

MASS CASUALTIES

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Mental Health Survey Instrument

Demographics

I would just like to ask some general background information – first about you and then about your household.

What year were you born?	YEAR OF BIRTH	19
	DON'T KNOW	8
	REFUSE	9
Have you had your birthday already this	YES	1
calendar year?	NO	2
	DON'T KNOW	8
	REFUSE	9
DM1. What is the highest grade or year of	Eighth grade or less	1
school you have completed? [Read choices	Some high school	2
1 – 7 if necessary.]	High school graduate or GED certificate	3
	Some post high school	4
	College graduate (Associate or Bachelor's)	5
	Post graduate education or degree	6
	Other (Specify)	7
	DON'T KNOW	98
	REFUSE	99
DM2. What is the highest grade or year of	Eighth grade or less	1
school that anyone else in your household has completed? [Read choices 1 – 7 if	Some high school	2
nas completed? [Read choices 1 – 7 ii necessary.]	High school graduate or GED certificate	3
	Some post high school	4
	College graduate (Associate or Bachelor's)	5
	Post graduate education or degree	6
	Other (Specify)	7
	DON'T KNOW	98
	REFUSE	99
DM3. Are you currently: [Read answers 1-8.]	Employed or self-employed full-time	1
	Employed or self-employed part-time	2
	Homemaker or caregiver	3
	Out of work or unable to work	4
	Student	5
	Student and employed	6
	Retired	7
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DM4. Are you currently: [Read answers 1-7.] [Prompt if necessary, "Pick the one that you feel best describes your current status."]	Something else (Specify) DON'T KNOW REFUSE Married Partnered Divorced Widowed Separated Never married Other (Specify) DON'T KNOW	8 98 99 1 2 3 4 5 6 7 98
DM5. Do you consider yourself of Hispanic or Latino origin, including Mexican, Latin American, Puerto Rican, or Cuban descent?	REFUSE YES NO DON'T KNOW REFUSE	99 1 2 8 9
DM6. What is your race? Please select one or more of the following. [Read answers 1 – 6 and code all that apply.]	Native American or Alaskan Native Asian African American or Black Native Hawaiian or Other Pacific Islander Caucasian or White Other (Specify) DON'T KNOW REFUSE	1 2 3 4 5 6 98 99
DM7. Would you tell me what category best represents the total gross income (income brought in before taxes) during the past 12 months by all members of your household? Please stop me when I read the right category. [Read answers 1-5.]	Less than \$20,000 \$20,000 - <\$35,000 \$35,000 - <\$50,000 N\$50,000 - <\$100,000 \$100,000 or more DON'T KNOW REFUSE	1 2 3 4 5 8
Exposure to Event	EVENT1	

The following questions are about the [TRAUMATIC EVENT].

The next two questions [P1-P2] assess person	al exposure to traumatic event.	
P1. Which best describes your personal exposure to [TRAUMATIC EVENT]? Would you say (READ ANSWERS)?	You were in or around [TRAUMATIC EVEI and you saw at least some of this happe	-
	You were in or around the [TRAUMATIC EVENT] but did not see any of it happen	2
	You were not in or around any of the [TRAUMATIC EVENT]	3
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	DON'T KNOW	8
	REFUSE	9
P2. As a result of your exposure to the	YES	1
[TRAUMATIC EVENT] did you feel that you	NO	2
were at risk of being injured or killed?	DON'T KNOW	8
	REFUSE	9
The next six questions [P3-P8] assess known of	others' exposure to traumatic event.	
P3. When you first heard about the	VEC	1
[TRAUMATIC EVENT], did you fear that a	YES	1
family member or close friend who was in or around the site of the [TRAUMATIC	NO DON'T KNOW	2
EVENT] might be killed, injured, or	DON'T KNOW	8
missing?	REFUSE	9
P4. As a result of the [TRAUMATIC	YES	1
EVENT], did you actually have a family	NO (skip to P6)	2
member or close friend who was killed, injured, or missing?	DON'T KNOW (skip to P6)	8
injured, or missing.	REFUSE (skip to P6)	9
P5. What was this person's relationship to	CURRENT OR FORMER SPOUSE	1
you?	CURRENT OR FORMER	2
	BOYFRIEND/GIRLFRIEND)	2
	PARENT OR STEP PARENT	3
	SIBLING OR STEP-SIBLING	4
	CHILD OR STEP CHILD	5
	GRANDPARENT	6
	GRANDCHILD	7
	OTHER FAMILY MEMBER (AUNT/UNCLE, COUSIN, NEPHEW/NIECE ETC.)	8
	CLOSE FRIEND	9
	OTHER (SPECIFY)	10
	MULTIPLE PEOPLE (SPECIFY)	95
	DON'T KNOW	98
	REFUSE	99
	N/A (SKIP)	97
P6. Was anyone else you personally know	YES	1
killed, injured, or missing, as a result of the [TRAUMATIC EVENT]?	NO (skip to P8)	2
the [TRAOMATIC EVENT]:	DON'T KNOW (skip to P8)	8
	REFUSE (skip to P8)	9
P7. What was this person's relationship to	FRIEND	1
you?	NEIGHBOR	2
	CO-WORKER	3
	OTHER (SPECIFY)	4
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Mental Health Survey Instrument

(continued from previous page)

	MULTIPLE PEOPLE (SPECIFY)	95
	DON'T KNOW	98
	REFUSE	99
	N/A (SKIP)	97
P8. Do you know someone who had a	YES	1
family member or close friend who was	NO	2
killed, injured, or missing as a result of the [TRAUMATIC EVENT]?	DON'T KNOW	8
	REFUSE	9

Assessment of Symptoms

The next seven questions [P9-P15] assess PTSD symptoms.

The next questions are about the time after the [TRAUMATIC EVENT]. Please answer yes or no for each question. After the [TRAUMATIC EVENT]...

P9. Did you avoid being reminded of this experience by staying away from certain places, people, or activities?

| NO | DON'T KNOW | 8

P10. Did you lose interest in activities that were once important or enjoyable?

REFUSE

YES

NO

DON'T KNOW

8

RFFUSF

9

P11. Did you begin to feel more isolated or distant from other people? (PROMPT: NO 2)

Other people with whom you normally interact.)

REFUSE 1

P12. Did you find it hard to have love or affection for other people?

P12. Did you find it hard to have love or YES

NO
2
DON'T KNOW
8

REFUSE 9 P13. Did you begin to feel that there was YES 1 no point in planning for the future? NO 2 (PROMPT: I mean long-term future, such as DON'T KNOW 8 planning for a career, children, or retirement.) 9 **REFUSE** P14. After this experience, were you YES 1 having more trouble than usual falling NO 2 asleep or staying asleep? (PROMPT: By this DON'T KNOW 8 experience I mean the [TRAUMATIC EVENT].)

REFUSE 9

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P15. Did you become jumpy or get easily startled by ordinary noises or movements?	YES	1	
oran nou by oranially noises of movements.	NO DONUT KNOW	2	
	DON'T KNOW REFUSE	8 9	
The most six guestions [D14 D21] access on		7	
The next six questions [P16-P21] assess and Since [TRAUMATIC EVENT] have you been did			
P16. Feelings of nervousness or shakiness	YES	1	
inside?	NO	2	
	DON'T KNOW	8	
	REFUSE	9	
P17. Suddenly scared for no good reason?	YES	1	
1 17. Saddenly scared for no good reason.	NO	2	
	DON'T KNOW	8	
	REFUSE	9	
P18. Feeling fearful?	YES		
1 10. I centing feat fair.	NO	1 2	
	DON'T KNOW	8	
	REFUSE	9	
P19. Feeling tense or keyed up?	YES		
1 17. I centify terise of keyed up.	NO	1 2	
	DON'T KNOW	8	
	REFUSE	9	
P20. Spells of terror or panic?	YES	1	
1 20. Spens of terror of partie.	NO	2	
	DON'T KNOW	8	
	REFUSE	9	
P21. Feeling so restless you couldn't sit	YES		
still?	NO	1 2	
	DON'T KNOW	8	
	REFUSE	9	
The next six questions [P22-P27] assess anxiety symptoms.			
P22. Thoughts of taking your life?	YES	1	
ougo or taking youo.	NO	2	
	DON'T KNOW	8	
	REFUSE	9	
P23. Feeling lonely?	YES	1	
	NO	2	
	DON'T KNOW	8	
	REFUSE	9	
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NO	P24. Feeling blue?	YES	1
P25. Difficulty making decisions?		NO	2
P25. Difficulty making decisions? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P26. Feeling hopeless about the future? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P27. Feelings of worthlessness? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 The next question [P28] assesses frequency of STUBLES 9 1 P28 Are you currently having these YES (skip to P29) 1 1 reactions at least a few times a week? PS (skip to P29) 1 1 REFUSE 9 NO 2 DON'T KNOW 8 8 REFUSE 9 1 With a doctor, nurse, psychologist, or other health professional? NO 2 Other KNOW 8 8 REFUSE 9 1 NO 2 0 ON'T KNOW 8 8		DON'T KNOW	8
NO 2 DON'T KNOW 8 REFUSE 9		REFUSE	9
DON'T KNOW 8 REFUSE 9 9 P26. Feeling hopeless about the future? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P27. Feelings of worthlessness? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P27. Feelings of worthlessness? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P27. Feelings of worthlessness? YES NO 2 DON'T KNOW 8 REFUSE 9 P28. Are you currently having these YES (skip to P29) 1 NO 2 P28. Are you currently having these YES (skip to P29) 1 REFUSE 9 P29. Have you discussed these reactions NO 2 P29. Have you discussed these reactions YES (skip to P29) 1 With a doctor, nurse, psychologist, or other health professional? NO 2 P29. Have you discussed these reactions YES (skip to P29) 1 With a doctor, nurse, psychologist, or other health professional? NO 2 P29. Have you discussed these reactions YES (skip to P29) 1 REFUSE 9 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 0 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 1 P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 2 P30. How many drinks did you have on a typical day since the [TRAUMATIC 2 P30. How more drinks 4 P30. How mor	P25. Difficulty making decisions?	YES	1
P26. Feeling hopeless about the future?		NO	2
P26. Feeling hopeless about the future? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 P27. Feelings of worthlessness? YES 1 NO 2 DON'T KNOW 8 REFUSE 9 The next question [P28] assesses frequency of symptoms. P.28 Are you currently having these YES (skip to P29) 1 reactions at least a few times a week? NO 2 DON'T KNOW 8 REFUSE 9 N/A (SKIP) 7 The next question [P29] assesses professional help-seeking. P29. Have you discussed these reactions with a doctor, nurse, psychologist, or other health professional? NO 2 P29. Have you discussed these reactions with a doctor, nurse, psychologist, or other health professional? NO 2 P29. Have you discussed these reactions with a doctor, nurse, psychologist, or other health professional? NO 2 P29. How many drinks did you have on a typical day since the [TRAUMATIC 1 1 1 1 1 1 1 1 1 1 1 1 1<		DON'T KNOW	8
NO 2 DON'T KNOW 8 REFUSE 9		REFUSE	9
DON'T KNOW 8 REFUSE 9	P26. Feeling hopeless about the future?	YES	1
P27. Feelings of worthlessness? YES		NO	2
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NO		REFUSE	9
DON'T KNOW REFUSE 9	P27. Feelings of worthlessness?	YES	1
REFUSE 9	_	NO	2
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REFUSE 9 N/A (SKIP) 7 7 7 7 7 7 7 7 7	reactions at least a few times a week?	, , ,	2
N/A (SKIP) 7		DON'T KNOW	8
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with a doctor, nurse, psychologist, or other health professional? NO DON'T KNOW REFUSE N/A (SKIP) The next two questions [P30-P31] assess heavy drinking. P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 1 to 2 drinks 1 7 to 9 drinks 1 7 to 9 drinks 1 0 or more drinks 1 0 ON'T KNOW 8 REFUSE 9	The next question [P29] assesses professiona	al help-seeking.	
other health professional? DON'T KNOW 8	P29. Have you discussed these reactions	YES (skip to P29)	1
REFUSE 9 N/A (SKIP) 7 The next two questions [P30-P31] assess heavy drinking. P30. How many drinks did you have on a typical day since the [TRAUMATIC 1 to 2 drinks 5 to 4 drinks 1 7 to 9 drinks 2 10 or more drinks 4 DON'T KNOW 8 REFUSE 9		NO	2
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P30. How many drinks did you have on a typical day since the [TRAUMATIC EVENT]? None 1 to 2 drinks 3 to 4 drinks 1 7 to 9 drinks 2 10 or more drinks DON'T KNOW REFUSE 9		N/A (SKIP)	7
typical day since the [TRAUMATIC EVENT]? 1 to 2 drinks 0 3 to 4 drinks 1 7 to 9 drinks 2 10 or more drinks 4 DON'T KNOW 8 REFUSE 9	The next two questions [P30-P31] assess heavy drinking.		
## EVENT]? 3 to 4 drinks 1 7 to 9 drinks 2 10 or more drinks 4 DON'T KNOW 8 REFUSE 9		None	0
3 to 4 drinks 1 7 to 9 drinks 2 10 or more drinks 4 DON'T KNOW 8 REFUSE 9	-	1 to 2 drinks	0
10 or more drinks 4 DON'T KNOW 8 REFUSE 9	EVENIJ!	3 to 4 drinks	1
DON'T KNOW 8 REFUSE 9		7 to 9 drinks	2
REFUSE 9		10 or more drinks	4
		DON'T KNOW	8
N/A (SKIP) 7		REFUSE	9
, , , , , , , , , , , , , , , , , , ,		N/A (SKIP)	7
P31. How often did you have 6 or more Never	<u> </u>	Never	0
drinks on one occasion since the [TRAUMATIC EVENT]? Once			1
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2 to 3 times	2
4 to 5 times	3
6 or more times	4
DON'T KNOW	8
REFUSE	9
N/A (SKIP)	7

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