## TREATMENT HISTORY

1. In your lifetime, have you seen a therapist or counselor about the way you were		
feeling or behaving?		
Yes 1		
No 0		
Refuse to Answer 8		
If Question 1 is not equal to 1, then skip to Question 5.		
2. What were the reasons you talked to this person? Say yes or no to each reason.		
(Check all that apply)		
Problems talking to your mother about illness		
Problems coping with your mother's illness		
Anxiety		
Depression		
Suicide Threat/Attempt		
Drugs/Alcohol Abuse		
Children's behaviors		
Relationship problems		
Inattention or hyperactivity		
Other		
Refuse to Answer		
If Question 2K is not equal to 1, then skip to Question 4.		
3. Please specify the other reason.		
	_	
	_	
	_	
4. In your lifetime, how many times have you sought counseling? [CODE ONLY		
NUMBER OF TIMES PARTICIPANT STARTED COUNSELING, NOT NUMBER OF		
COUNSELING SESSIONS.]		
times   _		
Refuse to Answer 88		

5. In your lifetime, how many	y times have you begun a day treatment program (e.g., for	
alcohol, drug, or emotional problems)?		
times		
Refuse to Answer	88	
6. How many times have you	u been a patient for at least one night in a psychiatric	
hospital, psychiatric ward, or	drug treatment center for psychiatric, emotional, or	
drug/alcohol treatment?		
times		
Refuse to Answer	88	
7. How many times has a he	ealth care professional prescribed medication to help you	
sleep, pay better attention, o	r cope with emotional or mental health problems (e.g.,	
depression or anxiety)?		
times		
Refuse to Answer	888	
8. Have you ever been to a use?	group like Alcoholics Anonymous (AA) etc. for your alcohol	
Yes	1	
No	0	
Refuse to Answer	8	
9. Have you ever been to a	group like Narcotics Anonymous (NA) or any other 12-step	
program or self-help group for	or your drug use?	
Yes	1	
No	0	
Refuse to Answer	8	