or two days a week, 2 or 3 days a month, once a month, less often than once a month, or never?
8. The next question is about prescription medicines such as sleeping pills, tranquilizers, painkillers, and stimulants that you might have used. During the past 12 months, did you ever use sleeping pills, tranquilizers, painkillers, or stimulants for any reason?
9. Some people use prescription medicines such as sleeping pills, tranquilizers, painkillers, and stimulants ON THEIR OWN - that is, in greater amounts, more often, or longer than prescribed: or for a reason other than a doctor said that they should be

used. People use such medicines to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, to get high, or just to see how they would work. During the past 12 months, about how often did you use prescription medicines ON YOUR OWN?

10. Would you say it was one or two days a week, 2 or 3 days a month, once a month, or less often than once a month?
11. During the past 12 months, how much did you have each of the following experiences because of your use of [(illegal drugs)/ (or) /(prescription medicines)]? How much was your physical health harmed by your use of [(illegal drugs)/ (or) /(prescription medicines)]? How much was your family hurt by your use of [(illegal drugs)/ (or) /(prescription medicines)]? How much did you do impulsive things that you regretted later because of using [(illegal drugs)/ (or) /(prescription medicines)]? How much did you fail to do what was expected of you because of your use of [(illegal drugs)/ (or) /(prescription medicines)]? How much have you been unhappy because of your use of [(illegal drugs)/ (or) /(prescription medicines)]?
12. During the past 12 months, about how often did you smoke at least one cigarette?
13. Would you say it was one or two days a week, 2 or 3 days a month, once a month, or less often than once a month?
14. About how many cigarettes did you smoke on an average day (when you smoked)?

MENTAL HEALTH TREATMENT SECTION

1. In the past 12 months, have you received any sort of professional counseling for problems with your emotions, nerves, mental health, or substance use?
2. What kind of professional did you see?
3. How many sessions of psychological counseling or psychotherapy did you receive in the past 12 months?
4. [Was this session/Were any of these sessions] paid for, at least in part, by the American Red Cross "Access to Care" program?
5. In terms of cost, did you receive [this session/these sessions] at no cost, did you have to pay, or did your insurance pay?
6. Are you still going to counseling or psychotherapy sessions or have you stopped?
7. What were your reasons for stopping your counseling or psychotherapy sessions?
8. In the past 12 months, have you taken a prescription medicine for problems with your emotions, nerves, mental health, or substance use?
9. Are you still taking [this medication/these medications] or have you stopped?
10. What were your reasons for stopping your medication?
11. Was there a time in the past 12 months when you felt that you might need to see a professional because of problems with your emotions, nerves, mental health, or substance use?
12. What were your reasons for not seeing a professional?

EMPLOYMENT SECTION

1. Has there been a change in your marital status since then?
2. Are you currently married, separated, divorced, widowed, or never married?
3. Are you living with someone in a marriage-like relationship?
4. Are you and your [spouse/partner] currently living together, or is [he/she] living outside the home in order to work and support the family?
5. What is the highest degree or level of school your [spouse/partner] completed?
6. And what's YOUR job situation now - are you employed, self-employed, looking for work, or what?
7. Who is the main breadwinner in your household - you, someone else, or both you and someone else?
8. Who is the [other/] main breadwinner?
9. Is [(OTHER) MAIN BREADWINNER] employed, self-employed, looking for work, disabled, a student, a homemaker, retired, or something else?
10. Is the current employment situation in your household BETTER, WORSE, or ABOUT THE SAME as it was before Hurricane Katrina?
11. Is that a lot [better/worse], somewhat, or only a little [better/worse] than before Hurricane Katrina?

DEMOGRAPHICS SECTION

1. The next question is about the total income of your household before taxes in the past 12 months, including income from all sources, such as wages, salaries, investment income, income from Social Security and retirement benefits, help from relatives, and so forth. Was your total household income in the past 12 months less than 20,000 dollars, between 20 and 40,000, between 40 and 80,000, or more than 80,000 dollars?
2. Was it less than 5,000, between 5 and 10, between 10 and 15, or more than 15,000?
3. Was it less than 25 thousand, between 25 and 30, between 30 and 35, or more than 35 thousand?
4. Was it less than 50 thousand, between 50 and 60, between 60 and 70, or more than 70 thousand?
5. Was it less than 100 thousand, between 100 and 150, or more than 150,000?

FINAL QUESTIONS

1. As you know, the goal of our study is to assess the needs of people affected by Hurricane Katrina. Given that goal, is there anything you think I should have asked you that I didn't ask about the current needs of people like you who were affected by Hurricane Katrina?
2. How would you have answered that question if I had asked it?

CHILD ROLE FUNCTIONING

1. The first few questions are about how [CHILD] has been doing in various areas of life in the past 12 months. The response categories I'd like you to use are EXCELLENT, VERY GOOD, GOOD, FAIR, and POOR. In the past 12 months, how would you rate [CHILD]'s relationships with other kids of a similar age, behavior in terms of obeying rules and staying out of trouble, performance at school, physical health, and mental health?
2. How many times has [CHILD] changed homes, neighborhoods, and schools, since Hurricane Katrina?
3. What type of school did [CHILD] attend during the 2008 - 2009 school year?
4. Is that a regular school or a special school?
5. Did [CHILD] attend any special school classes or school services for children with learning problems or behavior problems or emotional problems during the 2007 - 2008 school year?
6. About how many days out of 20 did [CHILD] miss from school for any reason during a typical month in the past year?
7. What grade was [CHILD] in during the 2008 - 2009 school year?
8. For the current 2009-2010 school year, is [CHILD] in the [#] grade or is [he/she] repeating the same grade?
9. What is [CHILD]'s date of birth?

CHILD PHYSICAL HEALTH SECTION

1. You said earlier that [CHILD]'s physical health has not been good in the past 12 months. What kinds of physical health problems has [he/she] had in the past 12 months?

HEALTH CARE UTILIZATION SECTION

1. About how many times did [CHILD] see a doctor for a physical health problem in the past 12 months?

CHILDREN'S MENTAL HEALTH SECTION

1. The next questions are about [CHILD]'s emotions and behavior in the PAST 6 MONTHS. I'm going to read a series of statements, and I'd like you to tell me if each one has been NOT true, SOMEWHAT true, or VERY true of [CHILD] in the past 6 months. Here's the first one: In the past 6 months [CHILD] has been considerate of other people's feelings, has been restless, overactive, cannot stay still for long, has often complained of headaches, stomach-aches or sickness, has had many worries or often seems worried, has been helpful if someone was hurt, upset or feeling ill, has constantly fidgeted or squirmed, has had at least one good friend, has often had fights with other youth or bullies them, has often been unhappy, depressed or tearful, has been generally liked by other youth, has

been easily distracted, concentration wanders, has been nervous in new situations, easily loses confidence, has been kind to younger children, has often lied or cheated, has been picked on or bullied by other youth, has often offered to help others, for example, parents, teachers, children, has thought things out before acting, has stolen from home, school or elsewhere, has gotten along better with adults than with other youth, has had many fears, is easily scared, and, lastly, has had a good attention span, for example, saw chores or homework through to the end.

2. Overall, would you rate [CHILD]'s difficulties with emotions, concentration, behavior, or getting along with others in the past 12 months as severe, moderate, or mild?
3. How much do you think Hurricane Katrina caused these difficulties?

MENTAL HEALTH TREATMENT SECTION

1. Has [CHILD] received any sort of professional counseling for problems with [his/her] emotions, nerves, mental health, or substance use at any time in the past 12 months?
2. What kind of professional did [CHILD] see?
3. How many sessions of psychological counseling or psychotherapy did [CHILD] receive in the past 12 months?
4. Is [CHILD] still going to counseling or psychotherapy sessions or has [he/she] stopped?
5. What were the reasons [CHILD] stopped [his/her] counseling or psychotherapy sessions?
6. Did [CHILD] take a prescription medicine for problems with [his/her] emotions, nerves, mental health, or substance use?
7. Who prescribed [this medication/these medications]?
8. Is [CHILD] still taking [this medication/these medications] or has [he/she] stopped?
9. Was there a time in the past 12 months when you felt that [CHILD] might need to see a professional because of problems with [his/her] emotions, nerves, mental health, or substance use?
10. What were the reasons for [CHILD] not seeing a professional?

TEEN FOLLOW-UP INSTRUMENT

Strength and Difficulties Section

1. For my next set of questions, I'm going to read a list of statements. How much has each of the following statements been true for you over the past 6 months? I try to be nice to other people. I care about their feelings. I am restless. I cannot stay still for long. I get a lot of headaches, stomach-aches or sickness. I usually share with others, for example CDs, games, or food. I get very angry and often lose my temper. I would rather be alone than with people of my age. I usually do as I am told. I worry a lot. I am helpful if someone is hurt, upset, or feeling ill. I am constantly fidgeting or squirming. I have one good friend or more. I fight a lot. I can make other people do what I want. I am often sad, depressed or tearful. Other people my age generally like me. I am easily distracted. I find it difficult to concentrate. I am nervous in new situations. I easily lose confidence. I am kind to younger children. I am often accused of lying or cheating. Other children or young people pick on me or bully me. I often offer to help others - parents, teachers, and children. I think before I do things. I take things that are not mine from home, school or elsewhere. I get along better with adults than with people my own age. I have many fears. I am easily scared. I finish the work I'm doing. My attention is good.

Emotional Reactions Section

1. During the worst month since Hurricane Katrina, how often did you have bodily reactions, such as a fast heartbeat, stomach, sweatiness, or dizziness - when reminded of Hurricane Katrina, try to distract yourself by doing something to get your mind off the painful memory, feel upset by reminders of Hurricane Katrina or terrible things that happened to you after Hurricane Katrina, and/or have nightmares or upsetting dreams about Hurricane Katrina?
2. During that worst month since Hurricane Katrina when you had the MOST SEVERE emotional reactions, how often did you have this experience?
3. During the worst month, how often did you have more difficulty concentrating than usual, and/or have more difficulty falling asleep or staying asleep than usual?
4. During that worst month since Hurricane Katrina when you had the MOST SEVERE emotional reactions, how often did you have this experience? During the worst month, how often were you more irritable or angry than usual and/or did you try to push the memory out of your mind?
5. During that worst month since Hurricane Katrina when you had the MOST SEVERE emotional reactions, how often did you have this experience? You mentioned having several emotional reactions since Hurricane Katrina.
6. How soon after Hurricane Katrina did you start having these emotional reactions at least once a week?
7. Do you still have these reactions at least once a week now? Or have they either stopped entirely or decreased to LESS OFTEN THAN ONCE A WEEK?
8. You mentioned having emotional reactions since Hurricane Katrina: still have at least once a week, decreased to less than once a week, or stopped?
9. Beginning with the time you first had these reactions at least once a week, for how many months did you continue to have these emotional reactions at least once a week? You can use any number between zero and 36 months to answer.
10. You mentioned having emotional reactions since Hurricane Katrina. How many months?
11. When was the MOST RECENT month and year when you had these emotional reactions at least once a week? What was the year?
12. For my next set of questions, I want you to tell me how often you have had each of the following reactions IN THE PAST 30 DAYS. First, how about: you felt either anxious or worried or nervous, you felt restless or fidgety, you felt so sad that nothing could cheer you up, you felt hopeless, you felt worthless, you felt that everything was an effort, you felt angry, and/or you felt so angry that you either lost your temper or felt out of control.
13. In the past 30 days, how often have you felt this way? Would you say all of the time, most of the time, sometimes, rarely, or never?
14. Would you say that your current mental health is BETTER than it was before Hurricane Katrina, WORSE, or ABOUT THE SAME as it was before Hurricane Katrina?
15. Would that be a lot [better/worse,] somewhat, or only a little [better/worse] than before Hurricane Katrina? Is your current mental health A LOT, SOMEWHAT, or ONLY A LITTLE [BETTER/WORSE] than before Hurricane Katrina?

History of Emotional Problems Section

1. The next questions are about thoughts of hurting yourself. Have you seriously thought about committing suicide at any time in the past 12 months?
2. Did you make a PLAN for committing suicide?
3. Have you ever ATTEMPTED suicide in the past 12 months?
4. How many times did you attempt suicide in your lifetime?
5. How old were you the first time?
6. Have you attempted suicide in the past 12 months?
7. Did this suicide attempt(s) result in an injury or poisoning?
8. Did it require medical attention?
9. Did it require overnight hospitalization?
10. Did your suicide attempt(s) require overnight hospitalization?
11. There are 3 statements I will read out loud. Please tell me which of these 3 statements best describes your situation when you attempted [most recently]. One, I made a serious attempt to kill myself and it was only luck that I did not succeed. Two, I tried to kill myself, but knew that what I did would not kill me. Three, my attempt was a cry for help; I did not intend to die.
12. Which of these 3 statements best describes your situation when you attempted suicide [most recently] - serious attempt/luck that did not succeed, tried to kill self but know method not fool-proof, or attempt was a cry for help/did not intend to die?
13. What method did you use [most recently] - an overdose of medication, jumping from the top of a building, or what?
14. When you attempted suicide, what method did you use?

Substance Abuse Section

1. The next questions are about your use of alcohol and drugs. Please keep in mind that your answers to these questions will be kept confidential. In the past 12 months, how often did you usually have at least one?
2. By a drink of alcohol, I mean either a bottle of beer, a glass of wine, a shot of hard liquor, or a mixed drink. With that definition in mind, when you drank in the past 12 months, about how many drinks did you USUALLY have in one day?
3. How often, in the past 12 months, did you use any drugs, such as marijuana, cocaine, uppers, downers, ecstasy, or any other drugs?
4. The next questions are about problems you may have had because of drinking or drug use in the past 12 months. How often, in the past 12 months, did your drinking or drug use, or high or hang over, cause problems for you at school or work or at home?
5. How often, in the past 12 months, did your drinking or drug use cause arguments or other serious or repeated problems with your family, friends, teachers, neighbors, or co-workers?
6. Did you continue to drink or use drugs even though they caused problems with these people?
7. How often, in the past 12 months, were you high or drunk in situations where you could get hurt, for example, when riding a bicycle, driving, playing sports, operating a machine, or anything else?
8. How often, in the past 12 months, were you stopped by the police, arrested, or in other legal trouble because of being drunk or high?
9. Did you continue to drink or use drugs even though they caused legal trouble for you?

Mental Health Treatment Section

1. In the past 12 months, have you seen a therapist or a counselor to talk about problems with your emotions, nerves, mental health, or substance use?
2. What kind of therapist or counselor did you see?
3. What kind of professional did you see for problems with your emotions, nerves, mental health, or substance use?
4. How many sessions of therapy or counseling did you receive in the past 12 months?
5. Are you still going to therapy or counseling sessions, or have you stopped?
6. What were your reasons for stopping your therapy or counseling?
7. In the past 12 months, have you taken a prescription medicine for problems with your emotions, nerves mental health, or substance use?
8. What prescription medications have you taken in the past 12 months for problems with your emotions, nerves, mental health or substance use?
9. About how many days out of 365 in the past year did you take [DRUGNAME]? You can use any number between 1 and 365 days to answer.
10. Have you taken any other prescription medications for problems with your emotions, nerves, mental health or substance use?
11. Who prescribed [this medication/these medications]? What was it?

12. Are you still taking [this medication/these medications] or have you stopped?
13. What were your reasons for stopping your medication?
14. People differ a lot in their feelings about going for professional help for emotional problems. If you had a SERIOUS emotional problem, would you DEFINITELY go for professional help, PROBABLY go, probably NOT go, or DEFINITELY NOT go for professional help?
15. How comfortable [did/would] you feel talking about personal problems with a professional?
16. How embarrassed would you feel if your friends knew you were getting professional help for an emotional problem?
17. Out of 100 people who see a professional for serious emotional problems, how many do you think are helped?
18. Out of 100 people who do not get professional help, how many do you think get better even without it?
19. Was there a time, in the past 12 months, when you felt that you might need to see a professional because of problems with your emotions, nerves, mental health or substance use?
20. What were your reasons for not seeing a professional?

Life Events/Stressors Section

1. The next questions are about stressful life events. In the past 12 months, did you have any of the following stressful experiences: the break-up of a romantic relationship you were having, the break-up of any other close friendship, your parents getting separated or divorced, the death of a close friend or family member, the serious illness or injury of a close friend or family member, any other terrible thing that happened to a close friend or family member, being mugged or physically assaulted, being robbed or held up, being sexually attacked or raped, a life-threatening accident or injury that you had, or having problems with the police?
2. In the past 12 months, did you have serious problems getting along with any of the following people: a girlfriend/boyfriend, a brother or sister, a parent or other close relatives, a friend, a supervisor or teacher at work or school, anyone else at work or school, and/or any of your neighbors? In the past 12 months, did you have serious problems getting along with them?
3. The next question is about how much stress you continued to experience in the past 12 months because of problems caused by Hurricane Katrina. On a scale from zero to 10, where zero means NO STRESS AT ALL and 10 means THE MOST STRESS YOU CAN IMAGINE, how much stress of this sort did you have in the past 12 months?
4. What was the most stressful experience you had related to Hurricane Katrina in the past 12 months?
5. What was the most stressful experience you had related to Hurricane Katrina in the past 12 months?
6. How many people close to you died because of Hurricane Katrina?
7. In the 3 years since Hurricane Katrina, how many people who used to be close to you have moved away, or you moved away from them, so that you don't see much of them anymore?

Social Networks Section

1. The next questions are about your social life. How popular are you with other people your own age?
2. About how many friends do you have who you either hang out with, talk to on the phone, or get together with socially?
3. How much can you rely on any of your family or friends to listen if you have a serious problem you need to talk about?
4. How much can you open up to any of your family or friends if you need talk about your worries?
5. How often does your family or friends make too many demands on you?
6. How often does your family or friends argue with you?
7. Do you currently belong to a gang?

Parenting Styles Section

1. How often in the past 12 months did you go without things you needed like clothes, shoes, or school supplies because your parents or caregivers spent the money on themselves, did you have to do chores that were too difficult or dangerous for someone your age, did your parents or caregivers make you go hungry or not prepare regular meals, did your parents or caregivers ignore or fail to get you medical treatment when you were sick or hurt, did your parents or caregivers neglect any other of your needs, like your needs for supervision or support or guidance, did anyone in your household either insult you, swear at you, shout at you, or

threaten to hit you, and did anyone in your household either push you, throw something at you, or hit you?

School Functioning Section

1. The next questions are about how you're doing in school. Are you still attending school? Have you graduated high school, or have you dropped out of school?
2. What is the last grade you completed?
3. In what year did you graduate high school?
4. During the past school year, how did you do in Reading, English, Language Arts, History, Social Studies, Math, and Science?
5. About how many times in the past school year did you get in enough trouble that you were sent to the principal's office or kept after school?
6. Did you ever get in so much trouble, in the past school year, that you were suspended, expelled, or sent to an alternative school?
7. About how many times, in the past school year, did you skip school?
8. Have you been promoted to the next grade for the upcoming school year, or were you held back?