

**Section 11A - BEHAVIOR**

**Statement V**

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. N11ASTV

1a. In your ENTIRE life, did you. . . <i>(Repeat entire phrase frequently)</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A1	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> N11AQ1A1	Ask Before 13 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B1	Ask Since 13 N11AQ1C1 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 or caregivers told you to stay home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A2	Ask Before 13 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B2	Ask Since 13 N11AQ1C2 1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No }
(3) Often bully or push people around or try to make them afraid of you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A3	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B3	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C3
(4) Run away from home overnight at least twice 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> N11AQ1A4	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B4	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C4
(5) Have a time when you were absent from work a lot, other than the times you were sick or taking care of someone else who was sick or on military duty?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A5	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B5	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C5
(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> N11AQ1A6	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B6	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C6
(7) Make spur of the moment decisions, like quitting school, moving or changing jobs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A7	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B7	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C7
(8) Travel around from place to place for a month or more without making any plans ahead of time or 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> N11AQ1A8	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B8	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C8
(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> N11AQ1A9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B9	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C9
(10-1) 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</i> N11AQ1A101	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B101	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C101
(10-2) Often do things that are dangerous or risky, not caring about the consequences?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next experience</i> N11AQ1A102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B102	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C102

**Section 11A - BEHAVIOR (Continued)**

1a. In your ENTIRE life, did you . . . (Repeat entire phrase frequently)	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A11	b. Did this happen BEFORE you were 15?	c. Has this happened SINCE you were 15?
(11) Have a time in your life when you lied a lot to get what you wanted or avoid something you didn't want to do, not counting any times you lied to keep from being hurt?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A11	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B11	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C11
(12) Use a false or made-up name or alias?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A12	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B12	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C12
(13) Scam or con someone for money, to avoid responsibility or just for fun?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A13	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B13	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C13
(14) Do things that could have easily hurt you or someone else - like speeding or driving or using heavy machinery while drunk or high?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B14	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C14
(15) Have unprotected sex, not counting your spouse or a person with whom you were in a committed relationship?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A15	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B15	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C15
(16) Have your driver's license or learner's permit suspended or revoked for moving violations?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A16	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B16	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C16
(17) Destroy or damage someone else's property - like their car, home, or other personal belongings?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A17	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B17	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C17
(18) Start a fire on purpose to destroy someone else's property or just to see it burn?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A18	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B18	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C18
(19) Fail to pay off your debts - like moving to avoid paying rent, not making payments on a loan, mortgage, or credit card, or failing to make alimony or child support payments?	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1A19		
(20) Steal money or anything of value from someone or someplace when no one was around?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A20	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B20	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C20
(21) Forge a check or any other document?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A21	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B21	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C21
(22) Break into someone else's house, building or car?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A22	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B22	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C22
(23) Shoplift?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience N11AQ1A23	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B23	1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience N11AQ1C23

**Section 11A - BEHAVIOR (Continued)**

1a. In your ENTIRE life, did you . . . <i>(Repeat entire phrase frequently)</i>	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A24	b. Did this happen BEFORE you were 15?	c. Has this happened SINCE you were 15?
(24) Steal something from someone directly, like mugging them, threatening them with a weapon or snatching their purse or wallet?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A24	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B24	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C24
(25) Make money illegally - like selling stolen property or selling drugs?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B25	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C25
(26) Use someone else's credit card without their permission?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B26	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C26
(27) Steal using an online method or scam or over the telephone?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A27	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B27	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C27
(28) Do anything that you could have been arrested for, regardless of whether or not you were caught or arrested?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A28	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B28	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C28
(29) Force anyone to engage in any sexual activity with you against their will?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B29	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C29
(30) Get into a lot of fights that you started?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A30	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B30	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C30
(31) Physically hurt another person in any other way on purpose?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A31	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B31	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C31
(32) Harass, threaten or blackmail someone?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A32	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B32	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C32
(33) Get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A33	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B33	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C33
(34) Use a weapon like a stick, knife, or gun in a fight?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A34	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B34	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C34
(35) Hit someone so hard that you injured them or they had to see a doctor?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A35	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B35	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C35
(36) Hurt or be cruel to an animal or pet on purpose?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A36	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B36	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C36
(37) Have a time when you weren't working and other people thought you should have been?	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A37	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B37	1 <input type="checkbox"/> Yes } <i>Go to next experience</i> 2 <input type="checkbox"/> No } N11AQ1C37

**Section 11A - BEHAVIOR (Continued)**

1a. In your ENTIRE life, did you . . . <i>(Repeat entire phrase frequently)</i>		b. Did this happen BEFORE you were 15?	c. Has this happened SINCE you were 15?
(38) Often feel that the world revolves around you?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A38	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B38	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C38
(39) Often exaggerate, change the facts or stretch the truth to make a better story?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A39	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B39	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C39
(40) Often charm, flirt or say whatever you need to say to get others to do what you want?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A40	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B40	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C40
(41) Often get angry even over little things?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A41	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B41	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C41
(42) Tend to do things without thinking about them very much, just to keep from being bored?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A42	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B42	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C42
(43) Find it difficult to enter into relationships where you couldn't control the other person?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A43	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B43	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C43
(44) Tend to do things without thinking about what would happen as a result?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A44	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B44	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C44
(45) Often try to get revenge if someone did something you didn't like?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A45	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B45	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C45
(46) Often feel good about yourself after gaining something at another's expense?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i> N11AQ1A46	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B46	1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i> N11AQ1C46
(47) Often get people to do what you wanted by making them afraid not to?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to Check Item 11.0</i> N11AQ1A47	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N11AQ1B47	1 <input type="checkbox"/> Yes } <i>Go to Check</i> 2 <input type="checkbox"/> No } <i>Item 11.0</i> N11AQ1C47
<b>CHECK ITEM 11.0</b>	Are at least 3 items marked "Yes" in column a?	1 <input type="checkbox"/> Yes N11ACK110 2 <input type="checkbox"/> No - <i>SKIP to 14a</i>	
<b>1d.</b> About how old were you the FIRST time SOME of these experiences BEGAN to happen?		_____ Age N11AQ1D	
<b>CHECK ITEM 11.1</b>	Are at least 3 items marked "Yes" in 1, column b? Did respondent demonstrate at least 3 behaviors BEFORE age 15?	1 <input type="checkbox"/> Yes N11ACK111 2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.2</i>	
<b>2.</b> You just mentioned SOME experiences you had BEFORE you were 15 years old.  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?		1 <input type="checkbox"/> Yes N11AQ2 2 <input type="checkbox"/> No	
<b>3a.</b> Did ANY of these experiences you mentioned happen BEFORE you were 10 years old?		1 <input type="checkbox"/> Yes N11AQ3A 2 <input type="checkbox"/> No	

**Section 11A - BEHAVIOR (Continued)**

<p><b>3b.</b> 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 align="right"><b>N11AQ3B</b></p>
<p><b>c.</b> Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that about these experiences you had BEFORE you were 15 years old?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3C</b></p>
<p><b>d.</b> Did you EVER regret ANY of those experiences that happened BEFORE you were 15 or wish they had never happened?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3D</b></p>
<p><b>e.</b> Did you feel you had a right to do ANY of these things?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3E</b></p>
<p><b>f.</b> Did you feel that other people deserved what they got?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3F</b></p>
<p><b>g.</b> BEFORE age 15, were you interested or concerned about how well you were doing at school, work or in other activities?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3G</b></p>
<p><b>h.</b> BEFORE age 15, did you show very little emotion or feelings to others?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3H</b></p>
<p><b>i.</b> BEFORE age 15, would you say that you tended to care very little about how other people felt?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ3I</b></p>
<p><b>CHECK ITEM 11.1A</b> Refer to Check Item 2.1, Section 2A. Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 5a <b>N11ACK111A</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 11.1B</b> Refer to Q12a, Section 2A. Is the respondent's age at first drink less than 15?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a <b>N11ACK111B</b></p>
<p><b>4a.</b> Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old.  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 align="right"><b>N11AQ4A</b></p>
<p><b>b.</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 align="right"><b>N11AQ4B</b></p>
<p><b>5a.</b> (Did/Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old. 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 11.1C</p> <p align="right"><b>N11AQ5A</b></p>
<p><b>b.</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 align="right"><b>N11AQ5B</b></p>
<p><b>CHECK ITEM 11.1C</b> Is "Yes" marked in Check Item 5.3A or Check Item 5.3B, Section 5?  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 align="right"><b>N11ACK111C</b></p>
<p><b>5c.</b> Did ANY of these experiences you had BEFORE you were 15 happen during a period when you felt extremely excited, elated, revved up or energetic 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 align="right"><b>N11AQ5C</b></p>
<p><b>d.</b> Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right"><b>N11AQ5D</b></p>

**Section 11A - BEHAVIOR (Continued)**

<p><b>CHECK ITEM 11.2</b></p>	<p>Are at least 3 items marked “Yes” in 1, column c, or “Yes” in 1(19), column a?</p> <p>Did respondent demonstrate at least 3 behaviors SINCE age 15?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11ACK112</b>                  2 <input type="checkbox"/> No - <i>SKIP to 9</i></p>
<p><b>CHECK ITEM 11.2A</b></p>	<p><i>Refer to Check Item 2.1, Section 2A.</i></p> <p>Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 7a</i>   <b>N11ACK112A</b>                  2 <input type="checkbox"/> No</p>
<p><b>6a.</b></p>	<p><b>You mentioned some experiences you had SINCE you were 15 years old.</b></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                    <b>N11AQ6A</b>                  2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p><b>b.</b></p>	<p>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                    <b>N11AQ6B</b>                  2 <input type="checkbox"/> No</p>
<p><b>7a.</b></p>	<p>(Did/You mentioned some experiences you had SINCE you were 15 years old. 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                    <b>N11AQ7A</b>                  2 <input type="checkbox"/> No - <i>SKIP to 7c</i></p>
<p><b>b.</b></p>	<p>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                    <b>N11AQ7B</b>                  2 <input type="checkbox"/> No</p>
<p><b>c.</b></p>	<p>Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that about these experiences you had SINCE you were 15 years old?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ7C</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 11.2B</b></p>	<p>Is “Yes” marked in Check Item 5.3A or Check Item 5.3B, Section 5?</p> <p>Did respondent ever have a period of high mood?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11ACK112B</b>                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.3</i></p>
<p><b>7d.</b></p>	<p>Did ANY of the experiences you had SINCE you were 15 happen during a time when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ7D</b>                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 11.3</i></p>
<p><b>e.</b></p>	<p>Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ7E</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 11.3</b></p>	<p>Is at least 1 item marked “Yes” in 1(3), (13), (17), (18), (20), (22) - (24), (26), (27), (29) - (35), column c?</p> <p>Has respondent ever destroyed or stolen property or mistreated or harmed another person?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11ACK113</b>                  2 <input type="checkbox"/> No - <i>SKIP to 9</i></p>
<p><b>8a.</b></p>	<p><b>You mentioned some experiences that you’ve had in your life when you (destroyed property/stole something/ mistreated or harmed another person).</b></p> <p>Have you regretted ANY of these experiences or wished they had never happened?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ8A</b>                  2 <input type="checkbox"/> No</p>
<p><b>b.</b></p>	<p>Did you feel you had a right to do ANY of these things?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ8B</b>                  2 <input type="checkbox"/> No</p>
<p><b>c.</b></p>	<p>Did you feel that other people deserved what they got?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ8C</b>                  2 <input type="checkbox"/> No</p>
<p><b>9.</b></p>	<p>SINCE age 15, were you interested or concerned about how well you were doing at school, work or in other activities?</p>	<p>1 <input type="checkbox"/> Yes                    <b>N11AQ9</b>                  2 <input type="checkbox"/> No</p>

**Section 11A - BEHAVIOR (Continued)**

<p><b>10. SINCE age 15, did you show very little emotion or feelings to others?</b></p>	<p>1 <input type="checkbox"/> Yes                      <b>N11AQ10</b>                  2 <input type="checkbox"/> No</p>
<p><b>11. SINCE age 15, would you say that you tended to care very little about how other people felt?</b></p>	<p>1 <input type="checkbox"/> Yes                      <b>N11AQ11</b>                  2 <input type="checkbox"/> No</p>
<p><b>12. Was there EVER a time when you NO LONGER had ANY of the experiences you just mentioned, that is, a time when NONE of the experiences EVER happened again?</b></p>	<p>1 <input type="checkbox"/> Yes                      <b>N11AQ12</b>                  2 <input type="checkbox"/> No – <i>Go to 14a</i></p>
<p><b>13. About how old were you when that happened?</b></p>	<p>_____ Age                      <b>N11AQ13</b></p>
<p><b>14a. BEFORE you were 18, were you ever in jail, prison, or a juvenile detention center?</b></p>	<p>1 <input type="checkbox"/> Yes                      <b>N11AQ14A</b>                  2 <input type="checkbox"/> No - <i>SKIP to 15a</i></p>
<p><b>b. About how long altogether were you in jail or a juvenile detention center before you were 18?</b></p>	<p>_____ Day(s)                      <b>N11AQ14BUNIT, N11AQ14BCONT</b>                  OR                  _____ Week(s)                  OR                  _____ Month(s)                  OR                  _____ Year(s)</p>
<p><b>15a. SINCE you were 18, were you ever in jail, prison, or a correctional facility?</b></p>	<p>1 <input type="checkbox"/> Yes                      <b>N11AQ15A</b>                  2 <input type="checkbox"/> No - <i>SKIP to Section 11B</i></p>
<p><b>b. About how long altogether were you in jail or a correctional facility since you were 18?</b></p>	<p>_____ Day(s)                      <b>N11AQ15BUNIT, N11AQ15BCONT</b>                  OR                  _____ Week(s)                  OR                  _____ Month(s)                  OR                  _____ Year(s)                      } <i>Go to Section 11B</i></p>