



Foster Care Alumni Studies Final Production Copy Interview¹

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.

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SECTION K

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- 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

K10 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

K11 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...(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...(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...(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?

YES1

NO5

CANNOT BE DETERMINED8

***K22. INTERVIEWER CHECKPOINT:**

R REPORTED NO EVENTS0....(**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]?	*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:	YES (1)	NO (5)
*K25. [FOR “ONGOING” EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?] [ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?]	1 GO TO *K26	5
*K25a. Did you feel helpless?	1 GO TO *K26	5
*K25b. Did you feel shocked or horrified?	1 GO TO *K26	5
*K25c. Did you feel numb?	1	5 GO TO SECTION L
*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)	1	5
*K27. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? (IF YES: Please make a checkmark by reaction 2.) (KEY PHRASE: stayed away from reminders of it)	1	5

	YES (1)	NO (5)
*K28. Were you ever unable to remember some important parts of what happened? IF VOL: “UNCONSCIOUS,” “KNOCKED OUT,” OR “HEAD INJURY,” CODE NO. (IF YES: Please make a checkmark by reaction 3.) (KEY PHRASE: were unable to remember part(s) of it)	1	5
*K29. Did you lose interest in doing things you used to enjoy? (IF YES: Please make a checkmark by reaction 4.) (KEY PHRASE: lost interest in things you used to enjoy)	1	5
*K30. Did you feel emotionally distant or cut-off from other people? (IF YES: Please make a checkmark by reaction 5.) (KEY PHRASE: felt distant from other people)	1	5
*K31. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? (IF YES: Please make a checkmark by reaction 6.) (KEY PHRASE: had trouble feeling normal feelings)	1	5
*K32. Did you feel you had no reason to plan for the future because you thought it would be cut short? (IF YES: Please make a checkmark by reaction 7.) (KEY PHRASE: felt you had no reason to plan for the future)	1	5

***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 Group1 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

	YES (1)	NO (5)
*K39. (RB, P. 16) Did you ever have repeated unwanted memories of (it/the event/this experience/WORST EVENT) – that is, you kept remembering it even when you didn't want to? (IF YES: Please make a checkmark by reaction 8 in the booklet.) (KEY PHRASE: had unwanted memories)	1	5
*K40. Did you ever have repeated unpleasant dreams about (it/the event/this experience/WORST EVENT)? (IF YES: Please make a checkmark by reaction 9 in the booklet) (KEY PHRASE: had unpleasant dreams)	1	5
*K41. Did you have flashbacks – that is, suddenly act or feel as if (it/the event/this experience/WORST EVENT) were happening all over again? (IF YES: Please make a checkmark by reaction 10 in the booklet.) (KEY PHRASE: had flashbacks)	1	5
*K42. Did you get very upset when you were reminded of (it/the event/this experience/ WORST EVENT)? (IF YES: Please make a checkmark by reaction 11 in the booklet.) (KEY PHRASE: got really upset when reminded of it)	1	5
*K43. When you were reminded of (it/the event/ this experience/WORST EVENT), did you ever have physical reactions like sweating, your heart racing, or feeling shaky? (IF YES: Please make a checkmark by reaction 12 in the booklet.) (KEY PHRASE: had physical reactions)	1	5

***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

	YES (1)	NO (5)
*K50. (RB, P. 16) 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)	1	5
*K51. Were you more irritable or short-tempered than you usually are? (IF YES: Please make a checkmark by reaction 14.) (KEY PHRASE: were irritable)	1	5
*K52. 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)	1	5
*K52. 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)	1	5
*K54. 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)	1	5

***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

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- *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?**

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

- *K59.** 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

- *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?**

NOT AT ALL..... 1...(GO TO SECTION L)
A LITTLE..... 2
SOME..... 3
A LOT..... 4
EXTREMELY..... 5

***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

	YES (1)	NO (5)
*K65. 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?	1	5
*K66. Did you feel emotionally distant or cut off from other people during that month?	1	5
*K67. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5
*K68. Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5
*K60. Did you have any trouble falling or staying asleep during that month?	1	5
*K70. Were you more jumpy or more easily startled by ordinary noises?	1	5
*K71. Did you purposely stay away from places, people or activities that reminded you of (this/these) [event(s)/experiences(s)]?	1	5
*K72. 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?	1	5

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

ZERO “YES” REPONSES 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)/experiences(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?	YES (1)	NO (5)
*K75a. Psychiatrist?	1	5
*K75b. Any other medical doctor?	1	5
*K75c. A psychologist?	1	5
*K75d. Any other type of psychotherapist or mental health counselor?	1	5
*K75e. Any other professional?	1	5

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

YES..... 1

NO..... 5
