

Section 10 - USUAL FEELINGS AND ACTIONS

Statement T

The questions I'm going to ask you now are about how you have felt or acted **MOST** of the time since early adulthood regardless of the situation or whom you were with. Do **NOT** include times when you weren't yourself or when you acted differently than usual because you were depressed, hyper, anxious, nervous, drinking heavily, using medicines or drugs or experiencing their bad aftereffects, or times when you were physically ill. N10STT

| 1a. Since early adulthood. . . <i>(Repeat phrase frequently)</i> | | b. Did this ever trouble you or cause problems at work, school, or with your family or other people? |
|--|--|--|
| (1) Have you usually gotten attached to people very quickly? | 1 <input type="checkbox"/> Yes — N10Q1A1 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B1 2 <input type="checkbox"/> No |
| (2) Have your relationships with people you really care about had lots of extreme ups and downs? | 1 <input type="checkbox"/> Yes — N10Q1A2 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B2 2 <input type="checkbox"/> No |
| (3) Have you often started out thinking that someone was a great person only to be disappointed when they didn't live up to your expectations? | 1 <input type="checkbox"/> Yes — N10Q1A3 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B3 2 <input type="checkbox"/> No |
| (4) Have you often become very sad, anxious or angry over little things? | 1 <input type="checkbox"/> Yes — N10Q1A4 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B4 2 <input type="checkbox"/> No |
| (5) Have other people often wondered why you get so upset so easily? | 1 <input type="checkbox"/> Yes — N10Q1A5 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B5 2 <input type="checkbox"/> No |
| (6) Have you had a lot of sudden mood changes? | 1 <input type="checkbox"/> Yes — N10Q1A6 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B6 2 <input type="checkbox"/> No |
| (7) When you have gotten close to someone, have you needed them to reassure you that they would never leave you? | 1 <input type="checkbox"/> Yes — N10Q1A7 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B7 2 <input type="checkbox"/> No |
| (8) Have you put a lot of time and effort into doing things to keep someone from leaving you? | 1 <input type="checkbox"/> Yes — N10Q1A8 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B8 2 <input type="checkbox"/> No |
| (9) Have you often become frantic when you thought that someone you really cared about was going to leave you? | 1 <input type="checkbox"/> Yes — N10Q1A9 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B9 2 <input type="checkbox"/> No |
| (10) Have you gone to extremes to keep people from leaving you? | 1 <input type="checkbox"/> Yes — N10Q1A10 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B10 2 <input type="checkbox"/> No |
| (11) Have you often had temper outbursts or gotten so angry that you lose control? | 1 <input type="checkbox"/> Yes — N10Q1A11 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B11 2 <input type="checkbox"/> No |
| (12) Have you hit people or thrown things when you got angry? | 1 <input type="checkbox"/> Yes — N10Q1A12 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B12 2 <input type="checkbox"/> No |
| (13) Have even little things made you angry or have you had difficulty controlling your anger? | 1 <input type="checkbox"/> Yes — N10Q1A13 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B13 2 <input type="checkbox"/> No |
| (14) Have there been lots of sudden changes in your personal goals, career plans, religious beliefs, or other important aspects of your life? | 1 <input type="checkbox"/> Yes — N10Q1A14 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B14 2 <input type="checkbox"/> No |
| (15) Have you been so different with different people or in different situations that you sometimes don't know who you really are? | 1 <input type="checkbox"/> Yes — N10Q1A15 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B15 2 <input type="checkbox"/> No |
| (16) Has your sense of who you are often changed depending on the situation or whom you are with? | 1 <input type="checkbox"/> Yes — N10Q1A16 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B16 2 <input type="checkbox"/> No |
| (17) Have you all of a sudden changed your sense of who you are and where you are headed? | 1 <input type="checkbox"/> Yes — N10Q1A17 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B17 2 <input type="checkbox"/> No |
| (18) Have you often felt like your life had no purpose or meaning? | 1 <input type="checkbox"/> Yes — N10Q1A18 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B18 2 <input type="checkbox"/> No |
| (19) Have you often felt empty inside? | 1 <input type="checkbox"/> Yes — N10Q1A19 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B19 2 <input type="checkbox"/> No |

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| 1a. Since early adulthood. . . <i>(Repeat phrase frequently)</i> | | b. Did this ever trouble you or cause problems at work, school, or with your family or other people? |
|--|---|---|
| (20) When you've been under a lot of stress, have you often felt that you weren't real? | 1 <input type="checkbox"/> Yes — N10Q1A20 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B20 2 <input type="checkbox"/> No |
| (21) When you've been under a lot of stress, have you often felt like you were outside your body? | 1 <input type="checkbox"/> Yes — N10Q1A21 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B21 2 <input type="checkbox"/> No |
| (22) When you've been under a lot of stress, have you felt suspicious or distrustful of other people? | 1 <input type="checkbox"/> Yes — N10Q1A22 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B22 2 <input type="checkbox"/> No |
| (23) When you've been under a lot of stress, have you cut, burned, or scratched yourself on purpose? | 1 <input type="checkbox"/> Yes — N10Q1A23 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B23 2 <input type="checkbox"/> No |
| (24) Have you tried to hurt or kill yourself, or threatened to do so? | 1 <input type="checkbox"/> Yes — N10Q1A24 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B24 2 <input type="checkbox"/> No |
| (25) Have you gotten into sexual relationships quickly or without thinking about the consequences? | 1 <input type="checkbox"/> Yes — N10Q1A25 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B25 2 <input type="checkbox"/> No |
| (26) Have there been periods of your life when you often spent too much money while shopping or gambling? | 1 <input type="checkbox"/> Yes — N10Q1A26 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B26 2 <input type="checkbox"/> No |
| (27) Have you had periods in your life when you drank a lot more or used a lot more drugs than you meant to? | 1 <input type="checkbox"/> Yes — N10Q1A27 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B27 2 <input type="checkbox"/> No |
| (28) Have you had periods in your life when you often took too many risks when driving? | 1 <input type="checkbox"/> Yes — N10Q1A28 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B28 2 <input type="checkbox"/> No |
| (29) Have you often done things impulsively, not caring about the consequences? | 1 <input type="checkbox"/> Yes — N10Q1A29 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B29 2 <input type="checkbox"/> No |
| (30) Have you often engaged in reckless behavior without thinking about how dangerous it could be? | 1 <input type="checkbox"/> Yes — N10Q1A30 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B30 2 <input type="checkbox"/> No |
| (31) Have you often been very critical of yourself? | 1 <input type="checkbox"/> Yes — N10Q1A31 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B31 2 <input type="checkbox"/> No |
| (32) Have you often felt slighted or insulted by others? | 1 <input type="checkbox"/> Yes — N10Q1A32 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B32 2 <input type="checkbox"/> No |
| (33) Have you often felt that people in general cannot be trusted? | 1 <input type="checkbox"/> Yes — N10Q1A33 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B33 2 <input type="checkbox"/> No |
| (33-1) Have you tended to see only the negative aspects of other people? | 1 <input type="checkbox"/> Yes — N10Q1A331 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B331 2 <input type="checkbox"/> No |
| (33-2) When you've been under a lot of stress, have you gotten very nervous, tense or panicky? | 1 <input type="checkbox"/> Yes — N10Q1A332 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B332 2 <input type="checkbox"/> No |
| (33-3) Have you often felt miserable or hopeless and found it hard to get out of these moods? | 1 <input type="checkbox"/> Yes — N10Q1A333 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B333 2 <input type="checkbox"/> No |
| (33-4) Have you often worried or been anxious about being rejected or abandoned by family members, friends, or loved ones? | 1 <input type="checkbox"/> Yes — N10Q1A334 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B334 2 <input type="checkbox"/> No |
| (33-5) Have you often feared the future because it seemed so uncertain? | 1 <input type="checkbox"/> Yes — N10Q1A335 → 2 <input type="checkbox"/> No - <i>SKIP to Check Item 10.1</i> | 1 <input type="checkbox"/> Yes N10Q1B335 2 <input type="checkbox"/> No |
| CHECK ITEM 10.1 | Are at least 2 items marked "Yes" in 1a(1) – (33-5)? N10CK101 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No- <i>SKIP to Statement U</i> |

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

| | | |
|---|-----------|----------|
| (34) About how old were you when SOME of these experiences BEGAN to happen around the same time? | _____ Age | N10Q1A34 |
| (35) About how old were you the MOST RECENT time you had ANY of these experiences? | _____ Age | N10Q1A35 |

Now I'd like to ask about some other experiences that describe how you felt or acted **MOST** of the time since early adulthood regardless of the situation or whom you were with.

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| 1a. Since early adulthood. . . <i>(Repeat phrase frequently)</i> | | b. Did this ever trouble you or cause problems at work, school, or with your family or other people? |
|--|--|---|
| (36) Have you often had the feeling that things that have no special meaning to most people are really meant to give you a message? | 1 <input type="checkbox"/> Yes — N10Q1A36 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B36 2 <input type="checkbox"/> No |
| (37) Have you felt suspicious of people, even if you have known them for awhile? | 1 <input type="checkbox"/> Yes — N10Q1A37 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B37 2 <input type="checkbox"/> No |
| (38) When you are around people, have you often had the feeling that you are being watched or stared at? | 1 <input type="checkbox"/> Yes — N10Q1A38 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B38 2 <input type="checkbox"/> No |
| (39) Have you ever felt that you could make things happen just by making a wish or thinking about them? | 1 <input type="checkbox"/> Yes — N10Q1A39 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B39 2 <input type="checkbox"/> No |
| (40) Have you had personal experiences with the supernatural? | 1 <input type="checkbox"/> Yes — N10Q1A40 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B40 2 <input type="checkbox"/> No |
| (41) Have you believed that you have a “sixth sense” that allows you to know and predict things that others can’t? | 1 <input type="checkbox"/> Yes — N10Q1A41 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B41 2 <input type="checkbox"/> No |
| (42) Have you had the sense that some force is around you, even though you cannot see anyone? | 1 <input type="checkbox"/> Yes — N10Q1A42 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B42 2 <input type="checkbox"/> No |
| (43) Have you often seen auras or energy fields around people? | 1 <input type="checkbox"/> Yes — N10Q1A43 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B43 2 <input type="checkbox"/> No |
| (44) Have you often thought that objects or shadows are really people or animals, or that noises are actually people’s voices? | 1 <input type="checkbox"/> Yes — N10Q1A44 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B44 2 <input type="checkbox"/> No |
| (45) Have people thought you are odd, eccentric or strange? | 1 <input type="checkbox"/> Yes — N10Q1A45 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B45 2 <input type="checkbox"/> No |
| (46) Have people thought you act strangely? | 1 <input type="checkbox"/> Yes — N10Q1A46 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B46 2 <input type="checkbox"/> No |
| (47) Have there been very few people that you’re really close to outside of your immediate family? | 1 <input type="checkbox"/> Yes — N10Q1A47 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B47 2 <input type="checkbox"/> No |
| (48) Have you often felt nervous or anxious when you are with other people even if you have known them for awhile? | 1 <input type="checkbox"/> Yes — N10Q1A48 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B48 2 <input type="checkbox"/> No |
| (49) Has it been unusual for you to show emotion? | 1 <input type="checkbox"/> Yes — N10Q1A49 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B49 2 <input type="checkbox"/> No |
| (50) Have you had trouble expressing your emotions and feelings? | 1 <input type="checkbox"/> Yes — N10Q1A50 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B50 2 <input type="checkbox"/> No |
| (51) Have people thought you have strange ideas? | 1 <input type="checkbox"/> Yes — N10Q1A51 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> | 1 <input type="checkbox"/> Yes N10Q1B51 2 <input type="checkbox"/> No |

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

| 1a. Since early adulthood. . . <i>(Repeat phrase frequently)</i> | b. Did this ever trouble you or cause problems at work, school, or with your family or other people? |
|--|---|
| (52) Have you often found it difficult to trust other people? | 1 <input type="checkbox"/> Yes — N10Q1A52 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (53) Have you preferred to be alone rather than being with other people? | 1 <input type="checkbox"/> Yes — N10Q1A53 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (54) Have you frequently been surprised about how other people react to things you do or say? | 1 <input type="checkbox"/> Yes — N10Q1A54 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (55) Have you had difficulty setting realistic goals in your personal life, career plans or other important aspects of your life? | 1 <input type="checkbox"/> Yes — N10Q1A55 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56) Have people told you that your expressions didn't fit the situation you were in, or how you said you were feeling? | 1 <input type="checkbox"/> Yes — N10Q1A56 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56-1) Have you often had personal goals that other people said were unrealistic or made no sense? | 1 <input type="checkbox"/> Yes — N10Q1A561 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56-2) Have you often changed your mind about what's worthwhile or important? | 1 <input type="checkbox"/> Yes — N10Q1A562 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56-3) Have people often commented that you said things that seemed strange or out of place? | 1 <input type="checkbox"/> Yes — N10Q1A563 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56-4) Have people said you were a cold person who didn't seem to care about others? | 1 <input type="checkbox"/> Yes — N10Q1A564 → 2 <input type="checkbox"/> No - <i>SKIP to next experience</i> |
| (56-5) Have you often thought that other people meant to harm you in some way? | 1 <input type="checkbox"/> Yes — N10Q1A565 → 2 <input type="checkbox"/> No - <i>SKIP to Check Item 10.2</i> |
| CHECK ITEM 10.2 Are at least 2 items marked "Yes" in 1a(36) – (56-5)? | N10CK102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No- <i>SKIP to Section 12</i> |
| (57) About how old were you when SOME of these experiences BEGAN to happen around the same time? | _____ Age N10Q1A57 |
| (58) About how old were you the MOST RECENT time you had ANY of these experiences? | _____ Age – <i>Go to Section 12</i> N10Q1A58 |