

**Ordinarily, how many times each month have you used each of the following drugs in the past year?
(NOTE: if you only used a drug a few times over this past year, answer '0 times')**

1. *	Alcohol	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
2. *	Amphetamines/stimulants/"uppers"	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
3. *	Cocaine/crack	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
4. *	Prescription diet pills	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
5. *	Over the counter medications	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
6. *	Heroin/morphine/opiates	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
7. *	Methadone	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
8. *	Prescription pain killer pills	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
9. *	Barbiturate	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
10. *	Quaaludes	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
11. *	Tranquilizer Pills	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
12. *	LSD/Hallucinogens	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
13. *	Ecstasy	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
14. *	PCP	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
15. *	Marijuana	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
16. *	Glue	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
17. *	Gasoline or other fumes	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
18. *	Smoking Tobacco	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
19. *	Chewing Tobacco	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
20. *	Anabolic Steroids	<input type="radio"/>	0 times	<input type="radio"/>	1-2 times	<input type="radio"/>	3-9 times	<input type="radio"/>	10-20 times	<input type="radio"/>	more than 20 times
21. *	Which drug caused you the most problems? (circle one)	None, Cocaine/crack, Gasoline or other fumes, Heroin/morphine/opiates, Methadone, Over the counter diet pills, Prescription diet pills, Prescription pain killer pills, Smoking Tobacco, Anabolic Steroids, Barbiturate, Ecstasy, Glue, LSD/Hallucinogens, Marijuana, PCP, Quaaludes, Tranquilizer Pills, Alcohol, Amphetamines/stimulants/uppers, Chewing Tobacco									
22. *	Which drug do you prefer the most? (circle one)	None, Cocaine/crack, Gasoline or other fumes, Heroin/morphine/opiates, Methadone, Over the counter diet pills, Prescription diet pills, Prescription pain killer pills, Smoking Tobacco, Anabolic Steroids, Barbiturate, Ecstasy, Glue, LSD/Hallucinogens, Marijuana, PCP, Quaaludes, Tranquilizer Pills, Alcohol, Amphetamines/stimulants/uppers, Chewing Tobacco									

Answer ALL of the following questions. Even if a question does not apply exactly, answer according to whether it is MOSTLY YES (TRUE) or MOSTLY NO (FALSE). Answer the questions as they apply to you within the past year and leading up to the present time. If a question does not apply to you, answer NO.

23. *	Have you had a craving or very strong desire for alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
24. *	Have you had to use more and more drugs or alcohol to get the effect you want?	<input type="radio"/>	Yes	<input type="radio"/>	No
25. *	Have you felt that you could not control your alcohol or drug use?	<input type="radio"/>	Yes	<input type="radio"/>	No
26. *	Have you felt that you were "hooked" on alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
27. *	Have you missed out on activities because you spend too much money on drugs or alcohol?	<input type="radio"/>	Yes	<input type="radio"/>	No
28. *	Did you break rules, miss curfew, or break the law because you were high on alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
29. *	Did you change rapidly from very happy to very sad or from very sad to very happy because of drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
30. *	Did you have a car accident after using alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
31. *	Have you accidentally hurt yourself or someone else after using alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
32. *	Have you had a serious argument or fight with a friend or a family member because of your drinking or drug use?	<input type="radio"/>	Yes	<input type="radio"/>	No
33. *	Have you had trouble getting along with any of your friends because of alcohol or drug use?	<input type="radio"/>	Yes	<input type="radio"/>	No
34. *	Have you experienced any withdrawal symptoms following use of alcohol or drugs (e.g., headaches, nausea, vomiting, shaking)?	<input type="radio"/>	Yes	<input type="radio"/>	No
35. *	Have you had a problem remembering what you had done while you were under the effects of drugs or alcohol?	<input type="radio"/>	Yes	<input type="radio"/>	No
36. *	Did you drink large quantities of alcohol when you went to parties?	<input type="radio"/>	Yes	<input type="radio"/>	No
37. *	Did you have trouble resisting using alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
38. *	Have you ever told a lie in your lifetime?	<input type="radio"/>	Yes	<input type="radio"/>	No
39. *	Did you argue a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
40. *	Did you brag a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
41. *	Did you tease or do harmful things to animals?	<input type="radio"/>	Yes	<input type="radio"/>	No
42. *	Did you yell a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
43. *	Have you been stubborn?	<input type="radio"/>	Yes	<input type="radio"/>	No
44. *	Were you suspicious of other people?	<input type="radio"/>	Yes	<input type="radio"/>	No
45. *	Did you swear or use dirty language a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
46. *	Did you bully, be mean to others a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
47. *	Did you have a bad temper?	<input type="radio"/>	Yes	<input type="radio"/>	No

48. *	Have you been very shy?	<input type="radio"/>	Yes	<input type="radio"/>	No
49. *	Did you threaten to hurt people?	<input type="radio"/>	Yes	<input type="radio"/>	No
50. *	Did you talk louder than most other people?	<input type="radio"/>	Yes	<input type="radio"/>	No
51. *	Were you easily upset?	<input type="radio"/>	Yes	<input type="radio"/>	No
52. *	Did you do things a lot without first thinking about the consequences?	<input type="radio"/>	Yes	<input type="radio"/>	No
53. *	Did you do risky or dangerous things a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
54. *	Did you take advantage of people?	<input type="radio"/>	Yes	<input type="radio"/>	No
55. *	Did you generally feel angry?	<input type="radio"/>	Yes	<input type="radio"/>	No
56. *	Did you spend most of your free time by yourself?	<input type="radio"/>	Yes	<input type="radio"/>	No
57. *	Were you a loner?	<input type="radio"/>	Yes	<input type="radio"/>	No
58. *	Were you very sensitive to criticism?	<input type="radio"/>	Yes	<input type="radio"/>	No
59. *	In your lifetime, do you behave better when you are around people you don't know?	<input type="radio"/>	Yes	<input type="radio"/>	No
60. *	Have you had a physical exam or been under a doctor's care?	<input type="radio"/>	Yes	<input type="radio"/>	No
61. *	Have you had any accidents or injuries that still bother you?	<input type="radio"/>	Yes	<input type="radio"/>	No
62. *	Did you either sleep too much or too little?	<input type="radio"/>	Yes	<input type="radio"/>	No
63. *	Have you either lost or gained more than 10 pounds?	<input type="radio"/>	Yes	<input type="radio"/>	No
64. *	Did you have less energy than you think you should have?	<input type="radio"/>	Yes	<input type="radio"/>	No
65. *	Did you have trouble with your breathing or with coughing?	<input type="radio"/>	Yes	<input type="radio"/>	No
66. *	Did you have any concerns about sex or trouble with your sex organs?	<input type="radio"/>	Yes	<input type="radio"/>	No
67. *	Have you had sex with someone who shot up drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
68. *	Have you had trouble with abdominal pain or nausea?	<input type="radio"/>	Yes	<input type="radio"/>	No
69. *	Have your eye whites ever turned yellow?	<input type="radio"/>	Yes	<input type="radio"/>	No
70. *	In your lifetime, did you ever feel that you wanted to swear?	<input type="radio"/>	Yes	<input type="radio"/>	No
71. *	Have you intentionally damaged someone else's property?	<input type="radio"/>	Yes	<input type="radio"/>	No
72. *	Have you stolen things?	<input type="radio"/>	Yes	<input type="radio"/>	No
73. *	Have you gotten into physical fights?	<input type="radio"/>	Yes	<input type="radio"/>	No
74. *	Have you been a fidgety person?	<input type="radio"/>	Yes	<input type="radio"/>	No
75. *	Have you been restless and unable to sit still?	<input type="radio"/>	Yes	<input type="radio"/>	No

76. *	Did you get frustrated easily?	<input type="radio"/>	Yes	<input type="radio"/>	No
77. *	Did you have trouble concentrating?	<input type="radio"/>	Yes	<input type="radio"/>	No
78. *	Did you feel sad a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
79. *	Did you bite your fingernails?	<input type="radio"/>	Yes	<input type="radio"/>	No
80. *	Did you have trouble sleeping?	<input type="radio"/>	Yes	<input type="radio"/>	No
81. *	Have you been nervous?	<input type="radio"/>	Yes	<input type="radio"/>	No
82. *	Did you get easily frightened?	<input type="radio"/>	Yes	<input type="radio"/>	No
83. *	Did you worry a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
84. *	Did you have trouble getting your mind off things?	<input type="radio"/>	Yes	<input type="radio"/>	No
85. *	Did people stare at you?	<input type="radio"/>	Yes	<input type="radio"/>	No
86. *	Did you hear things that no one else around you heard (outside of cultural or ceremonial activities)?	<input type="radio"/>	Yes	<input type="radio"/>	No
87. *	Did you have special powers nobody else has (outside of dreams, cultural, or ceremonial activities)?	<input type="radio"/>	Yes	<input type="radio"/>	No
88. *	Were you afraid to be around people?	<input type="radio"/>	Yes	<input type="radio"/>	No
89. *	Did you often feel like you wanted to cry?	<input type="radio"/>	Yes	<input type="radio"/>	No
90. *	Did you have so much energy that you did not know what to do with yourself?	<input type="radio"/>	Yes	<input type="radio"/>	No
91. *	Have you ever felt tempted to steal something in your lifetime?	<input type="radio"/>	Yes	<input type="radio"/>	No
92. *	Were you disliked by others?	<input type="radio"/>	Yes	<input type="radio"/>	No
93. *	Were you usually unhappy with how well you did in activities with your friends?	<input type="radio"/>	Yes	<input type="radio"/>	No
94. *	Was it difficult to make friends in a new group?	<input type="radio"/>	Yes	<input type="radio"/>	No
95. *	Did people take advantage of you?	<input type="radio"/>	Yes	<input type="radio"/>	No
96. *	Were you afraid to stand up for your rights?	<input type="radio"/>	Yes	<input type="radio"/>	No
97. *	Was it hard for you to ask for help from others?	<input type="radio"/>	Yes	<input type="radio"/>	No
98. *	Were you easily influenced by other people?	<input type="radio"/>	Yes	<input type="radio"/>	No
99. *	Did you prefer doing things with people much older or younger than you?	<input type="radio"/>	Yes	<input type="radio"/>	No
100. *	Did you worry about how your actions would affect others?	<input type="radio"/>	Yes	<input type="radio"/>	No
101. *	Did you have difficulty standing up for your opinions?	<input type="radio"/>	Yes	<input type="radio"/>	No
102. *	Did you have trouble saying "no" to people?	<input type="radio"/>	Yes	<input type="radio"/>	No

103. * Did you feel uncomfortable if someone gave you a compliment?	<input type="radio"/>	Yes	<input type="radio"/>	No
104. * Did people see you as being unfriendly?	<input type="radio"/>	Yes	<input type="radio"/>	No
105. * Did you avoid eye contact when talking to friends and family?	<input type="radio"/>	Yes	<input type="radio"/>	No
106. * Has your mood ever changed in your lifetime?	<input type="radio"/>	Yes	<input type="radio"/>	No
107. * Has a member of your family (mother, father, brother, or sister) ever used drugs to get high like marijuana, cocaine, or heroin?	<input type="radio"/>	Yes	<input type="radio"/>	No
108. * Has a member of your family used alcohol to the point of causing problems at home, work, or with friends?	<input type="radio"/>	Yes	<input type="radio"/>	No
109. * Has a member of your family ever been arrested?	<input type="radio"/>	Yes	<input type="radio"/>	No
110. * Did you have frequent arguments with your children, parents or spouse which involved yelling and screaming?	<input type="radio"/>	Yes	<input type="radio"/>	No
111. * Did your family hardly do things together?	<input type="radio"/>	Yes	<input type="radio"/>	No
112. * Were your parents or spouse unaware of your likes and dislikes?	<input type="radio"/>	Yes	<input type="radio"/>	No
113. * Were there no clear rules about what you can and cannot do?	<input type="radio"/>	Yes	<input type="radio"/>	No
114. * Were your parents or spouse unaware of what you really think or feel about things that are important to you?	<input type="radio"/>	Yes	<input type="radio"/>	No
115. * Did you argue with your parents or your spouse or other family members a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
116. * Were your parents or your spouse often unaware of where you were and what you were doing?	<input type="radio"/>	Yes	<input type="radio"/>	No
117. * Were your parents or your spouse away from home most of the time?	<input type="radio"/>	Yes	<input type="radio"/>	No
118. * Did you feel that either your parents or your spouse don't care about you?	<input type="radio"/>	Yes	<input type="radio"/>	No
119. * Were you unhappy about your living arrangements?	<input type="radio"/>	Yes	<input type="radio"/>	No
120. * Did you feel in danger at home?	<input type="radio"/>	Yes	<input type="radio"/>	No
121. * In your lifetime, did you ever get angry?	<input type="radio"/>	Yes	<input type="radio"/>	No
122. * Did you dislike school?	<input type="radio"/>	Yes	<input type="radio"/>	No
123. * Did you have trouble concentrating in school or when studying?	<input type="radio"/>	Yes	<input type="radio"/>	No
124. * Were your grades below average?	<input type="radio"/>	Yes	<input type="radio"/>	No
125. * Did you cut/skip school more than two days a month?	<input type="radio"/>	Yes	<input type="radio"/>	No
126. * Were you absent from school a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
127. * Have you thought seriously about quitting school?	<input type="radio"/>	Yes	<input type="radio"/>	No
128. * Did you often not do your school assignments?	<input type="radio"/>	Yes	<input type="radio"/>	No
129. * Did you often feel sleepy in class?	<input type="radio"/>	Yes	<input type="radio"/>	No

130. * Were you often late for class?	<input type="radio"/>	Yes	<input type="radio"/>	No
131. * Did you have different friends at school this year than you did last year?	<input type="radio"/>	Yes	<input type="radio"/>	No
132. * Did you feel irritable and upset when in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
133. * Were you bored in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
134. * Were your grades in school worse than they used to be?	<input type="radio"/>	Yes	<input type="radio"/>	No
135. * Did you feel in danger at school?	<input type="radio"/>	Yes	<input type="radio"/>	No
136. * Have you failed a grade in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
137. * Did you feel unwelcome in school clubs or extracurricular activities?	<input type="radio"/>	Yes	<input type="radio"/>	No
138. * Have you missed or been late to school because of alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
139. * Have you been in trouble at school because of alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
140. * Has your use of alcohol or drugs interfered with your homework or school assignments?	<input type="radio"/>	Yes	<input type="radio"/>	No
141. * Have you been suspended?	<input type="radio"/>	Yes	<input type="radio"/>	No
142. * In your lifetime, did you ever put things off that you needed to do?	<input type="radio"/>	Yes	<input type="radio"/>	No
143. * Have you had a paying job that you were fired from?	<input type="radio"/>	Yes	<input type="radio"/>	No
144. * Have you stopped working at a job because you just didn't care?	<input type="radio"/>	Yes	<input type="radio"/>	No
145. * Did you need help from others to go about finding a job?	<input type="radio"/>	Yes	<input type="radio"/>	No
146. * Have you been frequently absent or late for work?	<input type="radio"/>	Yes	<input type="radio"/>	No
147. * Did you find it difficult to complete work tasks?	<input type="radio"/>	Yes	<input type="radio"/>	No
148. * Have you made money doing something that was against the law?	<input type="radio"/>	Yes	<input type="radio"/>	No
149. * Have you used alcohol or drugs while working on a job?	<input type="radio"/>	Yes	<input type="radio"/>	No
150. * Have you been fired from a job because of drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
151. * Did you have trouble getting along with bosses?	<input type="radio"/>	Yes	<input type="radio"/>	No
152. * Did you mostly work so that you can get money to buy drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
153. * In your lifetime, are you more happy if you win than lose a game?	<input type="radio"/>	Yes	<input type="radio"/>	No
154. * Did any of your friends regularly use alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
155. * Did any of your friends sell or give drugs away?	<input type="radio"/>	Yes	<input type="radio"/>	No
156. * Did any of your friends lie a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
157. * Did your parents or spouse dislike your friends?	<input type="radio"/>	Yes	<input type="radio"/>	No

158. * Have any of your friends been in trouble with the law?	<input type="radio"/>	Yes	<input type="radio"/>	No
159. * Were most of your friends older than you?	<input type="radio"/>	Yes	<input type="radio"/>	No
160. * Did your friends cut school or work a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
161. * Did your friends get bored at parties when there was no alcohol served?	<input type="radio"/>	Yes	<input type="radio"/>	No
162. * Have your friends brought drugs to parties?	<input type="radio"/>	Yes	<input type="radio"/>	No
163. * Have your friends stolen anything from a store or damaged property on purpose?	<input type="radio"/>	Yes	<input type="radio"/>	No
164. * Did you belong to a gang?	<input type="radio"/>	Yes	<input type="radio"/>	No
165. * Were you bothered by problems you were having with a friend?	<input type="radio"/>	Yes	<input type="radio"/>	No
166. * Was there no friend to confide in?	<input type="radio"/>	Yes	<input type="radio"/>	No
167. * Compared to most people, did you have few friends?	<input type="radio"/>	Yes	<input type="radio"/>	No
168. * Have you ever in your lifetime been talked into doing something you didn't want to do?	<input type="radio"/>	Yes	<input type="radio"/>	No
169. * Compared to most people, did you do less sports?	<input type="radio"/>	Yes	<input type="radio"/>	No
170. * Did you usually stay out late on nights when you had to go to school or work the next morning?	<input type="radio"/>	Yes	<input type="radio"/>	No
171. * On a typical day, do you watch more than two hours of TV?	<input type="radio"/>	Yes	<input type="radio"/>	No
172. * Did you go to bars/bootleggers, house parties, or bush parties with your friends on a regular basis at least twice a week?	<input type="radio"/>	Yes	<input type="radio"/>	No
173. * Did you exercise less than most people you know?	<input type="radio"/>	Yes	<input type="radio"/>	No
174. * Was your free time spent just hanging out with friends?	<input type="radio"/>	Yes	<input type="radio"/>	No
175. * Were you bored most of the time?	<input type="radio"/>	Yes	<input type="radio"/>	No
176. * Did you do most of your recreation or leisure activities alone?	<input type="radio"/>	Yes	<input type="radio"/>	No
177. * Did you use alcohol or drugs for recreational reasons?	<input type="radio"/>	Yes	<input type="radio"/>	No
178. * Compared to most people, were you less involved in hobbies or outside interests?	<input type="radio"/>	Yes	<input type="radio"/>	No
179. * Were you dissatisfied with how you spend your free time?	<input type="radio"/>	Yes	<input type="radio"/>	No
180. * Did you get tired very quickly when you exerted yourself?	<input type="radio"/>	Yes	<input type="radio"/>	No
181. * Have you ever bought anything in your lifetime that you did not need?	<input type="radio"/>	Yes	<input type="radio"/>	No
182. * Have you felt your cultural identity doesn't matter?	<input type="radio"/>	Yes	<input type="radio"/>	No
183. * Have you had frequent nightmares?	<input type="radio"/>	Yes	<input type="radio"/>	No
184. * Have you felt helpless to change your life?	<input type="radio"/>	Yes	<input type="radio"/>	No
185. * Have you experienced frequent emotions like fear, anger, guilt, or shame?	<input type="radio"/>	Yes	<input type="radio"/>	No

186. * Have you frequently thought about ending your life?	<input type="radio"/>	Yes	<input type="radio"/>	No
187. * Have you felt alienated from family, friends, or community?	<input type="radio"/>	Yes	<input type="radio"/>	No
188. * Have you harmed yourself (cutting, scratching, etc.)?	<input type="radio"/>	Yes	<input type="radio"/>	No
189. * Have you felt guilty about experiencing pleasant emotions?	<input type="radio"/>	Yes	<input type="radio"/>	No
190. * Have you felt overwhelmed by upsetting memories?	<input type="radio"/>	Yes	<input type="radio"/>	No
191. * Have you felt betrayed by others?	<input type="radio"/>	Yes	<input type="radio"/>	No
192. * Have you lacked motivation to care for your health (diabetes, heart, diet, exercise, hygiene)?	<input type="radio"/>	Yes	<input type="radio"/>	No

OFFICE USE ONLY

Date of Completion _____

NOTES: