

Section 11A - BEHAVIOR



Now I'd like to ask you some questions about experiences you may have had. As I read each experience, please tell me if it has ever happened.

1a. In your ENTIRE life, did you EVER . . . <i>(Repeat entire phrase frequently)</i>	b. Did this happen BEFORE you were 15?	c. Has this happened SINCE you were 15?
(1) Often cut class, not go to class or go to school and then leave without permission?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	Ask Before 13 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask Since 13 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(2) Stay out late at night even though your parents told you to stay home?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	Ask Before 13 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask Since 13 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(3) Have a time when you bullied or pushed people around or tried to make them afraid of you?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(4) Run away from home overnight at least twice when you were living at home or run away and stay away for a longer time?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(5) Have a time when you were absent from work or school a lot, other than the times you were sick or taking care of someone else who was sick?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(6) More than once quit a job without knowing where you would find another one?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(7) More than once quit a school program without knowing what you would do next?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(8) Travel around from place to place for a month or more without making any plans ahead of time or not knowing how long you would be gone or where you were going to work?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(9) Have a time that lasted at least 1 month when you had no regular place to live – like living on the street or in a car?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(10) Have a time that lasted at least 1 month when you lived with friends, acquaintances or relatives because you didn't really have your own place to live?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience, page 117</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes } <i>Go to next experience, page 117</i> 2 <input type="checkbox"/> No }

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1a. Did you EVER . . .

(Repeat entire phrase frequently)

b. Did this happen BEFORE you were 15?

c. Has this happened SINCE you were 15?

<p>(11) Have a time in your life when you lied a lot, not counting any times you lied to keep from being hurt?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(12) Use a false or made-up name or alias?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(13) Scam or con someone for money, to avoid responsibility or just for fun?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(14) Do things that could have easily hurt you or someone else - like speeding or driving after having too much to drink?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(15) Get more than 3 traffic tickets for reckless or careless driving, speeding, or causing an accident?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(16) Have your driver's license suspended or revoked for moving violations?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(17) Destroy, break, or vandalize someone else's property - like their car, home, or other personal belongings?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(18) Start a fire on purpose to destroy someone else's property or just to see it burn?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(19) Fail to pay off your debts - like moving to avoid paying rent, not making payments on a loan or mortgage, failing to make alimony or child support payments or filing for bankruptcy?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>		
<p>(20) Steal anything from someone or someplace when no one was around?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(21) Forge someone else's signature - like on a legal document or on a check?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }</p>
<p>(22) Shoplift?</p>	<p>1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience, page 118</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to next experience, page 118</i> 2 <input type="checkbox"/> No }</p>

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1a. Did you EVER . . . <i>(Repeat entire phrase frequently)</i>	b. Did this happen BEFORE you were 15?	c. Has this happened SINCE you were 15?
(23) Rob or mug someone or snatch a purse?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(24) Make money illegally - like selling stolen property or selling drugs?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(25) Do anything that you could have been arrested for, regardless of whether or not you were caught?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(26) Force someone to have sex with you against their will?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(27) Get into a lot of fights that you started?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(28) Get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(29) Use a weapon like a stick, knife, or gun in a fight?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(30) Hit someone so hard that you injured them or they had to see a doctor?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(31) Harass, threaten or blackmail someone?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(32) Physically hurt another person in any other way on purpose?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(33) Hurt or be cruel to an animal or pet on purpose?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to Check Item 11.0</i>	1 <input type="checkbox"/> Yes } <i>Go to Check Item 11.0</i> 2 <input type="checkbox"/> No }
CHECK ITEM 11.0 Are at least 3 items marked "Yes" in column a, pages 116 - 118?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 11B, page 121</i>	
1d. About how old were you the FIRST time SOME of these experiences BEGAN to happen?	_____ Age	
CHECK ITEM 11.1 Are at least 3 items marked "Yes" in 1, column b, pages 116 - 118? Did respondent demonstrate at least 3 behaviors BEFORE age 15?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.2, page 119</i>	

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<p>2. You just mentioned some experiences you had BEFORE you were 15 years old.</p> <p>Did any of these experiences you had BEFORE you were 15 years old cause any problems with your family or friends, at school or with the law?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3. Did at least 1 of these experiences you mentioned happen BEFORE you were 10 years old?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3a. Did at least 3 of these experiences you had BEFORE you were 15 years old happen around the same time or within a 1-year period?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 11.1A Refer to Check Item 2.0, Section 2A, page 9</p> <p>Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 5a 2 <input type="checkbox"/> No</p>
<p>4a. Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old.</p> <p>Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>b. Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 11.1B</p>
<p>b. Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 11.1B Is "Yes" marked in Check Item 5.3, Section 5, page 77?</p> <p>Did respondent ever have a period of high mood?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 11.2</p>
<p>5c. Did ANY of these experiences you had BEFORE you were 15 happen during a period when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 11.2</p>
<p>d. Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 11.2 Are at least 3 items marked "Yes" in 1, column c, or "No" in 1, column b, or "Yes" in 1(19), column a, pages 116 - 118?</p> <p>Did respondent demonstrate at least 3 behaviors SINCE age 15?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Section 11B, page 121</p>
<p>CHECK ITEM 11.2A Refer to Check Item 2.0, Section 2A, page 9.</p> <p>Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 7a 2 <input type="checkbox"/> No</p>
<p>6a. You mentioned some experiences you had SINCE you were 15 years old.</p> <p>Did ANY of these experiences you had SINCE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a</p>
<p>b. Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Did ANY of these experiences you had SINCE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 11.2B, page 120</p>

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<p>7b. Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used medicine or drugs?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 11.2B Is "Yes" marked in Check Item 5.3, Section 5, page 77?</p> <p>Did respondent ever have a period of high mood?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.3</i></p>
<p>7c. Did ANY of the experiences you had SINCE you were 15, happen during a time when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.3</i></p>
<p>d. Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 11.3 Is at least 1 item marked "Yes" in 1(17) - 1(33), column c, or "No" in 1(17) - 1(33), column b, or "Yes" in 1(19), column a, pages 117 - 118?</p> <p>Has respondent ever destroyed or stolen property or mistreated or harmed another person?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 11B, page 121</i></p>
<p>8. You mentioned some experiences that you've had in your life when you (destroyed property/stole something/ mistreated or harmed another person).</p> <p>(a) Since (this/these things) happened, have you regretted doing (this/these things) or wished (it/they) had never happened?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(b) Did you feel you had a right to do (this/these things) or feel that the other people deserved what they got?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>Go to Section 11B, page 121</i></p>