Foster Care Alumni Studies Final Production
Copy Interview

Introduction

In order to build on and compare to previous work, the Alumni Studies interview was largely composed of measures and items from earlier projects in child welfare, psychology, and epidemiology. For specific sources, please see the variables list available at www.casey.org/research/alumni_studies/methods.htm.

The interview was developed by the project team to assess current psychological, health, financial, and social functioning, education and employment, birth and foster family history, services received, recent stressors, and perceptions of the foster care agency staff and foster parents. Average administration time was two to two and a half hours. Interviewing was conducted by trained interviewers from the Survey Research Center at the University of Michigan. A respondent booklet, containing response scales and options, was used with many questions to provide visual reference for participants.

---

1 Revised: March 17, 2003. Compiled by Peter J. Pecora, A. Chris Downs, Ronald Kessler, Nathaniel Ehrlich, Steven Heeringa, Diana English, James White, Jason Williams, Carol Brandford, and Alisa McWilliams. For more information, please contact Peter J. Pecora, Research Services, Casey Family Programs, 1300 Dexter Avenue North, 3rd Floor, Seattle, WA 98109-3547 206/282-7300 www.casey.org/research

The Alumni Studies Team and Advisors

Investigators

Peter J. Pecora, Ph.D., Principal Investigator, Casey Family Programs and the School of Social Work, University of Washington

A. Chris Downs, Ph.D., Co-Principal Investigator, Casey Family Programs

Diana J. English, Ph.D., Co-Principal Investigator, Washington Department of Social and Health Services, Children's Administration, Division of Children and Family Services.

Steven G. Heeringa, Ph.D., Co-Principal Investigator, Institute for Social Research, University of Michigan

Ronald J. Kessler, Ph.D., Co-Principal Investigator, Harvard University

James White, Ph.D., Co-Principal Investigator, Portland State University, (formerly with and representing the Oregon Department of Human Services; Children, Adults and Families)

Project Coordinator for Northwest and Casey National Alumni Studies

Jason Williams, M.S., Casey Alumni Studies Coordinator

Project Staff Members

Carol Brandford, M.S.W., Research Manager, Washington Department of Social and Health Services, Children’s Administration, Division of Children and Family Services, Office of Children’s Administration Research

Nathaniel Ehrlich, Ph.D., Study Director, Survey Research Center, University of Michigan

Kevin George, M.S.W., Transitional Resources Unit, Oregon Department of Human Services; Children, Adults and Families; Community Human Services

Eva Hiripi, M.A., Senior Research Associate, Department of Health Care Policy, Harvard University Medical School

Brian Judd, B.S., Research Assistant, Casey Family Programs

Alisa McWilliams, M.A., Survey Manager, Survey Research Center, University of Michigan

Sarah Morello, B.S., Research Assistant, Casey Family Programs

Mary Herrick, M.S.W., Research Assistant, Casey Family Programs
SECTION K

K1. In the next part of the interview, we ask about very stressful events that might have happened in your life. (Some of the questions I will ask in this section may not relate to you and your life.) First, did you ever participate in combat, either as a member of a military, or as a member of an organized non-military group?

(KEY PHRASE: combat experience)

YES…………………… 1…(MARK K1 ON REFERENCE CARD)
NO…………………… 5…(GO TO K2)

K1a How old were you when you had your first combat experience?

________ YEARS OLD

K1b How long did you serve?

________ NUMBER

CIRCLE UNIT OF TIME:

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

K1c IF R VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.

AGE OF SECOND OCCURRENCE: _______ YEARS

K1d DURATION OF SECOND OCCURRENCE: _______ NUMBER

CIRCLE UNIT OF TIME:

DAYS…..1 WEEKS…..2 MONTHS…..3 YEARS…..4
K2. Were you ever kidnapped or held captive?

(KEY PHRASE: kidnapped)

YES .................................. 1 ... (MARK K2 ON REFERENCE CARD)

NO ............................... 5 ... (GO TO K3)

K2a How old were you when you were first in this situation?

________ YEARS OLD

K2b How long were you in captivity?

________ NUMBER

CIRCLE UNIT OF TIME:

DAYS……1  WEEKS……2  MONTHS……3  YEARS……4

K2c IF R VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES, ENTER AGE AND DURATION OF SECOND OCCURRENCE.

AGE OF SECOND OCCURRENCE: _______ YEARS

K2d DURATION OF SECOND OCCURRENCE: ________ NUMBER

CIRCLE UNIT OF TIME

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

K3. Were you ever involved in a life-threatening automobile accident?

(KEY PHRASE: automobile accident)

YES................................. 1 ... (MARK K3 ON REFERENCE CARD)

NO ............................... 5 ... (GO TO K4)

K3a How many times (did that happen in your life)?

________ NUMBER

K3b How old were you (the first time)?

________ YEARS OLD
K4. Were you ever involved in any other life-threatening accident, including on your job?
   (KEY PHRASE: life-threatening accident)
   YES ................................1 ...(MARK K4 ON REFERENCE CARD)
   NO ..................................5 ...(GO TO K5)

   K4a How many times (did that happen in your life)?
       _______ NUMBER
   K4b How old were you (?
       _______ YEARS OLD

K5. (Other than the time(s) you’ve already told me about,) Were you ever involved in a man-
   made disaster, like a fire started by a cigarette, or a bomb explosion?
   (KEY PHRASE: man-made disaster)
   YES ................................1 ...(MARK K5 ON REFERENCE CARD)
   NO ..................................5 ...(GO TO K6)

   K5a How many times (did that happen in your life)?
       _______ NUMBER
   K5b How old were you (the first time)?
       _______ YEARS OLD

K6. Did you ever have a life-threatening illness?
   (KEY PHRASE: life-threatening illness)
   YES ................................1 ...(MARK K6 ON REFERENCE CARD)
   NO ..................................5 ...(GO TO K7)

   K6a How many times (did that happen in your life)?
       _______ NUMBER
   K6b How old were you (the first time)?
       _______ YEARS OLD
K7  Were you ever badly beaten up by a spouse or romantic partner?
(KEY PHRASE: beaten by a spouse or romantic partner)
YES .......................... 1  ... (MARK K7 ON REFERENCE CARD)
NO ............................ 5  ... (GO TO K8)

K7a  How many times (did that happen in your life)?
       _______ NUMBER

       “ONGOING” FOR A PERIOD IN R’S LIFE:...................... 995

K7b  How old were you (the first time)?
       _______ YEARS OLD

K8  Were you ever badly beaten up by anyone else?
(KEY PHRASE: beaten by somebody else)
YES .......................... 1  ... (MARK K8 ON REFERENCE CARD)
NO ............................ 5  ... (GO TO K9)

K8a  How many times (did that happen in your life)?
       _______ NUMBER

       “ONGOING” FOR A PERIOD IN R’S LIFE:...................... 995

K8b  How old were you (the first time)?
       _______ YEARS OLD

K9  Were you ever mugged, held up, or threatened with a weapon?
(KEY PHRASE: mugged or threatened with a weapon)
YES .......................... 1  ... (MARK K9 ON REFERENCE CARD)
NO .............................. 5  ... (GO TO K10)

K9a  How many times (did that happen in your life)?
       _______ NUMBER

       “ONGOING” FOR A PERIOD IN R’S LIFE:...................... 995

K9b  How old were you (the first time)?
       _______ YEARS OLD
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 by using force. Did this ever happen to you?

(KEY PHRASE: raped)

YES………………… 1…(MARK K10 ON REFERENCE CARD)

NO………………….. 5…(GO TO K11)

K10a How many times (did that happen in your life)?

________ NUMBER

“ONGOING” FOR A PERIOD IN R’S LIFE:.........................995

K10b How old were you (the first time)?

________ YEARS OLD

Other than rape, were you ever sexually assaulted or molested?

(KEY PHRASE: sexually assaulted)

YES………………… 1…(MARK K11 ON REFERENCE CARD)

NO………………….. 5…(GO TO K12)

K11a How many times (did that happen in your life)?

________ NUMBER

“ONGOING” FOR A PERIOD IN R’S LIFE:.........................995

K11b How old were you (the first time)?

________ YEARS OLD
K12  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...(MARK K12 ON REFERENCE CARD)
NO…………………… 5...(GO TO K13)

K12a  How many times (did that happen in your life)?

________ NUMBER

“ONGOING” FOR A PERIOD IN R’S LIFE:........................ 995

K12b  How old were you (the first time)?

________ YEARS OLD

K13  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...(MARK K13 ON REFERENCE CARD)
NO…………………… 5...(GO TO K14)

K13a  How many times (did that happen in your life)?

________ NUMBER

K13b  How old were you (the first time)?

________ YEARS OLD

K14  (Other than the death of your child you just mentioned) Did you ever have a son or daughter who had a life-threatening illness or injury?

(KEY PHRASE: child’s serious illness)
YES…………………… 1...(MARK K14 ON REFERENCE CARD)
NO…………………… 5...(GO TO K15)

K14a  How many times (did that happen in your life)?

________ NUMBER

K14b  How old were you (the first time)?

________ YEARS OLD

K15  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…the first time)(MARK K15 ON REFERENCE CARD)
NO………………….. 5…(GO TO K16)

K15a  How many times (did that happen in your life)?
________ NUMBER

“ONGOING” FOR A PERIOD IN R’S LIFE:.........................995

K15b  How old were you (the first time)?
________ YEARS OLD

K16  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…the first time)(MARK K16 ON REFERENCE CARD)
NO………………….. 5…(GO TO K17)

K16a  How many times (did that happen in your life)?
________ NUMBER

K16b  How old were you (the first time)?
________ YEARS OLD

K17  Did you ever do something that accidentally led to the serious injury or death of another person?
(KEY PHRASE: accidentally caused serious injury or death)
YES………………… 1…the first time)(MARK K17 ON REFERENCE CARD)
NO………………….. 5…(GO TO K18)

K17a  How many times (did that happen in your life)?
________ NUMBER

K17b  How old were you (the first time)?
________ YEARS OLD

K18  (Other than what you already told me about,) Did you ever on purpose either seriously injure, torture, or kill another person?
(KEY PHRASE: purposely injured, tortured or killed someone)
YES…………………… 1…(MARK K18 ON REFERENCE CARD)
NO…………………… 5…(GO TO K19)

K18a  How many times (did that happen in your life)?
       _______ NUMBER

K18b  How old were you (the first time)?
       _______ YEARS OLD

K19  Did you ever see atrocities or carnage such as mutilated bodies or mass killings?
     (KEY PHRASE: saw atrocities)
YES…………………… 1…(MARK K19 ON REFERENCE CARD)
NO…………………… 5…(GO TO K20)

K19a  How many times (did that happen in your life)?
       _______ NUMBER

K19b  How old were you (the first time)?
       _______ YEARS OLD
K20  Did you ever experience any other extremely traumatic or life-threatening event that I haven’t asked about yet?

YES……………………  1…(MARK K20 ON REFERENCE CARD)

NO…………………..  5…(GO TO K22)

K20a  Briefly, what was the one most traumatic event that you have not reported?

_______________________________________________________

_______________________________________________________

K20b  (IF NEC: 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 *K20c)

ONGOING EVENT…………………  5…(GO TO *K20d)

DON’T KNOW………………….  8

REFUSED……………………..  9

K20c  [IF NEC: How old were you when (EVENT IN *K20a / this happened)?]
( IF NEC: How old were you when you first learned about it?)

___________ YEARS OLD…(GO TO *K21)

K20d  (IF NEC: For how long were you in this situation / For how long did this continue)?

_____________ DURATION NUMBER

CIRCLE UNIT OF TIME:

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

*K21.  INTERVIEWER CHECKPOINT: (SEE *K20a)

DID EVENT IN *K20a INVOLVE THREAT OF DEATH OR SERIOUS INJURY TO R OR TO A CLOSE LOVED ONE?

YES ……………………………………………………….. 1

NO ……………………………………………………….. 5

CANNOT BE DETERMINED……………….. 8
*K22. INTERVIEWER CHECKPOINT:

R REPORTED NO EVENTS ........................................0...(GO TO SECTION L)

R REPORTED ONLY ONE EVENT TYPE
AND THAT OCCURRED ONLY ONCE ........ 1...(GO TO K25)

R REPORTED ONLY ONE EVENT TYPE,
AND THAT EVENT OCCURRED MORE
THAN ONCE ......................................................... 2...(GO TO *K23 INTRO 1)

R REPORTED TWO OR THREE DIFFERENT
EVENT TYPES ....................................................... 3...(GO TO *K23 INTRO 2)

ALL OTHER ....................................................... 4...(GO TO *K23 INTRO 3)

*K23 INTRO 1.
Let me review. You experienced (NUMBER)
(KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes
have problems like upsetting memories or dreams, feeling emotionally distant from other
people, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after [(either/any) [EVENT TYPE]/of these experiences]?  

YES ............................................. 1...(GO TO *K24)

NO ..................................................... 5...(GO TO SECTION L)

DON’T KNOW .................................. 8...(GO TO SECTION L)

REFUSED .......................................... 9...(GO TO SECTION L)

*K23 INTRO 2.
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 from other people, 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?  

*K23 INTRO 3.
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 from other people, 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?

YES ............................................. 1...(GO TO *K24)

NO ..................................................... 5...(GO TO SECTION L)

DON’T KNOW .................................. 8...(GO TO SECTION L)

REFUSED .......................................... 9...(GO TO SECTION L)
*K24. Of the [experiences you reported/ (NUMBER) times this happened] which one caused you the most problems like that?

IF NEC: REVIEW ENDORSED EVENTS.

(IF “DON’T KNOW,” PROBE: Which of these very upsetting events happened most recently?)

RECORD WORST EVENT:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

K24a. NOTE AGE AT TIME OF WORST EVENT:
[IF NEC: How old were you when that (happened/ started)?]

____________  YEARS OLD
INTERVIEWER: SEE *K24, THEN PROBE:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*K25. [FOR “ONGOING” EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?]</td>
<td>1 GO TO *K26</td>
<td>5</td>
</tr>
<tr>
<td>[ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*K25a. Did you feel helpless?</td>
<td>1 GO TO *K26</td>
<td>5</td>
</tr>
<tr>
<td>*K25b. Did you feel shocked or horrified?</td>
<td>1 GO TO *K26</td>
<td>5</td>
</tr>
<tr>
<td>*K25c. Did you feel numb?</td>
<td>1</td>
<td>5 GO TO SECTION L</td>
</tr>
</tbody>
</table>

*K26. (RB, P. 16)
   In the weeks, months, or years after (the event/ this experience ended/WORST EVENT), did you try not to think about (it/what happened)?
   (IF YES: Please make a checkmark by reaction 1.)
   (KEY PHRASE: tried not to think about it)

<p>| *K27. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? | 1       | 5      |
| (IF YES: Please make a checkmark by reaction 2.)                         |         |        |
| (KEY PHRASE: stayed away from reminders of it)                           |         |        |</p>
<table>
<thead>
<tr>
<th>*K28. Were you ever unable to remember some important parts of what happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF VOL: “UNCONSCIOUS,” “KNOCKED OUT,” OR “HEAD INJURY,” CODE NO.</td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 3.)</td>
</tr>
<tr>
<td>(KEY PHRASE: were unable to remember part(s) of it)</td>
</tr>
<tr>
<td>YES (1)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*K29. Did you lose interest in doing things you used to enjoy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF YES: Please make a checkmark by reaction 4.)</td>
</tr>
<tr>
<td>(KEY PHRASE: lost interest in things you used to enjoy)</td>
</tr>
<tr>
<td>YES (1)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*K30. Did you feel emotionally distant or cut-off from other people?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF YES: Please make a checkmark by reaction 5.)</td>
</tr>
<tr>
<td>(KEY PHRASE: felt distant from other people)</td>
</tr>
<tr>
<td>YES (1)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*K31. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF YES: Please make a checkmark by reaction 6.)</td>
</tr>
<tr>
<td>(KEY PHRASE: had trouble feeling normal feelings)</td>
</tr>
<tr>
<td>YES (1)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*K32. Did you feel you had no reason to plan for the future because you thought it would be cut short?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF YES: Please make a checkmark by reaction 7.)</td>
</tr>
<tr>
<td>(KEY PHRASE: felt you had no reason to plan for the future)</td>
</tr>
<tr>
<td>YES (1)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
**K33. INTERVIEWER CHECKPOINT: (SEE K26 - K32)**

THREE OR MORE “YES”
RESPONSES IN **K26 - K32** ......................... 1

ALL OTHERS............................................ 5 (GO TO SECTION L)

**K34. (RB, P. 16)** For about how many days, weeks, months, or years did you continue to have (either/any) of these Group 1 reactions?

(IF VOL: “IT’S STILL GOING ON” PROBE: How long has it been so far?)

(IF DK, PROBE, “Was it at least a month?” IF YES, CODE 97 BELOW.)

__________ DURATION NUMBER

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

“AT LEAST A MONTH”............. 97

**K35 INTERVIEWER CHECKPOINT: (SEE K34)**

LESS THAN ONE MONTH (30 DAYS)
OF REACTIONS IN **K34** ......................... 1 (GO TO SECTION L)

ALL OTHERS............................................ 5

**K36. (RB, P. 16)** Think of the time when these Group 1 reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH .......................... 1
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

**K37** How much distress did these reactions cause you – none, mild, moderate, severe, or
very severe distress?

NONE………………………………  1…(GO TO SECTION L)
MILD………………………………  2
MODERATE………………………..  3
SEVERE…………………………….  4
VERY SEVERE…………………….  5

*K38. How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

NOT AT ALL……………………….  1…(GO TO SECTION L)
A LITTLE…………………………...  2
SOME……………………………….  3
A LOT……………………………….  4
EXTREMELY………………………  5
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K39.</strong> (RB, P. 16) Did you ever have repeated unwanted <strong>memories</strong> of (it/the event/this experience/WORST EVENT) – that is, you kept remembering it even when you didn’t want to?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 8 in the booklet.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: had unwanted memories)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>K40.</strong> Did you ever have repeated unpleasant <strong>dreams</strong> about (it/the event/this experience/WORST EVENT)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 9 in the booklet)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(KEY PHRASE: had unpleasant dreams)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>K41.</strong> Did you have <strong>flashbacks</strong> – that is, suddenly act or feel as if (it/the event/this experience/WORST EVENT) were happening all over again?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 10 in the booklet.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(KEY PHRASE: had flashbacks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>K42.</strong> Did you get very <strong>upset</strong> when you were reminded of (it/the event/this experience/WORST EVENT)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 11 in the booklet.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(KEY PHRASE: got really upset when reminded of it)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>K43.</strong> When you were <strong>reminded</strong> of (it/the event/this experience/WORST EVENT), did you ever have <strong>physical</strong> reactions like <strong>sweating</strong>, your heart <strong>racing</strong>, or feeling shaky?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 12 in the booklet.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>(KEY PHRASE: had physical reactions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*K44. INTERVIEWER CHECKPOINT: (SEE *K39 - *K43)

ZERO “YES” RESPONSES IN *K39 - *K43........... 1...(GO TO SECTION L)
ALL OTHERS............................................ 2

*K45. (RB, P. 16) For about how many **days, weeks, months, or years** did you **continue** to have [this reaction/(either/any) of these Group 2 reactions]?  

(IF VOL “IT’S STILL GOING ON” PROBE: How long has it been so far?)

(IF DK, PROBE, “Was it at least a month?” IF YES, CODE 97 BELOW.)

___________ DURATION NUMBER
CIRCLE UNIT OF TIME:
DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4

“AT LEAST A MONTH” .................. ............ ....97

*K46. INTERVIEWER CHECKPOINT: (SEE *K45)

LESS THAN ONE MONTH (30 DAYS)
OF REACTIONS IN *K45.................................. 1...(GO TO
SECTION L)
ALL OTHERS............................................ 2
*K47. (RB, P. 16) 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, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH.......................... 1...(GO TO SECTION L)
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

*K48. How much distress did (this reaction/ these reactions) cause you – none, mild, moderate, severe, or very severe distress?

NONE............................................. 1...(GO TO SECTION L)
MILD.............................................. 2
MODERATE................................. 3
SEVERE................................. 4
VERY SEVERE......................... 5

*K49. How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

NOT AT ALL................................. 1...(GO TO SECTION L)
A LITTLE................................. 2
SOME................................. 3
A LOT................................. 4
EXTREMELY.......................... 5
During the time (this event/this experience/WORST EVENT) affected you **most**, did you have trouble falling or staying asleep?

(IF YES: Please make a checkmark by reaction 13.)

(KEY PHRASE: had sleep problems)

<table>
<thead>
<tr>
<th>K50.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Were you more **irritable** or short-tempered than you usually are?

(IF YES: Please make a checkmark by reaction 14.)

(KEY PHRASE: were irritable)

<table>
<thead>
<tr>
<th>K51.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Did you have more trouble **concentrating** or keeping your mind on what you were doing?

(IF YES: Please make a checkmark by reaction 15.)

(KEY PHRASE: had trouble concentrating)

<table>
<thead>
<tr>
<th>K52.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Were you much more alert or watchful, even when there was no real need to be?

(IF YES: Please make a checkmark by reaction 16.)

(KEY PHRASE: were more alert or watchful)

<table>
<thead>
<tr>
<th>K52.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Were you more **jumpy** or easily startled by ordinary noises?

(IF YES: Please make a checkmark by reaction 17.)

(KEY PHRASE: were jumpy or easily startled)

<table>
<thead>
<tr>
<th>K54.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
**K55. INTERVIEWER CHECKPOINT: (SEE *K50 - *K54)**

ZERO “YES” RESPONSES IN *K50 - *K54……… 1…(GO TO SECTION L)

ALL OTHERS………………………………………2

**K56. (RB, P. 16) For about how many days, weeks, months, or years did you continue to have [this reaction/either/any] of these Group 3 reactions?**

(IF VOL “IT’S STILL GOING ON” PROBE: How long has it been so far?)

(IF DK, PROBE, “Was it at least a month?” IF YES, CODE 97 BELOW.)

__________ DURATION NUMBER

CIRCLE UNIT OF TIME:

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

“AT LEAST A MONTH”……. 97

**K57. INTERVIEWER CHECKPOINT: (SEE *K56)**

LESS THAN ONE MONTH (30 DAYS)

OF REACTIONS IN *K56………………………………… 1…(GO TO SECTION L)

ALL OTHERS………………………………………2
**K58.** (RB, P. 16) Think of the time when [this reaction was/ these Group 3 reactions were] most frequent and intense. How often did (it/they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a month</td>
<td>1</td>
</tr>
<tr>
<td>One to two times a month</td>
<td>2</td>
</tr>
<tr>
<td>Three to five times a month</td>
<td>3</td>
</tr>
<tr>
<td>Six to ten times a month</td>
<td>4</td>
</tr>
<tr>
<td>More than ten times a month</td>
<td>5</td>
</tr>
</tbody>
</table>

**K59.** How much distress did (this reaction/these reactions) cause you – none, mild, moderate, severe, or very severe distress?

<table>
<thead>
<tr>
<th>Distress</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Mild</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>Severe</td>
<td>4</td>
</tr>
<tr>
<td>Very severe</td>
<td>5</td>
</tr>
</tbody>
</table>

**K60.** How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

<table>
<thead>
<tr>
<th>Disruption</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A lot</td>
<td>4</td>
</tr>
<tr>
<td>Extremely</td>
<td>5</td>
</tr>
</tbody>
</table>
*K61. (Look at all the reactions on page 16 in your booklet.) 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 K74)
DON’T KNOW……………8…(GO TO K74)
REFUSED………………… 9…(GO TO K74)

*K62. When was the last time you had any of these reactions – within the past month, between 2 and 6 months ago, or more than 6 months ago?

PAST MONTH................................................... 1
TWO TO SIX MONTHS AGO......................... 2
MORE THAN SIX MONTHS AGO ................. 3

*K63. 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

*K64. INTERVIEWER CHECKPOINT: (SEE *K63)

ZERO TO THREE WEEKS IN *K63……………… 1…(GO TO SECTION L)
ALL OTHERS……………………………………… 2
<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K65.</strong> Please think of the 30-day period in the past 12 months when your reactions to (this/these) [event(s)/experiences(s)] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K66.</strong> Did you feel emotionally distant or cut off from other people during that month?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K67.</strong> Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K68.</strong> Did you feel you had no reason to plan for the future because you thought it would be cut short?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K60.</strong> Did you have any trouble falling or staying asleep during that month?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K70.</strong> Were you more jumpy or more easily startled by ordinary noises?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K71.</strong> Did you purposely stay away from places, people or activities that reminded you of (this/these) [event(s)/experiences(s)]?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>K72.</strong> What about during the 30 days before this interview – did you purposely stay away from all reminders of this/these) [event(s)/experiences(s)] during the past 30 days?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**K73. INTERVIEWER CHECKPOINT: (SEE *K65-*K72)**

ZERO “YES” RESPONSES IN *K65-*K72………. 1…(GO TO SECTION L) ALL OTHERS…………………………………….. 2
*K74. Did you ever in your life talk to a medical doctor or other professional about your reactions to (this/these) [event(s)/experience(s)]? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES………………………………..  1
NO……………………………….  5…(GO TO SECTION L)
DON’T KNOW……………………..  8…(GO TO SECTION L)
REFUSED………………………….  9…(GO TO SECTION L)

*K74a. How old were you the first time (you talked to a professional about your reactions?

________ YEARS OLD

*K75. Which of the following types of professionals did you ever talk to about your reactions?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>*K75a. Psychiatrist?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>*K75b. Any other medical doctor?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>*K75c. A psychologist?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>*K75d. Any other type of psychotherapist or mental health counselor?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>*K75e. Any other professional?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

*K76. Did you receive professional treatment for your reactions to (this/these) [event(s)/experience(s)]?

YES………………………………..  1
NO……………………………….  5