

**CHILDREN'S SEMI-STRUCTURED ASSESSMENT
FOR THE GENETICS OF ALCOHOLISM**

(C-SSAGA-A)

**ADOLESCENT VERSION
[FOR CHILDREN AGES 13-17]**

Developed by Members of the COGA Child Assessment Team

Introduction

In this interview, I am going to ask you a number of questions about yourself. Many of the questions ask about what you like to do and how you fell. I'd also like to ask you some questions about your family, you r friends and about your school.

If I ask you a question that you don't want to answer, just say that you don't want to answer that question, an we'll skip to the next one. If you don't understand a question, please let me know and I will explain it to you. It is also important for you to remember that I won't tell anyone what you tell me – not even your parent(s), unless I find out that somebody might be getting hurt in some way.

INTERVIEWER: IF YOU HAVE ALREADY CODED INFORMATION FOR Qs. A1-A16B FROM PHONE CONTACT WITH PARENT, SKIP TO G.B1, P.6. IF YOU DO NOT HAVE INFORMATION FOR QS. A1-A16B, CONTINUE.

A: DEMOGRAPHICS

A1.	Sex (OBSERVED)	MALE.....1 FEMALE.....2 DM1
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A2.	Race (OBSERVED AND ASKED)	CAUCASIAN.....1 BLACK.....2 HISPANIC.....3 ASIAN.....4 AMERICAN INDIAN.....5 OTHER (SPECIFY).....6 _____ DM2
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A3.	How old are you?	____/ ____ AGE DM3
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A4.	When is your birthday?	<table border="0" style="margin-left: auto;"> <tr> <td style="text-align: center;">____/____</td> <td style="text-align: center;">____/____</td> <td style="text-align: center;">____/____</td> </tr> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">DM4_1</td> <td style="text-align: center;">DM4_2</td> <td style="text-align: center;">DM4_3</td> </tr> </table>	____/____	____/____	____/____	MONTH	DAY	YEAR	DM4_1	DM4_2	DM4_3
____/____	____/____	____/____									
MONTH	DAY	YEAR									
DM4_1	DM4_2	DM4_3									

NOTE TO INTERVIEWER: SUBTRACT BIRTHDATE FROM CURRENT DATE TO VERIFY AGE IN Q.A3. IF CHILD DOSE NOT KNOW YEAR OF BIRTH, MAKE SURE HE IS INDICATING THE AGE HE IS NOW, AND NOT THE AGE HE WILL BE NEXT BIRTHDAY.

A5A. Are you enrolled in a school?

NO.....1
YES.....2
DM5_A

B.

IF NO, DETERMINE IF CHILD DROPPED OUT OF SCHOOL AND CODE.
DROPPED OUT.....1
HASN'T DROPPED OUT.....2
IF DROPPED OUT ASK: DM5B_1
HOW OLD WERE YOU WHEN YOU DROPPED OUT OF SCHOOL? _____
IF YES TO A5A, SKIP TO A5C. DM5B_2

C. What grade are you in?

____ GRADE
DM5C

(PROBE: WHAT GRADE DID YOU JUST FINISH?
WHAT GRADE WILL YOU BE STARTING IN THE
FALL?)

NOTE TO INTERVIEWER:
IF SUMMER OR CHILD NOT IN SCHOOL,
CODE LAST GRADE COMPLETED.
IF IN KINDERGARTEN, CODE "00"

A6. How many people live in your home?

____ PEOPLE
DM6

A7.

Can you tell me who they are and how old they are? (DO NOT PRESS THE YOUNGER CHILDREN FOR AGES.)

RECORD PEOPLE WITH RESPECT TO THEIR RELATIONSHIP TO CHILD, I.E. MOM, STEPDAD, BROTHER.

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
DM7A_1	____/____ DM7B_1	DM7A_5	____/____ DM7B_5
DM7A_2	____/____ DM7B_2	DM7A_6	____/____ DM7B_6
DM7A_3	____/____ DM7B_3	DM7A_7	____/____ DM7B_7
DM7A_4	____/____ DM7B_4	DM7A_8	____/____ DM7B_8

A8. A. Do you have any brothers or sisters who live away from home? How many?

NO.....(SKIP TO A9A).....1
YES.....(SPECIFY).....5
DM8A_1
____ SIBS
DM8A_2

CODE NUMBER OF SIBLINGS.
IF NONE CODE 00.

RECORD: _____

A9A. Is your real (natural) father living with you?

NO.....1
YES.....(SKIP TO A11A).....5
DM9A

B. Could you tell me why it is that your real (natural) father isn't living with you now?

SEPARATED.....1
DIVORCED.....2
DIED.....(SKIP TO A11A).....3
PARENTS NEVER MARRIED. 4
OTHER.....5
DM9B

IF OTHER, RECORD: _____

A10A. Do you ever get to see your real father?

NO.....(SKIP TO A11A).....1
YES.....(CONTINUE).....5
DM10A

B. How often do you see him?

COUPLE OF TIMES A WEEK(SKIP TO A11A).....1
ONCE A WEEK.....(SKIP TO A11A).....2
EVERY TWO WEEKS.....(SKIP TO A11A).....3
ONCE A MONTH.....(SKIP TO A11A).....4
HOLIDAYS ONLY.....(CONTINUE).....5
ONCE A YEAR.....(SKIP TO A11A).....6
LESS THAN ONCE A YEAR.....(SKIP TO A11A).....7
DM10B

C. About how many days a year do you get to see him?

_____ DAYS
DM10C

98+ = 98

A11A. Is your real (natural) mother living with you?

NO.....1
YES.....(SKIP TO A13).....5
DM11A

B. Could you tell me why your real (natural) mother isn't living with you now?

SEPARATED.....1
DIVORCED.....2
DIED.....(SKIP TO A13).....3
PARENTS NEVER MARRIED...4
OTHER.....5
DM11B

IF OTHER, RECORD: _____

[ADOLESCENT]

A:DEM

A12A. Do you ever get to see your real mother?

NO.....(SKIP TO A11A).....1
YES.....(CONTINUE).....5

DM12A

B. How often do you get to see her?

COUPLE OF TIMES A WEEK...1
ONCE A WEEK.....2
EVERY TWO WEEKS.....3
ONCE A MONTH.....4
HOLIDAYS ONLY(CONTINUE).5
ONCE A YEAR.....6
LESS THAN ONCE A YEAR.....7

DM12B

C. About how many days a year do you get to see her?

____ _DAYS
DM12C

98+ = 98

Now I'd like to ask you some questions about times when you've been sick.

A13. Have you had any sickness that you've had to see a doctor about? (For example, breathing problems, hearing problems, or problems with your eyes or your heart? Anything like that?)

NO.....1
YES.....(SPECIFY).....5

DM13

RECORD: _____

A14. Have you ever had to go to the hospital or the emergency room because you were sick or injured?

NO.....1
YES.....(SPECIFY).....5

DM14

**NOTE TO INTERVIEWER:
ASK AGES AND DURATION OF ILLNESS (ES)
AND NAME OF HOSPITAL TREATED AT**

RECORD: _____

[ADOLESCENT]

A:DEM

A15A. Have you ever had to take any medicine that a doctor gave you? (Besides aspirin, Tylenol, or cough syrup.)

NO.....(SKIP TO A16A).....1
YES.....5
DM15A

RECORD: _____

A15B. Do you remember the name of that medicine or what it was for?

NO.....1
YES.....(SPECIFY).....5
DM15B

RECORD: _____

A16A. Has there ever been a time when you were having troubles or problems and went to talk to someone about them? For example, a counselor, someone at your church/temple, a doctor, or anyone else outside the family? (Have you ever seen a social worker, a psychologist, or a psychiatrist?)

NO.....(SKIP TO B1).....1
YES.....5
DM16A

**NOTE TO INTERVIEWER:
DO NOT COUNT ROUTINE VISITS TO THE
SCHOOL COUNCILER TO SCHEDULE
CLASSES OR PLAN NEXT YEAR'S COURSES.**

B. Would you mind telling me who you talked to and what you talked about?

NO.....(SPECIFY).....1
YES.....5
DM16B

RECORD: _____

B. SCHOOL AND OTHER ACTIVITIES OUTSID THE HOME

Now I'd like to ask you a few questions about how you get along at school and what you do when you're not in school – in your spare time.

B1. What are your grades like in school?

5C1

- BETTER THAN MOST OF THE CLASS.....1
- SAME AS MOST OF THE CLASS.....2
- WORSE THAN MOST OF THE CLASS.....3

B2A. Have your grades always been that way?

- NO.....(CONTINUE).....1
- YES.....(SKIP TO B5A).....5

RECORD: _____

5C2A

B. Where they higher or lower than they are now?

- HIGHER.....1
- LOWER.....(SKIP TO B4).....2
- SOME YEARS HIGHER/OTHER YEARS LOWER.....3

5C2B

What grade were you in when your grades were the highest they've ever been?

(PROBE FOR POSSIBLE REASON, BUT DON'T SPEND MUCH TIME IF ANSWER IS NOT OBVIOUS OR FORTHCOMING.)

RECORD: _____

B3.

**NOTE TO INTERVIEWER:
IF GRADES WERE EQUALLY HIGH FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES. IF ONE GRADE WAS HIGHEST, JUST CODE ONE GRADE.**

**IF B2B IS CODED 1, SKIP TO B5A.
IF B2B IS CODED 3, CONTINUE.**

1ST GRADE OF HIGH MARKS
5C3_1

2ND GRADE OF HIGH MARKS
5C3_2

3RD GRADE OF HIGH MARKS
5C3_3

B4. What grade were you in when your grades were the lowest they've ever been? (PROBE FOR REASON.)

RECORD: _____

**NOTE TO INTERVIEWER:
IF GRADES WERE EQUALLY LOW FOR
SEVERAL YEARS, CODE THE MOST
RECENT 3 GRADES. IF ONE GRADE WAS
LOWEST, JUST CODE ONE GRADE.**

1ST _____
GRADE OF
HIGH MARKS
5C4_1

2ND _____
GRADE OF
HIGH MARKS
5C4_2

3RD _____
GRADE OF
HIGH MARKS
5C4_3

B5A. Have you ever been held back a grade in school?

NO.....(SKIP TO B6A).....1
YES.....5
5C5A

RECORD: _____

B. How many times have you been held back in school? 5C5B _____ TIMES

5C5C

C. For which grade(s) were you held back? _____ GRADE

_____ GRADE

_____ GRADE

**NOTE TO INTERVIEWER:
IF CHILD FAILED THE SAME GRADE
TWICE, CODE THE GRADE TWICE.**

B6A. Have you ever skipped a grade?

NO.....(SKIP TO B7).....1
YES.....5
5C6A

B. How many times have you skipped a grade? 5C6B _____ TIMES

5C6C

C. Which grade(s) did you skip? _____ GRADE

_____ GRADE

_____ GRADE

_____ GRADE

B7. Have you ever been in a special group for kids who are doing very well in school – the top reading group, or track I, or in advanced placement classes?

NO..... 1
YES.....5
5C7

RECORD: _____

B8A. Do you play any sports like hockey, baseball, basketball, or soccer? Do you skate or swim? Anything else?

NO.....(SKIP TO B9A).....1
YES.....5
5C8A

INTERVIEWER: AEROBIC EXERCISES COUNT AS A SPORT.

RECORD: _____

B. Have you ever been on a team, or are you on a team now?

NO.....(SKIP TO B9A).....1
ON TEAM. (SKIP TO B8D)...2
ON TEAM IN PAST ONLY...3
5C8B

RECORD: _____

C. What was the last grade in which you were on a team?

5C8D _____ GRADE

D. How much time do/did you spend (NAME OF SPORT(S))

1-4 HOURS.....1
5-9 HOURS.....2
10+ HOURS.....3

(PROBE FOR NUMBER OF DAYS PER WEEK, WEEKEND, SATURDAY MORNINGS, ETC.)

5C8D

_____?

B9A. Is there anything else that you do after school? For example, are you in the school band, do you sing in a choir at school or church, or belong to the (BOY/GIRL) scouts? Anything else?

NO.....(SKIP TO B10A).....1
YES.....5
5C9A

(PROBE FOR NUMBER OF DAS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

RECORD ACTIVITIES: _____

B. How much time do you spend in after school activities?

1-4 HOURS.....1
5-9 HOURS.....2
10+ HOURS.....3

5C9B

B10A. Do you work part time, like raking leaves, baby sitting, or working in a fast food restaurant? NO.....(SKIP TO B11).....1
 YES.....5
5C10A

(PROBE FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

B. How many hours a week do you spend working? 1-4 HOURS.....1
 5-9 HOURS.....2
 10+ HOURS.....3
5C10B

B11. What do you do in your spare time? NOTHING.....1
 NO SPARE TIME.....2
 OTHER.....3
5C11

(PROBE: WHEN YOU'RE NOT DOING SCHOOL WORK OR DOING SOMETHING AFTER SCHOOL, DO YOU HANG OUT WITH YOUR FRIENDS, OR MAYBE COLLECT STAMPS, OR READ?)

RECORD: _____

B12 Do you find that you're bored . . . NEVER.....1
 ONLY OCCASIONALLY.....2
 SOME OF THE TIME.....3
 MOST OF THE TIME.....4
5C12

B13A. Do you go to a sitter, relative's house, day care, or latchkey program before school? NO.....(SKIP TO B13C).....1
 YES.....5
5C13A

B. How many days a week do you spend there before school? **5C13B** ____ DAYS

INTERVIEWER: PROBE FOR DAYS OF THE WEEK THEY ATTENDED AND CODE.

C. Do you go to a sitter, relative's house, day care, or latchkey program after school? NO.....(SKIP TO B14A).....1
 YES.....5
5C13C

D. How many days a week do you spend there after school? **5C13D** ____ DAYS

INTERVIEWER: PROBE FOR DAYS OF THE WEEK THEY ATTENDED AND CODE.

B14A. Have you ever won a contest or received a prize for anything? I mean, like in sports, or singing, or being in a talent show, a spelling bee, or a science fair prize; things like that?

NO.....(SKIP TO C1).....1
YES.....5
5C14A

B. Tell me about it.

NOTE TO INTERVIEWER: RECORD ALL EVENTS WITH AGES.

RECORD: _____

5C14B (text, not used)

C. Was that very important for you? Or was it not a big deal?

VERY IMPORTANT.....1
NO BIG DEAL.....2
IN BETWEEN.....3
5C14C

C: ATTENTION DEFICIT – HYPERACTIVITY DISORDER

In this section I'll ask you about how you get along with your family and friends and what school has been like for you.

NOTE TO INTERVIEWER: FOR EVERY YES, USE THE STANDARD PROBE TO CONFIRM.

**STANDARD PROBE:
DID/DOES THIS HAPPEN A LOT?**

NOTE TO INTERVIEWER: QUESTIONS ARE ASKING ABOUT LIFETIME IN CASE THE CHILD'S SYMPTOMS ARE STARTING TO GET BETTER, OR HE HAS BEEN PUT ON MEDICATION AND IS NO LONGER HAVING SYMPTOMS. IF YES TO LIFETIME, ASK "IS IT STILL HAPPENING NOW?" OTHERWISE SKIP TO NEXT QUESTION.

		<u>LIFETIME</u>	<u>NOW</u>
ADHD3RA1	C1. Have there often been times in your life when it was very hard for you to sit still? Did this cause problems for you? (EXAMPLE: WERE YOU SQUIRMING IN YOUR SEAT, PLAYING WITH YOUR HANDS AND FINGERS – JUST NEVER ABLE TO SIT STILL?)	NO.....1 YES.....5 AT1_1	NO.....1 YES.....5 AT1_2

[OFTEN FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT]

ADHD3RA2	C2. When you were in school, did you often have trouble staying in your seat? (EXAMPLE: IN THE CLASSROOM WAS THE TEACHER ALWAYS TELLING YOU TO STAY IN YOUR SEAT OR GO SIT DOWN?)	NO.....1 YES.....5 AT2_1	NO.....1 YES.....5 AT2_2
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[IS IN AND OUT OF SEAT]

ADHD3RA3	C3. Has it often been hard to keep your mind on your work when there were other things going on in the same room? (EXAMPLE: WHEN OTHER PEOPLE AROUND YOU TALKED, OR IF YOU HEARD NOISES COMING FROM OUTSIDE, WERE YOU EASILY DISTRACTED?)	NO.....1 YES.....5 AT3_1	NO.....1 YES.....5 AT3_2
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[IS EASILY DISTRACTED BY EXTRANEOUS STIMULI]

ADHD3RA4	C4. Has it often been hard for you to wait your turn in games or when you were waiting in line?	NO.....1 YES.....5	NO.....1 YES.....5
	(EXAMPLE: DID YOU GET RESTLESS WHEN YOU HAD TO STAND IN LINE? DID YOU HAVE MORE TROUBLE WAITING IN LINE THAN MOST PEOPLE YOUR AGE?)	AT4_1	AT4_2

[HAS DIFFICULTY WAITING TURN IN GAMES OR GROUP SITUATIONS]

ADHD3RA5	C5. Have other people like your teacher or parents often complained that you started answering a question before they finished asking it?	NO.....1 YES.....5	NO.....1 YES.....5
	(EXAMPLE: DID YOU OFTEN BLURT OUT AN ANSWER TO A QUESTION BEFORE SOMEONE HAD FINISHED ASKING IT?)	AT5_1	AT5_2

[OFTEN BLURTS OUT ANSWERS TO A QUESTION BEFORE IT IS FINISHED]

ADHD3RA6	C6. Have you had a lot of problems because, even after the teacher explained a lesson to you or your mother gave you instructions to do something, you somehow never managed to get it done?	NO.....1 YES.....5	NO.....1 YES.....5
	(EXAMPLE: DO PEOPLE SAY THAT YOU NEVER FOLLOW THROUGH? DO YOU QUICKLY FORGET WHAT YOU'RE SUPPOSED TO DO?)	AT6_1	AT6_2

[HAS DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS (NOT DUE TO OPPOSITIONAL BEHAVIOR OR FAILURE OF COMPREHENSION) E.G., FAILS TO FINISH CHORES]

ADHD3RA7	C7A. Have you often had trouble keeping your mind on your homework or your work at school? Have you often just started daydreaming or thinking about something else when work needed to be done?	NO.....1 YES.....5	NO.....1 YES.....5
	(EXAMPLE: DID PEOPLE TELL YOU THAT YOU DAYDREAMED TOO MUCH OR DIDN'T PAY ATTENTION TO YOUR WORK?)	AT7A_1	AT7A_2

[IS DIFFICULT FOR CHILD TO HOLD ATTENTION TO TASKS OR PLAY ACTIVITIES]

ADHD3RA7	B. Have you often had problems when you've been playing games with your friends, because you had a lot of trouble paying attention to the rules or remembering whose turn it was?	NO.....1 YES.....5	NO.....1 YES.....5
	(EXAMPLE: DID YOUR FRIENDS GET MAD AT YOU FOR IT?)	AT7B_1	AT7B_2

[IS DIFFICULT FOR CHILD TO HOLD ATTENTION TO TASKS OR PLAY ACTIVITIES]

ADHD3RA8	C8.	Have there been times when you started doing one thing, and then changed to something else, without finishing what you were doing?	NO.....1 YES.....5 AT8_1	NO.....1 YES.....5 AT8_2
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(EXAMPLE: DID YOU LEAVE A LOT OF PROJECTS UNFINISHED?)

[OFTEN SHIFTS FROM ONE UNCOPLETED ACTIVITY TO ANOTHER]

<p>IF "NO" TO QS. C1-C8, SKIP TO OPPOSITIONAL DISORDER, Q.D1, P.16. IF ANY 5'S, CONTINUE.</p>
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ADHD3RA9	C9.	Were there ever a time when it was really hard for you to play quietly by yourself or with other kids?	NO.....1 YES.....5 AT9_1	NO.....1 YES.....5 AT9_2
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(EXAMPLE: WAS TALKING ALL THE TIME THAT YOU WERE TOO NOISY, THAT YOU WERE ALWAYS RUNNING AROUND, OR THAT YOU NEVER PLAYED QUIETLY?)

[HAS DIFFICULTY PLAYING QUIETLY]

ADHD3RA10	C10.	Have people ever told you that you talked all the time or that you never stopped talking?	NO.....1 YES.....5 AT10_1	NO.....1 YES.....5 AT10_2
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(EXAMPLE: WAS TALKING ALL THE TIME A PROBLEM FOR YOU? DID PEOPLE TELL YOU ABOUT IT OVER AND OVER?)

[OFTEN TALKS EXCESIVELY]

ADHD3RA11	C11.	Has the teacher or have your friends often complained that you interrupt them or butt into their conversations or activities?	NO.....1 YES.....5 AT11_1	NO.....1 YES.....5 AT11_2
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(EXAMPLE: DID YOUR FRIENDS COMPLAIN THAT YOU BARGED INTO WHATEVER THEY WERE DOING?)

[OFTEN INTERRUPTS OR INTRUDES ON OTHERS]

ADHD3RA12	C12	Have your parents or teachers told you that you were not really listening to them? Did they say that they had to tell you the same thing over and over?	NO.....1 YES.....5 AT12_1	NO.....1 YES.....5 AT12_2
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[OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS SAID TO HIM OR HER]

ADHD3RA13	C13.	Have there been times when you were always losing things like pencils, notebooks, or papers from school? Other examples might be losing the keys to the house or losing your homework.	NO.....1 YES.....5 AT13_1	NO.....1 YES.....5 AT13_2
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(EXAMPLE: WHEN YOU GOT READY TO DO SOME HOMEWORK, DID YOU FIND THAT YOU NEVER HAD ALL THE THINGS YOU NEEDED?)
(WHEN YOU GOT READY TO PLAY A GAME, DID YOU HAVE TROUBLE FINDING ALL THE PARTS?)

[OFTEN LOSES THINGS NECESSARY FOR TASKS OR ACTIVITIES AT SCHOOL OR HOME]

ADHD3RA14	C14	Have other people often gotten upset with you for doing dangerous things, like running out into the street without looking? (EXAMPLE: WHAT ABOUT CLIMBING UP ON THINGS THAT ARE DANGEROUS? RIDING YOUR BIKE IN DANGEROUS PLACES? JUST NOT BEING CAREFUL?)	NO.....1 YES.....5 AT14_1	NO.....1 YES.....5 AT14_2
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NOTE TO INTERVIEWER: ELIMINATE THRILL SEEKERS. ASK IF RESPONDENT DID THESE THINGS BECAUSE S/HE DIDN'T THINK ABOUT WHAT MIGHT HAPPEN, OR BECAUSE S/HE THOUGHT THE DANGER MADE IT EXCITING. CODE POSITIVE ONLY IF RESPONDENT DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.

[OFTEN ENGAGES IN PHYSICALLY DANGEROUS ACTIVITIES WITHOUT CONSIDERING POSSIBLE CONSEQUENCES (NOT FOR THE PURPOSE OF THRILL SEEKING)]

**IF 3 OR LESS 5'S IN QS. C1-C14, SKIP TO OPPOSITIONAL DISORDER, Q.D1, P. 16.
IF 4 OR MORE 5'S, CONTINUE.**

ADHD3RB	C15A.	How old were you when you started having problems like (NAME 5'S IN QS. C1-C14?)	_____ YEARS AT15A
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(PROBE: WERE YOU LIKE THAT IN KINDERGARTEN OR FIRST GRADE? WERE YOU LIKE THAT IN NURSERY SCHOOL?)

IF 3 YEARS OLD OR YOUNGER OR IF ALWAYS, CODE 03.

[ONSET BEFORE AGE OF SEVEN]

B.	When was the last time you had any of these problems? Was it . . .	WITHIN THE PAST TWO WEEKS...1 WITHIN THE PAST MONTH.....2 WITHIN THE PAST SIX MONTHS...3 WITHIN THE PAST YEAR.....4 OVER A YEAR AGO.....5 AT15B
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IF OVER A YEAR AGO. ASK:

C.	How old were you then?	_____ YEARS AT15C
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ADHD3RA C15D.

NOTE TO INTERVIEWER:	NO.....1
DO THESE PROBLEMS CLUSTER?	YES.....5
DID MOST OF THEM HAPPEN IN THE SAME GRADE?	AT15D
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.	

[SYMPTOMS OCCURRED AT THE SAME TIME]

ADHD3RA E.

NOTE TO INTERVIEWER:	NO.....1
DID THESE PROBLEMS LAST 6 MONTHS OR LONGER?	YES.....5
WHAT GRADE(S) DID THEY HAPPEN IN?	AT15E
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.	

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

C16.	A.	Did your parents ever take you to a doctor or any other professional because you were having problems like the ones we've been talking about?	NO...(SKIP TO D1)...1 YES.....5 AT16A
	B.	What did (PERSON CHILD SAW) do?	GIVE MEDICINE.....1 TALK ABOUT PROBLEM.(SKIP TO C18).2 BOTH.....3 OTHER.....(SKIP TO C19).....4 AT16B
		RECORD: _____ _____	

C17.	A.	Do you know the name of the medicine?	NO.....1 YES.....(SPECIFY).....5 AT17A
		RECORD: _____ _____	
	B.	After you took the medicine, did these problems start to get better?	NO.....1 YES.....5 AT17B

IF Q.C16B = 3, CONTINUE. OTHERS SKIP TO OPPOSITIONAL DISORDER, Q.D1, P.16.

C18.		Did talking with this person help you with your problems?	NO.....1 YES.....5 AT18
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SKIP TO OPPOSITIONAL DISORDER, Q.D1, P.16
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C19.		Did (ANSWER IN C16B) help?	NO.....1 YES.....5 AT19
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D: OPPOSITIONAL DISORDER

NOTE TO INTERVIEWER: FOR EVERY "YES" USE STANDARD PROBES.

**STANDARD PROBE:
IS/WAS THIS A BIGGER PROBLEM FOR YOU THAN FOR MOST PEOPLE YOUR AGE?**

ODD3RA1 D1. Are you always losing your temper with adults or with your friends? NO.....1
YES.....5
(EXAMPLE: DO YOU YELL OR TALK BACK TO THEM?) OP1

[OFTEN LOSES TEMPER]

ODD3RA2 D2A. Do you get into lots of arguments with your parents, your teachers, or other adults? NO....(SKIP TO D3A)....1
YES.....(SPECIFY).....5
[OFTEN ARGUES WITH ADULTS] OP2A

B. With whom do you argue? OP2B
RECORD: _____ (Text, not used)

ODD3RA3 D3A. Have you often just refused to do things that your teachers or other adults have asked you to do? NO.....(SKIP TO D4)....1
YES.....(SPECIFY).....5
(EXAMPLE: IF ANYONE LIKE YOUR MOM ASKS YOU TO TAKE OUT THE GARBAGE, OR RUN AN ERRAND, WOULD YOU JUST SAY "NO" IF YOU DIDN'T FEEL LIKE DOING IT? WOULD YOU REFUSE TO HELP AROUND THE HOUSE? OR IF YOUR PARENTS TELL YOU TO BE IN AT A CERTAIN TIME, WOULD YOU JUST REFUSE TO DO IT AND COME IN WHENEVER YOU WANTED TO?) OP3A

[OFTEN ACTIVITIES DEFIES OR REFUSES ADULT REQUESTS OR RULES]

B. What kind of things do you refuse to do?
RECORD: _____

ODD3RA4 D4. Do people say that you always do things on purpose to annoy them? For example, acting silly when other people don't want you to? NO.....1
YES.....5
(EXAMPLES: ARGUING WITH PEOPLE; PLAYING PRACTICAL JOKES; TEASING PEOPLE, MAKING FUN OF THEM OR CALLING THEM NAMES, BOTHERING THEM WHEN THEY WANT TO BE ALONE.) OP4

[OFTEN DELIBERATELY DOES THING THAT ANNOY OTHER PEOPLE]

ODD3RA5 D5. Whenever you do something wrong, or when something bad happens to you, is it mostly. . .

YOURSELF TO BLAME.....1
OTHERS TO BLAME.....2
SOME OF BOTH.....3
NOBODY TO BLAME.....4

(EXAMPLE: DO PEOPLE SAY THAT YOU MAKE TOO MANY EXCUSES FOR YOURSELF?)

OP5

[OFTEN BLAMES OTHERS FOR HIS OR HER OWN MISTAKES]

IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE. OTHERS SKIP TO CONDUCT DISORDER Q.E1, P.19.

ODD3RA6 D6. Have you often felt that people bug you or get on your nerves a lot?

NO.....1
YES.....5

OP6

(EXAMPLE: ARE THEY ALWAYS SAYING STUFF THAT BOTHERS YOU?)

DO NOT COUNT SIBLINGS.

[OFTEN TOUCHY OR EASILY ANNOYED BY OTHERS]

ODD3RA7 D7. Do you get angry or irritated with people a lot of the time? Do you get angry with your parents, teachers, or friends?

NO.....1
YES.....5

OP7

(EXAMPLE: DOES IT SEEM LIKE SOMEONE IS ALWAYS DOING SOMETHING TO MAKE YOU MAD? DO YOU FEEL THAT PEOPLE TREAT YOU BADLY?)

DO NOT COUNT SIBLINGS.

[IS OFTEN ANGRY AND RESENTFUL]

ODD3RA8 D8. Whenever someone has done something unfair to you, do you try to get back at them in some spiteful way, for example, by saying mean things to them about them?

NO.....1
YES.....5

OP8

(EXAMPLE: WOULD YOU TELL OTHER PEOPLE THINGS ABOUT THEM THAT WEREN'T TRUE? WOULD YOU TELL A SECRET THAT THEY HAD TOLD YOU?)

[IS OFTEN SPITEFUL OR VINDICTIVE]

ODD3RA9 D9. Do you usually swear a lot or use curse words in situations where you really shouldn't? NO.....1
 YES.....5
[OFTEN SWEARS OR USES OBSCENE LANGUAGE] OP9

ODD3RA D10A. How old were you when you started (NAME POSITIVE SYMPTOMS IN QS. D1-D9)? _____ YEARS
OP10A

(PROBE: DO YOU REMEMBER WHAT GRADE YOU WERE IN?)

ODD3RA B. When was the last time you had any problems like this? Was it . . .

	WITHIN THE PAST TWO WEEKS.....1
	WITHIN THE PAST MONTH.....2
	WITHIN THE PAST SIX MONTHS.....3
	WITHIN THE PAST YEAR.....4
	OVER A YEAR AGO.....5

OP10B

IF OVER A YEAR AGO, ASK:

C. How old were you the last time you had any of these problems? _____ YEARS
OP10C

IF ONLY 1 POSITIVE SYMPTOM CODED IN QS. D1-D9, SKIP TO Q. D10E. OTHERS CONTINUE.

ODD3RA D.

NOTE TO INTERVIEWER:	NO.....1
DO THESE PROBLEMS CLUSTER?	YES.....5
DID MOST OF THEM HAPPEN IN THE SAME GRADE?	OP10D
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.	

[SYMPTOMS OCCURRED AT THE SAME TIME]

ODD3RA E.

NOTE TO INTERVIEWER:	NO.....1
DID THESE PROBLEMS LAST 6 MONTHS OR LONGER?	YES.....5
WHAT GRADE(S) DID THEY HAPPEN IN?	OP10E
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.	

RECORD: _____

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

D11. Did (NAME POSITIVE SYMPTOMS IN QS. D1-D9) happen a lot? Did behaving that way cause problems for you or for your family? NO.....1
 YES.....5
OP11

E: CONDUCT DISORDER

SCORE SECTION AND USE TALLY SHEET E.

Most people do things that get them in trouble with their parents or teachers. I am going to ask you about different ways of getting into trouble.

E1A. Have you ever been suspended from school?

NO.....1
YES.....5
CD1A

**NOTE TO INTERVIEWER: IN-SCHOOL
SUSPENSIONS COUNT.**

B. How many times have you been suspended from school?

____ TIMES
CD1B

REMINDER: 98+ = 98

IF DK ASK C.

C. Was it . . .

1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5

D. Can you tell me why you were suspended?

CD1C

RECORD: _____

CD1D_1 (text, not used)
CD1D_2 (text, not used)

E2A. Have you ever been expelled from school (kicked out for the rest of the year)?

NO.....1
YES.....5
CD2A

B. How many times have you been expelled from school?

____ TIMES
CD2B

IF DK ASK C.

C. Was it . . .

1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5

D. Can you tell me why you were expelled?

CD2C

RECORD: _____

CD2D_1 (text, not used)
CD2C_2 (text, not used)

[ADOLESCENT]

E:CD

E3A. Have you ever stolen anything, like money from someone's purse or did you shoplift something from a store?

NO.....1
YES.....(SPECIFY).....5
CD3A

RECORD: _____

B. Have you ever stolen anything else besides money from someone's purse or by shoplifting? For example, did you ever take anything from somebody at school?
(EXAMPLE: LIPSTICKS, MAGAZINES, CLOTHES, JEWELRY, CDs. DID YOU EVER SWIPE ANYTHING FROM SOMEBODY'S LOCKER, OR THEIR DESK?)

NO.....1
YES.....(SPECIFY).....5
CD3B

RECORD: _____

IF NO TO E3A AND E3B, SKIP TO Q.E3E. OTHERS CONTINUE.

CD3RA1 C. How many times have you stolen thing altogether?

_____TIMES
CD3C

IF DK ASK D.

D. Was it . . .

1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5

HAS STOLEN WITHOUT CONFRONTATION OF A VICTIM ON MORE THAN ONE OCCASION] CD3D

E. Have you ever used a credit card without permission or signed someone else's name on a check?

NO.....1
YES.....(SPECIFY).....5
CD3E

RECORD: _____

**IF NO TO E3E, AND ANY POSITIVES IN Q.E3A OR Q.E3B, SKIP TO Q.E3H.
IF NO TO Q.E3E AND NO POSITIVE IN QS.E3A AND E3B, SKIP TO Q.E4A.
IF YES TO Q. E3E, CONTINUE.**

CD3RA1 F. How many times have you done anything like use a credit card without permission or sign someone else's name on a check?

_____TIMES
CD3F

IF DK ASK G.

G. Was it . . .

1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5

FORGERY ON MORE THAN ONE OCCASION] CD3G

E3H. How old were you the first time you _____ YEARS
(NAME WHAT CHILD DID, E.G., STOLE MONEY CD3H
FROM MOM;S PURSE OR SIGNED SOMEONE ELSE'S
NAME ON A CHECK.)?

- I. When was the last time you did anything like that? Was it . .
WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5
CD3I

IF OVER A YEAR AGO, ASK:

J. How old were you then? _____ YEARS
CD3J

E4A. Have you ever run away from home overnight or longer? NO.....(SKIP TO E5A).....1
(MUST HAVE RUN AWAY FROM PARENTAL OR YES.....(SPECIFY).....5
PARENTA-SURROGATE'S HOME WITHOUT LETTING CD4A
PARENT KNOW HIS/HER WHEREABOUTS.)

DESCRIBE: _____

CD3RA2 B. How many time have you run away like that? _____ TIMES
CD4B

IF DK ASK C.

- C. Was it . . .
1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5
CD4C

D. Did you go back home after you ran away? NO.....1
YES.....(SKIP TO E5A).....5
CD4D

E. How old were you the first time you ran away? _____ YEARS
CD4E

- F. When was the last time you ran away?
Was it . . .
WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5
CD4F

IF OVER A YEAR AGO, ASK:

G. How old were you then? _____ YEARS
CD4G

E5A. Of course everybody tells lies or makes up stories once in a while. I'd like to ask if you lie or make up stories a lot?
 (EXAMPLE: LIKE TELLING THE TEACHER YOU LOST YOUR HOMEWORK WHEN YOU REALLY JUST DIDN'T DO IT, OR TELLING YOUR PARENTS YOU WERE ONE PLACE WHEN YOU WERE REALLY SOMEPLACE ELSE.)

NO.....1
 YES.....4
 CD5A

B. Do you get into trouble a lot because people say you're lying? (Do your teachers/friends/parents/get upset with you because they think you're lying?)

NO.....1
 YES.....4
 CD5E

**IF NO TO E5A, SKIP TO Q.E6A.
 IF YES TO EITHER E5A OR E5B, CONTINUE.**

CD3AR3 C. What is the main reason you lie?

INTERVIEWER: RECORD CHILD'S ANSWER AND CODE ONE OF THE FOLLOWING CATEGORIES.

CD5C

YOU'RE AFRAID OF BEING HURT PHYSICALLY OR SEXUALLY?..(SKIP TO E6A...1
YOU ENJOY LYING.....2
IT GETS YOU OUT OF TROUBLE.....3
SOM OTHER REASON?.....(SPECIFY).....4

RECORD: _____

OFTEN LIES OTHER THAN TO AVOID PHYSICAL OR SEXUL ABUSE]

D. How old were you when you first started telling lies, or when people said you were lying? _____ YEARS
 CD5I

E. When was the last time you told lies or when people said you were lying?
 Was it . . .

WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
 CD5I

IF OVER A YEAR AGO, ASK:

F. How old were you the last time? _____ YEARS
 CD5I

E6A. Have you ever set any fires on purpose that you weren't supposed to set? NO.....(SKIP TO E7A).....1
 YES.....(SPECIFY).....5
CD6A

B. How did it happen and what happened because of the fire(s)?
 RECORD: _____

CD6B_1 (text, not used)
 CD6B-2 (text, not used)

CD3RA4

C. **NOTE TO INTERVIEWER:
 CODE ACCIDENTAL OR DELIBERATE, OR SOME OF BOTH.**
CD6C
ACCIDENTAL.....(SKIP TO E7A).....1
SOME ACCIDENTAL/SOME DELIBERATE.....2
DELIBERATE.....3

HAS DELIBERATELY ENGAGED IN FIRE-SETTING]

D. How many times have you set fires on purpose like that? _____ TIMES
CD6D

IF DK ASK E..

E. Was it . . .
 1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5
CD6E

F. How old were you the first time you set fire on purpose? _____ YEARS
CD6F

G. When was the last time you set a fire on purpose?
 Was it . . .
 WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
CD6G

IF OVER A YEAR AGO, ASK:

H. How old were you then? _____ YEARS
CD6H

E7A. Have you ever skipped school (PLAYED HOOKEY/TAKEN A DAY OFF FROM SCHOOL WITHOUT PERMISSION)?

NO.....(SKIP TO E8A).....1
 YES.....5
CD7A

CD3RA5 B. How many times have you skipped school? _____ TIMES
CD7B

IF DK ASK E..

IS OFTEN RUANT FROM SCHOOL]

C. Was it . . .

1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5
CD7C

D. How old were you the first time you skipped school? _____ YEARS
CD7D

E. When was the last time you skipped school?
 Was it . . .

WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
CD7E

IF OVER A YEAR AGO, ASK:

F. How old were you the last time you skipped school? _____ YEARS
CD7F

E8A. How about cutting classes-have you cut classes?

NO.....(SKIP TO E9A).....1
 YES.....5
CD8A

**NOTE TO INTERVIEWER:
 CUTTING CLASSES MEANS THAT THE
 CHILD WAS AT SCHOOL BUT JUST
 DIDN'T GO TO CERTAIN CLASSES.**

CD3RA5 B. How many days have you cut classes? _____ DAYS
CD8B

IF DK ASK E..

IS OFTEN TRUANT FROM SCHOOL]

C. Was it . . .

1 DAY.....1
 2 DAYS.....2
 3 OR MORE DAYS.....3
CD8C

**NOTE TO INTERVIEWER: MAKE SURE THAT
 THE CHILD DIDN'T JUST SKIP DIFFERENT
 CLASSES ALL IN 1 DAY.**

D. How old were you the first time you cut classes? _____ YEARS
CD8D

E8E. When was the last time you cut classes?
Was it . . .

- WITHIN THE PAST TWO WEEKS.....1
- WITHIN THE PAST MONTH.....2
- WITHIN THE PAST SIX MONTHS.....3
- WITHIN THE PAST YEAR.....4
- OVER A YEAR AGO.....5

CD8E

IF OVER A YEAR AGO, ASK:

F. How old were you the last time? _____ YEARS
CD8F

CD3RA6 E9A. Have you ever broken into somebody else’s house, building,
or car?
HAS BROKEN INTO SOMEONE ELSE’S HOUSE, BUILDING, OR CAR]

- NO.....(SKIP TO E10A).....1
- YES.....5

CD9A

B. How many times have you doen that? _____ TIMES
CD9B

IF DK ASK C

C. Was it . . .

- 1 TIME.....1
- 2 TIMES.....2
- 3-5 TIMES.....3
- 6-10 TIMES.....4
- 11+ TIMES.....5

CD9C

D. How old were you the first time you broke into somebody
else’s house, building, or car? _____ YEARS
CD9D

E. When was the last time you did that?

- WITHIN THE PAST TWO WEEKS.....1
- WITHIN THE PAST MONTH.....2
- WITHIN THE PAST SIX MONTHS.....3
- WITHIN THE PAST YEAR.....4
- OVER A YEAR AGO.....5

CD9E

IF OVER A YEAR AGO, ASK:

F. How old were you the last time? _____ YEARS
CD9F

E10A. Have you ever wrecked or destroyed someone else's property on purpose? NO...(SKIP TO E10A).....1
 YES.....(SPECIFY).....5
CD10A

(HERE ARE SOME EXAMPLES:

- BREAKING WINDOWS IN A SCHOOL OR OTHER BUILDING
- SCRATCHING A CAR
- THROWING ROCKS AT CARS
- EGGING CARS)

B. What happened?
 RECORD: _____

CD3RA7

**NOTE TO INTERVIEWER:
 CODE ACCIDENTAL OR DELIBERATE, OR SOME OF BOTH.**

**ACCIDENTAL.....(SKIP TO B11A).....1
 SOME ACCIDENTAL/SOME DELIBERATE.....2
 DELIBERATE.....3**

CD10B

HAS DELIBERATELY DESTROYED OTHER'S PROPERTY (OTHER THAN BY FIRE-SETTING)]

C. How many times have you wrecked someone else's property on purpose? _____ TIMES
CD10C

REMINDER: 98+ = 98

IF DK ASK D.

D. Was it . . .

1 TIME.....	1
2 TIMES.....	2
3-5 TIMES.....	3
6-10 TIMES.....	4
11+ TIMES.....	5

CD10D

E. How old were you the first time you wrecked someone else's property on purpose? _____ YEARS
CD10E

F. When was the last time you did that?
 Was it . . .

WITHIN THE PAST TWO WEEKS.....	1
WITHIN THE PAST MONTH.....	2
WITHIN THE PAST SIX MONTHS.....	3
WITHIN THE PAST YEAR.....	4
OVER A YEAR AGO.....	5

CD10F

IF OVER A YEAR AGO, ASK:

G. How old were you the last time? _____ YEARS
CD10G

E11A. Have you ever hurt or killed an animal like a cat, a dog, or a pet like a bird, a gerbil, or a hamster? NO.....(SKIP TO E12A).....1
 YES.....(SPECIFY).....5
 (EXAMPLE: HAVE YOU BEEN VERY CRUEL TO A LARGER ANIMAL LIKE A HORSE OR A COW?) CD11A

DO NOT COUNT ORDINARY INSECT KILLING, FLY SWATING, SPIDER KILLING ETC., AND DO NOT COUNT HUNTING ACTIVITIES.

B. How did it happen?
 (THE INJURY OR DEATH OF THE ANIMAL)

RECORD: _____

CD11B_1 (text, not used)
 CD11B_2 (text, not used)

CD3RA8

C. **NOTE TO INTERVIEWER:** NO...(SKIP TO E12A)...1
WAS THE HARMING DELIBERATE AND CRUEL? YES.....2
 CD11C

IS PHYSICALLY CRUEL TO ANIMALS]

D. How many times have you done that? _____ TIMES
 CD11D

IF DK ASK D.

E. Was it . . .

1 TIME.....	1
2 TIMES.....	2
3-5 TIMES.....	3
6-10 TIMES.....	4
11+ TIMES.....	5

CD11E

F. How old were you the first time it happened? _____ YEARS
 CD11F

G. When was the last time that happened?
 Was it . . .

WITHIN THE PAST TWO WEEKS.....	1
WITHIN THE PAST MONTH.....	2
WITHIN THE PAST SIX MONTHS.....	3
WITHIN THE PAST YEAR.....	4
OVER A YEAR AGO.....	5

CD11G

IF OVER A YEAR AGO, ASK:

H. How old were you the last time it happened? _____ YEARS
 CD11H

CD3RA9 E12. Have you ever forced anyone to do sexual things with you? NO.....1
 YES.(SPECIFY IF VOLUNTEERED).5
 CD12

HAS FORCED SOMEONE INTO SEXUAL ACTIVITY WITH HIM OR HER]

RECORD WHATEVER CHILD VOLUNTEERS: _____

E13A. Have you ever gotten into physical fights with other people? NO...(SKIP TO E15A).....1
 YES.....5
 CD13A

B. How many times have you started these fights with other people? _____ TIMES
 CD13B

**IF DK ASK C.
 IF B=00 SKIP TO Q.E14A.**

OFTEN INITIATES PHYSICAL FIGHTS]

C. Was it . . . NEVER.....0
 1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5
 CD13C

IF C=0 SKIP TO Q.E14A.

D. How old were you the first time you started a fight? _____ YEARS
 CD13D

E. When was the last time you started a fight?
 Was it . . . WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
 CD13E

IF OVER A YEAR AGO, ASK:

F. How old were you the last time? _____ YEARS
 CD13F

E14A. Regardless of who started the fight, have you ever used other things besides your hands like sticks, rocks, or sharp objects when you've been fighting? (Did you ever use a knife or a gun?)
 RECORD: _____

NO.....(SKIP TO E15A)...1
 YES.....(SPECIFY).....5
 CD14A

CD3RA10 B. How many times have you used other things besides your hands in a fight? IF DK ASK C.

_____ TIMES
 CD14B

C. Was it . . .

1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5

USED A WEAPON IN MORE THAN ONE FIGHT]

D. How old were you the first time you used something besides your hands in a fight?

_____ YEARS
 CD14D

E. When was the last time you got into a fight and used something besides your hands?
 Was it . . .

WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

CD14E

F. How old were you the last time?

_____ YEARS
 CD14F

CD3RA12 E15A. Have you ever mugged someone (held them up with a gun or knife) or snatched their purse? Have you ever bullied another kid until he gave you something; like something he owned, or his lunch money?

NO.....(SKIP TO E16A)...1
 YES.....5
 CD15A

HAS STOLEN WITH CONFRONTATION OF A VICTIM]

B. How many times have you done something like that?

_____ TIMES
 CD15B

IF DK ASK C.

C. Was it . . .

1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5

CD15C

D. How old were you when you first mugged someone?

_____ YEARS

- E15E. When was the last time? Was it . . .
 - WITHIN THE PAST TWO WEEKS.....1
 - WITHIN THE PAST MONTH.....2
 - WITHIN THE PAST SIX MONTHS.....3
 - WITHIN THE PAST YEAR.....4
 - OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

CD15E

- F. How old were you the last time? _____ YEARS
CD15F

- E16A. Other than when fighting, have you done anything on purpose to hurt another person or to cause them physical pain?
NO.....(SKIP TO E17A).....1
YES.....(SPECIFY).....5
CD16A

(EXAMPLE: TWISTING THEIR ARM BEHIND THEIR BACK SO IT REALLY HURT, HOLDING THEIR HEAD UNDER WATER FOR A LONG TIME, BURNING SOMEBODY OR CUTTING THEM WITH A KNIFE, SLMMING THEM AGAINST A WALL, OR ANTHING ELSE LIKE THAT?)

- B. What did you actually do? CD16B_1 (text, not used)
RECORD: _____ CD16B_2 (text, not used)

CD3RA13

C.
NOTE TO INTERVIEWER:
THE HARMING HAS TO BE SERIOUS AND CRUEL
CD16C
WAS THE HARMING SERIOUS AND CRUEL? NO.....(SKIP TO E17A).....1
YES.....5

HAS BEEN PHYSICALLY CRUEL TO PEOPLE]

- D. How many times have you hurt another person on purpose? _____ TIMES
CD16D

IF DK ASK E.

- E. Was it . . .
 - 1 TIME.....1
 - 2 TIMES.....2
 - 3-5 TIMES.....3
 - 6-10 TIMES.....4
 - 11+ TIMES.....5

CD16E

- F. How old were you the first time you hurt another person on purpose? _____ YEARS
CD16F

- G. When was the last time?
Was it . . .
 - WITHIN THE PAST TWO WEEKS.....1
 - WITHIN THE PAST MONTH.....2
 - WITHIN THE PAST SIX MONTHS.....3
 - WITHIN THE PAST YEAR.....4
 - OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

CD16G

- H. How old were you the last time? _____ YEARS
CD16H

[ADOLESCENT]

E:CD

E17A. Have you ever been in trouble with the police?

NO.....(SKIP TO E17B).....1
YES.....(SPECIFY).....5
CD17A

Can you tell me what happened?
(RECORD ALL EPISODES ALONG WITH AGES.)
RECORD: _____

B. Have you ever appeared in juvenile court?

NO.....1
YES.....(SPECIFY).....5
CD17B

Can you tell me what happened?
(RECORD ALL EPISODES ALONG WITH AGES.)
RECORD: _____

IF NO TO BOTH E17A & E17, SKIP TO BOX AFTER E17G. OTHERS CONTINUE.

C. How many times have you been in trouble with the police or appeared in juvenile court?

_____ TIMES
CD17C

DO NOT COUNT MULTIPLE APPEARANCES FOR THE SAME INCIDENT.

IF DK ASK D.

D. Was it . . .

1 TIME.....1
2 TIMES.....2
3-5 TIMES.....3
6-10 TIMES.....4
11+ TIMES.....5
CD17D

E. How old were you the first time you got in trouble with the police and/or appeared in juvenile court?

_____ YEARS
CD17E

F. When was the last time?
Was it . . .

WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5
CD17F

IF OVER A YEAR AGO, ASK:

G. How old were you the last time?

_____ YEARS
CD17G

CHECK TALLY SHEET E. IF NO POSITIVES, SKIP TO ALCOHOL SECTION, Q.F1, P.33. IF ONLY ONE POSITIVE, SKIP TO Q.E18B. IF TWO OR MORE POSITIVES, CONTINUE.

CD3RA E18A.

NOTE TO INTERVIEWER:
DO THESE PROBLEMS CLUSTER? NO.....1
DID MOST OF THEM HAPPEN IN THE SAME GRADE? YES.....5
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING. CD18A

SYMPTOMS OCCURRED AT SAME TIME]

CD3RA B.

NOTE TO INTERVIEWER:
DID THESE PROBLEMS LAST 6 MONTHS OR LONGER? NO.....1
WHAT GRADE(S) DID THEY HAPPEN IN? YES....(SPECIFY)....5
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, CD18B
PROBE. OTHERWISE CODE WITHOUT ASKING.

RECORD: _____

SYMPTOMS LASTED AT LEAST 6 MONTHS]

F: ALCOHOL

CODE SECTION AND USE TALLY SHEET F

I just want to remind you that everything you tell me in this section is just between you and me and I won't tell your parents, or anyone else. Please answer the questions as best as you can.

- F1. Have you ever taken a drink of beer, wine, wine coolers, hard liquor (like gin, scotch or vodka) or any other kind of drink with alcohol in it?
 - NO.....1
 - YES.....(SKIP TO F3A).....5

AL1

**NOTE TO INTERVIEWER:
DO NOT COUNT SIPS GIVEN BY PARENTS ON SOCIAL OR ON RELIGIOUS OCCASIONS, BUT DO COUNT REGULAR DRINKS TAKEN IN FRONT OF PARENTS OR WITH PARENT'S PERMISSION.**

- F2. So you've never had even one drink of alcohol?
 - NEVER HAD A DRINK.....(SKIP TO G1A, P.46).....1
 - HAD A DRINK.....5

AL2

- F3A. How old were you when you had your very first drink?
 - ____/____YEARS

AL3A
- B. When was the last time you had a drink?
 - WITHIN THE PAST TWO WEEKS.....1
 - WITHIN THE PAST MONTH.....2
 - WITHIN THE PAST SIX MONTHS.....3
 - WITHIN THE PAST YEAR.....4
 - OVER A YEAR AGO.....5

AL3B
- C. How old were you then?
 - ____/____YEARS

AL3C

F4A. Has one or two drinks of alcohol ever made you:

CODE IN COL.A

FOR ALL 5'S CODED IN COL.A. ASK B:

B. Did (SX) ever keep you from drinking alcohol?

CODE IN COL.B

	<u>COL A</u>		<u>COL B</u>	
	NO	YES	NO	YES
1. Flush or blush—that is, when your face and hands felt hot and your face turned red?.....	1	5	1	5
	AL4A_1		AL4B_1	
2. Break out into hives?.....	1	5	1	5
	AL4A_2		AL4B_2	
3. Feel very sleepy?.....	1	5	1	5
	AL4A_3		AL4B_3	
4. Feel sick to your stomach?.....	1	5	1	5
	AL4A_4		AL4B_4	
5. Have headaches, or head pounding or throbbing?.....	1	5	1	5
	AL4A_5		AL4B_5	
6. Feel your heart beating hard inside your chest?.....	1	5	1	5
	AL4A_6		AL4B_6	
C. How many drinks of alcohol have you had?				
			DRINKS	
			AL4C	
D. Was it . . .				

**IF DK, ASK D.
98 = 98+**

INTERVIEWER: PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE.

- 6 OR LESS?... (SKIP TO G1A)..0
 - 7 OR MORE?.....1
 - 11 OR MORE?.....2
 - 20 OR MORE?.....3
 - 40 OR MORE?.....4
- AL4D

- F5A. Have you ever gotten drunk (i.e. you couldn't talk clearly and it was hard to keep your balance)?
- NO.....(SKIP TO F6).....1
 YES.....5
 AL5A
- B. How old were you the very first time you got drunk (i.e. you couldn't talk clearly and it was hard to keep your balance)?
- ____/____ YEARS
 AL5B
-

F6. We're interested in learning about how people your age use alcohol. For example, we'd like to know what you drink, how much you drink and how often you drink.

- A. Has there ever been a time when you drank once or twice a week for at least 2 months?
- NO.....(SKIP TO F6).....1
 YES.....5
 AL6A
- (PROBE: MAYBE EVERY WEEKEND?)
- B. How old were you when you first started drinking once or twice a week for at least 2 months?
- ____/____ YEARS
 AL6B

**IF RESPONDENT IS NOT SURE OF AGE,
 ASK WHICH GRADE HE WAS IN.
 FIGURE OUT AGE FROM THAT GRADE.**

- C. When was the last time you drank once or twice a week for at least 2 months?
 Was it . . .
- WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
 AL6C
- IF OVER A YEAR AGO, ASK:**
- D. How old were you then?
- ____/____ YEARS
 AL6D
-

- F7 Was there ever a time when you drank every day or
 A. nearly every day for two weeks? NO.....(SKIP TO F8A).....1
 YES.....5
 AL7A
- B. How many drinks would you have in one day? ____/____ DRINKS
 AL7B
- C. When you drank this much were you able to do things as
 well as when you had not been drinking? NO.....1
 YES.....5
 AL7C
- D. How old were you when you first started to drink every
 day or nearly every day for 2 weeks? ____/____ YEARS
 AL7D
- E. When was the last time you drank every day or nearly
 every day for 2 weeks? Was it . . . WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTHS.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
 AL7E
- F. How old were you the last time you were drinking every
 day, or nearly every day for 2 weeks? ____/____ YEARS
 AL7F

IF OVER A YEAR AGO, ASK:

- Let's talk about last week. Did you have anything to
 F8 drink with alcohol in it during last week? NO..(SKIP TO BOX BEFORE F9A)..1
 YES.....5
 AL8A
- A.
 B. I'd like to know how many alcoholic drinks you had each day last week, and how long it took
 you to drink them.
 Today is _____. Let's begin with yesterday.
 How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

CODE IN COL. I.. THEN ASK:

How long did it take you to drink the (KIND OF ALCOHOL) you drank on (DAY OF WEEK)?

CODE IN MINUTES IN COL. II.

NOTE TO INTERVIEWER: LIST ALL BEVERAGES, THEN GO TO NEXT DAY.

	Beer/Lite beer		Coolers		Wine		Liquor		Other	
	I #Dr	II Time	I #Dr	II Time	I #Dr	II Time	I #Dr	II Time	I #Dr	II Time
M	AL8B_1	AL8C_1	AL8B_2	AL8C_2	AL8B_3	AL8C_3	AL8B_4	AL8C_4	AL8B_5	AL8C_5
Tu	AL8B_6	AL8C_6	AL8B_7	AL8C_7	AL8B_8	AL8C_8	AL8B_9	AL8C_9	AL8B_10	AL8C_10
W	AL8B_11	AL8C_11	AL8B_12	AL8C_12	AL8B_13	AL8C_13	AL8B_14	AL8C_14	AL8B_15	AL8C_15
Th	AL8B_16	AL8C_16	AL8B_17	AL8C_17	AL8B_18	AL8C_18	AL8B_19	AL8C_19	AL8B_20	AL8C_20
F	AL8B_21	AL8C_21	AL8B_22	AL8C_22	AL8B_23	AL8C_23	AL8B_24	AL8C_24	AL8B_25	AL8C_25
Sa	AL8B_26	AL8C_26	AL8B_27	AL8C_27	AL8B_28	AL8C_28	AL8B_29	AL8C_29	AL8B_30	AL8C_30
Su	AL8B_31	AL8C_31	AL8B_32	AL8C_32	AL8B_33	AL8C_33	AL8B_34	AL8C_34	AL8B_35	AL8C_35

NOTE TO INTERVIEWER: FIGURE OUT WHEN 6 MONTHS AGO WAS BY GIVING A TIME MARKER. FOR EXAMPLE: "LET'S SEE, 6 MONTHS AGO WOULD BE AT CHRISTMANS, OR WHEN SCHOOL STARTED IN SEPTEMBER." SOMETHING ALONG THOSE LINES.

F9A. Would you say that your (dinking/not drinking) in the last week was about the same way as you've been drinking since (6 months ago) (REFER TO TIME MARKER). NO.....1
 YES.....(SKIP TO F10A)....5
AL9A

B. I'd like to know the number of alcoholic drinks that you usually have in a week. Think about a week since (REPEAT TIME MARKER) that was like the way you usually drink. Let's start on the weekend. On a usual Friday night, how many (beers, coolers, etc.) would you have?

NOTE TO INTERVIEWER: START WITH FRIDAY, THEN SATURDAY. THEN SUNDAY THROUGH THURSDAY.

How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

CODE IN COL. I.

THEN ASK:

How long did it take you to drink the (KIND OF ALCOHOL) you drank on (DAY OF WEEK)?

CODE IN MINUTES IN COL. II.

NOTE TO INTERVIEWER: LIST ALL BEVERAGES, THEN GO TO NEXT DAY.

	<u>Beer/Lite beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I	II	I	II	I	II	I	II	I	II
	#Dr	Time	#Dr	Time	#Dr	Time	#Dr	Time	#Dr	Time
M	AL9B_1	AL9C_1	AL9B_2	AL9C_2	AL9B_3	AL9C_3	AL9B_4	AL9C_4	AL9B_5	AL9C_5
Tu	AL9B_6	AL9C_6	AL9B_7	AL9C_7	AL9B_8	AL9C_8	AL9B_9	AL9C_9	AL9B_10	AL9C_10
W	AL9B_11	AL9C_11	AL9B_12	AL9C_12	AL9B_13	AL9C_13	AL9B_14	AL9C_14	AL9B_15	AL9C_15
Th	AL9B_16	AL9C_16	AL9B_17	AL9C_17	AL9B_18	AL9C_18	AL9B_19	AL9C_19	AL9B_20	AL9C_20
F	AL9B_21	AL9C_21	AL9B_22	AL9C_22	AL9B_23	AL9C_23	AL9B_24	AL9C_24	AL9B_25	AL9C_25
Sa	AL9B_26	AL9C_26	AL9B_27	AL9C_27	AL9B_28	AL9C_28	AL9B_29	AL9C_29	AL9B_30	AL9C_30
Su	AL9B_31	AL9C_31	AL9B_32	AL9C_32	AL9B_33	AL9C_33	AL9B_34	AL9C_34	AL9B_35	AL9C_35

F10A. Have your friends or others told you they thought you were drinking too much? NO.....1
 YES..... 5
 AL10A

NOTE TO INTERVIEWER: PROBE TO MAKE SURE THAT IT'S NOT JUST PARENTS WHO OBJECT TO DRINKING.

B. When you've been drinking, have there been times when you've gotten really angry at someone? NO.....1
 YES..... 5
 AL10B

(PROBE: SHOUTED OR YELLED AT THEM?)

C. Have you gotten into fights with other people when you were drinking? NO.....1
 YES..... 5
 AL10C

(PROBE: SHOVED OR HIT THEM?)

D. Have people ever stopped being friends with you because of your drinking? NO.....1
 YES..... 5
 AL10D

E. Have there been times when you stayed away from everyone and just drank on your own? NO.....1
 YES..... 5
 AL10E

IF ANY 5'S IN QS. F10A-E, CONTINUE. OTHERS SKIP TO Q. F11.

F. Did you think that drinking had anything to do with problems like (NAME POSITIVES IN QS. E10A-E)? NO.....(SKIP TO F11).....1
 YES..... 5
 AL10F

G. Did any of these things like (NAME POSITIVES IN E10A-E) happen 3 or more times? NO.....1
 YES..... 5
 AL10G

IF YES, ASK WHICH ONES AND MARK ON TALLY SHEET F.

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT SOCIAL PROBLEMS]

F11. Have there been times when all of your friends were kids who drank a lot? NO.....1
 YES..... 5
 AL11

F12. Have you ever thought that maybe you were drinking too much? NO.....1
 YES..... 5
 AL12

- F13. When you were drinking alcohol, did any of the following things happen to you?
- A. Were there times when you felt really depressed or not interested in things for more than a day (24 hours)?

	NO.....1
	YES..... 5
	AL13A
 - B. Were there times when you had trouble keeping your mind on things or thinking clearly for more than a day (24 hours)?

	NO.....1
	YES..... 5
	AL13B
 - C. Were there times when you saw or heard things that weren't really there for more than a day (24 hours)?

	NO.....1
	YES..... 5
	AL13C

**IF ANY 5'S IN QS.F13A-C, CONTINUE.
OTHERS SKIP TO Q.F14A.**

- D. Did you think that drinking had anything to do with problems like (NAME POSITIVES IN QS.F13A-C)?

	NO.....1
	YES..... 5
	AL13D
- E. Did you continue to drink anyway?

	NO.....1
	YES..... 5
	AL13E

**IF YES, REFER TO 5'S CODED IN F13A-C AND
MARK THOSE THAT APPLY ON TALLY SHEET F.**

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PSYCHOLOGICAL PROBLEMS]

- F14A. Were there times when you drank even though you knew that you had a sickness or problem with your health that might be made worse by drinking?

	NO.....1
	YES..... 5
	AL14A
- AD3RA6 B. Did this happen 3 or more times?

	NO.....1
	YES..... 5
	AL14B

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTANT OR RECURRENT PHYSICAL PROBLEMS]

- AD3RA C. Were there times when you used alcohol while taking medicines or other drugs you knew were dangerous to mix with alcohol?

	NO.....(SKIP TO F15A)....1
	YES.....(SPECIFY)..... 5
	AL14C

RECORD DRUGS:_____

- ADRA4 D. Did this happen 3 or more times?

	NO.....1
	YES..... 5
	AL14D

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PHYSICAL PROBLEMS]

F15A. Have you ever missed any school or work because you had been drinking and it made you too sick to go? Or have you ever been unable to do your chores at home because of drinking? NO.....(SKIP TO F16).....1
 YES..... 5
 AL15A

(EXAMPLE: HAV EYOU MISSED PLAYING IN A GAME OR SOME OTHER ACTIVITY BECAUSE DRINKING MADE YOU TOO SICK?)

AD3RA4 B. Has that happened 3 or more times? NO.....1
 YES..... 5
 AL15B

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT WORK, SCHOOL, OR HOME]

AD3RA4 F16. When you were drinking did your grades go down? NO.....1
 YES..... 5
 AL16

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT WORK, SCHOOL, OR HOME]

F17A. Have you ever been drunk all day for a couple of days or more without sobering up? NO.....(SKIP TO F18).....1
 YES..... 5
 AL17A

B. Has that happened 3 or more times? NO.....1
 YES..... 5
 AL17B

AD3RA5 F18. Have you ever quit an after school activity, lost a job or given up a job, or stopped doing things with your friends because of drinking? NO.....1
 YES..... 5
 AL18

[IMPORTANT SOCIAL, OCCUPATIONA, OR RECREATIONAL ACTIVITIES GIVEN UP OR REDUCED BECAUSE OF SUBSTANCE USE]

AD3RA7 F19A. Have you ever needed to drink a lot more alcohol than you used to in order to feel high or get drunk? For example, did you use to drink 2 beers to feel high, but now you need to drink 3 beers to feel the same way? NO.....1
 YES..... 5
 AL19A

[MARKED TOLERANCE; WEED FOR MORE OF SUBSTANCE TO GET DESIRED EFFECT OR MARKEDLY DIMINISHED EFFECT WITH SAME AMOUNT USED.]

B. Have you ever found that you couldn't get high when you drank the same amount you used to? NO.....1
 YES..... 5
 AL19B

F20A.	Have you often wanted to cut back on how much you usually drink?	NO.....1
		YES..... 5

AL20A

B.	Has that happened 3 or more times?	NO.....1
		YES..... 5

AL20B

**IF NO TO QS.F20A, SKIP TO Q.F20C.
OTHERS CONTINUE.**

AD3RA2	C. Have you ever tried to drink less than usual and couldn't do it?	NO.....1
		YES..... 5

AL20C

[PERSISTENT DESIRE OR ONE OR MORE UNSUCCESSFUL EFFORTS TO CUT DOWN OR CONTROL SUBSTANCE USE]

F21A.	Did you ever drink more than you really wanted to?	NO.....1
		YES..... 5

AL21A

(PROBE: DID YOU JUST FIND YOURSELF DRINKING MORE AND MORE WITHOUT REALLY MEANING TO?)

AD3RA1	B. Has that happened 3 or more times?	NO.....1
		YES..... 5

AL21B

[SUBSTANCE TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

F23A.	Have you ever needed to take a drink before going out – say to a party, or going to drink with your friends?	NO...(SKIP TO F24).....1
		YES..... 5

AL23A

B.	Have you done that 3 or more times?	NO.....1
		YES..... 5

AL23B

F24. People who cut down on drinking, or stop drinking for a while may not feel well. These feelings are a lot stronger than the usual hangover.

AD3RA8 After you've stopped drinking for a while or cut down on drinking, have you ever had any of the following problems?

[CHARACTERISTIC WITHDRAWAL SYMPTOMS]

CODE IN COLUMN I.

IF COLUMN I CODED 5. ASK:

AD3RA9 Did you take something to drink 3 or more times to keep from having any of these problems or to make them go away?

[SUBSTANCE OFTEN TAKEN TO RELIEVE OR AVOID WITHDRAWAL SYMPTOMS]

CODE IN COLUMN II.

		COL. I		COL. II	
		NO	YES	NO	YES
AD3RA4	A. Did you ever have the shakes (your hands trembled and it was hard to hold anything without dropping it?).....	1	5	1	5
		AL24A_1		AL24B_1	
	B. Did you have trouble sleeping?.....	1	1	1	5
		AL24A_2		AL24B_2	
	C. Did you feel worried or depressed?.....	1	1	1	5
		AL24A_3		AL24A_3	
	D. Did you begin to sweat?.....	1	1	1	5
		AL24A_4		AL24B_4	
	E. Did your heart beat faster?.....	1	1	1	5
		AL24A_5		AL24B_5	
	F. Did you see or hear things that weren't really there?.....	1	1	1	5
		AL24A_6		AL24B_6	
	G. Did you feel sick to your stomach or did you throw up?...	1	1	1	5
		AL24A_7		AL24B_7	
	H. Did your body feel weak?.....	1	1	1	5
		AL24A_8		AL24B_8	
	I. Did you have headaches?.....	1	1	1	5
		AL24A_9		AL24B_9	
	J. Did anything else happen to you?.....	1	1	1	5
		AL24A_10		AL24B_10	

RECORD: _____

IF LESS THAN TWO 5'S CODED IN QS.F24A-J COL.I, SKIP TO Q. F26. OTHERS CONTINUE.

F25A. Have you ever had two or more of these problems like (LIST POSITIVE IN QS.F24A-J, COL I) at the same time? Which ones?

INTERVIEWER: CHECK ALL THAT APPLY.

- | | | | |
|--------------------------------|----------------------|--------------------------------|----------------------|
| <input type="checkbox"/> _____ | shakes | <input type="checkbox"/> _____ | see or hear things |
| <input type="checkbox"/> _____ | worried or depressed | <input type="checkbox"/> _____ | sick to your stomach |
| <input type="checkbox"/> _____ | begin to sweat | <input type="checkbox"/> _____ | body feel weak |
| <input type="checkbox"/> _____ | heart beat faster | <input type="checkbox"/> _____ | headaches |

INTERVIEWER: IF SHAKES PLUS ANY OTHER TROUBLE ARE CHECKED, CODE 5 IN THE SPACE TO THE RIGHT. OTHERWISE, CODE 1.

NO.....	1
YES.....	5
	AL25B

F26A.	When you've been high from drinking have you ever done anything that might get you hurt, like riding your bike or skateboard, driving a car, climbing on something, crossing against traffic, or swimming?	NO..(SKIP TO F27A)..1
		YES.....5
		AL26A

AD3RA4	B. Has that happened 3 or more times?	NO.....1
		YES.....5
		AL26B

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

F27A.	Have you ever accidentally been seriously hurt when you were drinking, for example, did you have a bad fall, burn yourself, or get hurt in a traffic accident?	NO..(SKIP TO F28)....1
		YES.....5
		AL27A

AD3RA4	B. Has that happened 3 or more times?	NO.....1
		YES.....5
		AL27B

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

AD3RA3	F28. Have you spent a lot of time getting alcohol, drinking alcohol, or trying to feel better from drinking alcohol?	NO.....1
		YES.....5
		AL28

[A GREAT DEAL OF TIME SPENT IN ACTIVITIES NECESSARY TO GET THE SUBSTANCE, TAKING THE SUBSTANCE, OR RECOVERING FROM ITS EFFECTS]

**IF NO SYMPTOMS CHECKED ON TALLY SHEET F,
SKIP TO CIGARETTE SMOKING, Q. G1A, P.46.**

F29A. How old were you the first time that you had any of these things like (NAME POSITIVE SYMPTOMS ON TALLY SHEET F) happen to you? ___ / ___ YEARS
AL29A

- B. When was the last time you had any of these problems? Was it . . .
- WITHIN THE PAST TWO WEEKS.....1
- WITHIN THE PAST MONTHS.....2
- WITHIN THE PAST SIX MONTHS.....3
- WITHIN THE PAST YEAR.....4
- OVER A YEAR AGO.....5

IF OVER A YEAR AGO. ASK:

C. How old were you the last time you had any of these problems? ___ / ___ YEARS
AL29C

IF ONLY ONE SYMPTOM ON TALLY SHEET F, SKIP TO Q.F30B.

F30A.

NOTE TO INTERVIEWER: NO.....1

DO THESE PROBLEMS CLUSTER? YES.....5

DID MOST OF THEM HAPPEN IN THE SAME GRADE? AL30A

IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING

AD3RB B.

NOTE TO INTERVIEWER: NO.....1

DO THESE PROBLEMS LAST ONE MONTH OR LONGER? YES.....5

WHAT GRADE(S) DID THEY HAPPEN IN? AL30B

IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING

[SYMPTOMS PERSISTED FOR AT LEAST ONE MONTH OR OCCURRED REPEATEDLY OVER A LONG PERIOD OF TIME]

F31. Have you ever brought up the subject of your drinking with a doctor or counciler? NO.....1
YES.....5
AL31

F32A. Have you ever been in treatment for drinking? NO..(SKIP TO F28)....1
YES...(SPECIFY).....5
AL32A

IF NO, SKIP TO CIGARETTE SMOKING, Q.G1A, P. 46 IF YES, ASK WHAT KIND OF TREATMENT, RECORD, AND CONTINUE.

RECORD: _____

F32B. Did you have treatment while in a hospital or from a doctor's office or clinic?

- HOSPITAL.....1
- DOCTOR'S OFFICE, CLINIC, OR
OUTPATIENT FACILITY....(GO TO F32E)...2
- BOTH.....3

AL32B

C. How long were you in the hospital? ___/___ WEEKS

AL32C

NOTE TO INTERVIEWER: IF RESPONDENT HAS BEEN TREATED MORE THAN ONCE, CODE LONGEST PERIOD OF TREATMENT.

D. How old were you then? ___/___ YEARS

AL32D

IF Q.F32B =1, SKIP TO CIGARETTE SMOKING, Q.G1A, P. 46. IF Q.F32B = 3, CONTINUE.

E. How long did you get treatment outside of the hospital? ___/___ WEEKS

AL32E

NOTE TO INTERVIEWER: IF RESPONDENT HAS BEEN TREATED MORE THAN ONCE, CODE LONGEST PERIOD OF TREATMENT.

F. How old were you then? ___/___ YEARS

AL32F

G: CIGARETTE SMOKING**CODE SECTION AND USE TALLY SHEET F**

- G1A. Have you ever smoked cigarettes? NO.....1
YES.....5
TD1A
- B. Have you ever chewed tobacco or used snuff? NO.....1
YES.....5
TD1B

<p>IF NO TO BOTH G1A AND B, SKIP TO MARIJUANA, Q.H1A, P. 47. IF YES TO EITHER CONTINUE.</p>
--

-
- G2. Have you ever (NAME POSITIVE IN G1A-B) every day, or nearly every day for a month or more? NO.....1
YES.....5
TD2

-
- G3A. How old were you when you first started (NAME POSITIVES IN G1A-B)? ___/___ YEARS
TD3A

- B. When was the last time?
Was it . . .

WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

<p>IF OVER A YEAR AGO, ASK:</p>
--

TD3B

- C. How old were you then? ___/___ YEARS
TD3C
-

H: MARIJUANA

CODE SECTION AND USE TALLY SHEET H.

- H1A. Have you ever used marijuana or hashish? NO...(SKIP TO I1A).....1
YES.....5 **MJ1A**
- B. How old were you when you first used marijuana? ___/___YEARS **MJ1B**
- C. When was the last time you used it? Was it...
 WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5 **MJ1C**
- IF OVER A YEAR AGO, ASK:**
- D. How old were you the last time you used marijuana? ___/___YEARS **MJ1D**
- E. How many times have you used marijuana? ___/___TIMES **MJ1E**
- IF DK, ASK F.**
- F. Have you used marijuana... **MJ1F**
 6 OR LESS TIMES?...(SKIP TO I1A).....1
 7 OR MORE TIMES?.....2
 11 OR MORE TIMES?.....3
 20 OR MORE TIMES?.....4
 40 OR MORE TIMES?.....5

INTERVIEWER: PROBE ALL OPTIONS AND CODE LAST POSITIVE RESPONSE.

-
- H2A. Have you used marijuana at least once or twice a week for 2 months or more? (FORE EXAMPLE, ON THE WEEKENDS) NO...(SKIP TO H3A).....1
YES.....5 **MJ2A**
- B. How long did you use marijuana once or twice a week for 2 months or more? ___/___WEEKS **MJ2B**

-
- H3A. Have you ever used marijuana every day or almost every day for as long as 2 weeks or more? NO.....(SKIP TO H4).....1
YES.....5 **MJ3A**
- B. When you used marijuana every day or almost every day were you still able to do things as well as when you had not been using marijuana? NO.....1
YES.....5 **MJ3B**
- C. What is the longest period of time that you've used marijuana every day or almost every day? ___/___WEEKS **MJ3C**

98 = 98 + WEEKS

DD3RA7 H4A. Did you often find that you had to use more and more marijuana in order to get high? For example, did you used to have 2 joints or hits to feel differently, but now you need 3 joints or hits to feel the same way?

NO.....1
 YES.....5
 MJ4A

B. Have you ever found that you couldn't get high when you used the same amount of marijuana that you used to?

NO.....1
 YES.....5

[MARKED TOLERANCE: WEED FOR INCREASED AMOUNT (50%+) OF SUBSTANCE TO ACHIEVE DESIRED EFFECT OR DIMINISHE EFFECT WITH CONTINUED USE OF THE SAME AMOUNT]

H5. Have you ever stayed high from marijuana for a whole day (or night)?

NO.....1
 YES.....5
 MJ5

DD3RA1 H6A. Have you ever had the experience of using more marijuana than you intended to?
 (PROBE: YOU DIDN'T REALIZE HOW MUCH YOU WERE USING, OR YOU JUST LOST CONTROL AND ENDED UP USING A LOT MORE THAT YOU MEANT TO USE?)

NO.....(SKIP TO H7A)....1
 YES.....5
 MJ6A

[SUBSTANCE TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

B. Has that happened more than 3 times?

NO.....1
 YES.....5
 MJ6B

DD3RA1 H7A. Have you ever used marijuana for a longer period of time than you intended to -- say -- all day or all night?

NO.....1
 YES.....5
 MJ7A

(PROBE: DID YOU MEAN TO STOP AFTER A CERTAIN TIME BUT YOU JUST KEPT ON USING IT?)

[SUBSTANCE TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

B. Did this happen 3 or more times?

NO.....1
 YES.....5

H8A. Have you often wanted to use less marijuana?

NO.....1
 YES.....5
 MJ8A

B. Have you often tried to use less marijuana and couldn't do it?

NO.....1
 YES.....5
 MJ8B

IF NO TO H8A AND H8B, SKIP TO Q.H9A. OTHERS

DD3RA2 C. Has that happened 3 or more times?

NO.....1
 YES.....5

[PERSISTENT DESIRE OR ONE OR MORE UNSUCCESSFUL EFFORTS TO CUT DOWN OR CONTROL SUBSTANCE USE.]

DD3RA5 H9A. Have you ever dropped any of your after school activities, or stopped doing things with your friends because of using marijuana? NO.....1
 YES.....5
 MJ9A

[IMPORTANT SOCIAL, OCCUPATIONAL, OR RECREATIONAL ACTIVITIES GIVEN UP OR REDUCED BECAUSE OF SUBSTANCE USE]

B. Have you ever lost a job or given up a job because of using marijuana? NO.....1
 YES.....5
 MJ9B

H10A. Have you been criticized a lot for using marijuana? NO.....1
 YES.....5
 MJ10A

**NOTE TO INTERVIEWER:
 IF ONLY PARENTS THEN CODE 1.**

B. Have your friends told you that they thought you used marijuana too much? NO.....1
 YES.....5
 MJ10B

C. Have there been times when you found that you were staying away from everyone and just using marijuana on you own? NO.....1
 YES.....5
 MJ10C

**IF ANY 5'S IN QS. H10A-C, CONTINUE.
 OTHERS SKIP TO Q.H11.**

D. Did you think that marijuana had anything to do with your problems like (NAME POSITIVES IN Q.H10A-C.)? NO...(SKIP TO H11).....1
 YES.....5
 MJ10D

E. Did any of these things like (NAME POSITIVES IN H10A-C) happen 3 or more times? NO.....1
 YES.....5
 MJ10E

**IF YES, ASK WHICH ONES AND
 MARKE ON TALLY SHEET H.**

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OF RECURRENT SOCIAL PROBLEMS]

H11. Have there been times when you found that all your friends were other kids who used marijuana? NO.....1
 YES.....5
 MJ11

H12. When you were using marijuana, did any of the following things ever happen to you:

A. Were there times when you felt really depressed or not interested in things for more than a day (24 hours)?

NO.....1
 YES.....5
 MJ12A

B. Were there times when you felt very suspicious for more than a day (24 hours) after using marijuana -- like thinking people were doing things behind your back without telling you; -- that they were leaving you out?
 (Was this different from the way you usually feel?)

NO.....1
 YES.....5
 MJ12B

ONLY RECORD BIZARRE DELUSIONS, NOT IF IT REALLY HAPPENS.

C. Were there times when you had trouble concentrating, or trouble thinking clearly for more than a day (24 hours)?

NO.....1
 YES.....5
 MJ12C

D. Were there times when you saw or heard things that weren't there for more than a day (24 hours)?

NO.....1
 YES.....5
 MJ12D

IF ANY 5'S IN QS. H12A-D, CONTINUE. OTHERS, SKIP TO Q.H13A.

E. Did you realize that marijuana was causing you problems like (NAME POSITIVES IN QS.H11A-D)?

NO.....(SKIP TO H13A)...1
 YES.....5
 MJ12E

DD3RA6

F. Did you continue using marijuana anyway?

NO.....1
 YES.....5
 MJ12F

IF YES, REFER TO 5'S CODED IN H12A-D AND MARK THOSE THAT APPLY ON TALLY SHEET H.

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PSYCHOLOGICAL PROBLEMS]

H13A. Were there times when you used marijuana even though you knew that you had a physical illness that you knew might be made worse by using marijuana?

NO.....(SKIP TO H14A)...1
 YES.....5
 MJ13A

DD3RA6

B. Did this happen 3 or more times?

NO.....1
 YES.....5
 MJ13B

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PSYCHICAL PROBLEMS]

[ADOLESCENT]

H:MJ

H14A. Have you ever missed part of a day or a whole day of school or work because you had used marijuana and you were too sick to go? Or have you ever been unable to do your chores at home because of using marijuana?

NO.....(SKIP TO H15).....1
 YES.....5
 MJ14A

DD3RA4 B. Has that happened 3 or more times?

NO.....1
 YES.....5
 MJ14B

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT SCHOOL, HOME OR WORK]

DD3RA4 H15. When you were using marijuana did you grades go down?

NO.....1
 YES.....5
 MJ15

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT SCHOOL, HOME OR WORK]

H16A. When you've been high from using marijuana, have you ever done anything that might have gotten you hurt, for example like riding your bike or driving a car, or do anything else that could be dangerous, like climbing on something, crossing against traffic?

NO.....(SKIP TO H17A)...1
 YES.....5
 MJ16A

DD3RA4 B. Has that happened 3 or more times?

NO.....1
 YES.....5
 MJ16B

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

H17A. Have you ever accidentally gotten seriously hurt when you were using marijuana, like did you have a bad fall, burn yourself, or get hurt in a traffic accident?

NO.....(SKIP TO H17).....1
 YES.....5
 MJ17A

DD3RA4 B. Has that happened 3 or more times?

NO.....1
 YES.....5
 MJ17B

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

DD3RA8 H18. Did you ever stop or cut down on marijuana and find that you had any of the following things happen to you?

CODE IN COLUMN I.

IF COLUMN I CODED 5, ASK:

DD3RA9 Did you use marijuana 3 or more times to keep from having any of these problems or to make them go away?

CODE IN COLUMN II.

	COL. I		COL. II.	
	NO	YES	NO	YES
A. Feel nervous, tense, or restless, or irritable?.....	1	5	1	5
	MJ18A_1		MJ18A_2	
B. Have trouble sleeping?.....	1	5	1	5
	MJ18B_1		MJ18B_2	
C. Tremble or twitch?.....	1	5	1	5
	MJ18C_1		MJ18C_2	
D. Sweat or have a fever?.....	1	5	1	5
	MJ18D_1		MJ18D_2	
E. Feel sick to you stomach or throw up?.....	1	5	1	5
	MJ18E_1		MJ18E_2	
F. Have diarrhea or stomach ache?.....	1	5	1	5
	MJ18F_1		MJ18F_2	
G. Have a change in your appetite, i.e. got hungrier or lost your appetite?.....	1	5	1	5
	MJ18G_1		MJ18G_2	

IF LESS THAN TWO 5'S CODED IN QS.H18A-G COL.I, SKIP TO Q.H20. OTHERS CONTINUE.

H19A. Have you ever had two or more of these problems like (LIST POSITIVE IS QA.H18A-G, COL.I) at the same time? Which ones?

INTERVIEWER: CHECK ALL THAT APPLY.

- | | |
|---------------------------|--------------------------------|
| _____ nervous, tense... | _____ sick to your stomach |
| MJ19A_1 | MJ19A_5 |
| _____ trouble sleeping | _____ diarrhea or stomach ache |
| MJ19A_2 | MJ19A_6 |
| _____ tremble or twitch | _____ change in your appetite |
| MJ19A_3 | MJ19A_7 |
| _____ sweat or have fever | |
| MJ19A_4 | |

**INTERVIEWER: ARE TWO OR MORE SYMPTOMS CHECKED? NO.....1
YES.....5** **MJ19B**

DD3RA3

H20. Have you ever felt that you spent a lot of time getting marijuana, using marijuana, or trying to feel better from using marijuana?

NO.....1
YES.....5
MJ20

[A GREAT DEAL OF TIME SPENT IN ACTIVITIES NECESSARY TO GET THE SUBSTANCE, TAKING THE SUBSTANCE, OR RECOVERING FROM ITS EFFECTS]

IF NO SYMPTOMS CHECKED ON TALLY SHEET H, SKIP TO STREET DRUGS, Q.11, P.54.

H21A. How old were you the first time that you had any of these things like (NAME POSITIVE SYMPTOMS ON TALLY SHEET H) happen to you?

___/___ YEARS
MJ21A

B. When was the last time you had any of these problems?
Was it ...

WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

MJ21B

C. How old were you the last time you had any of these problems?

___/___ YEARS
MJ21C

IF ONLY ONE SYMPTOM ON TALLY SHEET H, SKIP TO Q.H22B.

H22A.

NOTE TO INTERVIEWER:
DO THESE PROBLEMS CLUSTER? NO.....1
DID MOST OF THEM HAPPEN IN THE SAME GRADE? YES.....5
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING. MJ22A

DD3R8

B.

NOTE TO INTERVIEWER:
DID THESE PROBLEMS LAST 1 MONTH OR LONGER? NO.....1
WHAT GRADE(S) DID THEY HAPPEN IN? YES.....5
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, MJ22B
PROBE. OTHERWISE CODE WITHOUT ASKING.

[SYMPTOMS PERSISTED FOR AT LEAST ONE MONTH OR OCCURRED REPEATEDLY OVER LONG PERIOD OF TIME]

I. STREET DRUGS*CODE SECTION AND USE TALLY SHEET I.*

		<u>NO</u>	<u>YES</u>
11.	Have you ever taken any “street drugs” to fee good or high like...		
A.	COCAINE (CRACK)?	1	5
			SD1A
B.	SPEED (AMPHETAMINE, DEXEDRINE, RITALIN, OR ANTHING ELSE LIKE THAT)?	1	5
			SD1B
C.	OPIATES (HEROIN, DEMEROL, TYLENOL #5, CODEINE, MORPHINE)?	1	5
			SD1C
D.	HALLUCINOGENS (LSD, MESCALINE, PEYOTE, DMT, PCP)?	1	5
			SD1D
E.	DOWNERS (LIKE SECONAL OR ANY OTHER BARBITURATES OR SLEEPING PILLS OR TRANQUILIZERS)?		
			SD1E
F.	OTHER (GLUE, INHALANTS, ETC.)?	1	5
			SD1F
12.	Have you taken any other drugs in order to get high that weren’t given to you be a doctor?	1	5
	(PROBE: LIKE GETTING VALIUM OR SLEEPING PILLS FROM A FRIEND, OR SWIPING SOME FROM YOU PARENTS’ PRESCRIPTION?)		SD2
13.	Have you taken drugs prescribed for you by a doctor in order to get high?	1	5
			SD3
14.	Have you ever taken medicine you can buy from the shelves at the drug store in order to get high (for example, Dexatrim, cough syrup)?	1	5
			SD4

RECORD ALL “DRUGS”: _____

IF NO TO QS.I1-4, SKIP TO AFFECTIVE DISORDER, P.65. OTHERS CONTINUE.

INTERVIEWER: FOR EACH DRUG USED ASK THE FOLLOWING SET OF QUESTIONS.

	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>	
I5A How old were you the first time you took (DRUG)?	____ SD5A_1	____ SD5A_2	____ SD5A_3	____ SD5A_4	____ SD5A_5	____ SD5A_6	YEARS
B. When was the last time you took the (DRUG)?							
Was it...	1 <i>COC</i>	2 <i>SPD</i>	3 <i>OP</i>	4 <i>HAL</i>	5 <i>DWN</i>	6 <i>OTH</i>	
	SD5B_1	SD5B_2	SD5B_3	SD5B_4	SD5B_5	SD5B_6	
WITHIN THE PAST TWO WEEKS	1	1	1	1	1	1	
WITHIN THE PAST MONTH.....	2	2	2	2	2	2	
WITHIN THE PAST SIX MONTHS	3	3	3	3	3	3	
WITHIN THE PAST YEAR.....	4	4	4	4	4	4	
OVER A YEAR AGO.....	5	5	5	5	5	5	

IF OVER A YEAR AGO, ASK:

	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>	
C. How old were you the last time you took (DRUG)?	____ SD5C_1	____ SD5C_2	____ SD5C_3	____ SD5C_4	____ SD5C_5	____ SD5C_6	YEARS

I6. How many times have you taken (NAME DRUG)?

IF DK. ASK B.

- A. COCAINE (CRACK)? ___/___/___ TIMES
SD6A_1
- B. SPEED (AMPHETAMINE, DEXEDRINE, RITALIN, OR ANTHING ELSE LIKE THAT)? ___/___/___ TIMES
SD6A_2
- C. OPIATES (HEROIN, DEMEROL, TYLENOL #5, CODEINE, MORPHINE)? ___/___/___ TIMES
SD6A_3
- D. HALLUCINOGENS (LSD, MESCALINE, PEYOTE, DMT, PCP)? ___/___/___ TIMES
SD6A_4
- E. DOWNERS (LIKE SECONAL OR ANY OTHER BARBITURATES OR SLEEPING PILLS OR TRANQUILIZERS)? ___/___/___ TIMES
SD6A_5
- F. OTHER (GLUE, INHALANTS, ETC.)? _____ ___/___/___ TIMES
SD6A_6

(GIVE SUBJECT CHANCE TO USE VERNACULAR TERM E.G., "WHITE CROSS")

B. Did you take (NAME DRUG)?

INTERVIEWER: PROBE ALL OPTIONS FOR EACH DRUG CODED 5 IN Q.I1. CODE THE LAST POSITIVE RESPONSE.

	1	2	3	4	5	6
	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
	SD6B_1	SD6B_2	SD6B_3	SD6B_4	SD6B_5	SD6B_6
6 OR LWSS TIMES?	0	0	0	0	0	0
7 OR MORE TIMES?	1	1	1	1	1	1
11 OR MORE TIMES?	2	2	2	2	2	2
20 OR MORE TIMES?	3	3	3	3	3	3
40 OR MORE TIMES?	4	4	4	4	4	4

IF ALL DRUGS USED 6 OR LESS TIMES, SKIP TO MAJOR AFFECTIVE DISORDER, Q.J1, P.65.
IF ANY DRUGS USED 7 OR MORE TIMES, CONTINUE FOR THOSE DRUGS.

I17A Have you ever used ___ (NAME DRUGS) every day or nearly every day for say -- two weeks or longer?

IF NO SKIP TO Q.I8. IF YES CONTIUE.

	SD7A_1	SD7A_2	SD7A_3	SD7A_4	SD7A_5	SD7A_6
NO	1	1	1	1	1	1
YES	5	5	5	5	5	5

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I7B.	When you were using ____ (NAME DRUG) every day or nearly every day, were you still able to do things as well as when you had not been using it?	<i>SD7B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

DD3RA7		<i>SD8A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I8A.	Has there ever been a time when you found that you were taking more and more _____ (NAME DRUGS) to feel the effect?						
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

B.	Have you ever found that you couldn't get high when you used the same amount of _____ (NAME DRUG) that you used to?	<i>SD8B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

[MARKED TOLERANCE: NEED FOR INCREASED AMOUNT (50%+) OF SUBSTANCE TO ACHIEVE DESIRED EFFECT OR DIMINISHED EFFECT WITH CONTINUED USE OF THE SAME AMOUNT]

DD3RA2		<i>SD9A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I9A.	Have you often wanted to use less of _____ (NAME DRUGS)?						
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
B.	Have you tried to use less of _____ (NAME DRUGS) and found that you couldn't do it?	<i>SD9B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

IF NO TO I9A AND I9B, SKIP TO Q.I10. OTHERS CONTINUE.

[PERSISTENT DESIRE OR ONE OR MORE UNSUCCESSFUL EFFORTS TO CUT DOWN OR CONTROL SUBSTANCE USE]

C.	Has that happened 3 or more times?	<i>SD9C_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

DD3RA5		<i>SD10_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I10.	Have you ever quit an after school activity, lost a job or given up a job, or stopped doing things with your friends because of using _____ (NAME DRUGS)?						
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

[IMPORTANT SOCIAL, OCCUPATIONAL OR RECREATIONAL ACTIVITIES GIVEN UP OR REDUCED BECAUSE OF SUBSTANCE USE]

DD3RA3		<i>SD11_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I11.	Have you ever felt that you spent a lot of time getting NAME DRUGS), taking NAME DRUGS), or trying to feel better after taking (NAME DRUGS)?						
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

[A GREAT DEAL OF TIME SPENT IN ACTIVITIES NECESSARY TO GET THE SUBSTANCE, TAKING THE SUBSTANCE, OR RECOVERING FROM ITS EFFECTS]

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I12A.	Have you ever had the experience of using more (NAME DRUGS) than you intended?	<i>SD12A_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

(PROBE: YOU DIDN'T THINK ABOUT HOW MUCH YOU WERE USING, OR YOU JUST LOST CONTROL AND ENDED UP USING A LOT MORE THAN YOU MEANT TO?)

**IF NO, SKIP TO Q.I13A.
OTHERS CONTINUE.**

DD3RA1		<i>SD12B_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
B.	Has that happened 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5

[SUBSTANCE OFTEN TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

		<i>SD13A_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
I13A.	Have you ever had the experience of using (NAME DRUGS) for a longer period of time than you intended?	NO	1	1	1	1	1
	YES	5	5	5	5	5	5

(PROBE: DID YOU MEAN TO STOP AFTER A CERTAIN TIME, BUT YOU FORGOT AND KEPT ON USING IT FOR MUCH LONGER?)

**IF NO, SKIP TO Q.I14A.
OTHERS CONTINUE.**

DD3RA1		<i>SD13B_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
B.	Did this happen 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5

[SUBSTANCE OFTEN TAKEN OVER A LONGER PERIOD THAN THE PERSON INTENDED]

		<i>SD14A_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
I14A.	Have you ever missed part of a day or a whole day of school (or work) because you had used (NAME DRUG) and were too sick to go?	NO	1	1	1	1	1
	YES	5	5	5	5	5	5

Have you ever been unable to do your chores at home because of using _____ (NAME DRUGS)?

DD3RA4		<i>SD14B_1</i>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
B.	Has that happen 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT SCHOOL, HOME OR WORK]

DD3RA4		1	2	3	4	5	6
I15.		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
When you were using (NAME DRUGS)		<i>SD15_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
so much that your grades started to go	NO	1	1	1	1	1	1
down?	YES	5	5	5	5	5	5

[FREQUENT INTOXICATION OR WITHDRAWAL SYMPTOMS WHEN EXPECTED TO FULFILL MAJOR ROLE OBLIGATIONS AT SCHOOL, HOME OR WORK]

		<i>SD16A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I16A.	When you've been high from using (NAME DRUGS), have you often done things that might have gotten you hurt; for example., did you ever ride your bike or drive a car, or do anything else that could be dangerous, like climbing on something, crossing against traffic, or swimming?	NO	1	1	1	1	1
		YES	5	5	5	5	5

**IF NO, SKIP TO Q.I17A.
OTHERS CONTINUE.**

DD3RA4		<i>SD16B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
B.	Has that happened 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5

[SUBSTANCE INTOXIFICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

		<i>SD17A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I17A.	When you were high from using (NAME DRUGS) have you ever accidentally gotten seriously hurt? Did you ever have a bad fall, burn yourself, or get hurt in a traffic accident?	NO	1	1	1	1	1
		YES	5	5	5	5	5

**IF NO, SKIP TO Q.I18A.
OTHERS CONTINUE.**

DD3RA4		<i>SD17B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
B.	Has this happened 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5

[SUBSTANCE INTOXIFICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I18A.	Have you been criticized a lot for using (NAME DRUGS)?	<i>SD18A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

**NOTE TO INTERVIEWER:
IF ONLY PERENTS THEN CODE 1.**

B.	Have there been times when your friends told you that they thought you used (NAME DRUGS) too much?	<i>SD18B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

C.	Have there been times when you found that you were staying away from everyone and just using (NAME DRUGS) on your own?	<i>SD18C_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

**IF NO TO QS.I18A-C, SKIP TO Q.I19
OTHERS CONTINUE.**

D.	Did you realize that using (NAME DRUGS) was causing you problems like (NAME POSITIVES IN I18A-C)?	<i>SD18D_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

**IF YES, CONTINUE.
IF NO, SKIP TO Q.I19.**

DD3RA6

E.	Did any of these things like (NAME POSITIVES IN I18A-C) happen 3 or more times?	<i>SD18E_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

**IF YES, ASK WHICH ONES
AND MARK ON TALLY SHEET I.**

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT SOCIAL PROBLEMS]

		<i>SD19_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I19.	Have there been times when you found that all your friends were other people who used (NAME DRUGS)?						
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I20.	When you were using (NAME DRUGS), did any of the following ever happen to you:						
A.	Were there times when you felt really depressed or you lost interest in things for more than a day (24 hours)?	<i>SD20A_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
B.	Were there times when you felt very suspicious for more than a day (24 hours) after using drugs – like people were doing things behind your back without telling you – that they were leaving you out?	<i>SD20B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

NOTE TO INTERVIEWER: PROBE TO MAKE SURE THE FEELINGS WERE UNREALISTIC.

C.	Were there times when you had trouble keeping your mind on things, or trouble thinking clearly for more than a day (24 hours)?	<i>SD7B_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
D.	Were there times when you saw or heard things that weren't there for more than a day (24 hours)?	<i>SD20D_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

IF NO TO QS.I20A-D, SKIP TO Q.I21. OTHERS CONTINUE.

E.	Did you think that using drugs was causing you problems like (NAME POSITIVES IN I20A-D)?	<i>SD20E_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

IF YES CONTINUE. OTHERS SKIP TO Q.I21.

DD3RA6	F.	Did you continue using (NAME DRUGS) anyway?	<i>SD20F_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
		NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PSYCHOLOGICAL PROBLEMS]

DD3RA6	I21.	Were there times when you kept on using drugs even though you knew that you had a physical illness or problem with your health that might be made worse from using drugs?	<i>SD21_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
		NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

[CONTINUED SUBSTANCE USE DESPITE KNOWLEDGE OF HAVING PERSISTENT OR RECURRENT PHYSICAL PROBLEMS]

DD3RA8 I22. Did you ever stop or cut down on (NAME DRUGS) and find that you had any of the following things happen to you?

[CHARACTERISTIC WITHDRAWAL SYMPTOMS]

		1	2	3	4	5	6
		COC	SPD	OP	HAL	DWN	OTH
		SD22A_1	_2	_3	_4	_5	_6
A. Feel sad, or depressed?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22B_1	_2	_3	_4	_5	_6
B. Feel nervous, tense, or restless, or irritable?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22C_1	_2	_3	_4	_5	_6
C. Have trouble sleeping?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22D_1	_2	_3	_4	_5	_6
D. Have a change in your appetite, i.e. got hungrier or lost you appetite?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22E_1	_2	_3	_4	_5	_6
E. Did your hands shake so that it was hard to hold things?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22F_1	_2	_3	_4	_5	_6
F. Sweat or have a fever?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22G_1	_2	_3	_4	_5	_6
G. Feel sick to your stomach or throw up?..	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22H_1	_2	_3	_4	_5	_6
H. Have diarrhea or stomach ache?.....	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		SD22I_1		_3	_4		_6
I. Have your eyes or nose run?.....	NO			1	1		1
	YES			5	5		5
		SD22J_1		_3	_4		_6
J. Have muscle pains?.....	NO			1	1		1
	YES			5	5		5
		SD22K_1		_3	_4		_6
K. Yawning?.....	NO			1	1		1
	YES			5	5		5
		SD22L_1			_4	_5	_6
L. Have seizures?.....	NO				1	1	1
	YES				5	5	5
		SD22M_1			_4	_5	_6
M. Have your heart racing?.....	NO				1	1	1
	YES				5	5	5
		SD22N_1			_4	_5	_6
N. Dizziness?.....	NO				1	1	1
	YES				5	5	5
		SD22O_1		_3	_4		
O. Were your pupils dilated or were your eyes extremely sensitive to light?.....	NO			1	1		
	YES			5	5		
		SD22P_1		_3	_4		
P. Did you have gooseflesh or goose bumps?.....	NO			1	1		
	YES			5	5		

**IF ANY 5'S CODED, CONTINUE FOR THAT DRUG.
OTHERS SKIP TO Q.I25.**

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
DD3RA9	Did you use (NAME DRUGS) 3 or	<i>SD23_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I23.	more times to keep any of these	NO	1	1	1	1	1
	problems from happening or to	YES	5	5	5	5	5
	make them go away?						

[SUBSTANCE OFTEN TAKEN TO RELIEVE OR AVOID WITHDRAWAL SYMPTOMS]

**IF LESS THAN 2 5'S CODED IN QS.I22A-P, SKIP TO
NEXT INSTRUCTION BOX. OTHERS CONTINUE.**

			<i>SD24_1</i>	<i>_2</i>	<i>_3</i>	<i>_4</i>	<i>_5</i>	<i>_6</i>
I24.	Have you ever had two or more of	NO	1	1	1	1	1	1
	these problems like (list POSITIVES	YES	5	5	5	5	5	5
	IN QS.I22A-P) at the same time?							

**IF NO SYMPTOMS CHECKED ON TALLY SHEET I,
SKIP TO MAJOR AFFECTIVE DISORDER, Q.J1, P.65.**

	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>	
I25A	How old were you the first						
	time you had any of these						
	things like (NAME POSITIVE						
	SYMPTOMS ON TALLY						
	SHEET I) happen to you?						YEARS
	<i>SD25A_1</i>	<i>SD25A_2</i>	<i>SD25A_3</i>	<i>SD25A_4</i>	<i>SD25A_5</i>	<i>SD25A_6</i>	
B.	When was the last time you had						
	any of these problems?						
Was it...	1	2	3	4	5	6	
	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>	
	<i>SD25B_1</i>	<i>SD25B_2</i>	<i>SD25B_3</i>	<i>SD25B_4</i>	<i>SD25B_5</i>	<i>SD25B_6</i>	
WITHIN THE PAST TWO WEEKS	1	1	1	1	1	1	
WITHIN THE PAST MONTH.....	2	2	2	2	2	2	
WITHIN THE PAST SIX MONTHS	3	3	3	3	3	3	
WITHIN THE PAST YEAR.....	4	4	4	4	4	4	
OVER A YEAR AGO.....	5	5	5	5	5	5	

IF OVER A YEAR AGO, ASK:

	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>	
C.	How old were you the						
	last time you had any of						
	these problems?						YEARS
	<i>SD25C_1</i>	<i>SD25C_2</i>	<i>SD25C_3</i>	<i>SD25C_4</i>	<i>SD25C_5</i>	<i>SD25C_6</i>	

IF ONLY ONE SYMPTOM ON TALLY SHEET I, SKIP TO Q.I26B.

I26A

NOTE TO INTERVIEWER: **SD26A**
DO THESE PROBLEMS CLUSTER? NO.....1
DID MOST OF THEM HAPPEN IN THE SAME GRADE? YES.....5
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.

DD3RB

B.

NOTE TO INTERVIEWER: **SD26B**
DID THESE PROBLEMS LAST 1 MONTH OR LONGER? NO.....1
WHAT GRADE(S) DID THEY HAPPEN IN? YES.....5
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.

[SYMPTOMS PERSISTED FOR AT LEAST ONE MONTH OR OCCURRED REPEATEDLY OVER LONG PERIOD OF TIME]

J. MAJOR AFFECTIVE DISORDER

STANDARD PROBE

IS/WAS THIS A LOT DIFFERENT FROM THE WAY YOU USUSALLY FEEL?

Now I'd like to ask some questions about your feelings.

J1. Are you the kind of person who feels sad, unhappy or depressed a lot of the time? NO.....1
YES.....5
MD1

J2A. During the pas two weeks, have you felt sad, unhappy or depressed a lot more than usual? NO.....1
YES.....5
MD2A

B. During the past two weeks have there been times when you felt like crying? NO.....1
YES.....5
MD2B

C. During the past two weeks have you felt that nothing seemed to be fun anymore (even things that you usually like to do)? NO.....1
YES.....5
MD2C

D. During the past two weeks have you been feeling uninterested in things you usually like? NO.....1
YES.....5
MD2D

E. During the past two weeks, have you been feeling irritable, or angry a lot more than usual? NO.....1
YES.....5
MD2E

**IF NO TO QS. J2A-E, SKIP TO Q.J6.
IF YES TO ANY, CONTINUE.**

DEP3RA1 J3A. When you were feeling (NAME POSITIVES IN QS. J2A-E), did you feel that way most of the day nearly every day? NO.....(SKIP TO J6).....1
YES.....5
MD3A

IF MORE THAN ONE SYMPTOM CODED 5, ASK WHICH ONES WERE EXPERIENCED MOST OF THE DAY, OR NEARLY EVERY DAY AND CODE BELOW. OTHERWISE CODE WITHOUT ASKING.

		<u>NO</u>	<u>YES</u>
DEP3RA2	B. DOWN MOOD OR IRRITABLITY.....	1	5
		MD3B	
DEP3RA2	C. LOSS OF INTEREST OR PLEASURE.....	1	5
		MD3C	

****IF CODED 5 DON'T FORGET TO INCLUDE B AND C IN TOTAL SYMPTOM COUNT. ****

**[DEPRESSED MOOD MOST OF THE DAY NEARLY EVERY DAY]
[LOSS OF INTEREST OR PLEASURE MOST OF THE DAY, NEARLY EVERY DAY]**

You've told me that during the past two weeks you've been feeling (sad, not interested, or irritable etc.)

ASK J4 ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS.

DEP3RB1 J4A. Did you feel like this only while you were drinking alcohol or taking drugs? NO.....(SKIP TO E).....1
YES.....5

MD4A

[IT CANNOT BE ESTABLISHED THAT AN ORGANIC FACTOR INITIATED AND MAINTAINED THE DISTURBANCE]

B. Were you drinking the week before you began to feel this way? NO.....(SKIP TO E).....1
YES.....5

MD4B

C. How many drinks did you have? ___/___/___ DRINKS

MD4C

D. How long had you been drinking that many drinks? ___/___ WEEKS

MD4D

E. Did you use any drugs the week before you started to feel this way? NO.....(SKIP TO J5).....1
YES.....5

MD4E

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
F. What drugs did you use?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

MD4F_1-MD4F_6

G. How many times did you use (DRUG)? ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ TIMES

MD4G_1-MD4G_6

H. How long had you been using (DRUG)? ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ WEEKS

MD4H_1-MD4H_6

J5. Was anything happening that might have made you feel that way? NO.....1
YES.....(SPECIFY).....5
RECORD: _____

MD5

J6. Has there been any other time in your life when you...
A. Felt sad, unhappy or depressed a lot more than usual? NO.....1
YES.....5

MD6A

B. Felt like crying a lot more than usual? NO.....1
YES.....5

MD6B

C. Felt irritable or angry a lot more than usual? NO.....1
YES.....5

MD6C

D. Felt that nothing seemed to be fun anymore (even the things you usually like to do)? NO.....1
YES.....5

MD6D

E. Were not interested in things you usually like? NO.....1
YES.....5

MD6E

IF NO TO Q.J3 AND QS.J6A-E, SKIP TO SEPARATION ANXIETY, P.77. IF YES TO Q.J3, BUT NO TO ALL QS.J6A-E, SKIP TO Q.J16. IF YES TO ANY J6A-E, CONTINUE.

Think about the worst period of feeling (NAME POSITIVES IS QS.J6A-E).

J7A. During that really bad time, did you feel that way most of the day nearly every day? NO.....1 YES.....5

MD7A

**IF NO TO Q.J3A AND Q. J7, SKIP TO SPARATION ANXIETY, Q.K1, P.77.
IF YES TO Q.J3A AND NOT TO Q.J7, SKIP TO Q.J16.
IF YES TO Q.J7 CONTINUE.**

IF MORE THAN ONE SYMPTOM CODED 5, ASK WHICH ONES WERE EXPERIENCED MOST OF THE DAY, OR NEARLY EVERY DAY AND CODE BELOW. OTHERWISE CODE WITHOUT ASKING.

		<u>NO</u>	<u>YES</u>
DEP3RA2	B. DOWN MOOD OR IRRITABILITY.....	1	5
			MD7B
DEP3RA2	C. LOSS OF INTEREST OR PLEASURE.....	1	5
			MD7C

**IF CODED 5 DON'T FORGET TO INCLUDE B AND C IN TOTAL SYMPTOM COUNT. **

[DEPRESSED MOOD MOST OF THE DAY NEARLY EVERY DAY]

[LOSS OF INTEREST OR PLEASURE MOST OF THE DAY, NEARLY EVERY DAY]

J8. How old were you when this really bad period of feeling depressed began? ___/___ YEARS MD8

DEP3RA J9. How long did it last? ___/___ WEEKS MD9

ASK J10 ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS.

DEP3RB1 J10A. Did you feel like that only while you were drinking alcohol or taking drugs? NO.....(SKIP TO E).....1 YES.....5 MD10A

[IT CANNOT BE ESTABLISHED THAT AN ORGANIC FACTOR INITIATED AND MAINTAINED THE DISTURBANCE]

B. Were you drinking the week before you began to feel this way? NO.....(SKIP TO E).....1 YES.....5 MD10B

C. How many drinks did you have? ___/___/___ DRINKS MD10C

D. How long had you been drinking that many drinks? ___/___ WEEKS MD10D

E. Did you use any drugs the week before you started to feel this way? NO.....(SKIP TO J11)....1 YES.....5 MD10E

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
F. What drugs did you use?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

MD10F_1-MD10F_6

G. How many times did you use (DRUG)? ___/___ ___/___ ___/___ ___/___ ___/___ TIMES MD10G_1-MD10G_6

H. How long had you been using (DRUG)? ___/___ ___/___ ___/___ ___/___ WEEKS MD10H_1-MD10H_6

J11. Was there something happening that might have made you feel that way?
 RECORD: _____

NO.....1
 YES.....5
 MD11

DEP3RA1
 DEP3RA2
 DEP3RB1

J12A. Did you have another worst period when you were feeling (depressed, uninterested, irritable) for most of the day nearly every day, and you were not drinking or using drugs?

NO.....(SKIP TO J16).....1
 YES.....5
 MD12A

B. Were you feeling sad, unhappy, depressed, or irritable?

NO.....1
 YES.....5
 MD12B

C. Were the things you usually liked to do not fun or not interesting anymore?

NO.....1
 YES.....5
 MD12C

IF B OR C IS CODED 5, DON'T FORGET TO INCLUDE IN TOTAL SYMPTOM COUNT.

D. Did you have more than 2 drinks of alcohol or use any drugs for the week before this period?

NO.....1
 YES.....5
 MD12D

IF YES SKIP TO J16 AND CODE EPISODE IN J8. IN MOST SEVERE COLUMN.

J13. How old were you when this period began?

___/___ YEARS
 MD13

DEP3RA1
 DEP3RA2
 DEP3RB1

J14. How long did it last?

___/___ WEEKS
 MD14

J15. Was there something happening that might have made you feel that way?
 RECORD: _____

J16. CODING EPISODES OF DEPRESSION

There are two coding columns for depression episodes in this section. One column is for a current episode, and the other is for the most severe episode. Episodes of depression may be “clean” or “dirty”. A clean episode of depression is one where there has been two or less drinks taken at least a week before the reported episode or no drug use at all. A “dirty” episode of depression is therefore, one where three or more drinks of alcohol has been consumed at least a week prior to the reported episode of depression or if any drugs have been used. The following shows the hierarch in coding clean/dirty current and most severe episodes of depression.

	Column To Code In	
	<u>Current</u>	<u>Most Severe</u>
If there is a clean current episode but no past episode		X
If there is a dirty current episode but no past episode		X
If there is no current episode but a clean past episode		X
If there is no current episode and only a dirty past episode		X
If there is a clean current episode and a different clean most severe episode, record each in its respective column.	X	X
If there is a clean current and a dirty most severe episode, record the current episode in the most severe column. Remember to count dirty past episode when probing about other dirty past episodes.		X (current)
If there is a dirty current episode and a clean most severe episode, record each in its respective column.	X	X
If there is a dirty current episode and only a dirty most severe episode, record each in its respective column.	X	X
<hr/>		
J17A. Is there an episode to code in Current column?	NO.....1 YES.....5	
		MD17A
B. Is there an episode to code in the Most Severe column?	NO.....1 YES.....5	
		MD17B

CURRENT EPISODE

MOST SEVERE EPISODE

During the past two weeks.... During your worst period when you were (CHECK AGE IN J8/J13) years old.... And you were not drinking or taking drugs at that time?			
	J18. How much do/did you weigh?	___/___/___ LBS MDA_18	___/___/___ LBS MDB_18
DEP3RA3	J19A. Did you feel a lot less hungry than usual?	NO.....(SKIP TO J20A)..1 YES.....5 MDA_19A	NO.....(SKIP TO J20A)..1 YES.....5 MDB_19A
	B. Did you lose any weight?	NO.....(SKIP TO J20A)..1 YES.....5 MDA_19B	NO.....(SKIP TO J20A)..1 YES.....5 MDB_19B
DEP3RA3	C. How much weight did you lose?	___/___/___ LBS MDA_19C	___/___/___ LBS MDB_19C
DEP3RA3	J20A. Did you feel a lot more hungry than usual?	NO.....(SKIP TO J21A)..1 YES.....5 MDA_20A	NO.....(SKIP TO J21A)..1 YES.....5 MDB_20A
	B. Did you gain any weight?	NO.....(SKIP TO J21A)..1 YES.....5 MDA_20B	NO.....(SKIP TO J21A)..1 YES.....5 MDB_20B
DEP3RA3	C. How much did you gain?	___/___/___ LBS MDA_20C	___/___/___ LBS MDB_20C
DEP3RA4	J21A. Did you have <u>a lot more trouble than usual</u> falling asleep at night?	NO.....1 YES.....5 MDA_21A	NO.....1 YES.....5 MDB_21A
DEP3RA4	B. Did you wake up in the middle of the night and have a hard time getting back to sleep?	NO.....1 YES.....5 MDA_21B	NO.....1 YES.....5 MDB_21B
DEP3RA4	C. Did you wake up in the morning <u>a lot earlier than usual</u> and couldn't get back to sleep?	NO.....1 YES.....5 MDA_21C	NO.....1 YES.....5 MDB_21C
<div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> INTERVIEWER: IN THE CASE OF HYPERSOMNIA, PROBE ABOUT SLEEPING DURING THE DAY AS WELL AS SLEEPING IN LATE OR GOING TO BED EARLY. </div>			
DEP3RA4	D. Did you sleep <u>more than usual</u> ?	NO.....1 YES.....5 MDA_21D	NO.....1 YES.....5 MDB_21D
(PROBE: DID YOU SLEEP DURING THE DAY OR GO TO BED EALY AT NIGHT?)			

CURRENT EPISODE

MOST SEVERE EPISODE

<p>During the past two weeks.... During your worst period when you were (CHECK AGE IN J8/J13) years old.... And you were not drinking or taking drugs at that time?</p> <p>DEP3RA5 J22. Did you feel more restless, so restless that other people could have noticed it?</p> <p>(PROBE: DID YOU HAVE TO GET UP AND WALK AROUND DURING DINNER, OR WHEN YOU WERE WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)</p> <p>DEP3RA5 J23. Did you feel physically slowed down, so slowed down that other people could have noticed it?</p> <p>(PROBE: DID IT TAKE YOU LONGER TO MOVE AROUND? WERE YOU WALKING SLOWLY? WERE YOU TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT YOU WERE THINKING MORE SLOWLY?)</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_22</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_23</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_22</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_23</p>
<p>DEP3RA6 J24. Did you feel a lot more tired than usual?</p> <p>(PROBE: FOR EXAMPLE, YOU DIDN'T HAVE THE ENERGY TO DO ANYTHING. YOU JUST SAT AROUND FEELING TIRED.)</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_24</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_24</p>
<p>DEP3RA7 J25. Did you feel worthless or just that you weren't any good?</p> <p>(PROBE: DID YOU FEEL THAT YOU WEREN'T GOOD AT ANYTHING, OR THAT YOUR FRIENDS DIDN'T REALLY LIKE YOU?)</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_25</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_25</p>
<p>DEP3RA7 J26. Did you feel that a lot of things were your fault? Did you feel guilty about a lot of things?</p> <p>(PROBE: DID YOU FEEL THAT FAMILY PROBLEMS WERE YOUR FAULT? DID YOU FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_26</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_26</p>

CURRENT EPISODE

MOST SEVER EPISODE

<p>During the past two weeks.... During your worst period when you were (CHECK AGE IN J8/J13) years old.... And you were not drinking or taking drugs at that time?</p> <p>DEP3RA8 J27A. Did you have trouble concentrating a <u>lot</u> more than usual? Did you have trouble paying attention to what you were doing?</p> <p>(PROBE: DID IT SEEM TO YOU THAT YOU WERE DAYDREAMING A LOT?)</p> <p>B. Did other people say that you were having trouble keeping your mind on things?</p> <p>DEP3RA8 J28A. Did you have a lot more trouble than usual making up your mind about things?</p> <p>DEP3RA8 B. Did other people say that you were having trouble making up your mind?</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_27A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_27B</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_28A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_28B</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_27A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_27B</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_28A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_28B</p>
<p>DEP3RA9 J29A. Were there times when things seemed so bad that you wished you were dead?</p> <p>DEP3RA9 B. Did you think a lot about death or dying?</p> <p>DEP3RA9 C. Did you make a plan about how you might kill yourself?</p> <p>DEP3RA9 D. Did you try to kill yourself?</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_29A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_29B</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_29C</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDA_29D</p>	<p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_29A</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_29B</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_29C</p> <p>NO.....1 YES.....5</p> <p style="text-align: right;">MDB_29D</p>
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>INTERVIEWER: DIAGNOSIS IS BASED ON NUMBER AND CLUSTERING OF SYMPTOMS.</p> </div>	<p>CHECK QS.J3B, J3C, AND BOXES J19-29. IF NUMBER OF BOXES PLUS QS. J3B AND J3C HAVE 4 OR LESS 5'S CODED, SKIP TO Q.J34.</p> <p>IF 5 OR MORE ARE CODED 5, CONTINUE.</p>	<p>CHECK QS.J7B, J7C, J12B, J12C, AND BOXES J19-29. IF NUMBER OF BOXES PLUS J7B-C OR J12B-C HAVE 4 OR LESS 5'S CODED, SKIP TO Q.J34.</p> <p>IF 5 OR MORE ARE CODED 5, CONTINUE.</p>

CURRENT EPISODE

MOST SEVER EPISODE

<p>During the past two weeks.... During your worst period when you were (CHECK AGE IN J8/J13) years old.... And you were not drinking or taking drugs at that time?</p> <p>J30A. You've told me that you felt (sad, uninterested, or irritable, etc.) and also had problems with (appetite, sleeping, concentrating, etc.). Did most of these problems happen most of the day, nearly every day?</p> <p>B. Did it last 2 weeks or more?</p>	<p>NO.....(SKIP TO J33).....1 YES.....5 MDA_30A</p> <p>NO.....1 YES.....5 MDA_30B</p>	<p>NO.....(SKIP TO J33).....1 YES.....5 MDB_30A</p> <p>NO.....1 YES.....5 MDB_30B</p>
<p>DEP3RB2 J31A. Did you feel like this <u>only</u> because someone close to you died? (ASK WHO THIS WAS AND WHEN S/HE DIED. PROBE FOR DURATION OF SYMPTOMS DUE TO DEATH.)</p> <p>DEP3RB1 B. Did you feel like this <u>only</u> while you were very sick or injured?</p>	<p>NO.....1 YES....(SPECIFY & SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p> <p>NO.....1 YES....(SPECIFY & SKIP TO J33).....5 MDA_31B</p> <p>RECORD: _____ _____ _____</p>	<p>NO.....1 YES....(SPECIFY & SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p> <p>NO.....1 YES....(SPECIFY & SKIP TO J33).....5 MDB_31B</p> <p>RECORD: _____ _____ _____</p>
<p>ASK Q.J31C ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS.</p>	<p>NO.....1 YES....(SKIP TO J33)....5 MDA_31B</p>	<p>NO.....1 YES....(SKIP TO J33)....5 MDB_31B</p>
<p>DEP3RB1 C. Did you feel like this <u>only</u> while you were drinking or taking drugs or medicines?</p>	<p>NO.....1 YES....(SKIP TO J33)....5 MDA_31B</p>	<p>NO.....1 YES....(SKIP TO J33)....5 MDB_31B</p>
<p>J32. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?</p>	<p>NO.....1 YES.....(SPECIFY).....5 MDA_32</p> <p>RECORD: _____ _____ _____</p>	<p>NO.....1 YES.....(SPECIFY).....5 MDB_32</p> <p>RECORD: _____ _____ _____</p>

CURRENT EPISODE

MOST SEVERE EPISODE

During the past two weeks....

During your worst period when you were
(CHECK AGE IN J8/J13) years old....

J33. Did having these feelings
change your life a lot?

NO.....1
YES.....(SPECIFY).....5
MDA_33

NO.....1
YES.....(SPECIFY).....5
MDB_33

**(PROBE: WERE YOU SO UNHAPPY THAT
IT CHANGED THE WAY YOU ACTED IN
SCHOOL, YOUR GRADES, OR HOW YOU
GOT ALONG WITH YOUR FRIENDS?)**

RECORD: _____

RECORD: _____

J34A. Did you see a doctor?

NO.....(SKIP TO J35A)...5
YES.....1
MDA_34A

NO.....(SKIP TO J35A)...5
YES.....1
MDB_34A

B. Did the doctor give you any
medication?

NO.....1
YES.....(SPECIFY).....5
MDA_34B

NO.....1
YES.....(SPECIFY).....5
MDB_34B

RECORD: _____

RECORD: _____

C. How long did you see the
doctor?

___/___/___DAYS

___/___/___DAYS

MDA_34C

MDB_34C

D. Did you have to go to the
hospital?

NO.....1
YES.....(SPECIFY).....5
MDA_34D

NO.....1
YES.....(SPECIFY).....5
MDB_34D

RECORD: _____

RECORD: _____

E. How long did you stay in the
hospital?

___/___/___DAYS

___/___/___DAYS

MDB_34E

MDB_34E

F. Did they give you any
medication while you were in
the hospital?

NO.....1
YES.....(SPECIFY).....5
MDA_34F

NO.....1
YES.....(SPECIFY).....5
MDA_34F

RECORD: _____

RECORD: _____

**GO BACK TO J19
AND ASK ABOUT
MOST SEVERE
EPISODE.**

DIRTY J35A. Have you had another worst period when you were (sad, uninterested, irritable), and you felt that way only because someone close to you died, you were sick, taking medication, drinking, or using drugs?

NO.....(SKIP TO J36A).....1
 YES.....5

MD35A

B. How old were you when this other period happened?

___/___YEARS

MD35B

C. During this time did you:

NO YES

- | | | |
|---|---|----------|
| 1. Feel a lot less hungry?..... | 1 | 5 |
| | | MD35C_1 |
| 2. Feel a lot more hungry?..... | 1 | 5 |
| | | MD35C_2 |
| 3. Have problems sleeping?..... | 1 | 5 |
| | | MD35C_3 |
| 4. Feel more restless?..... | 1 | 5 |
| | | MD35C_4 |
| 5. Feel more slowed down?..... | 1 | 5 |
| | | MD35C_5 |
| 6. Feel more tired?..... | 1 | 5 |
| | | MD35C_6 |
| 7. Feel worthless or guilty?..... | 1 | 5 |
| | | MD35C_7 |
| 8. Have problems concentrating?..... | 1 | 5 |
| | | MD35C_8 |
| 9. Have problems making decisions?..... | 1 | 5 |
| | | MD35C_9 |
| 10. Have thoughts of death or suicide?..... | 1 | 5 |
| | | MD35C_10 |

<p>IF NO TO ALL SKIP TO Q. J36A. IF YES TO ANY CONTINUE.</p>
--

D. Were you (sad, down, etc.) and had these other problems for at least 2 weeks?

1 5

MD35D

E. How many times like this have you had?

___/___TIMES

DM35E

CLEAN	J36A. Have you had another worst period when you were (sad, uninterested, irritable), and there was no one close to you who died, you weren't sick, taking medication, drinking, or using drugs?	NO.....(SKIP TO K1).....1	YES.....5
		MD36A	
	B. How old were you when this other period happened?	___/___YEARS	
		MD36B	
	C. During this time did you:	<u>NO</u>	<u>YES</u>
	1. Feel a lot less hungry?.....	1	5
		MD36C_1	
	2. Feel a lot more hungry?.....	1	5
		MD36C_2	
	3. Have problems sleeping?.....	1	5
		MD36C_3	
	4. Feel more restless?.....	1	5
		MD36C_4	
	5. Feel more slowed down?.....	1	5
		MD36C_5	
	6. Feel more tired?.....	1	5
		MD36C_6	
	7. Feel worthless or guilty?.....	1	5
		MD36C_7	
	8. Have problems concentrating?.....	1	5
		MD36C_8	
	9. Have problems making decisions?.....	1	5
		MD36C_9	
	10. Have thoughts of death or suicide?.....	1	5
		MD36C_10	
	D. Were you (sad, down, etc.) and had these other problems for at least 2 weeks?	1	5
		MD36D	
	E. How many times like this have you had?	___/___TIMES	
		MD36E	

**INTERVIEWER: NOTE CHANGE IN CODING OPTIONS.
DO NOT PROBE FOR ALC/DRUGS IF NO USE WAS REPORTED.**

K: ANXIETY DISORDERS:

SEPARATION ANXIETY DISORDERS

Some people worry a lot about being away from their families, or away from home. I'm going to ask you some questions about times when you're away from your parents or away from home. Some of these things may have happened when you were younger. If they're still happening to you now, please tell me about that too.

**NOTE TO INTERVIEWER: IF YES TO QS. K1 AND K2,
RECORD AN EXAMPLE BEFORE CODING THE RESPONSE.**

SADD3RA1	K1. Have there often been times when you were away from your parents or someone else you care a lot about, and you were really worried about something happening to them (like they might get sick or get hurt or die)? Perhaps you worried that they might never come back?	NO.....1 ALC/DRUG ONLY.....3 YES....(SPECIFY).....5 SA1
----------	--	--

**(PROBE: MAYBE YOU DIDN'T KNOW EXACTLY
WHAT MIGHT HAPPEN BUT YOU WERE AFRAID
IT WOULD BE SOMETHING TERRIBLE.)**

RECORD: _____

**NOTE TO INTERVIEWER: IF ANSWER IS YES, MAKE SURE
THERE WAS NO REAL DANGER OF PARENT BEING HURT
OR DYING OF SOME ILLNESS.**

***[UNREALISTIC AND PERSISTENT WORRY ABOUT HARM BEFALLIN ATTACHMENT FIGURES OR
FEARS THEY WILL LEAVE AND NOT RETURN]***

SADD3RA2	K2. Have there been a lot of times when you really worried that something bad might happen to you (like getting kidnapped or killed), so that you couldn't see you parents again?	NO.....1 ALC/DRUG ONLY.....3 YES....(SPECIFY).....5 SA2
----------	---	--

RECORD: _____

**NOTE TO INTERVIEWER: IF ANSWER IS YES, MAKE SURE
THERE WAS NO REALISTIC CHANCE OF BEING
SEPARATED FROM PARENT.**

***[UNREALISTIC AND PERSISTENT WORRY THAT A CALAMITOUS EVENT WILL SEPARATE CHILD
FROM ATTACHMENT FIGURE]***

SADD3RA3	K3. Have there often times when you refused to leave your parents to go to school (or tried to get them to let you stay home), because you were afraid that something bad might happen? Has this happened a lot?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	--	--

SA3

[PERSISTENT RELUCTANCE OR REFUSAL TO GO TO SCHOOL IN ORDER TO STAY WITH MAJOR ATTACHMENT FIGURE OR AT HOME]

SADD3RA4	K4. When you were younger, were there a lot of times when you needed someone like your parent (or grandparent, etc.) to stay close to you at night so you could get to sleep?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	---	--

SA4

[PERSISTENT RELUCTANCE OR REFUSAL TO GO TO SLEEP WITHOUT BEING NEAR A MAJOR ATTACHMENT FIGURE]

SADD3RA4	K5. Have there been a lot of times when you had chances to visit a friend or sleep over at someone's house and refused to go, because you were afraid to leave home?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	--	--

SA5

[PERSISTENT REFUSAL OR RELUCTANCE TO SLEEP AWAY FROM HOME]

IF NO TO QS.K1-5, SKIP TO OVERANXIOUS DISORDER, Q.L1, P.80. OTHERS CONTINUE.

SADD3RA5	K6. Have there often been times when you've been afraid to be in any part of the house by yourself, so afraid that when you were in that part of the house you were always with someone?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	--	--

SA6

(PROBE: WOULD YOU FOLLOW YOUR MOM/DAD AROUND THE HOUSE BECAUSE YOU DIDN'T WANT TO BE BY YOURSELF? NOT JUST WHEN THERE WAS A THUNDERSTORM BUT JUST BECAUSE YOU DIDN'T WANT TO BE BY YOURSELF.)

[PERSISTENT AVOIDANCE OF BEING ALONE, INCLUDING "CLINGING" TO AND "SHADOWING" MAJOR ATTACHEMENT FIGURES]

SADD3RA9	K7. When you have gone away from home for a few days, like visiting relatives or going to camp, have you often become so upset and worried that you wanted to come home early or see your parents right away?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	---	--

SA7

[RECURRENT SIGNS OF COMPLAINTS OF EXCESSIVE DISTRESS WHEN SEPARATED FROM HOME OR MAJOR ATTACHMENT FIGURES, WANTS TO RETURN HOME]

SADD3RA9	K8A When you've gone away form home, have you often needed to call home because you were worried about your parents or someone else you cared about or that something might be wrong?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----------	---	--

SA8A

B.	When your parents were away from home or out for the evening have you often needed to telephone them because you were worried that something bad might have happened?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
----	---	--

SA8B

[NEEDS TO CALL PARENTS WHEN THEY ARE ABSENT OR WHEN CHILD IS AWAY FROM HOME]

SADD3RA6 K9. Have you often had bad dreams about being away from your parents, or other people that you love? NO.....1
ALC/DRUG ONLY.....3
YES.....5

[REPEATED NIGHTMARES INVOLVING THE THEME OF SEPARATION]

SA9

SADD3RA7 K10. When you had to leave home to go to school or someplace else, did you often get really bad headaches, stomachaches, or even throw up? NO.....1
ALC/DRUG ONLY.....3
YES.....5

SA10

[COMPLAINTS OF PHYSICAL SYMPTOMS ON MANY SCHOOL DAYS OR OTHER OCCASIONS WHEN ANTICIPATING SEPARATION FROM MAJOR ATTACHMENT FIGURES]

SADD3RA8 K11A. Have you often cried and begged your parents to stay home when they planned to go somewhere, because you were afraid something terrible might happen? NO.....1
ALC/DRUG ONLY.....3
YES.....5

SA11A

SADD3RA8 B. Have you often cried and begged your parents to let you stay home when you had to go to school or someplace else because you were afraid something terrible might happen? NO.....1
ALC/DRUG ONLY.....3
YES.....5

SA11B

[RECURRENT SIGHS OR COMPLAINTS OF EXCESSIVE DISTRESS IN ANTICIPATION OF SEPARATION FROM HOME OR MAJOR ATTACHMENT FIGURES]

SADD3RC K12A. How old were you when you started having these feelings that we've been talking about? ___/___ YEARS

SA12A

(PROBE: DO YOU REMEMBER WHAT GRADE YOU WERE IN?)

[ONSET BEFORE AGE 18]

SADD3RC B. When was the last time you had any of these feelings we've been talking about? Was it...
WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

SA12B

SADD3RC C. How old were you the last time you had any of these feelings? ___/___ YEARS

SA12C

NOTE TO INTERVIEWR: IF IT IS CLEAR THAT THESE FEELINGS HAVE LASTED 2 WEEKS OR MORE, CODE WITHOUT ASKING.

SADD3RB K13. Did these feeling _____ (NAME 3's AND 5's IN QS.K1-11) last for as long as a couple of weeks? NO.....1
YES.....5

SA13

(PROBE: WHAT I MEAN IS, IT DIDN'T JUST HAPPEN ONCE OR TWICE, BUT KEPT HAPPENING OVER A PERIOD OF COUPLE OF WEEKS OR LONGER)

[DURATION OF DISTURBANCE AT LEAST TWO WEEKS]

L: OVERANXIOUS DIORDER

L1. Do you worry a lot? More than most people your age? NO.....1
 YES.....5
OV1

OD3RA1 L2. Have you ever really worried a lot about things before they happened; for example, starting school in the fall, going to a party, or going to see a doctor? NO.....1
 ALC/DRUG ONLY.....3
 YES.....(SPECIFY).....5
OV2
 RECORD EXAMPLE: _____

[EXCESSIVE OR UNREALISTIC WORRY ABOUT FUTURE EVENTS]

OD3RA2 L3. Have you really worried a lot about little things that you've done in the past, like something you've said that might have been taken the wrong way? NO.....1
 ALC/DRUG ONLY.....3
 YES.....(SPECIFY).....5
OV3

[EXCESSIVE OR UNREALISTIC CONCERN ABOUT APPROPRIATENESS OF PAST BEHAVIOR]

RECORD EXAMPLE: _____

IF NO TO QS.L2-L3A, SKIP TO SUICIDAL BEHAVIOR, Q.M1A, P.82. OTHERS CONTINUE.

OD3RA3 L4. Have there been times when you were always worried that you weren't able to do a lot of things as well as you wanted to? That includes school, sports, social life, and other activities. NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
OV4
(PROBE: HAVE YOU BEEN OVERLLY CONCERNED THAT YOUR PARENTS OR TEACHERS WOULD BE DISAPPOINTED IN YOUR GRADES OR HOW YOU WERE DOING IN SPORTS?)

[EXCESSIVE OR UNREALISTIC CONCERN ABOUT COMPETENCE IN ONE OR MORE AREAS]

OD3RA4 L5. Have you actually been sick from worry, that is, you worried so much that your head hurt or you stomach go upset? NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
OV5
[SOMATIC COMPLAINTS FOR WHICH NO PHYSICAL BASIS CAN BE ESTABLISHED]

OD3RA5 L6. Have you worried a lot about how you looked, about what you said, or about how you acted in front of your friends? NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
OV6
(PROBE:EVERYONE FEELS THAT WAY A LITTLE BIT, I'M TALKING ABOUT FEELING THAT WAY A LOT MORE THAN MOST OF YOUR FRIENDS.)

[MARKED SELF-CONSCIOUSNESS]

OD3RA6 L7. Are you always asking your parents or your teacher to check and see if your work is done correctly, or are you always asking your friends or your parents if they thing you're doing the right thing, or wearing the right clothes? NO.....1
ALC/DRUG ONLY.....3
YES.....5 **OV7**

[EXCESSIVE NEED FOR REASSURANCE ABOUT A VARIETY OF CONCERNS]

OD3RA7 L8. Do you usually find it very difficult to relax? Do you feel nervous and jumpy a lot of the time? NO.....1
ALC/DRUG ONLY.....3
YES.....5 **OV8**

[MARKED FEELINGS OF TENSION OR INABILITY TO RELAX]

L9A. How old were you when you first started (NAME 3'S AND 5'S IN QS.L2-L8)? ___/___ YEARS **OV9A**

B. When was the last time you worried like this?
Was it...

WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

OV9B

C. How old were you the last time you worried like that? ___/___ YEARS **OV9C**

INTERVIEWER: HELP SUBJECT TO RECALL AND ORGANIZE WHEN THE PROBLEMS OCCURED AND HOW LONG THEY LASTED. IF ONLY 1 SYMPTOM, SKIP TO L10B.

OD3RA L10A.

**NOTE TO INTERVIEWER:
DO THESE PROBLEMS CLUSTER? NO.....1
DID MOST OF THEM HAPPEN IN THE SAME GRADE? YES.....5
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERES, PROBE. OTHERWISE CODE WITHOUT ASKING. **OV10A****

[SYMPTOMS OCCURRED AT THE SAME TIME]

OD3RA B.

**NOTE TO INTERVIEWER:
DID THESE PROBLEMS LAST 6 MONTHS OR LONGER? NO.....1
WHAT GRADE DID THEY HAPPEN IN? YES.....5
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, **OV10B**
PROBE. OTHERWISE CODE WITHOUT ASKING.**

RECORD: _____

[SYMPTOMS LASTED AT LEAST 6 MONTHS]

M: SUICIDAL BEHAVIOR

Now I would like to ask you some (more) questions about times when you might have been feeling really down and felt like nothing would ever go right with you.

M1A. Have you ever thought a lot about death or dying? NO.....(SKIP TO M2A).....1
ALC/DRUG ONLY.....3
YES.....5

SU1A

B. How old were you when you first had these thoughts? ___/___ YEARS
SU1B

C. When was the last time you had these thoughts?
Was it...
WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

SU1C

D. How old were you then? ___/___ YEARS
SU1D

E. Can you tell me what was going on?
RECORD: _____ SU1E_1 (text not used)____
_____ SU1E_2 (text not used)____

M2A. Have you ever made a plan about how you were going to kill yourself? NO.....(SKIP TO M3A).....1
ALC/DRUG ONLY.....3
YES.....5

SU2A

B. How many times have you made plans like that? ___/___ TIMES
SU2B

C. How old were you when you first made a plan? ___/___ YEARS
SU2C

D. When was the last time you made a plan?
Was it...
WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

SU2D

E. How old were you then? ___/___ YEARS
SU2E

F. Can you tell me about (a/the) plan?
RECORD: _____ SU2F_1 (text not used)____
_____ SU2F_2 (text not used)____

M3A. Have you ever tried to kill yourself?

NO.....1
ALC/DRUG ONLY.....3
YES.....5
SU3A

**IF NO TO Q.M3A AND YES TO Q.M1A OR Q.M2A, SKIP TO Q.M6A.
IF YES TO Q.M3A, CONTINUE.
IF NO TO QS.M1A-M3A, SKIP TO OBSESSIONS, Q.N1, P.85.**

B. How many times?

___/___TIMES
SU3B

C. How old were you the first time?

___/___YEARS
SU3C

D. When was the last time?
Was it...

WITHIN THE PAST TWO WEEKS.....1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS.....3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

SU3D

E. How old were you then?

___/___YEARS
SU3E

IF MORE THAN ONE ATTEMPT, ASK ABOUT THE MOST SERIOUS ATTEMPT.

F. Could you tell me what happened (during your most serious attempt)?

RECORD: _____SU3F_1 (text not used)____
_____SU3F_2 (text not used)____

G. How old were you then?

___/___YEARS
SU3G

M4.

CODE FOR MOST SEVERE ATTEMPT.

INTERVIEWER: CODE LETHALITY:
SU4
**NO DANGER.....1
SEES A DOCTOR (MEDICAL REASONS).....2
HOSPITALIZED (MEDICAL REASONS).....3
INTENSIVE CARE.....4
UNCLEAR (NO INFORMATION OR NOT SURE).....5**

M5.

INTERVIEWER: CODE INTENT:	
	SU5
DENIES INTENT.....	1
REPORTS ONLY MINIMAL INTENT.....	2
REPORTS DEFINITE INTENT WITH SOME ABIVALENCE.....	3
VERY SEVERE/EXTREME INTNENT TO DIE.....	4
UNCLEAR (NO INFORMATION OR NOT SURE).....	5

M6A. Did you see a doctor or a counselor because you (had thoughts/made plans/or tried to kill yourself)?

NO.....(SKIP TO N1).....1
 YES.....(SPECIFY).....5

SU6A

B. What did the doctor say?

RECORD: _____SU6B_1 (text not used)____
 _____SU6B_2 (text not used)____

N. OBSESSIONS

OCD3RO1	N1. Have there often been times when you had thoughts or ideas that you couldn't keep out of your mind no matter how hard you tried to push them out? These wouldn't be ordinary worries but strange thoughts that kept breaking into your other thoughts. RECORD: _____ _____	NO.....1 ALC/DRUG ONLY.....3 YES.....(SPECIFY).....5 OB1
---------	--	--

[RECURRENT AND PERSISTENT IDEAS, THOUGHTS, IMPULSES, OR IMAGES THAT ARE INTRUSIVE AND SENSELESS]

OCD3RO1	N2A. Have there been times when you worried that you might get germs or dirt on your hands?	NO.....(SKIP TO N3).....1 ALC/DRUG ONLY.....3 YES.....5 OB2A
OCD3RO1	B. Everyone worries about that some of the time. What I mean is, do you worry about this more than other people your age?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 OB2B

[RECURRENT AND PERSISTENT IDEAS, THOUGHTS, IMPULSES, OR IMAGES THAT ARE INTRUSIVE AND SENSELESS]

OCD3RO1	N3. Do you worry a lot more than most of your friends about catching some sickness or disease?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 OB3
---------	--	--

[RECURRENT AND PERSISTENT IDEAS, THOUGHTS, IMPULSES, OR IMAGES THAT ARE INTRUSIVE AND SENSELESS]

OCD3RO1	N4. Have you worried a lot about doing something bad, like hurting someone you really liked? (PROBE: HURTING SOMEONE IN YOUR FAMILY BY ACCIDENT? FOR EXAMPLE, STABBING THEM WITH A KNIFE.) RECORD: _____ _____	NO.....1 ALC/DRUG ONLY.....3 YES.....(SPECIFY).....5 OB4
---------	--	--

[RECURRENT AND PERSISTENT IDEAS, THOUGHTS, IMPULSES, OR IMAGES THAT ARE INTRUSIVE AND SENSELESS]

OCD3RO1	N5. Have there been times when you worried a lot that you might do something really inappropriate – like standing up in front of the class and swearing or saying things you shouldn't say in front of your parents or adults?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 OB5
---------	--	--

IF NO TO QS.N1-N5, SKIP TO COMPULSIONS, Q.01, P. 87. OTHERS CONTINUE.

[RECURRENT AND PERSISTENT IDEAS, THOUGHTS, IMPULSES, OR IMAGES THAT ARE INTRUSIVE AND SENSELESS]

OCD3RO2	N6. Do you find that even if you make a real effort not to think about these things you end up thinking about them anyway?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
---------	--	--

OB6

[PERSON ATTEMPS TO IGNORE OR SUPPRESS SUCH THOUGHTS OR NEUTRALISE THEM WITH SOME OTHER THOUGHT OR ACTION]

OCD3RO3	N7. These thoughts you have over and over, are they your own thoughts? What I mean is, are they coming from your own mind, or is it more like somebody is putting them inside your head?	SOMEONE PUTTING THEM IN HEAD.....1 OWN THOUGHTS.....5
---------	--	--

OB7

[PERSON RECOGNISES THAT OBSESSIONS ARE THE PRODUCT OF HIS OR HER OWN MIND]

OCD3ROB	N8A. Is ____ (NAME 3’S AND 5’S IN QS.N1-N7) a big problem for you? For example, does it really upset you or take up a lot of your time?	NO.....1 YES.....5
	B. How much time do you spend each day thinking about ____ (3’S AND 5’S IN QS.N1-N7)?	AN HOUR OR LESS.....1 MORE THAN AN HOUR...2

OB8A

OB8B

[OBSESSIONS CAUSE MARKED DISTRESS, TAKING MORE THAN 1 HOUR A DAY, AND INTERFERE WITH A PERSON’S ROUTINE]

N9A. How old were you the first time you started having these thoughts that bothered you or interfered with your life?	___/___ YEARS
--	---------------

OB9A

B. When was the last time you were worried like that? Was it...	WITHIN THE PAST TWO WEEKS.....1 WITHIN THE PAST MONTH.....2 WITHIN THE PAST SIX MONTHS.....3 WITHIN THE PAST YEAR.....4 OVER A YEAR AGO.....5
--	---

OB9B

IF OVER A YEAR AGO, ASK:

C. How old were you then?	___/___ YEARS
---------------------------	---------------

OB9C

O: COMPULSIONS

OCD3RC1

O1. Are you the kind of person who often has to do things over and over even when it doesn't seem to make sense?

NO.....1
ALC/DRUG ONLY.....3
YES.....(SPECIFY).....5
CP1

NOTE TO INTERVIEWER: READ EXAMPLES

SOME COMMON EXAMPLES ARE WASHING YOUR HANDS OVER AND OVER, BECAUSE YOU'RE WORRIED YOU MIGHT HAVE GERMS ON THEM; TAKING SHOWERS OR BATHS ONE AFTER ANOTHER, BECAUSE YOU WORRY ABOUT BEING DIRTY; GOING BACK OVER AND OVER TO CHECK SOMETHING LIKE WHETHER OR NOT YOU LEFT THE WATER RUNNING.

[REPETITIVE, PURPOSEFUL, AND INTENTIONAL BEHAVIORS THAT ARE PERFORMED IN REPSONSE TO AN OBSESSION]

**NOTE TO INTERVIEWER:
BE SURE TO GET AN EXAMPLE.**

RECORD: _____

O2A. Are you the kind of person who often has to do things in a certain way or else you get upset?
(PROBE: PUTTING YOUR CLOTHES ON IN THE SAME ORDER IN THE MORNING. DOING YOUR SCHOOLWORK IN THE SAME ORDER, KEEPING YOUR THINGS IN A PARTICULAR ORDER.)

NO.....1
ALC/DRUG ONLY.....3
YES.....5
CP2A

OCD3RC1

B. If you do things out of order, do you get very upset, and have to start all over again?

NO.....1
ALC/DRUG ONLY.....3
YES.....5
CP2B

[REPETITIVE, PURPOSEFUL, AND INTENTIONAL BEHAVIORS THAT ARE PERFORMED ACCORDING TO CERTAIN RULES OR IN A STEREOTYPED FASHION]

- O3A. Sometimes when people see things like squares in a tile floor, they find that they just have to count them. Have there been times when you had to count things like that?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP3A

RECORD: _____

IF NO, SKIPT TO BOX AFTER Q.03B. OTHERS CONTINUE.

- OCD3RC1 B. Did you try to make yourself stop, but found that you just had to count?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP3B

IF NO TO QS.01-03, SKIP TO ANOREXIA NEVOSA, Q.P1, P.89. OTHERS CONTINE.

[REPETITIVE, PURPOSEFUL, AND INTENTIONAL BEHAVIORS THAT ARE PERFORMED IN RESPONSE TO AN OBSESSION]

- O4. When you don't _____ (NAME POSITIVES IN QS. 01-03) do you feel nervous or upset?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP4

[THE BEHAVIOR IS DESIGNED TO NEUTRALIZE OR PREVENT DISCOMFORT OR SOME DREADED EVENT OR SITUATION]

- O5A. Do you _____ (NAME POSITIVES IN QS. 01-03) a lot more than you really need to?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP5A
- B. Have your parents or other people said that you (NAME POSITIVES IN QS. 01-03) a lot more than you rally need to?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP5B

[THE PERSON RECONGNIZES THAT HIS OR HER BEHAVIOR IS EXCESSIVE OR UNREASONABLE]

- OCD3RB O6A. Is _____ (NAME 3'S AND 5'S IN QS.O1-O3) a problem for you? For example, does it really upset you or take a lot of your time?
- NO.....1
 ALC/DRUG ONLY.....3
 YES.....5
CP6A

- OCD3RB B. How much time do you spend each day _____ (NAME 3'S AND 5'S IN QS.O1-O3)?
- AN HOUR OR LESS.....1
 MORE THAN AN HOUR...2
CP6B

[COPULSIONS CAUSE MARKED DISTRESS, TAKING MORE THAN 1 HOUR A DAY, AND INTERFERE WITH A PERSON'S NORMAL ROUTINE]

- O7A. How old were you when you first remembered feeling that you had to _____ (NAME 3'S AND 5'S IN QS.O1-O3)? _____/____YEARS
CP7A
- B. When was the last time you had to _____ (NAME 3'S AND 5'S IN QS.O1-O3)? Was it... **CP7B**
- WITHIN THE PAST TWO WEEKS.....1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS.....3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5
- C. How old were you then? _____/____YEARS
CP7C

EATING DISORDERS**P: ANOREXIA NERVOSA**

ANORX3RA P1. Have you ever lost any weight on purpose? NO.....1
 RECORD: _____ ALC/DRUG ONLY.....3
 _____ YES.....(SPECIFY).....5
 AN1

[REFUSAL TO MAINTAIN BODY WEIGHT OVER A MINIMAL WEIGHT FOR AGE AND HEIGHT OR FAILURE TO MAKE EXPECTED WEIGHT GAIN DURING A PERIOD OF GROWTH...]

ANORX3RC P2. Did you feel that you were fat or that parts of you NO.....1
 were too fat, even when people said you were too ALC/DRUG ONLY.....3
 thin? YES.....5
 AN2

[DISTURBANCE IN THE WAY IN WHICH ONE'S BODY WEIGHT, SIZE, OR SHAPE IS EXPERIENCED]

ANORX3RA P3A. When you were at your thinnest, how much did you ___/___/___ POUNDS
 weigh? AN3A
 B. How old were you when you were at your thinnest? ___/___ YEARS
 AN3B
 C. How tall were you then? ___ FT ___ IN
 AN3C_1 / AN3C_2

**IS HEIGHT IN P3A EQUAL TO OR BELOW NO.....1
 AMOUNT ON WEIGHT CHART? YES.....5**

[REFUSAL TO MAINTAIN BODY WEIGHT OVER A MINIMAL WEIGHT FOR AGE AND HEIGHT OR FAILURE TO MAKE EXPECTED WEIGHT GAIN DURING A PERIOD OF GROWTH...]

ANORX3RB P4. Did you ever keep trying to lose weight, even NO...(SKIP TO Q.1A,P.91)....1
 though other people said you were too thin? ALC/DRUG ONLY.....3
 YES.....5
 AN4

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT, EVEN THOUGH UNDERWEIGHT]

ANORX3RB P5. When you were underweight, did you worry a lot NO.....1
 about being fat or becoming fat? ALC/DRUG ONLY.....3
 YES.....5
 AN5

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT, EVEN THOUGH UNDERWEIGHT]

P6. Did your parents take you to a doctor, because they NO...(SKIP TO P7A).....1
 were worried about you losing so much weight? ALC/DRUG ONLY.....3
 YES.....(SPECIFY).....5
 AN6

What did the doctor say?

RECORD: ___ AN6_2 (text not used) _____
 _____ AN6_2 (text not used) _____

P7A. How old were you when you first started worrying about your weight a lot? _____/____ YEARS
AN7A

B. When was the last time you worried about your weight a lot?
Was it...

- WITHIN THE PAST TWO WEEKS.....1
- WITHIN THE PAST MONTH.....2
- WITHIN THE PAST SIX MONTHS.....3
- WITHIN THE PAST YEAR.....4
- OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

AN7B

C. How old were you the last time you worried a lot about your weight? _____/____ YEARS
AN7C

GIRLS 6-8 AND ALL BOYS SKIP TO NEXT SECTION, BULIMIA, Q.Q1A, P. 91. GIRLS 9 AND OLDER CONTINUE.

P8. Had you started your menstrual periods before you began to diet? NO..(SKIP TO Q.1A, P.91)...1
YES.....5
AN8

ANORX3RD P9. While you were losing weight, did your periods stop for at least 3 months in a row? NO.....1
YES.....5
AN9

[ABSENCE OF AT LEAST 3 CONSECUTIVE MENSTRUAL CYCLES]

Q: BULIMIA

Q1A. Have you had several episodes of eating a really large amount of food all at one time (MUCH LARGER THAN USUAL)? For example, an entire box of cookies or a large carton of ice cream?

NO.....(SKIP TO R1,P.94)....1
 ALC/DRUG ONLY.....3
 YES.....5

BU1A

B. How much did you eat?
 RECORD: _____ BU1B_1 (text not used) _____
 _____ BU1B_2 (text not used) _____

BULIM3RA Q2A. Did you ever eat large amounts of food like that at least twice a week?

NO.....(SKIP TO R1,P.94).....1
 ALC/DR ONLY..(SKIP TO Q.3)3
 YES.....5

BU2A

[RECURRENT EPISODES OF RAPID CONSUMPTION OF LARGE AMOUNTS OF FOOD IN A DISCRETE PERIOD OF TIME]

B. You've never eaten a really large amount of food twice in one week?

NEVER EATEN A LARGE AMOUNT...1
 HAS EATEN A LARGE AMOUNT.....5

BU2B

IF NEVER EATEN REALLY LARGE AMOUNT OF FOOD, SKIP TO SOMATIZATION, Q.R1, P.94. OTHERS CONTINUE.

BULIM3RD Q3.

NOTE TO INTERVIEWER:

HOW LONG DID THAT PERIOD OF EATING LARGE AMOUNTS OF FOOD AT LEAST TWICE A WEEK GO ON? LESS THAN 3 MONTHS.....1

PROBE FOR A MINIMUM OF 3 MONTHS DURATION OF BINGE EATING AT LEAST TWICE A WEEK. 3 MONTHS OR MORE.....5

BU3

[A MINIMUM AVERAGE OF 2 BINGE EATING EPISODES A WEEK FOR AT LEAST 3 MONTHS]

BULIM3RE	Q4A. Did you often worry a lot about how your body looked?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 BU4A
	B. Did you often worry a lot about how much you weighed?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 BU4B

[PERSISTENT CONCERN WITH BODY SHAPE AND WEIGHT]

BULIM3RC	Q5. When you were on eating binges like the ones we described earlier, did you often try to keep your weight down by taking laxatives, or making yourself throw up?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 BU5
----------	---	--

[REGULARLY ENGAGES IN SELF-INDUCED VOMITING OR USE OF LAXATIVES OR DIURETICS]

BULIM3RC	Q6. Did you exercise <u>a lot</u> to help keep your weight down?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 BU6
----------	--	--

[REGULARLY ENGAGES IN VIGOROUS EXERCISES TO PREVENT WEIGHT GAIN]

BULIM3RB	Q7. When you were on one of those eating binges, were you ever afraid that you couldn't stop eating? Did you ever feel you couldn't stop eating?	NO.....1 ALC/DRUG ONLY.....3 YES.....5 BU7
----------	--	--

[FEELING OF LACK OF CONTROL OVER EATING BEHAVIOR DURING BINGES]

Q8A.	How old were you when you first started having eating binges?	___/___ YEARS BU8A
B.	When was the last time you went on an eating binge? Was it...	WITHIN THE PAST TWO WEEKS.....1 WITHIN THE PAST MONTH.....2 WITHIN THE PAST SIX MONTHS.....3 WITHIN THE PAST YEAR.....4 OVER A YEAR AGO.....5 BU8B

IF OVER A YEAR AGO, ASK:

C.	How old were you when you stopped having eating binges?	___/___ YEARS BU8C
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SOMATIZATION NOTE TO INTERVIEWER

This section of interview is to be given in a semi-structured manner. After each positive, the interviewer must determine if the symptom is below criteria, if it occurred only when the respondent was on drugs or alcohol, if it was the result of some illness or injury, or if, in fact, it is a somatizing symptom. If the respondent has previously indicated that he/she has never used alcohol or drugs, there is no need to ask about them.

SOMATIZATION PROBE CHART

IF NO TO SYMPTOM.....	CODE 1
IF YES TO SYMPTOM ASK:	
Has anyone taken you to see a doctor or any one else about your (NAME SYMPTOM)	
IF YES ASK:	
REASON: Was it only because you were using DRUGS, ALCOHOL or taking MEDICINE?.....	CODE 3
REASON: Was it only because you were SICK or HURT?.....	CODE 4
IF NONE OF THE ABOVE.....	CODE 5
IF NO ASK:	
Did you take a lot of any medicines other than pain medicines you can buy at the store?	
IF YES ASK:	
REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE?.....	CODE 3
REASON: Was it only because you were SICK or HURT?.....	CODE 4
IF NONE OF THE ABOVE.....	CODE 5
IF NO ASK:	
Did it keep you from doing anything that you usually do?	
IF YES ASK:	
REASON: Was it only because you were using DRUGS, ALCOHOL, OR taking MEDICINE?.....	CODE 3
REASON: Was it only because you were SICK or HURT?.....	CODE 4
IF NONE OF THE ABOVE.....	CODE 5
IF NO.....	CODE 2

INTERVIEWER: NOTE CHANGE IN CODING OPTIONS.

R: SOMATIZATION

SOM3RA

R1. Do you feel that you get sick a lot of the time?
More than most people your age?

RECORD: _____

1	2	3	4	5
---	---	---	---	---

SM1

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RA

R2. Do you have to see a doctor a lot? More often than
other people your age?

**(PROBE: HAVE YOU MISSED A LOT OF
SCHOOL BECAUSE OF FEELING SICK?)**

1	2	3	4	5
---	---	---	---	---

SM2

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RB1

R3. Have you had times in your life when you've
thrown up a lot (much more than usual—much
more than your friends or other people your age)?

1	2	3	4	5
---	---	---	---	---

SM3

<p>IF CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q. R5.</p>
--

[VOMITING OTHER THAN DURING PREGNANCY]**PROBING PATTERN:**

1 = NO, NEVER

2 = YES, BUT DID NOT INTERFERE

3 = YES, ALWAYS DUE TO MED/DRUGS/ALC

4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY

5 = YES, PSYCHIATRICALLY RELEVANT

R4. Have you been bothered a lot—more than most people your age—by any of the following problems?

- | | | |
|---------|---|--|
| SOM3RB3 | A. Do you feel sick to your stomach a lot of the time? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM4A |
| SOM3RB4 | B. Does your stomach fill up with gas a lot of the time? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM4B |
| SOM3RB5 | C. Do you have a lot of problems with diarrhea? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM4C |
| SOM3RB6 | D. Do you have problems with getting sick easily from eating different foods? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM4D |
| SOM3RB2 | E. Have you had a lot of trouble with pains in your stomach? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM4E |

- | | | |
|---------|--|---|
| SOM3RB7 | R5. Have you ever had problems with very bad pain in your arms and legs? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM5 |
|---------|--|---|

[PAIN IN EXTREMITIES]

**IF CODED 3, 4, AND 5, CONTINUE.
OTHERS SKIP TO Q. R7.**

- | | | |
|----------|--|--|
| SOM3RB8 | R6A. Have you had a lot of problems with back pain? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM6A |
| SOM3RB10 | B. Do you have a lot of problems with pain when you go to the bathroom (urinate)? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM6B |
| SOM3RB11 | C. Have you had a lot of problems with any other kind of pain (EXCLUDING HEADACHES)? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM6C |
| SOM3RB9 | D. Have you had a lot of pain in your joints? (ankles, knees, wrists, elbows)? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM6D |

- | | | |
|----------|--|---|
| SOM3RB12 | R7. Do you have trouble with getting out of breath, at times when you're <u>not</u> exercising; like when walking or sitting around? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5</div>
SM7 |
|----------|--|---|

[SHORTNESS OF BREATH WHEN NOT EXERTING ONESELF]

**IF CODED 3, 4, OR 5, CONTINUE.
OTHERS SKIP TO Q. R9.**

[ADOLESCENT]

R:SOM

- SOM3RB13 R8A. Have you had a lot of trouble with your heart pounding or beating too fast? 1 2 3 4 5
SM8A
- SOM3RB14 B. Have you had problems with chest pain (a tight feeling or pain in the chest)? 1 2 3 4 5
SM8B
- SOM3RB15 C. Do you frequently feel faint or lightheaded? 1 2 3 4 5
SM9C
- SOM3RB16 R9. Have you had problems with amnesia for any amount of time when you couldn't remember anything that happened to you? 1 2 3 4 5
SM9

[AMNESIA]

- SOM3RB17 R10. Have you ever had a lot of difficulty swallowing? 1 2 3 4 5

[DIFFICULTY SWALLOWING]

SM10

IF Q.R9 OR Q.R10 CODED 3, 4, OR 5, CONTINUE. OTHERS WHO ARE MALE, SKIP TO INSTRUCTION BOX AFTER Q.R12D. OTHERS WHO ARE FEMALE, SKIP TO BOX BEFORE Q.R12A.

- SOM3RB18 R11A. Have you ever found that you just couldn't speak (lost you voice)? 1 2 3 4 5
SM11A
- SOM3RB19 B. Have you ever gone suddenly deaf and not been able to hear anything? 1 2 3 4 5
SM11B
- SOM3RB20 C. Have you had a lot of problems with double vision, that is, see two of one thing? 1 2 3 4 5
SM11C
- SOM3RB21 D. Have you had a lot of problems with your eyes where things lood fuzzy? 1 2 3 4 5
SM11D
- SOM3RB22 E. Have you ever suddenly gone blind? 1 2 3 4 5
SM11E
- SOM3RB23 F. Have there been times when you fainted or lost consciousness? 1 2 3 4 5
SM11F
- SOM3RB24 G. Have you had seizures? 1 2 3 4 5
SM11G

PROBING PATTERN:
1 = NO, NEVER
2 = YES, BUT DID NOT INTERFERE
3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
5 = YES, PSYCHIATRICALLY RELEVANT

- SOM3RB25 R11H. Have you had a lot of trouble walking? 1 2 3 4 5
SM11H
- SOM3RB26 I. Have you ever felt so weak that you couldn't lift or move things that you could ordinarily lift or move? 1 2 3 4 5
SM11I
- SOM3RB27 J. Have you had the kind of difficulty going to the bathroom where you had a hard time getting your urine to come out? 1 2 3 4 5
SM11J

**GIRLS 9 YEARS AND OLDER, CONTINUE
 GIRLS 8 YEARS AND YOUNGER AND ALL BOYS,
 SKIP TO INSTRUCTION BOX AFTER Q.R12D.**

- R12A. Have you started your menstrual (monthly) period? 1 5
**IF NO, SKIP TO BOX AFTER Q.R12D.
 IF YES, CONTINUE.** SM12A

- SOM3RB32 B. Do you have a lot of problems with menstrual cramps? 1 2 3 4 5
SM12B

[PAINFUL MENSTRUATION]

**IF CODED 3, 4, OR 5, CONTINUE.
 OTHERS SKIP TO INSTRUCTION AFTER Q.R12D.**

- SOM3RB33 C. Do you have problems with irregular menstrual periods? 1 2 3 4 5
SM12C
- SOM3RB34 D. Do you bleed heavily (more than most girls) when you do have your menstrual period? 1 2 3 4 5
SM12D

**IF NO 3'S, 4'S OR 5'S CODED IN QS.R1-R12D, SKIP TO
 PSYCHOTIC SYMPTOMS, Q.S1A, P.98. OTHERS CONTINUE.**

- SOM3RA R13A. You've told me that ____ (NAME 3'S, 4'S AND ____/____ YEARS 5'S IN QS.R1-R12D). SM13A
 Can you remember how old you were when these problems started happening?

[ONSET BEFORE AGE 30]

- B. When was the last time you had any of these problems? Was it... SM13B
- | | |
|--|----------------------------------|
| | WITHIN THE PAST TWO WEEKS.....1 |
| | WITHIN THE PAST MONTH.....2 |
| | WITHIN THE PAST SIX MONTHS.....3 |
| | WITHIN THE PAST YEAR.....4 |
| | OVER A YEAR AGO.....5 |

IF OVER A YEAR AGO, ASK:

- C. How old were you the last time any of these problems happened? ____/____ YEARS SM13C

[SYMPTOMS PERSIST FOR SEVERAL YEARS]

S: PSYCHOTIC SYMPTOMS

SCZ3R1B

- S1A. Have you ever seen things that other people looking at the same spot couldn't see?
(PROBE: LIKE A VISION?)

1	2	3	4	5
---	---	---	---	---

PS1A

[VISUAL HALLUCINATIONS]

- B. Could you tell me what you saw?

RECORD: _____ PS1B_1 (text, not used) _____

_____ PS1B_2 (text, not used) _____

IF CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q.S2A.

- C. Was the only time you saw it when you were falling asleep or waking up?

1	5
---	---

PS1C

SCZ3R1B

- S2A. Have you morethan once heard voices talking?
Voices that only you could hear?

1	2	3	4	5
---	---	---	---	---

PS2A

[AUDITORY HALLUCINATIONS]

IF CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q.S3.
--

- B. Could you tell me a little more about it/them?

RECORD: _____ PS2B (text, not used) _____

- C. Did the voice(s) say bad things to you, or about you?

RECORD: _____ PS2C (text, not used) _____

- D. Did the voice(s) tell you to do something?

RECORD: _____ PS2D (text, not used) _____

PROBING PATTERN:**1 = NO, NEVER****2 = YES, BUT DID NOT INTERFERE****3 = YES, ALWAYS DUE TO MED/DRUGS/ALC****4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY****5 = YES, PSYCHIATRICALLY RELEVANT**

[ADOLESCENT]

S:SCZ

SCZ3R1B

S3. Have you more than once heard strange sounds or noises besides voices?

1 2 3 4 5

PS3

RECORD: _____

SCZ3RB1

S4. Have you ever smelled something strange—something other people couldn't smell?

1 2 3 4 5

PS4

RECORD: _____

[OLFACTORY HALLUCINATIONS]

SCZ3R1A

S5. Have you ever felt that people were watching what you were doing, like they were spying on you?

1 2 3 4 5

PS5

[PARANOID DELUSION]

RECORD: _____

SCZ3R1A

S6. Has there been times when you thought that people were talking about you behind your back?
(PROBE: WERE THEY PLANNING TO HURT YOU IN SOME WAY—LIKE POISON YOU?)

1 2 3 4 5

PS6

[DELUSIONS OF PERSECUTION]

NOTE TO INTERVIEWER: BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE RESPONDENT, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.

RECORD: _____

SCZ3RA2

S7. While you were watching TV, have you thought that someone on TV was sending a special message to you and nobody else?

1 2 3 4 5

PS7

RECORD: _____

SCZ3RA2

S8. Have you ever felt that someone on TV or on the radio was making fun of you, or saying things about you?

1	2	3	4	5
---	---	---	---	---

PS8

RECORD: _____

[BIZARRE DELUSIONS]

SCZ3RA2

S9. Have you ever heard your thoughts spoken out loud?

(PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?)

1	2	3	4	5
---	---	---	---	---

PS9

RECORD: _____

SCZ3RA2

S10. Have you thought that someone was able to control your mind and make you do things you didn't want to do?

RECORD: _____

1	2	3	4	5
---	---	---	---	---

PS10

SCZ3RA2

S11. Have you ever felt that people could read your mind or hear what you were thinking? Could you give me an example?

(PROBE: IS IT BECAUSE THEY'VE KNOWN YOU FOR A LONG TIME OR KNOW YOU VERY WELL?)

RECORD: _____

1	2	3	4	5
---	---	---	---	---

PS11

SCZ3RA2

S12. Have you ever been able to read someone else's mind? Could you give me an example?

SPECIFY: _____

1	2	3	4	5
---	---	---	---	---

PS12

**IF ANY 3'S, 4'S, OR 5'S IN QS.S1-S12, CONTINUE.
OTHERS SKIP TO EXTENDED FAMILY, Q.T1, P.102.**

PROBING PATTERN:**1 = NO, NEVER****2 = YES, BUT DID NOT INTERFERE****3 = YES, ALWAYS DUE TO MED/DRUGS/ALC****4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY****5 = YES, PSYCHIATRICALLY RELEVANT**

S13A. You've told me that _____ (NAME 3'S, 4'S, OR 5'S IN QS.S1-S12). Can you remember how old you were when things like this started happening?

___/___YEARS
PS13A

B. When was the last time anything like this happened? Was it...

- WITHIN THE PAST TWO WEEKS.....1
- WITHIN THE PAST MONTH.....2
- WITHIN THE PAST SIX MONTHS.....3
- WITHIN THE PAST YEAR.....4
- OVER A YEAR AGO.....5

PS13B

IF OVER A YEAR AGO, ASK:

C. How old were you the last time anything like that happened?

___/___YEARS
PS13C

INTERVIEWER:

CHECK QS.J3, J8, AND J13 TO SEE IF AGES OF DEPRESSED EPISODES COINCIDE WITH AGES OF EPISODES OF PSYCHOTIC SYMPTOMS.

PS14

S14. DID ANY POSITIVE SYMPTOMS IN QS.S1-S12 HAPPEN DURING THE RECORDED EPISODES OF DEPRESSION? NO.....1 YES.....5

RECORD EVENTS OF DEPRESSED EPISODES THAT HAVE PSYCHOTIC FEATURES.

T: EXTENDED FAMILY**INTERVIEWER:**

T1. Does the child have knowledge of his/her biological parents?

MOTHER
NO.....1
YES.....5

T1_1

FATHER
NO.....1
YES.....5

IF THE CHILD HAS NO KNOWLEDGE OF THEIR BIOLOGICAL PARENTS, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE ONLY FOR BIOLOGICAL PARENTS IN "MOTHER" AND "FATHER" SPACES.

T1_1

T2. Does child live with...

NO STEP-PARENT.....1
STEP-MOTHER.....2
STEP-FATHER.....3
BOTH STEP-MOTHER & STEP-FATHER.4

T2

IF CHILD LIVES WITH A STEP-PARENT, CODE THAT STEP-PARENT IN Q. T3 AND FOR THE SUBSEQUENT "OTHER" SPACES.

IF THERE ARE TWO STEP-PARENTS, CODE ONLY THE STEP-MOTHER IN Q.T3 AND "OTHER" SPACES.

IF THERE IS NO STEP-PARENT, LET THE CHILD DESIGNATE AN "OTHER" BY ANSWERING Q. T3 BELOW.

IF CHILD DESIGNATES MORE THAN CLOSE ADULT AND ABSOLUTELY CANNOT PICK ONE, INTERVIEWER SHOULD PICK ONE FOR HIM.

T3. Is there any adult besides your parents (or step parents) to whom you feel very close and who plays an important part in your life?

NO OTHER.....0
STEP MOTHER.....1
STEP FATHER.....2
FOSTER MOTHER.....3
FOSTER FATHER.....4
GRANDMOTHER.....5
GRANDFATHER.....6
SIBLING (18 OR OLDER).....7
OTHER RELATIVES (AUNTS, UNCLES, COUSINS, ETC.).....8
OTHER ADULTS (TEACHERS, CLERGY, FAMILY FRIENDS).....9

T3

U: PARENTS' TIME SPENT WITH CHILD

INTERVIEWER: IN THIS PART OF THE INTERVIEW PROBE FOR THE POSSIBILITY THAT ALL 3 PARENTING FIGURES ARE INTERACTING WITH THE CHILD.

Now I'm going to ask you about the kinds of things some families do together. You tell me if your family does any of these things together.

U1A. Does your (MOTHER/FATHER/BOTH/OTHER) do things with you, spend time with you, help you with homework or school projects, do chores around the house with you, go shopping with you, or help you plan things?

**PROBE FOR CURRENT ACTIVITIES.
USE AGE APPROPRIATE PROBES.**

RECORD: _____

MOTHER PT1A_1
NO.....1
YES.....5

FATHER PT1A_2
NO.....1
YES.....5

OTHER PT1A_3
NO.....1
YES.....5

B. Would you say that your _____ (MOTHER/FATHER/BOTH/OTHER) spends time with you...

MOTHER PT1B_1
MORE THAN MOST PARENTS?...1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?...3

FATHER PT1B_2
MORE THAN MOST PARENTS?...1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?...3

OTHER PT1B_3
MORE THAN MOST PARENTS?...1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?...3

U2. Do you and your (MOTHER/FATHER/BOTH/OTHER) ever talk about what's going on in the world? Like what's happening in other countries, what the president is doing, or problems with the crime rate? Do you ever talk about something that was on TV news, or in the paper?

MOTHER PT2_1
NO.....(SKIP TO U5).....1
YES.....5

FATHER PT2_2
NO.....(SKIP TO U5).....1
YES.....5

OTHER PT2_3
NO.....(SKIP TO U5).....1
YES.....5

U3. Family celebrations like Thanksgiving, Christmas, or birthdays are supposed to be a lot of fun. But sometimes they end up with people getting upset. What is it like in your family? Are holidays upsetting, a lot of fun or some of both?

RECORD: _____

UPSETTING.....1
 SOMETIMES UPSETTING
 /SOMETIMES FUN.....2
 LOTS OF FUN.....3
 PT3_1

U4A. Does your (MOTHER/FATHER/BOTH/OTHER) show that he/she cares about others in the family by giving them hugs or kisses?

MOTHER PT4A_1
 NO.....1
 YES.....5
FATHER PT4A_2
 NO.....1
 YES.....5
OTHER PT4A_3
 NO.....1
 YES.....5

B. Do you remember getting hugs and kisses when you were little?

MOTHER PT4B_1
 NO.....1
 YES.....5
FATHER PT4B_2
 NO.....1
 YES.....5
OTHER PT4B_3
 NO.....1
 YES.....5

U5. Does your (MOTHER/FATHER/BOTH/OTHER) ever upset you by teasing you in a mean way, or doing other things that hurt your feelings?

MOTHER PT5_1
 NO.....1
 YES.....5
FATHER PT5_2
 NO.....1
 YES.....5
OTHER PT5_3
 NO.....1
 YES.....5

U6. Do you feel that your (MOTHER/FATHER/BOTH/OTHER) criticizes (disapproves of) you?
**(PROBE: ARE THEY ALWAYS TELLING YOU
 THT WHAT YOU'RE DOING IS WRONG?)**

MOTHER PT6_1
 NO.....1
 YES.....5
FATHER PT5_2
 NO.....1
 YES.....5
OTHER PT5_3
 NO.....1
 YES.....5

U7. Does your your (MOTHER/FATHER/BOTH/OTHER) go out of his/her way to say you did a good job when you do something well? For example, if you received a good grade in school, are you told something nice about it?

	<u>MOTHER</u>	PT7_1
NO.....		1
YES.....		5
	<u>FATHER</u>	PT7_2
NO.....		1
YES.....		5
	<u>OTHER</u>	PT7_1
NO.....		1
YES.....		5

U8A. When you have problems, or are worried about something, to whom do you usually tell your troubles?

	<u>MOTHER</u>	PT8A_1
NO.....		1
YES.....		5
	<u>FATHER</u>	PT8A_2
NO.....		1
YES.....		5
	<u>OTHER</u>	PT8A_3
NO.....		1
YES.....		5

B. Is there a reason why you don't usually tell your troubles to _____ (MOTHER/FATHER/BOTH/OTHER)?

	<u>MOTHER</u>	PT8B_1
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE...3		
OTHER REASON.....		4
	<u>FATHER</u>	PT8B_2
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE...3		
OTHER REASON.....		4
	<u>OTHER</u>	PT8B_3
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE...3		
OTHER REASON.....		4

SKIP TO DISCIPLINE, P. 106

C. Do you feel that (5'S IN Q.U8A) does a good job of listening to your troubles?

	<u>MOTHER</u>	PT8C_1
NO.....		1
YES.....		5
	<u>FATHER</u>	PT8C_2
NO.....		1
YES.....		5
	<u>OTHER</u>	PT8C_3
NO.....		1
YES.....		5

V: DISCIPLINE

Parents have many different ways of disciplining their children. I'm going to name some of the things that parents do and you tell me if any of the things I mention happen in your house.

V1. When you do something that your (MOTHER/FATHER/BOTH/OTHER) think is wrong, do they yell or fuss at you?

RECORD: _____

MOTHER DI1_1
MORE THAN MOST PARENTS....1
SAME AS MOST PARENTS.....2
LESS THAN MOST PARENTS.....3

FATHER DI1_2
MORE THAN MOST PARENTS....1
SAME AS MOST PARENTS.....2
LESS THAN MOST PARENTS.....3

OTHER DI1_3
MORE THAN MOST PARENTS....1
SAME AS MOST PARENTS.....2
LESS THAN MOST PARENTS.....3

V2. As a punishment, does your (MOTHER/FATHER/BOTH/OTHER) ever "gound" you – that is, not allow you to do something you really wanted to do?

RECORD: _____

MOTHER DI2_1
MORE THAN AVERAGE CHILD...1
SAME AS AVERAGE CHILD2
LESS THAN AVERAGE CHILD3

FATHER DI2_2
MORE THAN AVERAGE CHILD...1
SAME AS AVERAGE CHILD2
LESS THAN AVERAGE CHILD3

OTHER DI2_3
MORE THAN AVERAGE CHILD...1
SAME AS AVERAGE CHILD2
LESS THAN AVERAGE CHILD3

V3. Do you get into trouble with your (MOTHER/FATHER/BOTH/OTHER)...

RECORD: _____

MOTHER DI3_1
MORE THAN MOST KIDS.....1
SAME AS MOST KIDS2
LESS THAN MOST KIDS.....3

FATHER DI3_2
MORE THAN MOST KIDS.....1
SAME AS MOST KIDS2
LESS THAN MOST KIDS.....3

OTHER DI3_3
MORE THAN MOST KIDS.....1
SAME AS MOST KIDS2
LESS THAN MOST KIDS.....3

W: ADULTS AS ROLE MODELS

W1. Does _____ (MOTHER/FATHER/BOTH/
OTHER) belong to any groups or clubs like the
P.T.A., church or synagogue, or a sports club?

MOTHER [AD1_1](#)
NO.....1
YES.....5

RECORD: _____

FATHER [AD1_2](#)
NO.....1
YES.....5

OTHER [AD1_3](#)
NO.....1
YES.....5

W2. Does your (MOTHER/FATHER/BOTH/OTHER)
have some friends s/he sees from time to time?

MOTHER [AD2_1](#)
NO.....1
YES.....5

**(PROBE: DO THEY HAVE ANY FRIENDS
THEY SEE AWAY FROM WORK?)**

RECORD: _____

FATHER [AD2_2](#)
NO.....1
YES.....5

OTHER [AD2_3](#)
NO.....1
YES.....5

W3. Does _____ (MOTHER/FATHER/BOTH/
OTHER) get together with friends and relatives
for celebrations (THANKSGIVING, 4TH OF
JULY)?

MOTHER [AD3_1](#)
NO.....1
YES.....5

RECORD: _____

FATHER [AD3_2](#)
NO.....1
YES.....5

OTHER [AD3_3](#)
NO.....1
YES.....5

W4. When you are in an activity at school, like a play
or a concert, does _____ (MOTHER/FATHER/
BOTH/OTHER) usually try to attend?

MOTHER [AD4_1](#)
NO.....1
YES.....5

RECORD: _____

FATHER [AD4_2](#)
NO.....1
YES.....5

OTHER [AD4_3](#)
NO.....1
YES.....5

W5. Does your (MOTHER/FATHER/BOTH/OTHER) have any hobbies that s/he enjoys doing, like doing needlepoint, working on the car, going to the movies, cooking special dishes? Are any of them interested in football, or baseball games, things like that?

RECORD: _____

MOTHER AD5_1
 NO.....1
 YES.....5

FATHER AD5_2
 NO.....1
 YES.....5

OTHER AD5_3
 NO.....1
 YES.....5

**IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE,
 SAY: IN SPITE OF ALL THEIR DIFFICULTIES...**

W6. Would you say that your (MOTHER/FATHER/BOTH/OTHER) are pretty happy people?

RECORD: _____

MOTHER AD6_1
 NO.....1
 YES.....5

FATHER AD6_2
 NO.....1
 YES.....5

OTHER AD6_3
 NO.....1
 YES.....5

W7. Do you feel very close to your _____ (MOTHER/FATHER/BOTH/OTHER)?

RECORD: _____

MOTHER AD7_1
 NO.....1
 YES.....5

FATHER AD7_2
 NO.....1
 YES.....5

OTHER AD7_3
 NO.....1
 YES.....5

W8. Do you think that your (MOTHER/FATHER/BOTH/OTHER) argue or fight with each other?

RECORD: _____

MOTHER AD8_1
 MORE THAN MOST PARENTS.....1
 SAME AS MOST PARENTS.....2
 LESS THAN MOST PARENTS.....3

FATHER AD8_2
 MORE THAN MOST PARENTS.....1
 SAME AS MOST PARENTS.....2
 LESS THAN MOST PARENTS.....3

OTHER AD8_3
 MORE THAN MOST PARENTS.....1
 SAME AS MOST PARENTS.....2
 LESS THAN MOST PARENTS.....3

W8. Everyone gets irritable and crabby some of the time, but some people seem to be irritable and crabby most of the time. What about your parents? Are they...

RECORD: _____

- MOTHER [AD9_1](#)
 MORE IRRITABLE & CRABBY THAN MOST PARENTS.....1
 ABOUT THE SAME AS MOST PARENTS.....2
 LESS IRRITABLE & CRABBY THAN MOST PARENTS.....3
- FATHER [AD9_2](#)
 MORE IRRITABLE & CRABBY THAN MOST PARENTS.....1
 ABOUT THE SAME AS MOST PARENTS.....2
 LESS IRRITABLE & CRABBY THAN MOST PARENTS.....3
- OTHER [AD9_3](#)
 MORE IRRITABLE & CRABBY THAN MOST PARENTS.....1
 ABOUT THE SAME AS MOST PARENTS.....2
 LESS IRRITABLE & CRABBY THAN MOST PARENTS.....3

W10. Does it seem to you that _____ (MOTHER/FATHER/BOTH/OTHER) are tired out or exhausted most of the time?

RECORD: _____

- MOTHER [AD10_1](#)
 NO.....1
 YES.....5
- FATHER [AD10_2](#)
 NO.....1
 YES.....5
- OTHER [AD10_3](#)
 NO.....1
 YES.....5

X: FAMILY RULES

X1A. Does your family allow you to bring your friends home to spend time with you? NO.....1
 YES.....(SKIP TO X2A).....5
FR1A

B. What is the reason your family doesn't allow your friends to come over to visit?

RECORD: _____ FR1B (Text, not used) _____

X2A. Do you go to your friends' houses to visit? NO.....1
 YES.....(SKIP TO X3 A).....5
FR2A

B. What is the reason you don't go to your friends houses to visit?

RECORD: _____ FR2B_1 (Text, not used) _____
 _____ FR2B_2 (Text, not used) _____

X3A. Do you have to let you family or someone know where you are whenever you are out of the house? NO.....1
 YES.....5
FR3A

B. If you don't let your family know where you are going are you...
 IN NO TROUBLE AT ALL?.....1
 IN SOME TROUBLE?.....2
 IN BIG TROUBLED?.....3
FR3B

X4A. Does your family have rules about T.V.? NO.....1
 YES.....5
FR4A

(PROBE FOR HOW MUCH TV THEY CAN WATCH AND WHAT KIND OF SHOWS.)

<p>IF NO, SKIP TO PEER RELATIONS, Q.Y1, P.111. OTHERS CONTINUE.</p>
--

B. What are the rules?

RECORD: _____ FR4B_1 (Text, not used) _____
 _____ FR4B_2 (Text, not used) _____

Y: PEER RELATIONS

Y1. Do you have any difficulty making friends or keeping friends? NO.....1
 MAKING FRIENDS.....2
 KEEPING FRIENDS.....3
 MAKING & KEEPING FRIENDS.4
 PE1

Y2. Do you have a best friend, or some best friends? NO.....1
 YES..... 5
 PE2

Y3A. Have you ever had a boy/girl friend? NO.....(SKIP TO Y3C).....1
 YES..... 5
 PE3A

NOTE TO INTERVIEWER: WE ARE LOOKING FOR ROMANTIC RELATIONSHIPS, OR WHAT THE KIDS CONSIDER ROMATIC.

B. Have you had more than one? NO.....1
 YES..... 5
 PE3B

C. Do you have a lot of boy/girl friend problems? For example, do you like boys/girls who don't like you back? Or, do any boys/girls like you, but you don't like them back? NO.....1
 YES..... 5
 PE3C_1

RECORD: _____ PE3C_2 (Text, not used) _

Y4. Do you have boys/girls for friends? Not like boy/girl friends, but just friends? NO.....1
 YES..... 5
 PE4

Y5. Do(es) your parents/other know most of your friends? NO.....1
 YES..... 5
 PE5A

B. Do(es) your parents/other dislike any of your friends? NO.....1
 YES..... 5
 PE5B_1

RECORD: _____ PE5B_2 (Text, not used) _ NO.....1
 YES..... (SPECIFY)..... 5

IF THERE IS MORE THAN ONE CHILD LIVING WITH THE FAMILY, CONTINUE WITH SIBLING NETWORK, Q.Z1, P.112. IF ONLY ONE CHILD, SKIP TO SUBJECT COMMENTS, P.113.

Z: SIBLING NETWORK

Z1. All brothers and sisters fight some of the time. Do you think that you and your brothers/sisters fight...
 MORE THAN MOST BROTHERS/SISTERS?...1
 SAME AS MOST BROTHERS/SISTERS?.....2
 LESS THAN MOST BROTHERS/SISTERS?.....3
 SB1

Z2. Even though you do sometimes fight with your brothers/sisters, would you say that you really like each other?
 MORE THAN MOST BROTHERS/SISTERS?...1
 SAME AS MOST BROTHERS/SISTERS?.....2
 LESS THAN MOST BROTHERS/SISTERS?.....3
 SB2

Z3A. Do you and your brothers/sisters do anything together besides watching T.V.?
 NO.....(SKIP TO Z4).....1
 YES.....(SPECIFY).....5
 SB3A

B. What sort of things do you do together?

RECORD:SB3B_1 (Text, not used)
 _____ SB3B_2 (Text, not used)

Z4. In your family, do the older children take care of the younger ones?
 NO.....1
 YES.....5
 SB4
(PROBE: HELPING WITH HOMEWORK, BABY SITTING, PLAYING WITH THEM?)

Z5. Do you ever tell your brothers/sisters about your problems, or worries?
 NO.....1
 YES.....5
 SB5

Z6. Do you and your brothers/sisters talk about what's going on at school, or with your friends, things like that?
 NO.....1
 YES.....5
 SB6

Z7. Do you and your brothers/sisters stick up for one another in arguments with your parents or with other kids?
 DOESN'T STICK UP.....1
 PARENTS.....2
 OTHER KIDS.....3
 BOTH.....4
 SB7

AA: SUBJECT COMMENTS

I've asked you a lot of questions about your feelings, experiences, and behavior. But of course, people are not all the same, and maybe there is something that is important to you that I might have missed. Is there anything else that you think I should know?

RECORD VERBATIM: _____

Is there anything you would like to say about the interview?

RECORD VERBATIM: _____

TIME ENDED: **TIME HR / TIME MIN**
_____ : _____
(USE 24 HOUR CLOCK)

BB: INTERVIEWER OBSERVATIONS**BB1. General appearance**

A. Does he act his age? IO1A

YES.....1
 WOULD MISTAKE HIM FOR YOUNGER CHILD.....2
 WOULD MISTAKE HIM FOR AN OLDER CHILD.....3

B. Is he appropriately and cleanly dressed? IO1B

YES.....1
 DIRTY AND UNKEMPT.....2
 AGE INAPPROPRIATE.....3
 ODD, BIZARRE.....4
 OTHER: _____.....5

C. General air, pervasive attitude as: IO1C

OPEN & FRIENDLY, OR SHY BUT WARMS UP1
 HOSTILE & SUSPICIOUS.....2
 EXCESSIVELY SHY, WITHDRAWN, ANXIOUS OR
 SCARED.....3
 BLASÉ, OVERCONFIDENT...4
 OTHER: _____.....5

D. State of nutrition: IO1D

AVERAGE, LOOKS WELL-FED.....1
 UNDERNOURISHED AND/OR EXTREMELY THIN.....2
 OVERWEIGHT OR OBESE.....3
 THIN, BELOW AVERAGE. BUT NOT UNDERNOU-
 RISHED.....4
 CHUBBY, BUT APPEARS NORMAL FOR AGE.....5

E. Facial expression (pattern during interview): IO1E

NATURAL & UNREMARKABLE.....1
 EXPRESSIONLESS, NO VARIATION WITH
 THOUGHT CONTENT.....2
 ANXIOUS & WORRIED.....3
 SAD, TEARFUL OR CRYING, DEPRESSED.....4
 HOSTILE, ANGRY (FROWNS, POUTS).....5
 HIDES FACE FROM VIEW (AVOIDS EYE
 CONTACT).....6
 FLUCTUATED MARKEDLY DURING INTERVIEW..7
 OTHER: _____.....5

BB2. Affect

IO2

- SHOWS FEELINGS APPROPRIATE TO CONTENT OF THOUGH & SITUATION.....1
- INAPPROPRIATELY SAD, ELATED, SILLY OR HOSTILE...2
- UNUSUALLY FLAT, DISTANT, COLD.....3
- OTHER:.....5

BB3. Motor Behavior

IO3

- SITS OR STANDS WITH NORMAL AMOUNT OF MOVEMENT.....1
- OVERACTIVE, IN OR OUT OF CHAIR.....2
- REPETITIVE, STEREOTYPED MOVEMENTS.....3
- BIZARRE, PURPOSELESS OR UNUSUAL MOVEMENTS, NOT NECESSARILY REPETITIVE.....4
- SITS OR STAND STIFF, RIGID, TENSE.....5
- TICS.....6
- OTHER:.....5

BB4. Speech

A. General description:

IO4A

- NORMAL, INTELLIGIBLE, APPROPRIATE AMOUNT.....1
- EXCESSIVE AMOUNT, CONSTANT.....2
- REDUCED AMOUNT, ANSWERS QUESTIONS WITH AS FEW WORDS AS POSSIBLE.....3
- OTHER:.....4

B. Pattern:

IO4B

- REGULAR, SMOOTH, EVEN.....1
- POOR ARTICULATION (LISPING, SLURRING, "BABY TALK", DIFFICULTY WITH CONSONANTS, ETC.....2
- STUTTERING, STAMMERING.....3
- INTERMITTENT, UNUSUAL SOUNDS, EXPLETIVES, GRUNTS, BARKS, ETC.....4
- OTHER:.....5

BB5. Attention

IO5

- NORMALLY ATTENTIVE FOR AGE.....1
- INATTENTIVE, EASILY DISTRACTED.....2
- OTHER:.....3

BB6. **Flow of thought**

IO6

- RELEVANT, COHERENT, NORMAL.....1
- THOUGHTS SEEM TO RACE CAUSING PUSH OF SPEECH..2
- THINKING PROCESS IS SLOW WITH SLOW RESPONSES.3
- PERSERVATION (REPEATS WORDS OR PHRASES).....4
- CIRCUMSTANTIAL AND/OR IRRELEVANT.....5
- DIFFICULT TO FOLLOW.....6
- DOESN'T MAKE SENSE.....7
- MORE THAN ONE ABOVE (CIRCLE).....8

BB7. **Substance Use**

IO7

- NO SUBSTANCE USE APPARENT.....1
- SUSPICIOUS OF SOME SUBSTANCE USE.....2
- SUSPICIOUS OF INTOXICATION.....3
- INTOXICATED BUT ABLE TO FUNCITON.....4

BB8. **General response to interview**

IO8

- NO SPECIAL PROBLEMS, COOPERATIVE, ADEQUATE
EFFORT.....1
- SHOWED PERSISTNET, EXCESS ANXIETY RELATED TO
INTERVIEWE OR OVER-CONCERN ABOUT "RIGHT
ANSWERS".....2
- EXCESS USE OF FANTASY OR CONFABULATION.....3
- GAVE UP EASILY, DID NOT TRY.....4
- OPEN DISGUST & LACK OF COOPERATION.....5
- HAD TO BE COAXED CONTINUALLY.....6
- TIRED EASILY, WANTED TO STOP, BUT KEPT ON WITH
ENCOURAGEMENT.....7
- MIMICKED RESPONSES, MADE NO EFFORT TO THINK
ABOUT ANSWERS.....8
- QUIT & REFUSED TO GO ON.....9

INTERVIEWER NARRATIVE
