**OBSESSIVE-COMPULSIVE DISORDER SECTION – NZ SECTION 19**

*O1. Some people have repeated unpleasant thoughts or impulses that they can’t get out of their heads that make these people feel compelled to behave in repetitive ways. For example, some people have the idea that their hands are dirty no matter how much they wash them. This often leads these people to wash their hands again and again many times a day. (READ SLOWLY.) Did you ever have a period of time in your life lasting two weeks or longer when most days you experienced any of the following unpleasant thoughts, images, or impulses, or repeated behaviours that you felt compelled to do:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*O1a.</td>
<td>A recurrent concern about dirt, germs, contamination, or feeling compelled to repeatedly wash, clean, or decontaminate things? (Did you ever have any of these experiences?) (KEY PHRASE: concerns about germs or contamination)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1b.</td>
<td>A recurrent impulse either to check things like locks or stoves, or to go back over things in your mind to make sure that a mistake was not made? (KEY PHRASE: impulses to check things)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1c.</td>
<td>A recurrent impulse either to line things up, to order or arrange things, to touch things, to count things, or to do things in an exactly defined order? (KEY PHRASE: impulses to order things)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1d.</td>
<td>A compulsion to save things or being unable to throw things away that you no longer need? (KEY PHRASE: impulses to save things)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1e.</td>
<td>Recurrent sexual or religious thoughts, images, or impulses that you found unpleasant, intrusive, and disturbing? (KEY PHRASE: unpleasant thoughts about sexual or religious things)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1f.</td>
<td>Recurrent unpleasant thoughts about right and wrong, or a compulsion to pray over and over to ask forgiveness? (KEY PHRASE: unpleasant thoughts about morality or sin)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1g.</td>
<td>Impulses to do terrible things to people or recurrent concerns that you might do something terrible? (KEY PHRASE: concerns that you might do something terrible)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1h.</td>
<td>A recurrent concern that you or someone close to you had a terrible illness that hadn’t yet caused any symptoms? (KEY PHRASE: concerns about terrible illness)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>*O1i.</td>
<td>Any other recurrent and bothersome thoughts, images, impulses, or compulsions to do certain things over and over that are excessive or unrealistic? (KEY PHRASE: (and other) recurrent thoughts or compulsions to do things over and over)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

*O2. INTERVIEWER CHECKPOINT: (SEE *O1a - *O1i)*

ZERO ‘YES’ RESPONSES IN *O1a-i........1 GO TO *O71
ONE OR TWO ‘YES’ RESPONSES............2 GO TO *O5
THREE OR MORE ‘YES’ RESPONSES........3 GO TO *O5
*O3. You mentioned (KEY PHRASES OF ALL ‘YES’ RESPONES IN *O1 SERIES). Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviours or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1 HOURS….2

DON’T KNOW .........................98
REFUSED ..............................99

*O4. INTERVIEWER CHECKPOINT: (SEE *O3)

LESS THAN 60 MINUTES .................1 GO TO *O71
ALL OTHERS..................................................2 GO TO *O7

*O5. You mentioned a number of the experiences I just listed. Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviours or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1 HOURS….2

DON’T KNOW .........................98
REFUSED ..............................99

*O6. INTERVIEWER CHECKPOINT: (SEE *O5)

LESS THAN 60 MINUTES .................1 GO TO *O71
ALL OTHERS..................................................2

*O7. How much of that (TIME FROM *O3 OR *O5) did you usually spend with unpleasant thoughts, images, or impulses on your mind – all, most, some, a little, or none of that time?

ALL.................................1
MOST ............................2
SOME .........................3
A LITTLE ....................4
NONE ..........................5
DON’T KNOW ................8
REFUSED .......................9
*O8. And how much of that (TIME FROM *O3 OR *O5) did you usually spend carrying out repetitive behaviours or mental acts – all, most, some, a little, or none of that time?

ALL.........................1
MOST ..........................2
SOME ..........................3
A LITTLE ....................4
NONE ..........................5
DON'T KNOW...............8
REFUSED .......................9

*O9. INTERVIEWER CHECKPOINT: (SEE *O7)

*O7 EQUALS 1-4.........1
ALL OTHERS..............2  GO TO *O21

*O10. The next few questions are about the thoughts, images, and impulses. How often did you ever consider these things to be excessive or unreasonable – all the time, most of the time, sometimes, only rarely, or never?

ALL.........................1  GO TO *O11
MOST ..........................2  GO TO *O11
SOME ..........................3  GO TO *O11
ONLY RARELY ...............4  GO TO *O11
NEVER..........................5
DON'T KNOW...............8
REFUSED .......................9

*O10a. Did you ever pay more attention to these thoughts, images, or impulses than they deserved?

YES.........................1  GO TO *O15
NO................................5  GO TO *O15
DON'T KNOW...............8  GO TO *O15
REFUSED .......................9  GO TO *O15

*O11. Did these thoughts, images, or impulses ever make you very upset or anxious?

YES.........................1
NO................................5
DON'T KNOW...............8
REFUSED .......................9
*O12. How much did these thoughts, images, or impulses ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL.................1  GO TO *O13
A LITTLE....................2
SOME..........................3
A LOT..........................4
EXTREMELY..................5
DON'T KNOW...............8
REFUSED....................9

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*O13. Some people try to get unpleasant things like this out of their mind by ignoring them, by thinking of other things, by staying busy, or by acting on the impulses. How often did you do things like this in an effort to get the thoughts, images, or impulses out of your mind -- often, sometimes, only rarely, or never?

OFTEN..........................1
SOMETIMES.....................2
ONLY RARELY..................3
NEVER..........................4  GO TO *O15
DON'T KNOW.................8  GO TO *O15
REFUSED.....................9  GO TO *O15

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*O14. Were the thoughts, images, or impulses ever so strong that you could not get them out of your mind no matter how hard you tried?

YES.............................1  GO TO *O16
NO..............................5
DON'T KNOW..................8
REFUSED.....................9

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*O15. INTERVIEWER CHECKPOINT: (SEE *O8)

*O8 EQUALS 1-4.............1  GO TO *O22
ALL OTHERS.................2  GO TO *O71
*O16. Did you have two weeks or longer in the past 12 months when you had these thoughts, images, or impulses most days?

YES.....................................1
NO........................................5 GO TO *O16c
DON’T KNOW ..................8 GO TO *O16c
REFUSED .......................9 GO TO *O16c

*O16a. How recently?
Was it:
during the past month?
more than a month to six months ago?
or more than six months ago?

PAST MONTH ................................................................. 1
MORE THAN A MONTH TO SIX MONTHS AGO ............... 2
MORE THAN SIX MONTHS AGO ........................................ 3
DON’T KNOW ............................................................... 8
REFUSED ................................................................. 9

*O16b. About how many weeks altogether in the past 12 months did you have these experiences most days?

_____________ WEEKS GO TO *O17
DON’T KNOW .................998 GO TO *O17
REFUSED .........................999 GO TO *O17

*O16c. How old were you the last time you had a period of time lasting two weeks or longer when you had these experiences most days?

_____________ YEARS OLD GO TO *O21
DON’T KNOW .................998 GO TO *O21
REFUSED .........................999 GO TO *O21

*O17. In the past 12 months, on average about how many minutes or hours each day were you occupied by these thoughts, images, or impulses on the days you had them?

PROBE FINAL DK: Was it at least 60 minutes a day?

__________ NUMBER

CIRCLE UNIT OF TIME: MINUTES….1 HOURS….2

DON’T KNOW .........................98
REFUSED .............................99

*O18. Again, in the past 12 months, how much did these thoughts, images, or impulses upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ..................1
A LITTLE ......................2
SOME .........................3
A LOT .........................4
EXTREMELY ..................5
DON’T KNOW .................8
REFUSED .....................9
O19. During the past 12 months, how much of an effort did you make to resist these thoughts, images, or impulses - none, a little, some, a lot, or an extreme effort?

NONE ......................... 1  GO TO *O21
A LITTLE ..................... 2
SOME .......................... 3
A LOT .......................... 4
EXTREME ..................... 5
DON'T KNOW .............. 8
REFUSED .................... 9

O20. And when you tried to resist them, how much control did you have over these thoughts, images, or impulses - none, a little, some, a lot, or total control?

NONE ......................... 1
A LITTLE ..................... 2
SOME .......................... 3
A LOT .......................... 4
TOTAL ........................ 5
DON'T KNOW .............. 8
REFUSED .................... 9

O21. INTERVIEWER CHECKPOINT: (SEE *O8)

*O8 EQUALS 1-4 ............ 1
ALL OTHERS ................ 2  GO TO *O34

O22. The next few questions are about the repeated behaviours or repeated mental acts that you felt compelled to do. Did you ever consider these behaviours excessive or unreasonable?

YES ............................. 1  GO TO *O23
NO .............................. 5
DON'T KNOW .............. 8
REFUSED .................... 9

O22a. Did you ever think these behaviours were useless or unnecessary, or that you overdid them?

YES ............................. 1  GO TO *O27
NO .............................. 5  GO TO *O27
DON'T KNOW .............. 8  GO TO *O27
REFUSED .................... 9  GO TO *O27

O23. Did you ever feel that something bad might happen if you did not carry out these behaviours?

YES ............................. 1
NO .............................. 5  GO TO *O27
DON'T KNOW .............. 8  GO TO *O27
REFUSED .................... 9  GO TO *O27
*O24. How much did doing these things over and over ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL.................1  GO TO *O25
A LITTLE....................2
SOME.........................3
A LOT........................4
EXTREMELY...................5
DON'T KNOW..............8
REFUSED......................9

*O24a. How often were you unable to carry out your daily activities because of these behaviours -- often, sometimes, only rarely, or never?

OFTEN .........................1
SOMETIMES ....................2
ONLY RARELY ..................3
NEVER .........................4
DON'T KNOW ..............8
REFUSED ......................9

*O25. Did you ever try to resist doing these things over and over?

YES..............................1
NO...............................5  GO TO *O27
DON'T KNOW ..................8  GO TO *O27
REFUSED ......................9  GO TO *O27

*O25a. Were the impulses or urges to carry out these behaviours ever so strong that you could not resist them no matter how hard you tried?

YES.....................................1
NO......................................5  GO TO *O27
DON'T KNOW ..................8  GO TO *O27
REFUSED ......................9  GO TO *O27

*O26. Did you ever get very upset when you were prevented from carrying out these behaviours?

YES..............................1
NO...............................5
DON'T KNOW ..................8
REFUSED ......................9

GO TO *O28

*O27. INTERVIEWER CHECKPOINT: (SEE *O14)

*O14 EQUALS ‘YES’......1  GO TO *O34
ALL OTHERS..................2  GO TO *O71
**O28.** Did you have two weeks or longer in the past 12 months when you carried out these repeated behaviours or mental acts most days?

YES........................................1
NO.........................................5 \( \text{GO TO *O28c} \)
DON’T KNOW .........................8 \( \text{GO TO *O28c} \)
REFUSED ..............................9 \( \text{GO TO *O28c} \)

**O28a.** How recently?

Was it:
during the past month?
more than a month to six months ago?
or more than six months ago?

PAST MONTH ................................................. 1
MORE THAN A MONTH TO SIX MONTHS AGO .......... 2
MORE THAN SIX MONTHS AGO ............................. 3
DON’T KNOW ............................................. 8
REFUSED ...................................................... 9

**O28b.** About how many weeks in the past 12 months did you carry out these repeated behaviours or mental acts?

__________ WEEKS \( \text{GO TO *O29} \)

DON’T KNOW .........................998 \( \text{GO TO *O29} \)
REFUSED .................................999 \( \text{GO TO *O29} \)

**O28c.** How old were you the last time you had a period of time lasting two weeks or longer when you carried out these repeated behaviours or mental acts most days?

__________ YEARS OLD \( \text{GO TO *O33} \)

DON’T KNOW .........................998 \( \text{GO TO *O33} \)
REFUSED .................................999 \( \text{GO TO *O33} \)

**O29.** In the past 12 months, on average, about how many minutes or hours each day did you spend carrying out these behaviours or mental acts during the days you did them?

__________ NUMBER

CIRCLE UNIT OF TIME: MINUTES.....1 HOURS.... 2

DON’T KNOW .........................98
REFUSED .................................99

**O30.** Again, in the past 12 months, how much did these behaviours or mental acts upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL .................1
A LITTLE .......................2
SOME ............................3
A LOT .........................4
EXTREMELY ..................5 \( \text{GO TO *O31} \)
DON’T KNOW ..................8
REFUSED ..........................9
*O30a. In the past 12 months, how upset did you get when something prevented you from performing these
behaviours or mental acts when you felt compelled to do so – not at all, a little, some, a lot, or extremely?

- NOT AT ALL .....................1
- A LITTLE .........................2
- SOME ..............................3
- A LOT ..............................4
- EXTREMELY .....................5
- DON’T KNOW ..................8
- REFUSED ..........................9

*O31. During the past 12 months, how much of an effort did you make to resist doing these things -- none, a little,
some, a lot, or an extreme effort?

- NONE ..............................1  GO TO *O33
- A LITTLE .........................2
- SOME ..............................3
- A LOT ..............................4
- EXTREME .........................5
- DON’T KNOW ..................8
- REFUSED ..........................9

*O32. And when you tried to resist them, how much control did you have over doing them -- none, a little, some, a
lot, or total control?

- NONE ..............................1
- A LITTLE .........................2
- SOME ..............................3
- A LOT ..............................4
- TOTAL .............................5
- DON’T KNOW ..................8
- REFUSED ..........................9

*O33. INTERVIEWER CHECKPOINT: (SEE *O14)

*O14 EQUALS ‘YES’ ......1  GO TO *O35
ALL OTHERS .................2  GO TO *O36

*O34. INTERVIEWER INSTRUCTION: USE THE PHRASE “THOUGHTS, IMAGES OR IMPULSES” FOR
THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO *O37a

*O35. INTERVIEWER INSTRUCTION: USE THE PHRASE “THOUGHTS, IMAGES, IMPULSES OR
BEHAVIORS” FOR THE REMAINDER OF THE SECTION.

GO TO *O37a

*O36. INTERVIEWER INSTRUCTION: USE THE PHRASE “BEHAVIORS” FOR THE REMAINDER OF THE
SECTION. DO NOT REFER TO THOUGHTS, IMAGES, OR IMPULSES.
*O37a. Experiences of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours) ever occurred as a result of such physical causes?

YES.....................................1
NO......................................5 GO TO *O45
DON’T KNOW..................8 GO TO *O45
REFUSED .......................9 GO TO *O45

*O37b. Do you think they were always the result of physical causes?

YES.....................................1
NO......................................5 GO TO *O45
DON’T KNOW..................8 GO TO *O45
REFUSED .......................9 GO TO *O45

*O37c. What were these physical causes?

CHECK ALL MENTIONS

PHYSICAL ILLNESS/INJURY
EXHAUSTION .................................................................1
MENSTRUAL CYCLE ............................................................2
PREGNANCY/POSTPARTUM ............................................3
HEART DISEASE ..............................................................4
THYROID DISEASE ............................................................5
CANCER ..............................................................................6
OVERWEIGHT .....................................................................7
INFECTION ..........................................................................8
OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY) ........9

MEDICATION/DRUGS/ALCOHOL
MEDICATION (SPECIFY BELOW) .....................................10
DRUGS (SPECIFY BELOW) ..................................................11
ALCOHOL ...........................................................................12

OTHER
NO DEFINITIVE DIAGNOSIS ..........................................81
OTHER (SPECIFY BELOW) ..................................................82
DON’T KNOW .................................................................98
REFUSED ...........................................................................99

SPECIFY

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

___________________________________________________________________
___________________________________________________________________

___________________________________________________________________

273
*O45. Think of the very first time in your life you had a period of time lasting two weeks or longer when most days you experienced (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours you felt compelled to do/ repeated behaviours you felt compelled to do). Can you remember your exact age?

YES........................................1
NO..........................................5   GO TO *O45b
DON’T KNOW .....................8   GO TO *O45b
REFUSED ..........................9   GO TO *O45b

*O45a. (IF NEC: How old were you?)

_________ YEARS OLD   GO TO *O46
DON’T KNOW .....................998  GO TO *O46
REFUSED ..........................999  GO TO *O46

*O45b. About how old were you (the first time you had a period of time of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”
PROBE: Was it before you first started school?
IF NOT YES, PROBE: Was it before you were a teenager?

_________ YEARS OLD
BEFORE STARTED SCHOOL ...............4
BEFORE TEENAGER ........................12
WHOLE LIFE OR DON’T KNOW ...........998
REFUSED ..................................999

*O46. How many different years in your life did you have a period of time lasting two weeks or longer when you had these experiences most days?

_________ YEARS
DON’T KNOW .....................998
REFUSED ..........................999

*O47. What is the longest continuous number of weeks, (or) months, (or years) in a row when you had these experiences most days?

_________ NUMBER
CIRCLE UNIT OF TIME:  WEEKS.....1  MONTHS...2  YEARS .... 3
DON’T KNOW ............................998
REFUSED .................................999

*O48. INTERVIEWER CHECKPOINT: (SEE *O16, *O28)

*O16 OR *O28 EQUAL ‘YES’ .............1
ALL OTHERS..............................2   GO TO *O52
(Showcard 40) Think about the month or longer in the past 12 when your (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviours/repeated behaviours) were most severe. Using a 0 to 10 scale on your showcard 40, where 0 means no interference and 10 means very severe interference, what number describes how much these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviours/repeated behaviours) interfered with each of the following activities during that time? Please tell me if any of these do not apply to you.

(IF NEC: How much did these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviours/repeated behaviours) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

*O49a.* Your home responsibilities, like cleaning, shopping, and taking care of the (house/flat/apartment)?

**DOES NOT APPLY .............. 97**
**DON'T KNOW ...................... 98**
**REFUSED .............................. 99**

*O49b.* Your ability to work or study?

**DOES NOT APPLY .............. 97**
**DON'T KNOW ...................... 98**
**REFUSED .............................. 99**

*O49c.* Your ability to form and maintain close relationships with other people?

**DOES NOT APPLY .............. 97**
**DON'T KNOW ...................... 98**
**REFUSED .............................. 99**

*O49d.* Your social life?

**DOES NOT APPLY .............. 97**
**DON'T KNOW ...................... 98**
**REFUSED .............................. 99**

*O50.* INTERVIEWER CHECKPOINT: (SEE *O49a - *O49d)

ALL FOUR RESPONSES TO *O49a - *O49d SERIES EQUAL ‘0’ OR ‘97’ ....... 1  **GO TO *O52**
ALL OTHERS............................................................................................................. 2
*O51. During the past 12 months, about how many days out of those 365 were you totally unable to work or carry out your normal activities because of these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours)?

(IF NEC: You can use any number between 0 and 365 to answer.)

________ NUMBER OF DAYS

DON’T KNOW ............... 998
REFUSED ...................... 999

*O52. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S ID NUMBER)

R’S ID NUMBER ENDS IN XX-YY (31-50) ** .......... 1 (0%) ** GO TO *O67
ALL OTHERS.................................................. 2 (100%) **

*O53. INTERVIEWER CHECKPOINT: (SEE *O37)

“YES” RESPONSE IN *O37a ...................... 1 GO TO *O53a
ALL OTHERS........................................... 2 GO TO *O53a

*O53a. Did you ever in your life talk to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviours/repeated behaviours)?
(By other professional we mean psychologists, counsellors, spiritual advisors, herbalists, naturopaths, homeopaths, acupuncturists, and other healing professionals).

YES.................................1
NO................................. 5 GO TO *O71
DON’T KNOW...............8 GO TO *O71
REFUSED ......................... 9 GO TO *O71

*O54. How old were you the first time (you talked to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours))?

________ YEARS OLD

DON’T KNOW ............... 998
REFUSED ...................... 999
*O67. Did you ever get treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours) that you considered helpful or effective?

YES ................................................... 1
NO .......................................................... 5 \ GO TO *O67c
DON’T KNOW ...................................... 8 \ GO TO *O67c
REFUSED ............................................ 9 \ GO TO *O67c

*O67a. How old were you the first time (you got helpful treatment for these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours])?

_____________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED ............................. 999

*O67b. How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours), up to and including the first time you got helpful treatment?

_____________ NUMBER OF PROFESSIONALS \ GO TO *O69

DON’T KNOW ......................... 98 \ GO TO *O69
REFUSED ............................. 99 \ GO TO *O69

*O67c. How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours)?

_____________ NUMBER OF PROFESSIONALS

DON’T KNOW ......................... 98
REFUSED ............................. 99

*O69. Did you receive professional treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours) at any time in the past 12 months?

YES......................................................... 1
NO ........................................................... 5
DON’T KNOW ......................................... 8
REFUSED ............................................... 9

*O70. Were you ever hospitalised overnight for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours)?

YES......................................................... 1
NO ........................................................... 5 \ GO TO *O71
DON’T KNOW ......................................... 8 \ GO TO *O71
REFUSED ............................................... 9 \ GO TO *O71

*O70a. How old were you the first time (you were hospitalised overnight because of these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours])?

_____________ YEARS OLD

DON’T KNOW ......................... 998
REFUSED ............................. 999
*O70b. How many separate times were you ever hospitalised for these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviours/ repeated behaviours)?

______________ NUMBER OF TIMES

DON’T KNOW ........................................998
REFUSED .............................................999

*O71. INTERVIEWER CHECKPOINT: (SEE RESPONDENT’S ID NUMBER)

ALL.......................................................................................................1  GO TO *PS1

END OF SECTION