

# C-SSAGA-P-II

RESPONDENT'S I.D.: \_\_\_\_\_

CHILD'S I.D.: \_\_\_\_\_ TYPE (Choose one)  
FIRST CHILD: \_\_\_\_\_ A or C  
SECOND CHILD: \_\_\_\_\_ A or C  
THIRD CHILD: \_\_\_\_\_ A or C

SITE I.D.: (Choose one)  
CONNECTICUT.....1  
INDIANA.....2  
IOWA.....3  
NEW YORK.....4  
ST. LOUIS.....5  
SAN DIEGO.....6

INTERVIEWER'S I.D.: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

TIME STARTED: \_\_\_\_\_:\_\_\_\_\_  
(USE 24-HOUR CLOCK)

TIME ENDED: \_\_\_\_\_:\_\_\_\_\_  
(USE 24-HOUR CLOCK)

TYPE OF INTERVIEW: (Choose one)  
PERSONAL INTERVIEW.....1  
TELEPHONE INTERVIEW.....2

DATE EDITED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO DAY YR

DATE ENTERED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO DAY YR

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SARAH

PARENT QUESTIONNAIRE

SUBJECT COMMENTS

INTERVIEWER OBSERVATIONS

**THE PARENT'S VERSION OF THE C-SSAGA-II ALLOWS THE PARENTS TO REPORT ON UP TO THREE (3) CHILDREN IN ONE SESSION. FOR ADDITIONAL CHILDREN, USE AN ADDITIONAL INTERVIEW.**

I am going to ask you some questions about your child. These questions will focus on school, family and friends, as well as feelings, interests, and behaviors.

If I ask you a question that you don't wish to answer, just say so, and we can skip to the next one. If you don't understand a question, please let me know and I will try to explain it. I want to assure you again that all of the information you give is strictly confidential, and the only time that confidence will be broken is if we find out someone in the family is being seriously hurt.

**IF YOU HAVE ALREADY CODED INFORMATION FOR A1-A16A FROM PHONE CONTACT WITH PARENT; SKIP TO B1, P.11. OTHERWISE, CONTINUE.**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A1.	Gender			
	FIRST INITIAL/NAME	___	___	___
	MALE . . . . .	1	1	1
	FEMALE . . . . .	2	2	2

A2A.	How tall is your child?	___-___	___-___	___-___
		FT IN	FT IN	FT IN
B.	How much does your child weigh?			
		LBS:	___	___

(A3)	A3A.	How old is your child?	AGE:	___	___	___	___
------	------	------------------------	------	-----	-----	-----	-----

**VERIFY THAT THIS IS CHILD'S CURRENT AGE, NOT AGE AT NEXT BIRTHDAY.**

(A4)	B.	When is your child's birthday?	FIRST CHILD:	___/___/___	___
				MONTH DAY	YEAR
			SECOND CHILD:	___/___/___	___
				MONTH DAY	YEAR
			THIRD CHILD:	___/___/___	___
				MONTH DAY	YEAR

**INTERVIEWER GO TO CARD A.**

(A2) **HAND CARD A-1.**

A4.	This card has the names of some racial and ethnic groups. Which groups do your child's grandparents belong to? Let's start with his/her mother's mother.	MOTHER'S MOTHER:	___	___	___	___
		MOTHER'S FATHER:	___	___	___	___
	If CODED 08, SPECIFY:	FATHER'S MOTHER:	___	___	___	___
	_____	FATHER'S FATHER:	___	___	___	___
	_____					

		FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
A5A.	What grade is your child in?	GRADE: ___ ___	___ ___	___ ___

CODE CURRENT GRADE AND SKIP TO BOX A6.  
 IF SUMMER, CODE LAST GRADE COMPLETED AND SKIP TO BOX A6.  
 IF NOT IN SCHOOL, CODE -1 AND CONTINUE.

B. Why isn't s/he enrolled in school?

DROPPED OUT . . . . .	1	1	1
EXPELLED . . . . .	2	2	2
ILLNESS . . . . .	3	3	3
GRADUATED . . . (SKIP TO BOX A6) . . . . .	4	4	4
OTHER . . . . . (SPECIFY)	5	5	5

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

1. How old was your child when s/he (left/dropped out of/was expelled from) school?      AGE:    \_\_\_ \_\_\_      \_\_\_ \_\_\_      \_\_\_ \_\_\_

2. What was the last grade s/he completed?      GRADE:    \_\_\_ \_\_\_      \_\_\_ \_\_\_      \_\_\_ \_\_\_

3. **ADOLESCENTS ONLY:**

(CHILDREN, SKIP TO A7A)

Is s/he working on or has s/he completed a GED?

NO . . . . .	1	1	1
WORKING ON . . . . .	2	2	2
COMPLETED . . . . .	3	3	3

BOX A6: CHILDREN, SKIP TO A7A. ADOLESCENT BOYS, SKIP TO A6D.  
OTHERS, CONTINUE.

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A6A. How many times has (NAME GIRLS 13-17 YRS. OLD) been pregnant?	TIMES:	__ __	__ __	__ __
IF NEVER, SKIP TO A7A.				
B. Is she currently pregnant?	NO . . . .	1	1	1
	YES . . . .	5	5	5
C. How many stillbirths and miscarriages has she had?	NUMBER:	__ __	__ __	__ __
D. How many children does s/he have?	CHILDREN:	__ __	__ __	__ __

DO NOT COUNT CHILDREN WHO ARE ADOPTED, WHO ARE STEPCHILDREN, OR WHO WERE STILLBORN.

RECORD SEX AND DOB.

<u>CHILD I</u>			<u>CHILD II</u>			<u>CHILD III</u>		
<u>SEX</u>	<u>MONTH</u>	<u>YEAR</u>	<u>SEX</u>	<u>MONTH</u>	<u>YEAR</u>	<u>SEX</u>	<u>MONTH</u>	<u>YEAR</u>
M F	__ /	__ __ __	M F	__ /	__ __ __	M F	__ /	__ __ __
M F	__ /	__ __ __	M F	__ /	__ __ __	M F	__ /	__ __ __
M F	__ /	__ __ __	M F	__ /	__ __ __	M F	__ /	__ __ __

(A7) A7A. Tell me who the people living in your child's home are and how old they are.

RECORD RELATIONSHIP TO CHILD: I.E., SELF, MOM, STEPDAD, BROTHER, OWN CHILD; NOT NAMES.

**FIRST CHILD**

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___

**SECOND CHILD**

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___

**THIRD CHILD**

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(A8)	B. Are there any brothers or sisters who live away from home?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO A8A)		

SPECIFY RELATIONSHIPS: \_\_\_\_\_  
 \_\_\_\_\_

C. How many? SIBS:    \_\_\_        \_\_\_        \_\_\_

			<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
(A9)	A8A.	Is your child's real (biological) father living with him/her?	NO . . . 1 YES . . . 5	1 5	1 5
			(IF YES, SKIP TO A10A)		

B. Why isn't his/her real (biological) father living with him/her now?

**READ OPTIONS:**

SEPARATED . . . . .	1	1	1
DIVORCED . . . . .	2	2	2
DIED . . . . . (SKIP TO A10A)	3	3	3
PARENTS NEVER MARRIED . . . . .	4	4	4
OTHER . . . . . (SPECIFY)	5	5	5

SPECIFY: \_\_\_\_\_

(A10) A9A. How often does s/he see his/her biological father?

NEVER . . . . . (SKIP TO A10A)	0	0	0
COUPLE OF TIMES A WEEK . (SKIP TO A10A)	1	1	1
ONCE A WEEK . . . . . (SKIP TO A10A)	2	2	2
EVERY TWO WEEKS . . . . . (SKIP TO A10A)	3	3	3
ONCE A MONTH . . . . . (SKIP TO A10A)	4	4	4
ONCE A YEAR . . . . . (SKIP TO A10A)	5	5	5
LESS THAN ONCE A YEAR . . (SKIP TO A10A)	6	6	6
VACATIONS/SCHOOL BREAKS ONLY (CONTINUE)	7	7	7

B. About how many days a year does  
s/he get to see him?

DAYS: \_ \_ \_ \_ \_

(A11)	A10A.	Is your child's real (biological) mother living with him/her?	NO . . . 1 YES . . . 5	1 5	1 5
			(IF YES, SKIP TO A12)		

B. Why isn't his/her real (biological) mother living with him/her now?

**READ OPTIONS:**

SEPARATED . . . . .	1	1	1
DIVORCED . . . . .	2	2	2
DIED . . . . . (SKIP TO A12)	3	3	3
PARENTS NEVER MARRIED . . . . .	4	4	4
OTHER . . . . . (SPECIFY)	5	5	5

SPECIFY: \_\_\_\_\_





<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

A13. Now I'd like to know about some specific illnesses your child might have had.

Did a doctor ever tell you that s/he had . . .

	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. Allergies? . . . . .	1	5	1	5	1	5
2. Asthma? . . . . .	1	5	1	5	1	5
3. Bronchitis? . . . . .	1	5	1	5	1	5
4. Cancer/Leukemia? . . . . .	1	5	1	5	1	5
5. Diabetes? . . . . .	1	5	1	5	1	5
6. Epilepsy/Seizures? . . . . .	1	5	1	5	1	5
7. Very bad headaches? . . . . .	1	5	1	5	1	5
8. Been knocked out or unconscious? . . . . .	1	5	1	5	1	5
9. Heart disease? . . . . .	1	5	1	5	1	5
10. Kidney disease? . . . . .	1	5	1	5	1	5
11. Lead Poisoning? . . . . .	1	5	1	5	1	5
12. Sickle Cell Anemia? . . . . .	1	5	1	5	1	5
13. An operation? . . . (SPECIFY) . . .	1	5	1	5	1	5
14. Any other serious illness? (SPECIFY)	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A14A. Has your child ever gone to the emergency room?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		( IF NO, SKIP TO B )		

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

1. How many times in his/her life has s/he gone to the emergency room?      TIMES:    — —        — —        — —

B. Has your child ever stayed in the hospital overnight or longer?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		( IF NO, SKIP TO BOX A15; IF YES, SPECIFY )		

**FIRST CHILD**

<u>AGE</u>	<u>PROBLEM</u>	<u>HOSPITAL</u>	<u>NO. DAYS IN HOSPITAL</u>
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —

**SECOND CHILD**

<u>AGE</u>	<u>PROBLEM</u>	<u>HOSPITAL</u>	<u>NO. DAYS IN HOSPITAL</u>
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —

**THIRD CHILD**

<u>AGE</u>	<u>PROBLEM</u>	<u>HOSPITAL</u>	<u>NO. DAYS IN HOSPITAL</u>
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —
— —	_____	_____	— — —

**BOX A15:**  
**IF NO POSITIVES IN A13-A14, SKIP TO A15B.**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A15A. Has your child ever had to take any medication for (CONDITIONS IN A13-A14)?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
B. Has s/he ever had to take any (other) medicine that a doctor prescribed (besides aspirin, Tylenol, or cough syrup, etc.)?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
	(IF YES TO A OR B, ASK C)			
C. Do you remember the name of the medicine or what it was for?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
	(IF YES, SPECIFY)			
CHILD #1: _____	CODE: _____			
_____	CODE: _____			
CHILD #2: _____	CODE: _____			
_____	CODE: _____			
CHILD #3: _____				
_____				

A16. Has there ever been a time when your child was having troubles or problems and went to talk to a professional, like a counselor, social worker, or psychologist about them?

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NO . . . .	1	1	1	
YES . . . .	5	5	5	

( IF NO; SKIP TO B1, P.11 )

**FOR EACH YES, ASK WHO WAS SEEN, AGE, AND WHY.**

**FIRST CHILD**

<u>AGE</u>	<u>PERSON SEEN</u>	<u>PROBLEM</u>
— —	—	_____
— —	—	_____
— —	—	_____

**SECOND CHILD**

<u>AGE</u>	<u>PERSON SEEN</u>	<u>PROBLEM</u>
— —	—	_____
— —	—	_____
— —	—	_____

**THIRD CHILD**

<u>AGE</u>	<u>PERSON SEEN</u>	<u>PROBLEM</u>
— —	—	_____
— —	—	_____
— —	—	_____

**PERSON SEEN:**

- SCHOOL COUNSELOR/SCHOOL PSYCHOLOGIST . . . . 1
- MINISTER/PRIEST/RABBI . . . . . 2
- PSYCHIATRIST/PSYCHOLOGIST . . . . . 3
- PERSON AT HEALTH CLINIC . . . . . 4
- SOCIAL WORKER . . . . . 5
- OTHER . . . . . 6

SPECIFY OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Now I'd like to ask you a few questions about your child's performance at school and about things outside of school.

	FIRST CHILD	SECOND CHILD	THIRD CHILD
B1. What are your child's grades like in school? Are they ...			
BETTER THAN MOST OF THE CLASS? . . . . .	1	1	1
SAME AS MOST OF THE CLASS? . . . . .	2	2	2
WORSE THAN MOST OF THE CLASS? . . . . .	3	3	3

B2A. Have you child's grades always been that way? (Were your child's grades always that way?)

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

(IF YES, SKIP TO B5A)

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

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

B3. In which grade did your child get his/her best grades?

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

_____	_____	_____	_____	_____
1ST GRADE	OF	HIGH MARKS		
_____	_____	_____	_____	_____
2ND GRADE	OF	HIGH MARKS		
_____	_____	_____	_____	_____
3RD GRADE	OF	HIGH MARKS		

SPECIFY REASON(S): \_\_\_\_\_

\_\_\_\_\_

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.

B4. In which grade did your child get his/her worst grades?

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

_____	_____	_____	_____	_____
1ST GRADE	OF	LOW MARKS		
_____	_____	_____	_____	_____
2ND GRADE	OF	LOW MARKS		
_____	_____	_____	_____	_____
3RD GRADE	OF	LOW MARKS		

SPECIFY REASON(S): \_\_\_\_\_

\_\_\_\_\_

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

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(B6)	B5A.	Has your child ever skipped a grade?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C)		
	B.	Which grade(s) did s/he skip?	GRADE: ___ ___	___ ___	___ ___
			GRADE: ___ ___	___ ___	___ ___
			GRADE: ___ ___	___ ___	___ ___
(B7)	C.	Has your child ever been in a special group for kids who are doing very well in school - the top reading group, or math class, or some kind of gifted program?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF YES, SPECIFY)		
		SPECIFY: _____			
		_____			

(B5)	B6A.	Has your child ever repeated a grade in school?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C; IF YES, SPECIFY)		
		<b>CODE NO IF ONLY DUE TO ILLNESS</b>			
	B.	Which grade(s) did s/he repeat?	GRADE: ___ ___	___ ___	___ ___
			GRADE: ___ ___	___ ___	___ ___
			GRADE: ___ ___	___ ___	___ ___

**IF CHILD REPEATED THE SAME GRADE TWICE, CODE THE GRADE TWICE.**

	C.	Has your child ever been in a special group for kids who were not doing well in their schoolwork?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF YES, SPECIFY)		
		SPECIFY: _____			
		_____			

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(B8)	B7A. Does your child play any sports just for fun, like hockey, baseball, basketball, soccer, or anything else?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF YES, SPECIFY)		

<b>ALL KINDS OF EXERCISE COUNT; THAT IS, AEROBICS, BIKING, ETC.</b>
---

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

B.	Has your child ever been on a sports team, or is s/he on a team now?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO, SKIP TO B8A; IF YES, SPECIFY)		

SPECIFY TEAMS: \_\_\_\_\_  
\_\_\_\_\_

C. What was the last grade in which s/he was on a sports team?      GRADE:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

D. How many hours a week does (did) s/he spend on team practice and games?

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

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

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(B9)	B8A. Does your child go to any other activities such as music lessons, choir, scouts, religious programs, weekend classes, or anything else like that?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO, SKIP TO B9A; IF YES, SPECIFY)		

SPECIFY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_

B. How many hours a week does your child spend in after-school or weekend activities?

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

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

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FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
-----------------------	------------------------	-----------------------

(B10) B9A. **ADOLESCENTS ONLY:**  
**(CHILDREN, SKIP TO B11)**  
 In the past year, has your child had a part-time job, like doing yard work, babysitting, or working in a store?  
 NO . . . . . 1 1 1  
 YES (SPECIFY) 5 5 5  
 (IF NO, SKIP TO B11)  
 SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

B. How many hours a week does s/he spend working during the school year? HOURS: \_\_\_ \_\_\_ \_\_\_ \_\_\_

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

C. How many hours a week does s/he spend working during the summer? HOURS: \_\_\_ \_\_\_ \_\_\_ \_\_\_

---

(B11) B10. BLANK

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(B12) B11. How often is your child bored? Is it . . . .

NEVER? . . . . .	1	1	1
ONLY OCCASIONALLY? . . . . .	2	2	2
SOME OF THE TIME? . . . . .	3	3	3
MOST OF THE TIME? . . . . .	4	4	4

---

B12A. **ADOLESCENTS ONLY:**  
**(CHILDREN, SKIP TO B)**  
 Has your child ever been left home alone all night until the next morning? NO . . . . . 1 1 1  
 YES . . . . . 5 5 5  
 (IF NO, SKIP TO B13A)

B. **CHILDREN ONLY:**  
 Has your child ever been left alone at home very late at night or all night? NO . . . . . 1 1 1  
 YES . . . . . 5 5 5  
 (IF NO, SKIP TO B13A)

C. What was the reason? \_\_\_\_\_  
 \_\_\_\_\_

**PARENT'S**

WORK SCHEDULE . . . . .	1	1	1
RECREATION . . . . .	2	2	2
OTHER RESPONSIBILITIES . . . . .	3	3	3
UNKNOWN . . . . .	4	4	4
OTHER . . . . .	5	5	5

D. Did this happen ...

A LITTLE . . . . .	1	1	1
SOMETIMES . . . . .	2	2	2
A LOT . . . . .	3	3	3

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			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(B14)	B13A. Has your child ever won a	NO . . . . .	1	1	1
	contest or received a prize or	YES . . . . .	5	5	5
	an award for anything?		(IF NO; SKIP TO C1A, P. 16)		

**DO NOT COUNT PRIZES WON BY CHANCE; I.E., RAFFLES**

B. Tell me about it.

CHILD 1

<u>EVENT</u>	<u>AGE</u>
_____	__ __
_____	__ __
_____	__ __
_____	__ __

CHILD II

<u>EVENT</u>	<u>AGE</u>
_____	__ __
_____	__ __
_____	__ __
_____	__ __

CHILD III

<u>EVENT</u>	<u>AGE</u>
_____	__ __
_____	__ __
_____	__ __
_____	__ __

C. Were these very important for him/her,  
not a big deal, or somewhere in between?

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

In this section I'll ask you about how your child gets along with family and friends and what school has been like for him/her. Some of these things may have happened when s/he was younger. I'd like you to think about his/her whole life, including now.

			FIRST CHILD	SECOND CHILD	THIRD CHILD
ADHD4A1a ICDG1-1	C1A.	Has your child had a <u>really</u> hard time doing his/her schoolwork or homework, because s/he had so much trouble remembering all the details s/he had to do?	NO . . . 1 YES . . . 5	1 5	1 5
	B.	Has your child made <u>a lot</u> of careless mistakes in schoolwork or homework?	NO . . . 1 YES . . . 5	1 5	1 5
(C7A) ADHD3RA7 ADHD4A1b ICDG1-2	C2A.	Has your child spent <u>a lot</u> of time daydreaming when s/he should have been keeping his/her mind on schoolwork, homework, or something else?  ( <b>EXAMPLE:</b> HAS THE TEACHER SAID THAT S/HE WASN'T PAYING ATTENTION TO HIS/HER WORK?)	NO . . . 1 YES . . . 5	1 5	1 5
(C7B) ADHD3RA7 ADHD4A1b ICDG1-2	B.	Has your child had <u>a lot</u> of trouble paying attention to the rules or remembering whose turn it was when involved in activities with other children?  ( <b>EXAMPLE:</b> DID OTHER CHILDREN GET ANGRY WITH HIM/HER BECAUSE S/HE DIDN'T PAY ATTENTION?)	NO . . . 1 YES . . . 5	1 5	1 5
(C12) ADHD3RA12 ADHD4A1c ICDG1-3	C3.	Have you or the teachers <u>often</u> felt that your child didn't seem to be listening, even when you were talking directly to him/her?	NO . . . 1 YES . . . 5	1 5	1 5
(C6) ADHD3RA6 ADHD4A1d ICDG1-4	C4.	Has your child had <u>a lot</u> of problems understanding what s/he was supposed to do, even after you or the teacher explained it?  ( <b>EXAMPLE:</b> DID PEOPLE SAY THAT S/HE NEVER GOT THINGS DONE? DID S/HE QUICKLY FORGET WHAT S/HE WAS SUPPOSED TO DO?)	NO . . . 1 YES . . . 5	1 5	1 5

			FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
ADHD4A1e ICDG1-5	C5.	Has your child <u>often</u> had trouble organizing things for schoolwork or other activities?	NO . . . 1 YES . . . 5	1 5	1 5

(**EXAMPLE:** WHEN S/HE HAS GOTTEN READY TO DO HOMEWORK, HAS S/HE SEEMED TO NEVER HAVE ALL THE THINGS S/HE NEEDED?)

ADHD4A1f ICDG1-6	C6.	Has your child <u>really</u> disliked doing schoolwork or homework, because it has been <u>so hard to sit still and pay attention</u> ?	NO . . . 1 YES . . . 5	1 5	1 5
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**IF NO 5'S IN C1A-C6, SKIP TO C11.  
OTHERS, CONTINUE.**

(C13) ADHD3RA13 ADHD4A1g ICDG1-7	C7.	Has your child lost things <u>a lot</u> , like pencils, notebooks, or papers from school? (Other examples might be losing the keys to the house or losing homework.)	NO . . . . 1 YES . . . . 5	1 5	1 5
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(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

(C3) ADHD3RA3 ADHD4A1h ICDG1-8	C8.	Has your child <u>often</u> been distracted when something else was going on in the same room?	NO . . . . 1 YES . . . . 5	1 5	1 5
---	-----	--	-------------------------------	--------	--------

(IF YES, SPECIFY)

(**EXAMPLE:** EVEN WHEN SOMETHING LITTLE WAS GOING ON AROUND HIM/HER, HAS S/HE OFTEN STOPPED WHAT S/HE WAS DOING AND PAID ATTENTION TO IT?)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADHD4A1i ICDG1-9	C9.	Has your child <u>often</u> forgotten about things that were supposed to be done? For example, has s/he forgotten to bring his/her homework home, forgotten about appointments, or forgotten to have a permission slip signed?	NO . . . . 1 YES . . . . 5	1 5	1 5
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(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(C8) ADHD3RA8	C10.	Has your child <u>often</u> started doing one thing and then changed to something else without finishing the first thing?	NO . . . . 1 YES . . . . 5	1 5	1 5

(IF YES, SPECIFY)

(EXAMPLE: HAS S/HE LEFT THINGS UNFINISHED A LOT OF THE TIME, LIKE GAMES OR PUZZLES?)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

(C5) ADHD3RA5 ADHD4A2g ICDG3-1	C11.	Have you or teachers <u>often</u> said that your child started answering a question before you could finish asking it?	NO . . . . 1 YES . . . . 5	1 5	1 5
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(C4) ADHD3RA4 ADHD4A2h ICDG3-2	C12.	Has it been <u>really</u> hard for your child to wait for his/her turn when playing with other kids or standing in line?	NO . . . . 1 YES . . . . 5	1 5	1 5
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(EXAMPLE: HAS S/HE GOTTEN BORED AND STARTED CLOWNING AROUND OR PUSHING AHEAD IN LINE? HAS S/HE HAD TROUBLE LINING UP TO SEE A MOVIE, OR LINING UP FOR CLASS?)

(C11) ADHD3RA11 ADHD4A2i ICDG3-3	C13.	Have adults <u>often</u> said that your child jumps in talking at inappropriate times, or have children said that your child butts into their games or activities, without being asked?	NO . . . . 1 YES . . . . 5	1 5	1 5
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ADHD3RA14	C14.	Has your child <u>often</u> done careless things, like running out into the street without looking, running into things because s/he didn't look where s/he was going, or climbing up on things that are dangerous?	NO . . . . 1 YES . . . . 5	1 5	1 5
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(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

IF YES, ASK "DID S/HE DO THESE THINGS WITHOUT THINKING ABOUT WHAT MIGHT HAPPEN OR BECAUSE S/HE THOUGHT IT WAS EXCITING?"  
CODE 5 ONLY IF CHILD DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.

			FIRST CHILD	SECOND CHILD	THIRD CHILD
(C1) ADHD3RA1 ADHD4A2a ICDG2-1	C15.	Has s/he <u>often</u> been fidgety or restless? That is, fiddling with his/her hands, jiggling his/her feet, or twisting around in his/her seat?	NO . . . . 1 YES . . . . 5	1 5	1 5

(C2) ADHD3RA2 ADHD4A2b ICDG2-2	C16.	Has your child had <u>a lot</u> of trouble staying seated?	NO . . . . 1 YES . . . . 5	1 5	1 5
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(FOR EXAMPLE: HAS S/HE OFTEN BEEN TOLD TO STAY IN HIS/HER SEAT, OR HAVE YOU OFTEN TOLD HIM/HER TO STOP GETTING UP FROM THE DINNER TABLE?)

ADHD4A2c ICDG2-3	C17.	Has your child run around <u>a lot</u> or climbed on things when adults have said not to, or has s/he <u>often</u> felt like s/he <u>has</u> to be moving around and doing things?	NO . . . . 1 YES . . . . 5	1 5	1 5
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**IF NO 5'S IN C11-C17, SKIP TO BOX C20.  
OTHERS, CONTINUE.**

(C9) ADHD3RA9 ADHD4A2d ICDG2-4	C18.	Has it been <u>really</u> hard for your child to do anything quietly alone or with other kids?	NO . . . . 1 YES . . . . 5	1 5	1 5
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ADHD4A2e ICDG2-5	C19.	Have people <u>often</u> told your child that s/he just couldn't slow down; that s/he was <u>always</u> moving around or on the go?	NO . . . . 1 YES . . . . 5	1 5	1 5
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ADHD3RA10 ADHD4A2f ICDG3-4	C20.	Has your child seemed to talk <u>all the time</u> or <u>never</u> stop talking?	NO . . . . 1 YES . . . . 5	1 5	1 5
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**BOX C20:  
IF 3 OR FEWER BOXES IN C1-C20 HAVE A 5 CODED; SKIP TO D1, P.22.  
OTHERS, CONTINUE.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(C15A) ADHD3RB ADHD4B ICDG4	C21A. How old was s/he when things like (NAME 5'S IN C1A-C20) started happening?	AGE ONS:    ___ ___ ONS:    _____	___ ___ _____	___ ___ _____	___ ___ _____

(**PROBE:** WAS S/HE LIKE THAT IN KINDERGARTEN OR FIRST GRADE? WAS S/HE LIKE THAT IN NURSERY SCHOOL?)

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

	B. How old was s/he the last time?	AGE REC:    ___ ___ REC:    _____	___ ___ _____	___ ___ _____	___ ___ _____
(C15E) ADHD3RA ADHD4A ICDG1	C. Did these things last for six months or longer?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
(C15D) ADHD3RA	D. Did most of these things happen around the same time ( <b>for example</b> , in the same grade)?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5

**FOR EACH 5 IN COL. I, ASK "Did this happen (1) a little, (2) somewhat, or (3) a lot?" AND CODE IN COL. II.**

ADHD4D	C22A. Because of (NAME POSITIVES IN C1A-C20) did any of these ever happen? ( <b>CODE IN COL. I</b> )	<u>FIRST CHILD</u> <u>COL.I</u> <u>NO YES</u>	<u>SECOND CHILD</u> <u>COL.II</u>	<u>THIRD CHILD</u> <u>COL.I</u> <u>NO YES</u>	<u>THIRD CHILD</u> <u>COL.II</u>
	1. Did you get really angry with him/her?	1 5	1 2 3	1 5	1 2 3
	2. Were you very worried about him/her?	1 5	1 2 3	1 5	1 2 3
	3. Did other children not want him/her around?	1 5	1 2 3	1 5	1 2 3
	4. Did the teacher tell you that s/he was having problems in school?	1 5	1 2 3	1 5	1 2 3
	5. Did s/he get low grades in school?	1 5	1 2 3	1 5	1 2 3

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
C23A. Did you ever take your child to anyone like a doctor, a social worker, or another professional because of problems like the ones we've been talking about?	NO . . . . . 1 YES . . . . . 5 (IF NO; SKIP TO D1, P.22)	1 5	1 5	1 5
B. Did s/he see:				
		<u>NO</u> <u>YES</u>	<u>NO</u> <u>YES</u>	<u>NO</u> <u>YES</u>
1. a psychiatrist or psychologist? . . .	1 5	1 5	1 5	1 5
2. another medical doctor? . . . . .	1 5	1 5	1 5	1 5
3. a school counselor or social worker?	1 5	1 5	1 5	1 5
4. someone like a minister, priest, or rabbi? . . . . .	1 5	1 5	1 5	1 5
5. another professional? . . .(SPECIFY)	1 5	1 5	1 5	1 5
SPECIFY: _____				
C. Did talking with (PERSON CHILD SAW) help him/her with the problem(s)?				
	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
D. Did (PERSON CHILD SAW) give any tests to find out more about the problem(s) s/he was having?				
	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
E. Did s/he ever receive any medicine for the problems?				
	NO . . . . . 1 YES . . . . . 5 (IF NO; SKIP TO D1, P.22)	1 5	1 5	1 5
F. Do you know the name of the medicine(s)?				
	NO . . . . . 1 YES . . . . . 5 (IF YES, SPECIFY)	1 5	1 5	1 5
SPECIFY: _____				
CODE: _____				
CODE: _____				
CODE: _____				
G. Is s/he still taking the medicine(s)?				
	NO . . . . . 1 YES . . . . . 5 (IF YES, SKIP TO I)	1 5	1 5	1 5
H. How old was s/he when s/he stopped taking the medicine(s)?				
	AGE: _____	_____	_____	_____
I. After s/he started taking the medicine, did these problems start to get better?				
	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5

Now I'm going to ask you some more questions about the way some children behave. I want to know if your child behaves this way more than most children the same age. Think about other children in general and not just about your child's close friends. Some of these things may have happened when s/he was younger. I'd like you to think about his/her whole life, including now.

**STANDARD PROBE: FOR EVERY "YES" ASK,  
"Has it been more than most children his/her age?"**

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				<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
ODD3RA1 ODD4A1 ODDICDG1-1	D1.	Has your child <u>often</u> lost his/her temper with you, other adults, or friends?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
		(EXAMPLE: WOULD S/HE OFTEN YELL, SCREAM OR TALK BACK OR STORM OUT OF THE ROOM?)				

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ODD3RA2 ODD4A2 ODDICDG1-2	D2A.	Has your child argued <u>a lot</u> with you (parents), teachers, or other adults?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
		(IF NO, SKIP TO D3A)				
	B.	With whom does s/he argue <u>a lot</u> ?	_____			
			_____			

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ODD3RA3 ODD4A3 ODDICDG1-3	D3A.	Has your child <u>often</u> just refused to do things that you (parents), teachers, or other adults have asked?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
		(IF NO, SKIP TO D4)				
		(EXAMPLE: IF YOU ASKED HIM/HER TO TAKE OUT THE GARBAGE, RUN AN ERRAND OR PICK UP HIS/HER JACKET, WOULD S/HE JUST SAY "NO" IF S/HE DIDN'T FEEL LIKE DOING IT? WOULD S/HE REFUSE TO HELP AROUND THE HOUSE? HAS S/HE GOTTEN IN TROUBLE A LOT AT SCHOOL FOR NOT FOLLOWING RULES?)				
	B.	What kinds of things has s/he refused to do?	_____			
			_____			

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ODD3RA4 ODD4A4 ODDICDG1-4	D4.	Has your child seemed to always do things <u>on purpose</u> to annoy other people? For example, arguing, or teasing just to get on someone's nerves?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5

**DO NOT COUNT SIBLINGS.**



FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
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**STANDARD PROBE:**  
 "Has it been more than most children his/her age?"

**NO STANDARD PROBE FOR D5.**

ODD3RA5  
ODD4A5  
ODDIDCG1-5

D5. When your child has been caught doing something wrong or when something bad has happened to your child, has s/he usually blamed . . .

(READ OPTIONS)

HIMSELF/HERSELF? . . . . .	1	1	1
OTHERS? . . . . .	2	2	2
SOME OF BOTH? . . . . .	3	3	3
NOBODY? . . . . .	4	4	4

(EXAMPLE: DO PEOPLE SAY THAT S/HE MAKES TOO MANY EXCUSES?)

**DO NOT COUNT SIBLINGS.**

**IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE.  
 OTHERS; SKIP TO F1C, P.27.**

ODD3RA6  
ODD4A6  
ODDIDCG1-6

D6. Has your child often felt that people bug him/her and get on his/her nerves a lot?

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

(EXAMPLE: DOES S/HE ALWAYS FEEL BOTHERED BY THE THINGS OTHERS SAY TO HIM/HER?)

**DO NOT COUNT SIBLINGS.**

ODD3RA7  
ODD4A7  
ODDIDCG1-7

D7. Has s/he often gotten angry and resentful with his/her parents, teachers, or friends, because s/he feels that they are being mean or unfair to him/her?

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

**DO NOT COUNT SIBLINGS.**

FIRST CHILD      SECOND CHILD      THIRD CHILD

**STANDARD PROBE:**  
**"Has it been more than most children his/her age?"**

ODD3RA8 ODD4A8 ODDICDG1-8	D8A. When someone has done something unfair to your child has s/he <u>often</u> tried to get back at them in some mean way?	NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO D9)	1 5	1 5
---------------------------------	---	--	--------	--------

(**EXAMPLE:** WOULD S/HE TELL OTHER PEOPLE THINGS ABOUT THEM THAT WEREN'T TRUE? WOULD S/HE TRY TO GET THEM IN TROUBLE WITH PARENTS OR TEACHERS ON PURPOSE?)

**DO NOT COUNT SIBLINGS.**

B. What kinds of things would s/he do?

\_\_\_\_\_

\_\_\_\_\_

ODD3RA9	D9. Has your child used <u>a lot</u> of curse words at times when s/he really shouldn't?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
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ODD3RA ODD4A	D10A. How old was s/he the (first/last) time things like (NAME POSITIVES IN D1-D9) happened?	AGE ONS:    ___ ___ ONS:        ___ ___ AGE REC:    ___ ___ REC:        ___ ___	___ ___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___
-----------------	--	--	--	--

ODD3RA ODD4A ODDICDD	B. Did (NAME POSITIVES) last for 6 months or longer?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
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**IF ONLY 1 POSITIVE SYMPTOM CODED IN D1-D9; SKIP TO F1C, P.27. OTHERS, CONTINUE.**

ODD3RA ODD4A ODDICDB	C. Did most of the things like (NAME POSITIVES) happen around the same time (for example, in the same grade)?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
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**FOR EACH 5 IN COL. I, ASK**  
 "Did this happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II**

ODD4B

	FIRST CHILD		SECOND CHILD		THIRD CHILD	
	COL. I	COL. II	COL. I	COL. II	COL. I	COL. II
	NO	YES	NO	YES	NO	YES
D11A. Because of (NAME POSITIVES IN D1-D9), have any of the following things happened? (CODE IN COL. I)						
1. Did his/her grades go down?	1	5	1	5	1	5
2. Did his/her teachers get angry with him/her or say that s/he had a bad attitude?	1	5	1	5	1	5
3. Did s/he feel very sad or lonely?	1	5	1	5	1	5
4. Did s/he lose friends?	1	5	1	5	1	5
5. Did you (parents) get really angry with him/her?	1	5	1	5	1	5
6. Was s/he grounded or not allowed to do something s/he really wanted to do?	1	5	1	5	1	5
<hr/>						
<b>B. <u>ADOLESCENTS ONLY:</u></b> (CHILDREN, SKIP TO C)						
Was s/he sent somewhere else to live?	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
<b>C.</b> Was s/he sent to see a counselor or any other professional?	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
IF YES, SPECIFY REASON: _____						
<hr/>						
<b>D.</b> Was s/he sent to juvenile court?	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
IF YES, SPECIFY REASON: _____						
<hr/>						
<b>E.</b> Anything else?	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
IF YES, SPECIFY: _____						
<hr/>						

**SECTION E OMITTED FOR PARENTS**

<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

F1A - B. OMITTED

C.	Has your child ever tried alcohol?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF YES, SKIP TO F)		

1.	Has anyone ever told you that your child tried alcohol?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO; SKIP TO G1C, P.34)		

D - E. OMITTED

(F1)	F.	Has s/he had a whole drink like a can of beer, a glass of wine, a wine cooler, a shot of hard liquor (like gin, scotch or vodka) or any other kind of drink with alcohol in it?	NO . . . . .	1	1
			YES . . . . .	5	5
			(IF NO; SKIP TO G1C, P.34)		

G. OMITTED

F2. OMITTED

(F3)	F3A.	How old was s/he when s/he had (someone told you s/he had) his/her very first whole drink?	AGE ONS: ___ ___	___ ___	___ ___
			ONS: _____	_____	_____
	B.	How old was s/he the last time?	AGE REC: ___ ___	___ ___	___ ___
			REC: _____	_____	_____

C - D. OMITTED

F4 - F10. OMITTED

F11A.	What is the largest number of drinks s/he has ever had (someone told you s/he had) in a 24-hour period?	DRINKS: ___ ___	___ ___	___ ___
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**IF LESS THAN 3; SKIP TO G1C, P.34.**

B - C. OMITTED

F12 - F18. OMITTED

<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

(F18)	F19A.	Has your child ever stopped doing things with any of his/her good friends because of his/her drinking?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
	B.	Has s/he missed activities, club meetings or sports practices s/he usually participated in because s/he was drinking, drunk, or hung over?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
<b>ADOLESCENTS: IF BOTH A &amp; B ARE NO, SKIP TO F26A.          CHILDREN: IF BOTH A &amp; B ARE NO, SKIP TO F26G.</b>						
	C.	How old was s/he the (first/ last) time? (NAME 5'S IN F19A & B)	AGE ONS: ___ ___	___ ___	___ ___	___ ___
			ONS: _____	_____	_____	_____
			AGE REC: ___ ___	___ ___	___ ___	___ ___
			REC: _____	_____	_____	_____
AD3RA5/B AD4-6 ADICDA5	D.	Did this happen 3 or more times or for a month or more?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5

F20 - 25. OMITTED

(F26)	F26A.	<b>ADOLESCENTS ONLY:</b> (CHILDREN, SKIP TO F26G) Has your child ever driven a car when s/he had been drinking?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
			(IF NO, SKIP TO F26G)			
FGNALCC2	B.	Has s/he ever been stopped or arrested for drunk driving?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
FGNALCC2	C.	Has his/her drinking and driving ever resulted in damaging a car or having an accident?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
	D.	OMITTED				

<b>IF NO 5'S IN F26A-C, SKIP TO G.          OTHERS, CONTINUE.</b>
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<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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F26E. How old was s/he the (first/last) time (NAME 5'S IN F26A-C) happened?

AGE ONS:	___ ___	___ ___	___ ___
ONS:	_____	_____	_____
AGE REC:	___ ___	___ ___	___ ___
REC:	_____	_____	_____

AD3RA4/B  
AA3RA2/B

F. Did s/he (NAME 5'S IN F26A-C) 3 or more times in his/her lifetime?

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

(IF NO, SKIP TO G)

AA4A2

1. Did this happen 3 or more times in any 12-month period?

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

G. When s/he has been drinking alcohol, has s/he ever done anything else that might have gotten him/her hurt; for example, riding his/her bike or skateboard, climbing, crossing against traffic, swimming, or anything else that might be dangerous?

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

(IF NO, SKIP F28A;  
IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

H. How old was s/he the (first/last) time?

AGE ONS:	___ ___	___ ___	___ ___
ONS:	_____	_____	_____
AGE REC:	___ ___	___ ___	___ ___
REC:	_____	_____	_____

AD3RA4/B  
AA3RA2/B

I. Did things like this happen 3 or more times?

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

(IF NO, SKIP TO F28A)

AA4A2

1. Did this happen 3 or more times in any 12-month period?

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

J - KOMITTED

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F27. BLANK

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		FIRST CHILD	SECOND CHILD	THIRD CHILD
F28A.	Has your child ever skipped school (work) or cut class to drink?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
		(IF NO, SKIP TO F29A)		
B.	How old was s/he the (first/last) time?	AGE: _____ ONS: _____	_____	_____
		AGE REC: _____	_____	_____
		REC: _____	_____	_____
C.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
<hr/>				
F29A.	Has your child ever gone to school (or to work) when drunk or hung over?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
		(IF NO, SKIP TO F30A)		
B.	How old was s/he the (first/last) time?	AGE: _____ ONS: _____	_____	_____
		AGE REC: _____	_____	_____
		REC: _____	_____	_____
C.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
<hr/>				
F30A.	Has your child ever had a drink or gotten drunk at school (or at work)?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
		(IF NO, SKIP TO F31A)		
B.	How old was s/he the (first/last) time?	AGE: _____ ONS: _____	_____	_____
		AGE REC: _____	_____	_____
		REC: _____	_____	_____
C.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1 5	1 5



FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
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(F15)	F31A. Has your child ever missed school (or work) because of being drunk or hung over?	NO YES . . . . .	5	5	5
(F16)	B. Have his/her grades ever gone down when s/he was drinking, drunk, or hung over?	NO YES . . . . .	5	5	5
(F18)	C. <u>ADOLESCENTS ONLY:</u> (CHILDREN, SKIP TO D)				
	Has s/he ever dropped out of school (or quit a job) because of drinking?	NO YES . . . . .	5	5	5
	D. Has s/he had any other problems at school (or work) because of drinking, being drunk, or being hung over? . . . . .	NO YES . . . . .	5	5	5
(F15)	E. Has s/he had any problems at home with getting chores done because of his/her drinking?	NO YES . . . . .	5	5	5

**IF NO 5'S IN F31A-E:**  
**ADOLESCENTS, SKIP TO F34A.**  
**CHILDREN, SKIP TO F35A.**  
**OTHERS, CONTINUE.**

(F15)	F. How old was s/he the (first/last) time (NAME 5'S IN F31A-E) happened?	AGE (NAME 5'S IN F31A-E) ONS: _____ AGE REC: _____ REC: _____	_____	_____	_____
AD3RA4/B	G. Has s/he (NAME 5'S IN F31A-E) 3 or more times in his/her lifetime?	NO YES . . . . .	5	5	5
AA4A1	1. Did this happen 3 or more times in any 12-month period?	NO YES . . . . .	5	5	5

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F32 - 33. OMITTED

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FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
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FGNALCC1 F34A. **ADOLESCENTS ONLY:**  
**(CHILDREN, SKIP TO F35A)**  
 Has your child ever been arrested or held by the police, even for a short time,  
 because of drinking (other than for drunk driving)? 5 5 5  
(IF NO, SKIP TO F35A)

B. How old was s/he the (first/last) time?  
 AGE ONS:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   ONS:           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   AGE REC:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   REC:           \_\_\_ \_\_\_           \_\_\_ \_\_\_

AD3RA6  
AA3RA1/B C. Did this happen 3 or more times? NO . . . . . 1           1           1  
 YES . . . . . 5           5           5  
(IF NO, SKIP TO F35A)

AA4A3 1. Did this happen 3 or more times in any 12-month period? NO . . . . . 1           1           1  
 YES . . . . . 5           5           5

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(F27) F35A. Has your child ever accidentally been seriously hurt when  
 drinking? For example, has s/he ever had a bad fall, burned  
 himself/ herself, or been hurt in a traffic accident? 1 1 1  
(IF NO, SKIP TO F51)

B. How old was s/he the (first/last) time?  
 AGE ONS:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   ONS:           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   AGE REC:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   REC:           \_\_\_ \_\_\_           \_\_\_ \_\_\_

AD3RA41B  
AA3RA21B  
ADICDA6  
AHUICD-10 C. Did this happen 3 or more times? NO . . . . . 1           1           1  
 YES . . . . . 5           5           5  
(IF NO, SKIP TO E)

AA4A2 D. Did this happen 3 or more times in any 12-month period? NO . . . . . 1           1           1  
 YES . . . . . 5           5           5

AHUICD-10 E. Did s/he go to an emergency room or see a doctor because of the accident(s)? NO . . . . . 1           1           1  
 YES . . . . . 5           5           5  
(IF NO, SKIP TO F51)

F. How old was s/he the (first/last) time?  
 AGE ONS:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   ONS:           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   AGE REC:    \_\_\_ \_\_\_           \_\_\_ \_\_\_           \_\_\_ \_\_\_  
                   REC:           \_\_\_ \_\_\_           \_\_\_ \_\_\_

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F36 - F50. OMITTED

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			FIRST CHILD		SECOND CHILD		THIRD CHILD		
(F31)	F51.	Has your child ever talked about his/her drinking with a doctor or counselor?	NO . . . . .	1	1	1	1	1	
			YES . . . . .	5	5	5	5	5	
(IF NO, SKIP TO F52A)									
A. Did s/he talk with:				<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	1.	a psychiatrist or psychologist? . . . . .		1	5	1	5	1	5
	2.	another medical doctor? . . . . .		1	5	1	5	1	5
	3.	a school counselor or social worker? . . . . .		1	5	1	5	1	5
	4.	someone like a minister, priest, or rabbi? . . . . .		1	5	1	5	1	5
	5.	another professional (SPECIFY)? . . . . .		1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

(F32)	F52A.	Has your child ever been in treatment for his/her drinking?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
(IF NO; SKIP TO G1C, P.34. IF YES, SPECIFY)						

SPECIFY: \_\_\_\_\_

B. Was s/he treated in a hospital, in a doctor's office, or in a clinic?						
	HOSPITAL . . . . .		1	1	1	1
	DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY. . . (SKIP TO E) . . .		2	2	2	2
	BOTH . . . . .		3	3	3	3
	OTHER . . . . .		4	4	4	4
C. How many times has s/he started treatment as a hospital patient?						
		TIMES:	___	___	___	___
D. How old was s/he the (first/last) time?						
		AGE ONS:	___	___	___	___
		ONS:	_____	_____	_____	_____
		AGE REC:	___	___	___	___
		REC:	_____	_____	_____	_____

IF F52B = 1; SKIP TO G1C, P34.  
IF F52B = 3 OR 4, CONTINUE

E. How many times has s/he started treatment with (NAME PLACE IN B)?						
		TIMES:	___	___	___	___
F. How old was s/he the (first/last) time?						
		AGE ONS:	___	___	___	___
		ONS:	_____	_____	_____	_____
		AGE REC:	___	___	___	___
		REC:	_____	_____	_____	_____

FIRST CHILD      SECOND CHILD      THIRD CHILD

G1A - B. OMITTED

(H1A)	C.	Has your child ever tried marijuana?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
				(IF YES, SKIP TO E)		
	1.	Has anyone ever told you that your child tried marijuana?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
				(IF NO; SKIP TO H1A, P.39)		
	D.	OMITTED				
	E.	How old was s/he the first time s/he tried (someone told you s/he tried) marijuana?	AGE ONS:    ___	___	___	___
			ONS:        _____	_____	_____	_____
	F.	How old was s/he the last time?	AGE REC:    ___	___	___	___
			REC:        _____	_____	_____	_____

G2 - G6. OMITTED

(H1E)	G7A.	How many times has s/he used (someone told you s/he used) marijuana? <b>IF DK, ASK B.</b>	TIMES:    ___	___	___	___
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**IF G7A = 20 OR FEWER; SKIP TO H1A, P.39.  
= 21 OR MORE, SKIP TO G12A.**

B.	<b>IF DK,</b>	Has s/he used marijuana . . .				
		20 OR FEWER TIMES? .(SKIP TO H1A, P.39)	. 0	0	0	0
		21 OR MORE TIMES? . . . . .	1	1	1	1
		40 OR MORE TIMES? . . . . .	2	2	2	2
		60 OR MORE TIMES? . . . . .	3	3	3	3
		80 OR MORE TIMES? . . . . .	4	4	4	4

G8 - G11. OMITTED

(H9)	G12A.	Has your child ever stopped doing things with any of his/her good friends because of his/her marijuana use?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
	B.	Has s/he missed activities, club meetings or sports practices s/he usually participated in because of his/her marijuana use?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5

**IF BOTH A & B ARE NO, SKIP TO G15A.**

DD3RA5/B DD4-6 DDICDA5	C.	Did (5'S IN A & B) happen 3 or more times, or for a month or longer?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5

FIRST CHILD      SECOND CHILD      THIRD CHILD

G13 - 14. OMITTED

(H16) G15A. **ADOLESCENTS ONLY:**  
 (CHILDREN, SKIP TO G15E)  
 Has your child ever driven a car when s/he had been using marijuana?

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

(IF NO, SKIP TO E)

B. Has his/her marijuana use ever resulted in him/her damaging a car or having an accident?

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

C. OMITTED

**IF NO 5'S IN G15A-B, SKIP TO E.  
 OTHERS, CONTINUE.**

DD3RA4/B  
 DA3RA2/B D. Did this happen 3 or more times in his/her lifetime?

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

(IF NO, SKIP TO E)

DA4A2 1. Did this happen 3 or more times in any 12-month period?

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

E. When s/he has been high from using marijuana, has s/he ever done anything else that might have gotten him/her hurt, like riding his/her bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous?

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

(IF NO, SKIP TO G17A;  
 IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

DD3RA4/B  
 DA3RA2/B F. Did things like this happen 3 or more times?

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

(IF NO, SKIP TO G17A)

DA4A2 1. Did this happen 3 or more times in any 12-month period?

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

G. OMITTED

H. OMITTED

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
G16.	OMITTED				
G17A.	Has your child ever skipped school (work) or cut class to use marijuana?	NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO G18A)	1	1	1
B.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1	1	1
G18A.	Has your child ever gone to school (or work) when high from using marijuana?	NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO G19A)	1	1	1
B.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1	1	1
G19A.	Has your child ever used marijuana at school (or at work)?	NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO G20A)	1	1	1
B.	Did this happen 3 or more times?	NO . . . . . 1 YES . . . . . 5	1	1	1
(H14)	G20A.	Has your child ever missed any school (or work) because of being high from using marijuana?	NO . . . . . 1 YES . . . . . 5	1	1
(H15)	B.	Have his/her grades gone down when s/he was using marijuana?	NO . . . . . 1 YES . . . . . 5	1	1
	C.	Has s/he ever dropped out of school (or quit a job) because of using marijuana?	NO . . . . . 1 YES . . . . . 5	1	1
	D.	Has s/he had any other problems at school (or work) because of using marijuana?	NO . . . . . 1 YES . . . . . 5	1	1
	E.	Has s/he had any problems at home with getting chores done because of using marijuana?	NO . . . . . 1 YES . . . . . 5	1	1
<b>IF NO 5'S IN G20A-E, SKIP TO G22A. OTHERS, CONTINUE.</b>					
DD3RA4/B	F.	Has s/he (NAME 5'S IN G20A-E) 3 or more times in his/her lifetime?	NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO G22A)	1	1
DA4A1	G.	Did this happen 3 or more times in any 12-month period?	NO . . . . . 1 YES . . . . . 5	1	1

			<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>			
G21.	OMITTED							
G22A.	Has your child ever been arrested or had any other problems with the police because of using marijuana?	NO . . . . .	1	1	1			
		YES . . . . .	5	5	5			
			(IF NO, SKIP TO G23A)					
DD3RA6 DA3RA1/B	B.	Did this happen 3 or more times?	NO . . . . .	1	1			
			YES . . . . .	5	5			
			(IF NO, SKIP TO G23A)					
DA4A3	1.	Did this happen 3 or more times in any 12-month period?	NO . . . . .	1	1			
			YES . . . . .	5	5			
(H17)	G23A.	Has your child ever accidentally been seriously hurt when using marijuana? For example, has s/he ever had a bad fall, gotten burned, or gotten hurt in a traffic accident?	NO . . . . .	1	1			
			YES . . . . .	5	5			
			(IF NO, SKIP TO G34)					
DD3RA4/B DA3RA2/B DDICDA6 DHUICD-10	B.	Did this happen 3 or more times?	NO . . . . .	1	1			
			YES . . . . .	5	5			
			(IF NO, SKIP TO D)					
DA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO . . . . .	1	1			
			YES . . . . .	5	5			
DHUICD-10	D.	Did s/he go to an emergency room or see a doctor because of the accident(s)?	NO . . . . .	1	1			
			YES . . . . .	5	5			
G24 - 33.	OMITTED							
G34.	Has your child ever talked about his/her marijuana use with a doctor or counselor?	NO . . . . .	1	1	1			
		YES . . . . .	5	5	5			
			(IF NO, SKIP TO G35A)					
	A.	Did s/he talk with:	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
		1. a psychiatrist or psychologist? . . . . .	1	5	1	5	1	5
		2. another medical doctor? . . . . .	1	5	1	5	1	5
		3. a school counselor or social worker? . . . . .	1	5	1	5	1	5
		4. someone like a minister, priest, or rabbi? . . . . .	1	5	1	5	1	5
		5. another professional (SPECIFY)? . . . . .	1	5	1	5	1	5
		SPECIFY: _____						

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
G35A.	Has your child ever been in treatment for his/her marijuana use?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO; SKIP TO H1E, P.39. IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

B.	Was s/he treated in a hospital, in a doctor's office, or in a clinic?			
	HOSPITAL . . . . .	1	1	1
	DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY. . . (SKIP TO E) . . .	2	2	2
	BOTH . . . . .	3	3	3
	OTHER . . . . .	4	4	4
C.	How many times has s/he started treatment as a hospital patient?	TIMES: ___ ___	___ ___	___ ___
D.	How old was s/he the (first/last) time?	AGE ONS: ___ ___	___ ___	___ ___
		ONS: _____	_____	_____
		AGE REC: ___ ___	___ ___	___ ___
		REC: _____	_____	_____

IF G35B = 1; SKIP TO H1E, P.39.  
IF G35B = 3 OR 4, CONTINUE.

E.	How many times has s/he started treatment with (NAME PLACE IN B)?	TIMES: ___ ___	___ ___	___ ___
F.	How old was s/he the (first/last) time?	AGE ONS: ___ ___	___ ___	___ ___
		ONS: _____	_____	_____
		AGE REC: ___ ___	___ ___	___ ___
		REC: _____	_____	_____



**SUPPLEMENT 1**

RESPONDENT'S ID: \_\_\_\_\_

CHILD'S ID: \_\_\_\_\_

H1A - D. OMITTED

**HAND R CARD H**

(I1)

H1E. Has your child ever used any drugs like these to feel good or high?  
Drugs like ...

- 1. Cocaine or crack? NO . . . . . 1  
YES . . . . . 5
- 2. Uppers, like speed, Ritalin,  
Dexedrine, crystal meth, diet pills,  
or any other Amphetamines? NO . . . . . 1  
YES . . . . . 5
- 3. Heroin, Codeine, Morphine, or any  
other Opiates? NO . . . . . 1  
YES . . . . . 5
- 4. Hallucinogens, like LSD (Acid),  
Mushrooms (Psilocybin), or PCP (Angel  
Dust)? NO . . . . . 1  
YES . . . . . 5
- 5. Downers, like sleeping pills,  
tranquilizers, Valium, Seconal, or any  
other sedatives? NO . . . . . 1  
YES . . . . . 5
- 6. Anything else, like glue, gasoline,  
paint thinner, any prescription  
medicines, over the counter medicines,  
or anything else I haven't mentioned?  
(IF DRUG NAMED BELONGS IN H1E.1-5,  
CODE APPROPRIATELY AND CONTINUE.) NO . . . . . 1  
YES . . . (SPECIFY) . . . 5

(I2)  
(I3)  
(I4)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

**IF ANY 5's IN H1E.1-6, SKIP TO H.  
OTHERS, CONTINUE.**

F. Has anyone ever told you that your child used any of these drugs? NO . (SKIP TO I1, P.45) . 1  
YES . . . (SKIP TO H) . . 5

G. OMITTED

	1	2	3	4	5	6
	COC	AMP	OP	HAL	BAR	OTH

(I5)

H.	How old was s/he the (first/last) time s/he used (someone told you s/he used) (DRUG)?	AGE ONS:	---	---	---	---	---	---
		ONS:	---	---	---	---	---	---
		AGE REC:	---	---	---	---	---	---
		REC:	---	---	---	---	---	---

1 2 3 4 5 6  
COC AMP OP HAL BAR OTH

H2 - H4. OMITTED

(I6) H5A. How many times has s/he used  
 (someone told you s/he used  
 (DRUG)? **IF DK, ASK B.** TIMES: \_\_\_\_\_

B. **IF DK**, Did s/he use (DRUG). . .

<b>PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE.</b>	6 OR FEWER 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 NO DRUG USED 7 OR MORE TIMES; SKIP TO I1, P. 45.  
 FOR ANY DRUG USED 7 OR MORE TIMES, CONTINUE.**

H6 - H14. OMITTED

(I10) H15A. Has your child ever stopped doing  
 things with any of his/her good  
 friends because of his/her (DRUG)  
 use? NO 1 1 1 1 1 1  
 YES 5 5 5 5 5 5

B. Did s/he miss activities, club  
 meetings, or sports practices s/he  
 usually participated in because of  
 his/her (DRUG) use? NO 1 1 1 1 1 1  
 YES 5 5 5 5 5 5

**IF BOTH A & B ARE NO, SKIP TO H18A.**

DD3RA5/B C. Did (5'S IN A & B) happen 3 or more  
 DD4-6 times or for a month or more? NO 1 1 1 1 1 1  
 DDICDA5 YES 5 5 5 5 5 5

H16 - H17. OMITTED

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I16)	H18A. <b>ADOLESCENTS ONLY:</b> (CHILDREN, SKIP TO H18E) Has your child ever driven a car when s/he had been using (DRUG)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO E)					
	B. Has his/her (DRUG) use ever resulted in him/her damaging a car or having an accident?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	C. OMITTED							
<b>IF NO 5'S IN H18A-B, SKIP TO E. OTHERS, CONTINUE.</b>								
DD3RA4/B DA3RA2/B	D. Did s/he (NAME 5'S IN H18A-B) 3 or more times in his/her lifetime?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO E)					
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	E. When s/he has been high from using (DRUG), has s/he ever done anything else that might have gotten him/her hurt, like riding his/her bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous? SPECIFY: _____ _____	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO H21A; IF YES, SPECIFY)					
DD3RA4/B DA3RA2/B	F. Did things like this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO H21A)					
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
H19. OMITTED								
H20. OMITTED								

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
H21A.	Has your child ever skipped school (work) or cut class to use (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			( IF NO, SKIP TO H22A )					
B.	Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
H22A.	Has your child ever gone to school (or work) when high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			( IF NO, SKIP TO H23A )					
B.	Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
H23A.	Has your child ever used (DRUG) at school (or at work)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			( IF NO, SKIP TO H24A )					
B.	Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
(I14)	H24A.	Has your child ever missed any school (or work) because of being high from using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
(I15)	B.	Have his/her grades ever gone down when s/he was using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
(I10)	C.	Did s/he ever drop out of school (or quit a job) because of using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
	D.	Did s/he have any other problems at school (or work) because of using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
	E.	Has s/he had any problems at home with getting chores done because of using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>IF NO 5'S IN H24A-E, SKIP TO H26A. OTHERS, CONTINUE.</b> </div>					
DD3RA4/B	F.	Has s/he (NAME 5'S IN H24A-E) 3 or more times in his/her lifetime?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			( IF NO, SKIP TO H26A )					
DA4A1	G.	Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I18)	H25.	OMITTED						
	H26A.	Has your child ever been arrested or had any other problems with the police because of using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				(IF NO, SKIP TO H27A)				
DD3RA6 DA3RA1	B.	Did this happen 3 or more times?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				(IF NO, SKIP TO H27A)				
DA4A3	1.	Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
(I17)	H27A.	Has your child ever accidentally been seriously hurt when using (DRUG)? For example, has s/he ever had a bad fall, gotten burned, or gotten hurt in a traffic accident?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				(IF NO, SKIP TO H38)				
DD3RA4/B DA3R2/B DDICDA6 DHUICD-10	B.	Did this happen 3 or more times?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				(IF NO, SKIP TO D)				
DA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DHUICD-10	D.	Did s/he go to an emergency room or see a doctor because of the accident(s)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
H28 - 37. OMITTED								

H38. Has your child ever talked about his/her drug use with a doctor or counselor? NO . . (SKIP TO H39A) . . 1  
 YES . . . . . 5

- A. Did s/he talk with: NO YES
- 1. a psychiatrist or psychologist? . . . . . 1 5
  - 2. another medical doctor? . . . . . 1 5
  - 3. a school counselor or social worker? . . . . . 1 5
  - 4. someone like a minister, priest, or rabbi? . . . . . 1 5
  - 5. another professional? . . . . .(SPECIFY) . . . . . 1 5

SPECIFY: \_\_\_\_\_

H39A. Has your child ever been in treatment for his/her drug use? NO . (SKIP TO I1, P.45) . 1  
 YES . . . (SPECIFY) . . . 5

SPECIFY: \_\_\_\_\_

- B. Was s/he treated in a HOSPITAL . . . . . 1  
 hospital, in a doctor's DOCTOR'S OFFICE, CLINIC, AA, OR  
 office, or in a clinic? OUTPATIENT FACILITY. (SKIP TO E) 2  
 BOTH . . . . . 3  
 OTHER . . . . . 4

C. How many times has s/he started treatment as a hospital patient? \_\_\_\_\_ TIMES

D. How old was s/he the (first/last) time? AGE ONS: \_\_\_\_\_  
 ONS: 1 2 3 4 5

AGE REC: \_\_\_\_\_  
 REC: 1 2 3 4 5

**IF H39B = 1; SKIP TO I1, P.45.  
 IF H39B = 3 or 4, CONTINUE.**

E. How many times has s/he started treatment with (NAME PLACE IN B)? \_\_\_\_\_ TIMES

F. How old was s/he the (first/last) time? AGE ONS: \_\_\_\_\_  
 ONS: 1 2 3 4 5

AGE REC: \_\_\_\_\_  
 REC: 1 2 3 4 5

I1. Many children do things that can get them into trouble with their parents or teachers. I am going to ask you about different ways young people get into trouble.

(PROBE FOR ALC/DRUG USE ONLY FOR ADOLESCENTS WHO HAVE USED ALCOHOL AND/OR DRUGS.)

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(E1)	A.	Has your child ever been suspended from school?	NO . . . . . 1 ALC/DRUG ONLY 3 YES . . . . . 5	1 3 5	1 3 5
		<b>IN-SCHOOL SUSPENSIONS COUNT</b>	(IF NO, SKIP TO I2A)		
	B.	How many times has s/he been suspended from school? <b>IF DK, ASK B1</b>	TIMES: ___ ___	___ ___	___ ___
	1.	<b>IF DK, Was it</b>	1 TIME . . . . . 1 2 TIMES . . . . . 2 3-5 TIMES . . . . . 3 6-10 TIMES . . . . . 4 11+ TIMES . . . . . 5	1 2 3 4 5	1 2 3 4 5
	C.	How old was s/he the (first/last) time s/he was suspended from school?	AGE ONS: ___ ___ ONS: _____ AGE REC: ___ ___	___ ___ _____ ___ ___	___ ___ _____ ___ ___
	D.	Why was s/he suspended?	REC: _____	_____	_____
_____					
_____					

---

(E2)	I2A.	Has your child ever been expelled from school (kicked out for the rest of the year)?	NO . . . . . 1 ALC/DRUG ONLY 3 YES . . . . . 5	1 3 5	1 3 5
			(IF NO, SKIP TO I3A)		
	B.	How many times has s/he been expelled from school? <b>IF DK, ASK B1.</b>	TIMES: ___ ___	___ ___	___ ___
	1.	<b>IF DK, Was it</b>	1 TIME . . . . . 1 2 TIMES . . . . . 2 3-5 TIMES . . . . . 3 6-10 TIMES . . . . . 4 11+ TIMES . . . . . 5	1 2 3 4 5	1 2 3 4 5
	C.	How old was s/he the (first/last) time s/he was expelled from school?	AGE ONS: ___ ___ ONS: _____ AGE REC: ___ ___	___ ___ _____ ___ ___	___ ___ _____ ___ ___
	D.	Why was s/he expelled?	REC: _____	_____	_____
_____					
_____					

---

**BEGIN SCORING \*'s ON TALLY SHEET I.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(E7)	I3A. Has your child ever skipped (played hooky/taken a day off from school)?	NO . . . . . 1 ALC/DRUG ONLY 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
		(IF NO, SKIP TO I4A)			
CD3RA5	B. How many times has s/he skipped school? <b>IF DK, ASK B1.</b>	TIMES: _____			
	1. <b>IF DK,</b> Was it . . . . .	1 TIME . . . . . 1 2 TIMES . . . . . 2 3-5 TIMES . . . . . 3 6-10 TIMES . . . . . 4 11+ TIMES . . . . . 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
CD4A15 CDICDG1-18	C. How old was s/he the (first/last) time s/he skipped school?	AGE ONS: _____* ONS: _____ AGE REC: _____ REC: _____			

**\* MARK TALLY IF: 3 OR MORE TIMES AND AGE ONSET BEFORE AGE 13**

---

(E8)	I4A. Has your child ever cut classes?	NO . . . . . 1 ALC/DRUG ONLY 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
		(IF NO, SKIP TO I5A)			

**CUTTING CLASSES MEANS THAT THE CHILD WAS AT SCHOOL BUT, JUST DIDN'T GO TO CERTAIN CLASSES OR LEFT SCHOOL WITHOUT PERMISSION.**

CD3RA5	B. How many different days has s/he cut classes? <b>IF DK, ASK B1.</b>	DAYS: _____			
	1. <b>IF DK,</b> Was it . . . . .	1 DAY . . . . . 1 2 DAYS . . . . . 2 3 OR MORE DAYS . . . . . 3	1 2 3	1 2 3	1 2 3
CD4A15 CDICDG1-18	C. How old was s/he the (first/last) time s/he cut classes?	AGE ONS: _____* ONS: _____ AGE REC: _____ REC: _____			

**\* MARK TALLY IF:  
3 OR MORE TIMES AND AGE ONSET BEFORE 13; OR  
IF I3B & I4B = 3 OR MORE TIMES AND  
ONE OF AGE OF ONSETS IN I3C AND I4C = BEFORE 13.**



FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

I5A. Did your child ever sneak out of the house when you said that s/he couldn't go out or when you thought s/he was only bed or at home? **NO** . . . . . 1 1 1  
**YES** . . . . . 5 5 5  
 (IF NO, SKIP TO I6A)

B. How many times has s/he done that? **IF DK, ASK B1.**  
 TIMES: \_\_\_ \_\_\_ \_\_\_  
 1. **IF DK,** Was it . . . . . 1 TIME . . . . . 1 1 1  
 2 TIMES . . . . . 2 2 2  
 3-5 TIMES . . . . . 3 3 3  
 6-10 TIMES . . . . . 4 4 4  
 11+ TIMES . . . . . 5 5 5

CD4A13  
CDICDG1-12

C. How old was s/he the (first/last) time that happened? AGE ONS: \_\_\_ \_\_\_\* \_\_\_ \_\_\_\* \_\_\_ \_\_\_\*  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

**\* MARK TALLY IF: 3 OR MORE TIMES AND AGE ONSET BEFORE 13.**

I6A. Has your child ever stayed out late at night without permission (and/or drug only) his/ her curfew or all night long)? **NO** . . . . . 1 1 1  
**YES** . . . . . 5 5 5  
 (IF NO, SKIP TO I7A)

B. When s/he has stayed out past curfew ~~USE 24-HOUR CLOCK~~ s/he usually stay out?  
 TIME: \_\_\_:\_\_\_ \_\_\_:\_\_\_ \_\_\_:\_\_\_

C. What time was s/he supposed to be home?  
 TIME: \_\_\_:\_\_\_ \_\_\_:\_\_\_ \_\_\_:\_\_\_

D. How many times has s/he stayed out much later than s/he was supposed to? **IF DK, ASK D1.**  
 TIMES: \_\_\_ \_\_\_ \_\_\_  
 1. **IF DK,** Was it . . . . . 1 TIME . . . . . 1 1 1  
 2 TIMES . . . . . 2 2 2  
 3-5 TIMES . . . . . 3 3 3  
 6-10 TIMES . . . . . 4 4 4  
 11+ TIMES . . . . . 5 5 5

CD4A13  
CDICDG1-12

E. How old was s/he the (first/last) time s/he stayed out later than s/he was supposed to? AGE ONS: \_\_\_ \_\_\_\* \_\_\_ \_\_\_\* \_\_\_ \_\_\_\*  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

**\* MARK TALLY IF:**  
**ADOLESCENT: STAYED OUT 2(+) HOURS PAST CURFEW 3 OR MORE TIMES AND AGE ONSET BEFORE 13.**  
**CHILD: STAYED OUT 1(+) HOUR(S) PAST CURFEW 3 OR MORE TIMES.**

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

(E4) I7A. Has your child ever run away from home overnight or longer? NO . . . . 1 1 1  
 ALC/DRUG ONLY 3 3 3  
 YES . . . . 5 5 5  
 (IF NO, SKIP TO I8A)

**MUST HAVE RUN AWAY FROM PARENTAL OR PARENT-SURROGATE'S HOME WITHOUT LETTING PARENT KNOW HIS/HER WHEREABOUTS.**

B. Why did s/he run away? **CODE SILENTLY:**  
 \_\_\_\_\_ SEXUAL ABUSE 1 1 1  
 \_\_\_\_\_ PHYSICAL ABUSE 2 2 2  
 \_\_\_\_\_ OTHER . . . . 3 3 3  
 \_\_\_\_\_

CD3RA2  
 CD4A14  
 CDICDG1-19

C. How many times has s/he run away? **IF DK, ASK C1.**  
 TIMES: \_\_\_ \_\_\_\* \_\_\_ \_\_\_\* \_\_\_ \_\_\_\*  
 \* MARK TALLY IF: MORE THAN ONCE &  
 NOT RELATED TO SEXUAL/PHYSICAL ABUSE

IF C = 01, SKIP TO D. IF C = 02 OR MORE, SKIP TO F.
--

1. **IF DK,** Was it . . . 1 TIME . . . (SKIP TO D) 1 1 1  
 2 TIMES . . (SKIP TO F) 2\* 2\* 2\*  
 3-5 TIMES . (SKIP TO F) 3\* 3\* 3\*  
 6-10 TIMES . (SKIP TO F) 4\* 4\* 4\*  
 11+ TIMES . (SKIP TO F) 5\* 5\* 5\*

CD4A14  
 CDICDG1-19

D. When s/he ran away, how long did s/he stay away from home? DAYS: \_\_\_ \_\_\_\* \_\_\_ \_\_\_\* \_\_\_ \_\_\_\*  
 \* MARK TALLY IF: 7 OR MORE DAYS &  
 NOT RELATED TO SEXUAL/PHYSICAL ABUSE

E. How old was s/he? AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_

SKIP TO I8A.
--------------

F. How old was s/he the (first/last) time s/he ran away? AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

(E5)

I8A. Of course everybody tells lies or makes up stories once in a while. 1  
 Does your child lie or make up stories? ALICE/DRUG ONLY 3 3 3  
 YES . . . . 5\* 5\* 5\*  
 (IF YES, SKIP TO I8C)

(**EXAMPLE:** LIKE TELLING THE TEACHER S/HE LOST A HOMEWORK ASSIGNMENT WHEN S/HE REALLY SOMEPLACE ELSE.)

B. Does s/he get into trouble a lot because people say s/he is lying? 1  
 (Do his/her teachers, friends, or parents get upset with him/her because they say s/he is lying?) ALICE/DRUG ONLY 3 3  
 YES . . . . 5\* 5\* 5\*  
 (IF NO, SKIP TO I9A)

CD3RA3  
 CD4A11  
 CDICDG1-9

C. Does s/he lie because ...  
 (When people say s/he is lying, do they say it is because ...)

	<u>NO</u> <u>YES</u>		<u>NO</u> <u>YES</u>		<u>NO</u> <u>YES</u>	
1. it's fun? . . . . .	1	5	1	5	1	5
2. it gets him/her out of trouble? . . . .	1	5	1	5	1	5
3. s/he wants others to think s/he is special? . . . . .	1	5	1	5	1	5
4. of any other reason? (SPECIFY) . . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

D. How old was s/he the (first/ last) time s/he told lies a lot, or people said s/he was lying?  
 AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

I9A. Has your child ever deceived someone into giving him/her something or into doing something for him/her? **NO** ALC/DRUG ONLY 3 3 3  
 YES . . . . . 5 5 5  
 (IF NO, SKIP TO I10A)

(**EXAMPLE:** LIKE TELLING YOU (PARENTS) S/HE NEEDED EXTRA MONEY FOR A SCHOOL OR SOMETHING ELSE?)

CD3RA3  
 CD4A11  
 CDICDG1-9

B. How many times has s/he done something like that?  
**IF DK, ASK B1.** TIMES: \_\_\_ \_\_\_\* \_\_\_ \_\_\_\* \_\_\_ \_\_\_\*

**\* MARK TALLY IF: 3 OR MORE TIMES**

1. <b>IF DK,</b> Was it . . . . .	1 TIME . . . . .	1	1	1
	2 TIMES . . . . .	2	2	2
	3-5 TIMES . . . . .	3*	3*	3*
	6-10 TIMES . . . . .	4*	4*	4*
	11+ TIMES . . . . .	5*	5*	5*

C. How old was s/he the (first/ last) time that happened?  
 AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

CD3RA3  
 CD4A11  
 CDICDG1-9

I10A. Have people often said your child cheated on schoolwork, on tests, or in games? **NO** ALC/DRUG ONLY 3 3 3  
 YES . . . . . 5\* 5\* 5\*  
 (IF NO, SKIP TO I11A)

B. How old was s/he the (first/ last) time s/he got blamed for cheating a lot?  
 AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

CDICDG1-1

I11A. Has your child often gotten so angry that s/he has thrown things, broken things, or laid on the ground? **NO** ALC/DRUG ONLY 3 3 3  
 YES . . . . . 5 5 5  
 (IF NO, SKIP TO BOX I11)

B. How old was s/he the (first/ last) time s/he behaved this way?  
 AGE ONS: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ONS: \_\_\_\_\_  
 AGE REC: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 REC: \_\_\_\_\_

**BOX I11:**  
**IF NO 3'S OR 5'S CODED IN I3A-11A, SKIP TO I13A.**  
**OTHERS, CONTINUE.**

CD4B

	I12. When s/he was doing things like (NAME POSITIVES IN I3A-I11A), did any of the following things happen?					
	<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
A. Did his/her grades go down? . . . . .	1	5	1	5	1	5
B. Did his/her teachers get angry with him/her a lot? . . . . .	1	5	1	5	1	5
C. Did his/her teachers often say that s/he had a bad attitude? . . . . .	1	5	1	5	1	5
D. Did s/he feel very sad? . . . . .	1	5	1	5	1	5
E. Did s/he lose friends? . . . . .	1	5	1	5	1	5
F. Did you (parents) get really angry with him/her a lot? . . . . .	1	5	1	5	1	5
G. Was s/he grounded or not allowed to do something s/he really wanted to do? .	1	5	1	5	1	5
<b>H. <u>ADOLESCENTS ONLY:</u></b>						
<b>(CHILDREN, SKIP TO I)</b>						
Was s/he sent to live somewhere else?	1	5	1	5	1	5
I. Was s/he sent to a counselor? . . . . .	1	5	1	5	1	5
IF YES, SPECIFY REASON: _____						
_____						
J. Was s/he sent to juvenile court? . . .	1	5	1	5	1	5
IF YES, SPECIFY: _____						
_____						
K. Anything else? . . . . .	1	5	1	5	1	5
IF YES, SPECIFY: _____						
_____						

FIRST CHILD SECOND CHILD THIRD CHILD

CDICD-F91.1

- I13A. Does your child spend more time by himself/herself than most children his/her age?
B. Is this because s/he is shy?
C. Is it because other children don't want to be around him/her, because s/he has often lied, started fights, stolen things from them, or always tried to get his/hers own way?
D. How old was s/he the (first/last) time s/he spent most of his/her time alone, because other children didn't want to be with him/her?

AGE ONS:
ONS:
AGE REC:
REC:

(E3)

- I14A. Has your child ever stolen anything from home or from a friend, like clothes, or money from a purse or wallet/DRUG ONLY
COUNT ONLY IF \$3 OR MORE.

SPECIFY:

- B. Has s/he ever stolen anything else from somebody at school or from a store?
CONFRONTATION

(EXAMPLE: LIPSTICKS, MAGAZINES, CLOTHES, TOYS, JEWELRY, CDs. DID S/HE EVER SWIPE SOMETHING FROM SOMEBODY'S LOCKER OR DESK?)
SPECIFY:

IF NO TO I14A-B, SKIP TO I14D. OTHERS, CONTINUE

CD3RA1
CD4A12
CDICDG1-17

- C. How many times has s/he stolen things in his/her lifetime?
IF DK, ASK C1. TIMES:

\* MARK TALLY IF: MORE THAN ONCE

- 1. IF DK, Was it . . . 1 TIME . . . (SKIP TO D)
2 TIMES . . (SKIP TO F)
3-5 TIMES . (SKIP TO F)
6-10 TIMES . (SKIP TO F)
11+ TIMES . (SKIP TO F)

FIRST CHILD SECOND CHILD THIRD CHILD

I14D. Has s/he ever used a credit card without permission or signed someone else's name on a check? ALC/DRUG ONLY 3 3 3 YES . . . . 5 5 5 SPECIFY: (IF NO, SKIP TO BOX I14E; IF CODED 3 OR 5, SPECIFY)

CD3RA1 CD4A12 CDICDG1-17

E. How many times has s/he done something like use a credit card without permission or sign someone else's name on a check? IF DK, ASK E1. MARK TALLY IF: MORE THAN ONCE OR I14C + I14E = 2 OR MORE

- 1. IF DK, Was it . 1 TIME . . . . . 1 1 1 2 TIMES . . . . . 2\* 2\* 2\* 3-5 TIMES . . . . . 3\* 3\* 3\* 6-10 TIMES . . . . . 4\* 4\* 4\* 11+ TIMES . . . . . 5\* 5\* 5\*

BOX I14E: IF I14A, I14B, AND I14D ARE ALL CODED 1; SKIP TO I15A. OTHERS, CONTINUE.

F. How old was s/he the first time s/he did anything like that? (NAME POSITIVE AGE ONLY) I14A- D)? ONS: \_\_\_\_\_

G. How old was s/he the last time s/he did anything like that? AGE REC: \_\_\_\_\_ REC: \_\_\_\_\_

(E15) CD3RA12 CD4A6 CDICDG1-20

I15A. Has your child ever threatened other children until they gave him/her something, like their lunch money? ALC/DRUG ONLY 3 mugged someone (held them up with a gun or knife) or snatched their purse? YES 5\* 5\* SPECIFY: (IF NO, SKIP TO I16A, IF CODED 3 OR 5, SPECIFY)

B. How many times has s/he done something like that? IF DK, ASK B1. TIMES: \_\_\_\_\_

- 1. IF DK, Was it . 1 TIME . . . . . 1 1 1 2 TIMES . . . . . 2 2 2 3-5 TIMES . . . . . 3 3 3 6-10 TIMES . . . . . 4 4 4 11+ TIMES . . . . . 5 5 5

C. How old was s/he when s/he (first/last time) did something like that? AGE ONS: \_\_\_\_\_ ONS: \_\_\_\_\_ AGE REC: \_\_\_\_\_ REC: \_\_\_\_\_

**SUPPLEMENT 2**

RESPONDENT'S ID: \_\_\_\_\_

CHILD'S ID: \_\_\_\_\_

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

**BEGIN SCORING \*'S ON TALLY SHEET FOR SECTION J.**

J1. Is your child the kind of person who NO . . . . . 1  
feels sad, unhappy or depressed a lot of YES . . . . . 5  
the time?

**FOR EACH SX, ASK A AND CODE IN COL. A.**

**BEFORE CODING YES IN COL. A.; ASK PROBE,  
"Is this a lot different from the way s/he usually feels?"**

**IF YES TO A, ASK B AND CODE IN COL. B.  
IF YES TO B, ASK C AND CODE IN COL. C.**

- (J2) A. During the past two weeks . . .
- (J3) B. Has s/he been feeling that way for at least four days in a week?
- (J3) C. Did s/he feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A</u>		<u>COL. B</u>		<u>COL. C</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Has s/he been feeling <u>very</u> sad, unhappy or depressed? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Has s/he often felt like crying? . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1 DEPICDB2	3. Has s/he felt that nothing seemed fun anymore? . . . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Has s/he not wanted to do things s/he usually likes? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Has s/he felt irritable or angry? . .	1	5	1	5	1	5*

**IF NO 5'S IN COL. C, SKIP TO J7.  
OTHERS, CONTINUE.**

DEP3RA6 DEP4A6 DEPICDB3	6. Has s/he felt more tired? . . . . .	1	5	1	5	1	5*
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J2A. How old was s/he when these feelings of (NAME 5\*'S IN J1, COL. C) began? AGE ONS: \_\_\_\_ \_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 MONTH YEAR

DEP3RA  
DEP4A

B. How long has s/he been feeling (sad, irritable, tired, or not interested in things)? \_\_\_\_\_ UNITS

<b>CODE UNITS:</b>	
DAYS . . . . .	1
WEEKS . . . . .	2
MONTHS . . . . .	3
YEARS . . . . .	4

(J5) J3. Has there been anything going on in your child's life that has been making him/her feel bad or has been making him/her have these problems we've been talking about? NO . . (SKIP TO BOX J4) . . . 1  
 YES . . . . . 5

<b>CODE ALL:</b> . . . . .		<b>NO</b>	<b>YES</b>
PARENTAL CONFLICT . . . . .	1		5
PARENT/CHILD PROBLEMS . . . . .	1		5
PEER PROBLEMS . . . . .	1		5
ROMANTIC PEER PROBLEMS . . . . .	1		5
MOVING . . . . .	1		5
ILLNESS/DEATH (OTHER'S) . . . . .	1		5
ILLNESS (SELF) . . . . .	1		5

SPECIFY OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODE: \_\_\_\_ \_\_\_\_

OTHER . . (SPECIFY) . . . 1 5

**BOX J4:**  
**IF NEVER USED ALCOHOL, SKIP TO BOX J5.**

J4A. Was your child drinking alcohol during the 6 weeks before s/he began to feel (NAME MOOD)? NO . . (SKIP TO BOX J5) . . . 1  
 YES . . . . . 5

B. How many days a week did s/he usually drink? \_\_\_\_\_ DAYS  
**IF 2 OR FEWER, SKIP TO E**

C. How many drinks would s/he usually have in one day? \_\_\_\_\_ DRINKS

DEP3RB1  
DEP4D  
AHUICD-10

D. **CODE SILENTLY:**  
**DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS/WEEK?** NO . . . . . 1  
 YES (SKIP TO J19A, P.69 AND CODE CURRENT EPISODE) 5

E. During the 6 weeks before s/he began to feel (NAME MOOD), what was the largest number of drinks s/he had in one day? \_\_\_\_\_ DRINKS  
**IF 2 OR FEWER, SKIP TO BOX J5**

F. How many days a week did s/he usually have at least 3 drinks? \_\_\_\_\_ DAYS

DEP3RB1  
DEP4D  
AHUICD-10

G. **CODE SILENTLY:**  
**DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS/WEEK?** NO . . . . . 1  
 YES (SKIP TO J19A, P.69 AND CODE CURRENT EPISODE) 5

**BOX J5:  
IF NEVER USED MJ OR DRUGS, SKIP TO J6A.**

**SHOW R CARD J-1.**

COC AMP OP HAL BAR MJ OTH

DEP3RB1  
DEP4D  
DHUICD-10

J5A.	During the 6 weeks before your child began to feel (NAME MOOD), did s/he use any of these drugs or abuse any prescription drugs?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5

**IF NO TO ALL IN J5A, SKIP TO J6A.  
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J5A.**

B.	Did s/he use any of these drugs every day or almost every day?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5

**IF NO TO ALL IN J5B, SKIP TO J6A.**

- C. How many days a week did s/he usually use (DRUG)? DAYS: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- D. How many times a day did s/he usually use (DRUG)? TIMES: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- E. During the 6 weeks before s/he began to feel (NAME MOOD), what was the largest number of times s/he used (DRUG) in one day? TIMES: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- F. During that 6 weeks, how many times did s/he use (DRUG) (LARGEST NO. OF TIMES/DAY)? TIMES: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**SKIP TO J19A, P. 69 AND CODE CURRENT EPISODE.**

DEP3RB1  
DEP4D

J6A.	Did your child's feelings of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine s/he was already taking?	NO (SKIP TO J19A, P.69 AND CODE CURRENT EPISODE)	1
		YES . . . . .	5

- B. What medicine did s/he take?  
 \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_  
 \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_

**SKIP TO J19A, P. 69 AND CODE CURRENT EPISODE.**

(J6) J7. Has there been any other time in your child's life when s/he felt sad, unhappy, or depressed? NO (SKIP TO BOX J34, P. 75) 1  
YES . . . . . 5

FOR EACH SX, ASK A AND CODE IN COL. A.

BEFORE CODING YES IN COL. A.; ASK PROBE,  
"Is/Was this a lot different from the way s/he usually feels?"

IF YES TO A, ASK B AND CODE IN COL. B.  
IF YES TO B, ASK C AND CODE IN COL. C.

A. During the worst time . . .

(J7) B. Did s/he feel that way for at least four days in a week?

(J7) C. Did s/he feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A.</u>		<u>COL. B.</u>		<u>COL. C.</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Did s/he feel <u>very</u> sad, unhappy or depressed? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Did s/he often feel like crying? . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	3. Did s/he feel that nothing seemed fun anymore? . . . . .	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Did s/he not want to do things s/he usually liked? . . . . .	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Did s/he feel irritable or angry? . . .	1	5	1	5	1	5*

IF NO 5'S IN COL. C; SKIP TO BOX J34, P.75.  
OTHERS, CONTINUE.

DEP3RA6 DEP4A6 DEPICDB3	6. Did s/he feel more tired? . . . . .	1	5	1	5	1	5*
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J8. How old was s/he when this really bad period of feeling depressed began? \_\_\_\_\_ AGE

\_\_\_\_\_/\_\_\_\_\_  
MONTH                      YEAR

DEP3RA DEP4A	J9. How long did it last? _____ UNITS
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**CODE UNITS:**  
DAYS . . . . . 1  
WEEKS . . . . . 2  
MONTHS . . . . . 3  
YEARS . . . . . 4

(J11) J10. Was there anything going on in your child's life that made him/her feel bad or was making him/her have these problems we've been talking about? NO . . . (SKIP TO BOX J11) . . . 1  
 YES . . . . . 5

**CODE ALL:** . . . . . NO YES  
 PARENTAL CONFLICT . . . 1 5  
 PARENT/CHILD PROBLEMS . . 1 5  
 PEER PROBLEMS . . . . . 1 5  
 ROMANTIC PEER PROBLEMS . 1 5  
 MOVING . . . . . 1 5  
 ILLNESS/DEATH (OTHER'S) . 1 5  
 ILLNESS (SELF) . . . . . 1 5

SPECIFY OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODE: \_\_\_\_\_  
 OTHER . . (SPECIFY) . . . 1 5

**BOX J11:  
 IF NEVER USED ALCOHOL, SKIP TO BOX J12.**

(J10) J11A. Was your child drinking alcohol during the 6 weeks before this time s/he began to feel (NAME MOOD)? NO . . (SKIP TO BOX J12) . . 1  
 YES . . . . . 5

B. How many days a week did s/he drink? \_\_\_\_\_ DAYS  
**IF 2 OR FEWER, SKIP TO E**

C. How many drinks would s/he usually have in one day? \_\_\_\_\_ DRINKS

DEP3RB1 D. **CODE SILENTLY:** NO . . . . . 1  
 DEP4D **DOES USUAL DRINKING = 3(+) DRINKS ON** YES . . (SKIP TO J14A) . . 5  
 AHUICD-10 **3(+) DAYS PER WEEK?**

E. During the 6 weeks before s/he began to feel (NAME MOOD), what was the largest number of drinks s/he had in one day? \_\_\_\_\_ DRINKS  
**IF 2 OR FEWER, SKIP TO BOX J12**

F. How many days a week did s/he have at least 3 drinks? \_\_\_\_\_ DAYS

DEP3RB1 G. **CODE SILENTLY:** NO . . . . . 1  
 DEP4D **DOES MAXIMUM DRINKING = 3(+) DRINKS FOR** YES . . (SKIP TO J14A) . . 5  
 AHUICD-10 **2(+) DAYS PER WEEK?**

**BOX J12:  
IF NEVER USED MJ OR DRUGS, SKIP TO J13A.**

**SHOW R CARD J-1.**

COC AMP OP HAL BAR MJ OTH

(J10)  
DEP3RB1  
DEP4D  
DHUICD-10

J12A. During the 6 weeks before your	NO	1	1	1	1	1	1	1	1
child began to feel (NAME	YES	5	5	5	5	5	5	5	5
MOOD), did s/he use any of									
these drugs or abuse any									
prescription drugs?									

**IF NO TO ALL IN J12A, SKIP TO J13A.  
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J12A.**

B. Did s/he use any of these drugs	NO	1	1	1	1	1	1	1	1
every day or almost every day?	YES	5	5	5	5	5	5	5	5

**IF NO TO ALL IN J12B, SKIP TO J13A.**

C. How many days a week did s/he usually use (DRUG)?                      DAYS:    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

D. How many times a day did s/he usually use (DRUG)?                      TIMES:    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

E. During the 6 weeks before s/he began to feel (NAME MOOD), what was the largest number of times s/he used (DRUG) in one day?                      TIMES:    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

F. During that 6 weeks, how many times did s/he use (DRUG) (LARGEST NUMBER OF TIMES)?                      TIMES:    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

**SKIP TO J14A.**

DEP3RB1  
DEP4D

J13A. Did your child's feeling of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine s/he was already taking?	NO (SKIP TO J19A, P.69 AND CODE PAST EPISODE)	1
	YES . . . . .	5

B. What medicine did s/he take?

\_\_\_\_\_ CODE:    \_\_\_    \_\_\_    \_\_\_

\_\_\_\_\_ CODE:    \_\_\_    \_\_\_    \_\_\_

**IF MEDICINE IS NOT ON CARD J-2, SKIP TO J19A, P. 69 AND CODE THIS PAST EPISODE.**

(J12) J14A. Has your child ever had another really bad time that lasted more than one day when s/he was feeling (NAME SX IN J7A1-6), and had not been (drinking, using drugs, or taking medicine)? NO(SKIP TO J19A, P.69 AND CODE EPISODE REPORTED IN J7) 1  
 YES . . . . . 5

DEP3RA1  
DEP3RA2  
DEP3RB1  
DEP4A  
DEP4A1  
DEP4A2

1. Was it as long as four days? NO (SKIP TO J19A, P.69 AND CODE EPISODE REPORTED IN J7) 1  
 YES . . . . . 5

2. Did this bad time last most of the day? For example, in the morning and afternoon or in the afternoon and evening? NO (SKIP TO J19A, P.69 AND CODE EPISODE REPORTED IN J7) 1  
 YES . . . . . 5

DEP3RA1 B. Was s/he feeling sad, unhappy, DEP4A2 depressed, or irritable? NO . . . . . 1  
 YES . . . . . 5

DEP3RA2 C. Did s/he stop wanting to do the DEP4A2 things s/he liked or stop having fun doing things s/he liked? NO . . . . . 1  
 YES . . . . . 5

DEP3RA6 D. Did s/he feel more tired? DEP4A6 NO . . . . . 1  
 DEPICDB3 YES . . . . . 5

(J13) J15. How old was s/he when this time began? AGE ONS: \_\_\_\_ \_\_\_\_  
 \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_  
 MONTH YEAR

(J14) J16. How long did it last? \_\_\_\_ \_\_\_\_ UNITS  
 DEP3RA  
DEP4A

**CODE UNITS:**  
 DAYS . . . . . 1  
 WEEKS . . . . . 2  
 MONTHS . . . . . 3  
 YEARS . . . . . 4

(J15) J17. Was there anything going on in your child's life that made him/her feel bad or was making him/her have these problems we've been talking about? NO . . . . (SKIP TO BOX) . . . 1  
 YES . . . . . 5

**CODE ALL:** . . . . . NO YES  
 PARENTAL CONFLICT . . . 1 5  
 PARENT/CHILD PROBLEMS . . 1 5  
 PEER PROBLEMS . . . . . 1 5  
 ROMANTIC PEER PROBLEMS . 1 5  
 MOVING . . . . . 1 5  
 ILLNESS/DEATH (OTHER'S) . 1 5  
 ILLNESS (SELF) . . . . . 1 5

SPECIFY OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODE: \_\_\_\_ \_\_\_\_  
 OTHER . . (SPECIFY) . . . 1 5

**CODE THIS EPISODE IN MOST SEVERE PAST EPISODE COLUMN.**

		CURRENT EPISODE	MOST SEVERE PAST EPISODE
During the past two weeks ... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old ...			
	J18. OMITTED		
DEP3RA3 DEP4A3 DEPICDC7	J19A. Did s/he eat a lot less than usual?	NO . . . . . 1 YES (SKIP TO J20A) 5*	NO . . . . . 1 YES (SKIP TO J20A) 5*
DEP3RA3 DEP4A3 DEPICDC7	1. Did s/he feel a lot less hungry, but ate anyway because someone made him/her?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA3 DEP4A3 DEPICDC7	J20A. Did s/he eat a lot more than usual?	NO . . . . . 1 YES (SKIP TO J21A) 5*	NO . . . . . 1 YES (SKIP TO J21A) 5*
DEP3RA3 DEP4A3 DEPICDC7	1. Did s/he feel a lot more hungry than usual, but couldn't eat more because someone wouldn't let him/her?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6	J21A. Did s/he have <u>a lot more trouble</u> than usual falling asleep at night?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6	B. Did s/he wake up in the middle of the night and have a hard time getting back to sleep?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6	C. Did s/he wake up <u>very early</u> in the morning and couldn't get back to sleep?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
DEP3RA4 DEP4A4 DEPICDC6	D. Did s/he sleep a lot <u>more</u> than usual? For example, did s/he sleep during the day or go to bed early at night?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*

		CURRENT EPISODE	MOST SEVERE PAST EPISODE
<p>During the past two weeks ... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old ...</p>			
DEP3RA5 DEP4A5 DEPICDC5	J22. Did s/he have a lot more trouble than usual keeping still, so that even other people could have noticed it?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
<p>(PROBE: DID S/HE HAVE TO GET UP AND WALK AROUND DURING DINNER OR WHEN WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)</p>			
DEP3RA5 DEP4A5 DEPICDC5	J23. Did s/he feel slowed down, so slowed down that other people could have noticed it?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
<p>(PROBE: DID IT TAKE HIM/HER LONGER TO MOVE AROUND? WAS S/HE WALKING OR TALKING MORE SLOWLY? DID IT SEEM THAT S/HE WAS THINKING MORE SLOWLY?)</p>			
(J25) DEP3RA7 DEP4A7 DEPICDC1	J24. Did s/he feel worthless or that everything s/he did was wrong?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
(J26) DEP3RA7 DEP4A7 DEPICDC2	J25. Did s/he feel that everything was his/her fault or did s/he feel guilty about a lot of things?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*
<p>(PROBE: DID S/HE FEEL THAT FAMILY PROBLEMS WERE HIS/HER FAULT? DID S/HE FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)</p>			
DEP3RA7 DEP4A7 DEPICDC1	A. Did s/he feel hopeless or that nothing would ever work out for him/her?	NO . . . . . 1 YES . . . . . 5*	NO . . . . . 1 YES . . . . . 5*



	CURRENT EPISODE	MOST SEVERE PAST EPISODE
<p>During the past two weeks ... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old...</p> <p>(J27) J26A. Did s/he have more trouble than usual concentrating or paying attention to what s/he was supposed to be doing?</p> <p>DEP3RA8 DEP4A8 DEPICDC4</p> <p>B. Did other people say that s/he was having trouble concentrating?</p> <p>DEP3RA8 DEP4A8 DEPICDC4</p> <p>(J28) J27A. Did s/he have <u>a lot</u> more trouble than usual making up his/her mind about things?</p> <p>DEP3RA8 DEP4A8 DEPICDC4</p> <p>B. Did other people say that s/he was having trouble making up his/her mind?</p> <p>DEP3RA8 DEP4A8 DEPICDC4</p>	<p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p>	<p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p>
<p>(J29) J28A. Were there times when things seemed so bad that s/he wished s/he were dead?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>B. Did s/he think a lot about being dead or dying?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>C. Did s/he make a plan about how s/he might kill himself/herself?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>D. Did s/he try to kill himself/herself?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>FOR ANY 5 IN A-D, ASK E. OTHERS, SKIP TO J29.</b></p> </div> <p>E. Does s/he feel that way now?</p> <p>SPECIFY FEELINGS: _____ _____ _____</p>	<p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5</p> <p>SPECIFY FEELINGS: _____ _____ _____</p>	<p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5*</p> <p>NO . . . . . 1 YES . . . . . 5</p> <p>SPECIFY FEELINGS: _____ _____ _____</p>
<p>J29. INTERVIEWER BOX:</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>

	CURRENT EPISODE	MOST SEVERE PAST EPISODE
During the past two weeks... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old...  <b>SHOW R TALLY J</b> J30A. You've told me that your child felt (sad, uninterested, or irritable, etc.). Was s/he also having problems with (appetite, sleeping, concentrating, etc.) at that time?  DEP3RA DEP4A DEPICDG1  1. Did most of these problems happen most of the day, nearly every day?  B. Did it last 2 weeks or more?  C. When did it begin?  D. How long did it last?	NO .(SKIP TO J31A) 1 YES . . . . . 5  NO . . . . . 1 YES . . . . . 5  NO .(SKIP TO J31A) 1 YES . . . . . 5  ___ ___ / ___ ___ YEAR ___ MONTH YEAR  ___ ___ WEEKS	NO .(SKIP TO J31A) 1 YES . . . . . 5  NO . . . . . 1 YES . . . . . 5  NO .(SKIP TO J31A) 1 YES . . . . . 5  ___ ___ / ___ ___ YEAR ___ MONTH YEAR  ___ ___ WEEKS
J31A. Did s/he feel like this <u>only</u> because someone close to him/her died?  DEP3RB2 DEP4E  1. Did the feelings begin within 6 months after (PERSON'S) death?  2. When did (PERSON) die?	NO .(SKIP TO J31B) 1 YES .(CODE BELOW) . 5  DEATH OF FAMILY MEMBER.(SPECIFY) . 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____  NO .(SKIP TO J31B) 1 YES . . . . . 5  ___ ___ / ___ ___ YEAR ___ MONTH YEAR  <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>SKIP TO J32</b></div>	NO .(SKIP TO J31B) 1 YES .(CODE BELOW) . 5  DEATH OF FAMILY MEMBER .(SPECIFY) 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____  NO .(SKIP TO J31B) 1 YES . . . . . 5  ___ ___ / ___ ___ YEAR ___ MONTH YEAR  <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>SKIP TO J32</b></div>

		CURRENT EPISODE	MOST SEVERE PAST EPISODE																																
During the past two weeks... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old...																																			
DEP3RB1 DEP4D	J31B. Did s/he feel like this <u>only</u> while s/he was very sick?	NO . . . . . 1 YES . . (SPECIFY) . 5  SPECIFY: _____  CODE: ____ ____ ____	NO . . . . . 1 YES . . (SPECIFY) . 5  SPECIFY: _____  CODE: ____ ____ ____																																
DEP3RB1 DEP4D	C. Did s/he feel like this <u>only</u> while s/he was taking medicine?	NO . . . . . 1 YES . . (SPECIFY) . 5  SPECIFY: _____  CODE: ____ ____ ____  CODE: ____ ____ ____  CODE: ____ ____ ____	NO . . . . . 1 YES . . (SPECIFY) . 5  SPECIFY: _____  CODE: ____ ____ ____  CODE: ____ ____ ____  CODE: ____ ____ ____																																
(J33) DEP4C	J32. Did having these feelings change things for your child at/with ... <b>COUNT NEGATIVE EFFECTS ONLY</b>	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>HOME . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>1</td> <td>5</td> </tr> </tbody> </table> SPECIFY: _____  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>IF ALL NO, SKIP TO J33A. FOR ANY 5, ASK A.</b> </div>		NO	YES	SCHOOL . . . . .	1	5	HOME . . . . .	1	5	FRIENDS . . . . .	1	5	OTHER (SPECIFY)	1	5	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>HOME . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td>1</td> <td>5</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>1</td> <td>5</td> </tr> </tbody> </table> SPECIFY: _____  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>IF ALL NO, SKIP TO J33A. FOR ANY 5, ASK A.</b> </div>		NO	YES	SCHOOL . . . . .	1	5	HOME . . . . .	1	5	FRIENDS . . . . .	1	5	OTHER (SPECIFY)	1	5		
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OTHER (SPECIFY)	1	5																																	
	A. How much did things change with _____? A little (1), somewhat (2), or a lot (3)?	<table border="0"> <tbody> <tr> <td>SCHOOL . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HOME . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	SCHOOL . . . . .	1	2	3	HOME . . . . .	1	2	3	FRIENDS . . . . .	1	2	3	OTHER . . . . .	1	2	3	<table border="0"> <tbody> <tr> <td>SCHOOL . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HOME . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FRIENDS . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	SCHOOL . . . . .	1	2	3	HOME . . . . .	1	2	3	FRIENDS . . . . .	1	2	3	OTHER . . . . .	1	2	3
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	CURRENT EPISODE	MOST SEVERE PAST EPISODE
During the past two weeks... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old...		
(J34) J33A. Did you ever take your child to a doctor or any other professional because of the way s/he was feeling? <b>AS AN OUTPATIENT</b>	NO. (SKIP TO J33E) 1 YES . . . . . 5	NO. (SKIP TO J33E) 1 YES . . . . . 5
B. Did s/he see:		
1. a psychiatrist or a psychologist?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
2. another medical doctor?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
3. a school counselor or social worker?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
4. someone like a minister, priest, or rabbi?	NO . . . . . 1 YES . . . . . 5	NO . . . . . 1 YES . . . . . 5
5. another professional?	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____
C. How many times did s/he see (PERSON(S) CHILD SAW) for help?	_____ TIMES	_____ TIMES
D. Did s/he get any medicine?	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____ CODE: _____	NO . . . . . 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____ CODE: _____

	CURRENT EPISODE	MOST SEVERE PAST EPISODE
During the past two weeks... During his/her worst period when s/he was (CHECK AGE IN J8/J15) years old...		
J33E. Did s/he have to go into the hospital?	NO.(SKIP TO BOX J33) 1 YES . .(SPECIFY) . 5  SPECIFY: _____ _____ _____	NO.(SKIP TO BOX J34) 1 YES . . (SPECIFY) . 5  SPECIFY: _____ _____ _____
F. How long did s/he stay in the hospital?	_____ DAYS	_____ DAYS
G. Did they give him/her any medicine or pills while s/he was in the hospital?	NO . . . . . 1 YES. . (SPECIFY) . 5  SPECIFY: _____ _____ _____	NO . . . . . 1 YES. . (SPECIFY) . 5  SPECIFY: _____ _____ _____
	CODE: _____ CODE: _____	CODE: _____ CODE: _____
	<b>BOX J33: GO BACK TO J7 AND ASK ABOUT MOST SEVERE PAST EPISODE.</b>	

**BOX J34: IF NO CURRENT OR PAST EPISODE,  
ADOLESCENTS SKIP TO BOX K1, P.76,  
CHILDREN SKIP TO M1A, P.89.**

J34A. Has your child had any other really bad periods of feeling sad, depressed or irritable for at least 2 weeks? NO. (SKIP TO BOX K1, P.76) . 1  
YES . . . . . 5

B. How many times like that has s/he had in his/her lifetime? \_\_\_\_\_ TIMES

C. How old was s/he the (first/last) time? AGE ONS: \_\_\_\_\_  
ONS: 1 2 3 4 5  
AGE REC: \_\_\_\_\_  
REC: 1 2 3 4 5

D. How many different times has s/he been in the hospital for feeling depressed? \_\_\_\_\_ TIMES

E. How many different times has s/he been treated for these feelings without staying in a hospital? \_\_\_\_\_ TIMES

J35. OMITTED

**SECTION K: ADOLESCENTS ONLY (CHILDREN SKIP TO M1A, P.89)**

**BOX K1:**  
**IF NO 5\*'S IN J1, COL. C OR J7, COL. C**  
**OR**  
**IF J2B, J9, OR J16 IS 1 YEAR OR LONGER,**  
**SKIP TO L1, P.80.**

In the last section, I asked if your child had ever had a time when s/he felt very sad, unhappy or depressed. Now I'm going to ask you if s/he has ever had sad or down feelings that lasted for a year or longer.

Some of the questions may sound like ones you have already answered, but they are a little different.

			<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>
			<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>
DYS3RA DYS4A	K1. Has your child ever felt sad or unhappy, for as long as a year?	NO . . . .	1	1	1
		YES . . . .	5	5	5
			(IF YES, SPECIFY)		
SPECIFY: _____					
_____					

---

DYS3RA DYS4A	K2. Has there ever been a year or longer when nothing s/he did seemed fun -- even things s/he used to enjoy doing like being with friends or going to the movies?	NO . . . .	1	1	1
		YES . . . .	5	5	5
			(IF YES, SPECIFY)		
SPECIFY: _____					
_____					

---

DYS3RA DYS4A	K3. Has s/he ever felt irritable nearly every day for a year or more?	NO . . . .	1	1	1
		YES . . . .	5	5	5

**IF NO 5'S IN K1-K3; SKIP TO L1, P.80.**  
**OTHERS, CONTINUE.**

---

DYS3RB2 DYS4B2	K4. When your child was(NAME MOOD), for that long time, did s/he . . . .						
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	A. have problems falling asleep? . . . . .	1	5	1	5	1	5
	B. wake up in the middle of the night? . . . . .	1	5	1	5	1	5
	C. wake up a lot earlier than usual? . . . . .	1	5	1	5	1	5
	D. sleep a lot more than usual? . . . . .	1	5	1	5	1	5

				<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
DYS3RB1 DYS4B1	K5A.	When your child was (NAME MOOD), did s/he have long periods of time when s/he didn't seem very hungry?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
DYS3RB1 DYS4B1	B.	When s/he was (NAME MOOD), did s/he have long periods of time when s/he felt hungry all the time?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
DYS3RB3 DYS4B3	K6.	When your child was (NAME MOOD), did s/he feel tired most of the time?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
DYS3RB4 DYS4B4	K7.	When your child was (NAME MOOD) did s/he feel very bad about himself/herself, that is, not as good as other people, not as smart, good-looking, or well-liked as others?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
DYS3RB6 DYS4B6	K8.	When your child was (NAME MOOD), did s/he feel that everything was going wrong or that nothing would ever work out?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
DYS3RB5 DYS4B5	K9A.	When your child was (NAME MOOD), did s/he have trouble concentrating or trouble making decisions about things?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5
		( <b>PROBE:</b> FOR EXAMPLE, WHAT TO WEAR, WHAT TO DO, WHETHER TO WATCH TV OR NOT, THINGS LIKE THAT?)				
	B.	Did his/her thoughts seem to come more slowly?	NO . . . . .	1	1	1
			YES . . . . .	5	5	5

**IF NO 5'S IN K4A-K9B; SKIP TO L1, P.80.  
 OTHERS, CONTINUE.**

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

DYS3RG  
DYS4G

K10A. Did s/he have these feelings you've told me about only when s/he was drinking or taking drugs or medicine?

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

(IF YES, SPECIFY AND SKIP TO K11A)

SPECIFY DRUG/MED: \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

DYS3RG  
DYS4G

B. Did s/he have these feelings you've told me about only when s/he was ill?

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

(IF YES, SPECIFY)

SPECIFY ILLNESS: \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_

K11A. How old was s/he when this period of feeling (NAME POSITIVES IN K1A-K9B) began?

AGE ONS: ___ ___	___ ___	___ ___
ONS: _____	_____	_____

B. How old was s/he when this period of time ended?

AGE REC: ___ ___	___ ___	___ ___
REC: _____	_____	_____

C.	<table border="0" style="width: 100%;"> <tr> <td style="width: 45%;">DID DYSTHYMIC MOOD AND OTHER SYMPTOMS LAST AT LEAST A YEAR?</td> <td>NO . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td></td> <td>YES . . . .</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table> <p style="text-align: right;">(IF NO; SKIP TO L1, P.80)</p>	DID DYSTHYMIC MOOD AND OTHER SYMPTOMS LAST AT LEAST A YEAR?	NO . . . .	1	1	1		YES . . . .	5	5	5
DID DYSTHYMIC MOOD AND OTHER SYMPTOMS LAST AT LEAST A YEAR?	NO . . . .	1	1	1							
	YES . . . .	5	5	5							

K12A. Was there ever a time during that long period of feeling (NAME POSITIVES IN K1A-K9B) when your child felt a lot better?

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

(IF NO, SKIP TO K13A)

(PROBE: DID THE DOWN FEELINGS GO AWAY OR WERE THEY NEARLY GONE?)

DYS3RC  
DYS4C

B. For how long did s/he feel better?

LESS THAN 2 WEEKS . . . (SKIP TO K13A)	. . . .	1	1	1
1 MONTH . . . . . (SKIP TO K13A)	. . . .	2	2	2
2 MONTHS . . . . . (SKIP TO K13A)	. . . .	3	3	3
MORE THAN 2 MONTHS . . . . .	. . . . .	4	4	4

C. Did s/he ever have another time when s/he felt (NAME MOOD) that lasted at least a year?

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

(IF NO; SKIP TO L1, P.80)

D. How old was s/he when that time (began/ended)?

AGE ONS: ___ ___	___ ___	___ ___
ONS: _____	_____	_____
AGE REC: ___ ___	___ ___	___ ___
REC: _____	_____	_____

**CONTINUE WITH SECTION, ASKING ABOUT THIS EPISODE.**



**FOR EACH 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, or (3) or a lot?"  
**AND CODE IN COL. II.**

DYS4H

	FIRST CHILD		SECOND CHILD		THIRD CHILD	
	COL. I	COL. II	COL. I	COL. II	COL. I	COL. II
	NO	YES	NO	YES	NO	YES
K13A. When your child was feeling sad and down for this long time, did any of these things happen? (CODE IN COLUMN I)						
1. Did s/he get into arguments with you (parents)? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
2. Did you (parents) get angry with him/her? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
3. Were you (parents) or others always asking him/her what was wrong? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
4. Did s/he get into arguments with his/her friends? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
5. Did s/he feel that the kids didn't like him/her? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
6. Did his/her grades go down in school? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
7. Was it hard for him/her to get his/her work done? . . . . .	1	5	1 2 3	1 5	1 2 3	1 5 1 2 3
K14. OMITTED						

**SECTION I: ADOLESCENTS ONLY (CHILDREN SKIP TO M1A, P.89)**

FIRST CHILD      SECOND CHILD      THIRD CHILD

**STANDARD PROBE: FOR EVERY YES, ASK:  
"Was that a lot different from the way s/he usually is?"**

L1. Has there ever been a time when your child felt absolutely on top of the world? Perhaps, s/he wanted to spend a lot more time than usual with friends. S/he had much more energy than usual, but didn't need to sleep very much. S/he made all kinds of fantastic plans and felt great about himself/herself.

NO . . . 1                      1                      1  
YES . . . 5                      5                      5  
(IF NO; SKIP TO M1A, P.89;  
IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RA  
MAN4A

L2A. During that time, did your child feel really happy and excited about everything? What I mean is, everything in his/her life seemed just great for no reason at all?

NO . . . 1                      1                      1  
YES . . . 5                      5                      5  
(IF NO, SKIP TO L3A;  
IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

B. How long did that happy feeling last?

DAYS:    \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_  
**IF 4 OR MORE, SKIP TO L3B.**

MAN3RA  
MAN4A

L3A. Has there been any other time when your child had really happy and energetic feelings for 4 days or more?

NO . . . 1                      1                      1  
YES . . . 5                      5                      5  
(IF NO; SKIP TO M1A, P.89;  
IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

B. Think about the most recent time s/he felt that way for 4 days or more.

1. How old was s/he then?                      AGE:    \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_

2. When did it begin?                      FIRST CHILD:    \_\_\_ \_\_\_ / \_\_\_ \_\_\_            \_\_\_ \_\_\_

SECOND CHILD:    \_\_\_ \_\_\_ / \_\_\_ \_\_\_            \_\_\_ \_\_\_

THIRD CHILD:    \_\_\_ \_\_\_ / \_\_\_ \_\_\_            \_\_\_ \_\_\_

MONTH                      YEAR

3. How long did it last?                      DAYS:    \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_

FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
-----------------------	------------------------	-----------------------

MAN3RA  
MAN4A

L4A.	When your child was up and happy, were there times when s/he felt unusually irritable or on edge with you (parents) and friends?	NO . . .	1	1	1
		YES . . .	5	5	5

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

**IF NEVER USED ALCOHOL, SKIP TO L6A.**

L5A.	Was s/he drinking during the 2 weeks before the (happy, energetic, irritable) feelings started?	NO . . .	1	1	1
		YES . . .	5	5	5

(IF NO, SKIP TO L6A)

B.	How many days a week did s/he drink?	DAYS:	_____	_____	_____
----	--------------------------------------	-------	-------	-------	-------

**IF 2 OR FEWER, SKIP TO D.**

MAN3RF  
MAN4E  
AHUICD-10

C.	How many drinks in a day would s/he usually have?	DRINKS:	_____	_____	_____
----	---	---------	-------	-------	-------

**IF 3 OR MORE, SKIP TO L7.**

D.	During the 2 weeks before these feelings began, what was the largest number of drinks s/he had in one day?	DRINKS:	_____	_____	_____
----	--	---------	-------	-------	-------

**IF 2 OR FEWER, SKIP TO L6A.**

E.	How many days a week did s/he usually have at least 3 drinks?	DAYS:	_____	_____	_____
----	---	-------	-------	-------	-------

**IF 2 OR MORE, SKIP TO L7.**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
L6A.	During the 2 weeks before this episode of feeling (really happy/energetic/very irritable) began, was s/he using any drugs or taking any prescription medicines more than s/he should?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO E; IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_ CODE: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

**IF DRUG OR MEDICINE IS NOT ON CARD L, SKIP TO E.**

B.	Was s/he using (DRUG/MED) every day or almost every day?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO E)		
C.	During that time, on average, how many days per week did s/he take (DRUG/MED)?	DAYS: _____	_____	_____
D.	What is the average number of times s/he used (DRUG/MED) on those days s/he took (DRUG/MED)?	TIMES: _____	_____	_____

MAN3RF  
MAN4E  
DHUICD-10

**SKIP TO L7.**

E.	During the two weeks before this episode began, did s/he start taking any new medicine or change the amount of medicine s/he was already taking?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO L8A)		
F.	What medicine did s/he take?	CODE: _____	_____	_____

**IF MEDICINE IS NOT ON CARD L, SKIP TO L8A.**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
L7.	Has there been any other time in your child's life when s/he was not using alcohol, drugs, or medicines and felt unusually happy or energetic and didn't need much sleep?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO; SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B)		
A.	During that time, did s/he feel really happy and excited about everything? Everything in his/her life seemed just great for no reason at all?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO C)		
B.	How long did that happy feeling last?	DAYS:   __ __       __ __       __ __		
		<b>IF 4 OR MORE DAYS, SKIP TO L8A; ASKING ABOUT THIS EPISODE</b>		
C.	During that time, did s/he feel that all kinds of good things were going to happen; that life was just wonderful, and nothing bad could ever happen to him/her?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO, SKIP TO E)		
D.	How long did that feeling last?	DAYS:   __ __       __ __       __ __		
		<b>IF 4 OR MORE DAYS, SKIP TO L8A; ASKING ABOUT THIS EPISODE</b>		
E.	During that time, did s/he feel <u>very</u> irritable or on edge with parents and friends?	NO . . . 1	1	1
		YES . . . 5	5	5
		(IF NO; SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B)		
F.	How long did that irritable feeling last?	DAYS:   __ __       __ __       __ __		

**IF 4 DAYS OR MORE; CONTINUE, ASKING ABOUT THIS EPISODE.  
IF 3 DAYS OR FEWER; CONTINUE, ASKING ABOUT EPISODE IDENTIFIED IN L3B.**

---

MAN3RB2 MAN4B2	L8A.	When your child was feeling (NAME MOOD), were there nights when s/he didn't need very much sleep?	NO . . . 1	1	1
			YES . . . 5	5	5
			(IF NO, SKIP TO L9A)		
	B.	Did s/he have 2 or more nights when s/he slept very little, but still had lots of energy?	NO . . . 1	1	1
			YES . . . 5	5	5

---

FIRST CHILD      SECOND CHILD      THIRD CHILD

MAN3RB1 MAN4B1	L9A.	When your child was feeling (NAME MOOD), did s/he think s/he was a <u>really great</u> person, fantastic at everything, and that s/he could do <u>anything</u> ?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	------	--	---------------------------	--------	--------

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB1 MAN4B1	B.	When s/he was feeling (NAME MOOD), did s/he think that s/he was a lot smarter, better, funnier, or more attractive than other people the same age?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	----	--	---------------------------	--------	--------

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB1 MAN4B1	C.	Did s/he think s/he could do very unusual or more important things than other people the same age?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	----	--	---------------------------	--------	--------

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB6 MAN4B6	L10A.	When your child was feeling (NAME MOOD), did s/he take on a lot of extra activities or start seeing friends a lot more than usual?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	-------	--	---------------------------	--------	--------

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

MAN3RB6 MAN4B6	B.	Did s/he call up his/her friends a <u>lot more than usual</u> or spend a <u>lot</u> more time on the phone?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	----	---	---------------------------	--------	--------

MAN3RB6 MAN4B6	L11.	When your child was (NAME MOOD), did s/he have a lot more trouble than usual keeping still? For example, was s/he restless, in and out of his/her seat, or pacing up and down?	NO . . . 1 YES . . . 5	1 5	1 5
-------------------	------	--	---------------------------	--------	--------

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
MAN3RB3 MAN4B3	L12.	When your child was (NAME MOOD), did s/he talk a lot faster than usual?	NO . . . 1 YES . . . 5	1 5	1 5
<p>(<b>PROBE:</b> DID S/HE TALK ON AND ON? DID THE WORDS JUST COME OUT WITHOUT HIM/HER HAVING TO THINK ABOUT WHAT TO SAY NEXT?)</p>					
MAN3RB4 MAN4B4	L13.	When your child was (NAME MOOD), did his/her thoughts come too fast?	NO . . . 1 YES . . . 5	1 5	1 5
<p>(IF YES, SPECIFY)</p> <p>(<b>PROBE:</b> WOULD S/HE BE TALKING ABOUT ONE THING, THEN ALL OF A SUDDEN THINK ABOUT SOMETHING ELSE AND START TALKING ABOUT THAT? DID THEY COME SO FAST THAT S/HE WOULD BECOME CONFUSED?)</p> <p>SPECIFY: _____</p> <p>_____</p>					
MAN3RB5 MAN4B5	L14.	During the time when your child was (NAME MOOD), was it hard for him/her to concentrate on one thing at a time? Was s/he always distracted by every little thing?	NO . . . 1 YES . . . 5	1 5	1 5
<p>(IF YES, SPECIFY)</p> <p>(<b>PROBE:</b> WERE THERE SO MANY THINGS S/HE WANTED TO DO THAT S/HE KEPT SHIFTING FROM ONE THING TO ANOTHER?)</p> <p>SPECIFY: _____</p> <p>_____</p>					
MAN3RB7 MAN4B7	L15A.	When your child was (NAME MOOD), like we've been talking about, did s/he do things that s/he usually wouldn't do? For example, did s/he give many of his/her things away or spend too much money?	NO . . . 1 YES . . . 5	1 5	1 5
<p>(IF YES, SPECIFY)</p> <p>SPECIFY: _____</p> <p>_____</p>					
MAN3RB7 MAN4B7	B.	When s/he was feeling (NAME MOOD), did s/he get involved with people that s/he normally wouldn't get involved with?	NO . . . 1 YES . . . 5	1 5	1 5
MAN3RB7 MAN4B7	C.	Did s/he engage in sexual activities that s/he normally wouldn't have?	NO . . . 1 YES . . . 5	1 5	1 5

FIRST CHILD SECOND CHILD THIRD CHILD

HYPOMAN-D

L16A. During this time when your child (NAME BEHAVIORS AND MOOD), did anyone notice that s/he was acting differently than usual? NO . . . 1 YES . . . 5

SPECIFY: \_\_\_\_\_

B. Did you (parents) worry about him/her? NO . . . 1 YES . . . 5

IF NO 5'S IN L8A-L16B; SKIP TO M1A, P.89. OTHERS, CONTINUE.

L17A. Did you (parents) take him/her to a doctor or a counselor because of the way s/he was feeling? NO . . . 1 YES . . . 5 (IF NO, SKIP TO L18A)

B. Did s/he see: 1. a psychiatrist or psychologist? . . . . . NO YES NO YES NO YES 1 5 1 5 1 5 2. another medical doctor? . . . . . 1 5 1 5 1 5 3. a school counselor or social worker? . . . . . 1 5 1 5 1 5 4. someone like a minister, priest, or rabbi? 1 5 1 5 1 5 5. another professional?. . . (SPECIFY) . . . 1 5 1 5 1 5

SPECIFY: \_\_\_\_\_

C. How many times did s/he see (PERSON(S)) for help? TIMES: \_\_\_\_\_

D. Did (PERSON CHILD SAW) give him/her any medicine? NO . . . . . 1 YES . . . . . 5 (IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_ CODE: \_\_\_\_\_

E. What did the (PERSON CHILD SAW) say? \_\_\_\_\_

MAN3RC MAN4A/D

F. Did s/he have to go into the hospital? NO . . . . . 1 YES . . . . . 5 (IF NO, SKIP TO L18A; IF YES, SPECIFY)

SPECIFY DETAILS: \_\_\_\_\_

G. How long did s/he stay in the hospital? DAYS: \_\_\_\_\_

H. Did s/he receive any medicine while in the hospital? NO . . . . . 1 YES . . . . . 5 (IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_ CODE: \_\_\_\_\_



FIRST            SECOND            THIRD  
CHILD            CHILD            CHILD

MAN4A

L18A. How long did (NAME MOOD AND BEHAVIORS) last?

3 DAYS OR FEWER. .(SKIP TO M1A, P.89) . . .	1	1	1
4 DAYS . . . . .	2	2	2
1 WEEK . . . . .	3	3	3
2 WEEKS . . . . .	4	4	4
3 WEEKS . . . . .	5	5	5
1 MONTH . . . . .	6	6	6
LONGER THAN 1 MONTH . . . . .	7	7	7

B. How many times has s/he felt like this;  
when things like (NAME POSITIVES) happened  
together for most of the week? That is,  
4 days or more.

1 TIME . . . . .	1	1	1
2 TIMES . . . . .	2	2	2
3-4 TIMES . . . . .	3	3	3
5-9 TIMES . . . . .	4	4	4
10+ TIMES . . . . .	5	5	5

L19A. How old was s/he the first time  
s/he had any of these feelings  
like (NAME POSITIVES)?

AGE ONS:    \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_  
ONS:        \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

B. How old was s/he the last time  
s/he felt that way?

AGE REC:    \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_  
REC:        \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

**FOR EACH 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, (3) or a lot?  
**AND CODE IN COL. II.**

MAN3RC  
 MAN4D

L20A. When s/he was feeling like (NAME MOOD AND BEHAVIOR) did any of the following things happen? (CODE IN COL. I)	FIRST CHILD			SECOND CHILD			THIRD CHILD		
	COL. I		COL. II	COL. I		COL. II	COL. I		COL. II
	NO	YES		NO	YES		NO	YES	
1. Did you (parents) get angry with him/her?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
2. Did s/he get into arguments with you (parents)?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
3. Did you (parents) get upset and worried about him/her?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
4. Did s/he get into trouble at school, and the teacher spoke to you (parents) about him/her?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
5. Was s/he unable to get his/her homework or schoolwork done?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
6. Did his/her friends think something was wrong with him/her?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
7. Did s/he get into arguments with friends?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
8. Did s/he say or do things that s/he was really embarrassed about later?	1	5	1 2 3	1	5	1 2 3	1	5	1 2 3
L21. OMITTED.									

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 your child may have been away from home or away from members of his/her family. Some things may have happened when s/he was younger, so think about those times also.

(K1)  
SADD3RA1  
SADD4A2  
SADDICDA1

		FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
M1A.	Have there been a lot of times when your child <u>really</u> worried that something bad might happen to one of his/her parents or another family member -- like they might get hurt or die? Perhaps s/he worried that they might never come back?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5

(IF NO, SKIP TO M2A;  
IF YES, SPECIFY)

(**PROBE:** MAYBE S/HE DIDN'T KNOW EXACTLY WHAT MIGHT HAPPEN, BUT S/HE WAS AFRAID IT WOULD BE SOMETHING TERRIBLE.)

SPECIFY INCIDENT: \_\_\_\_\_

\_\_\_\_\_

PERSON: \_\_\_\_\_

B.	Did s/he ever try to stay home from school or some other place because s/he was worried about (PERSON)?	NO . . . . . 1	1	1
		ALC/DRUG ONLY . . 3	3	3
		YES . . . . . 5	5	5

(K2)  
SADD3RA2  
SADD4A3  
SADDICDA2

M2A.	Have there been a lot of times when your child <u>really</u> worried that something bad might happen to himself/herself - like getting kidnapped, killed, or lost, so that s/he couldn't see his/her parents or other family members again?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5

(IF NO, SKIP TO BOX;  
IF YES, SPECIFY)

SPECIFY INCIDENT: \_\_\_\_\_

\_\_\_\_\_

PERSON: \_\_\_\_\_

B.	Did s/he ever try to stay home from school or some other place because s/he was worried about (PERSON)?	NO . . . . . 1	1	1
		ALC/DRUG ONLY . . 3	3	3
		YES . . . . . 5	5	5

**IF M1B OR M2B IS CODED 3 OR 5, SKIP TO M3C.  
OTHERS, CONTINUE.**

(K3)  
SADD3RA3  
SADD4A4  
SADDICDA3

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
M3A.	Has your child ever tried to stay home from school a lot because of being afraid to leave (PERSON/SOMEONE S/HE IS CLOSE TO)?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF, YES, SPECIFY)		

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

B.	Have there been many times when your child really didn't want to <u>go other</u> places without (PERSON/SOMEONE S/HE IS CLOSE TO) because s/he was worried that something bad might happen?	NO . . . . . 1	1	1
		ALC/DRUG ONLY . . . 3	3	3
		YES . . . . . 5	5	5
		(IF CODED 3 OR 5, SPECIFY)		

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

**IF NO TO M3A AND M3B; SKIP TO N1, P. 95.  
OTHERS, CONTINUE**

C. How long did (POSITIVES IN M1B-M3B) last? **IF DK, ASK C1.** WEEKS: \_\_\_\_\_

**IF M3C = 00 or 01; SKIP TO N1, P.95.**

1.	<b>IF DK</b> , Did it last . . .			
	1 WEEK OR LESS . . . (SKIP TO N1, P.95) . . .	1	1	1
	2 WEEKS . . . . .	2	2	2
	3 WEEKS . . . . .	3	3	3
	4 WEEKS . . . . .	4	4	4

**CONTINUE WITH SECTION:  
 ASKING ONLY ABOUT PERSON(S)  
 CODED 3 OR 5 IN M1B, M2B, M3A, OR M3B.**

FIRST      SECOND      THIRD  
CHILD      CHILD      CHILD

Now I want you to think about the time when s/he worried about (PERSON(S) in M1B-M3B). I want to know if any of the things I'm going to ask you about also happened around the same time.

(K4)  
SADD3RA4  
SADD4A6  
SADDICDA4a

M4A. During the time your child was worried about (PERSON(S) in M1B-M3B), were there often times when ~~ALC/DRUG ONLY~~ someone like a parent or grandparent, brother or sister ~~YES~~ stay close to him/her at night so s/he could get to sleep? 1  
3  
5

SADDICDA4b

B. Would s/he often get up to make ~~NO~~ (PERSON IN M1B-M3B) was there or get into bed with him/her? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

(K5)  
SADD3RA4  
SADD4A6  
SADDICDA4c

M5A. During that time, would your child ~~NO~~ say "no". if someone asked him/her to sleep over? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

SPECIFY REASON: \_\_\_\_\_ (IF CODED 3 OR 5, SPECIFY)

\_\_\_\_\_

B. Were there times when s/he had to ~~NO~~ sleep over at someone else's house, but s/he really didn't want ~~ALC/DRUG ONLY~~ s/he was worried about being away from (PERSON(S) ~~YES~~ M1B-M3B)? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

(K6)  
SADD3RA5  
SADD4A5  
SADDICDA5

M6A. Were there a lot of times when you ~~NO~~ child was afraid to be in the house alone, and s/he had to be with ~~ALC/DRUG ONLY~~ all of the time? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

B. Would s/he follow around or hang ~~NO~~ to (PERSON(S) in M1B-M3B) so s/he wouldn't be alone? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

SPECIFY: \_\_\_\_\_ (IF CODED 3 OR 5, SPECIFY)

\_\_\_\_\_

(PROBE: NOT JUST WHEN SOMETHING LIKE A THUNDERSTORM SCARED HIM/HER, BUT JUST

FIRST      SECOND      THIRD  
CHILD      CHILD      CHILD

(K7)  
SADD3RA9  
SADD4A1  
SADDICDA8

M7 Were there times when your child went ~~NO~~ camp or to visit someone - like a relative or a friend, and s/he became ~~ALC/DRUG ONLY~~ worried that s/he wanted to come home early? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

(IF CODED 3 OR 5, SPECIFY)

SPECIFY INCIDENT: \_\_\_\_\_

\_\_\_\_\_

CHILD'S REACTION: \_\_\_\_\_

(K8)  
SADD3RA9  
SADDICDA8

M8A. Were there many times when your child ~~NO~~ needed to call home because s/he was worried about (PERSON(S) ~~ALC/DRUG ONLY~~ or s/he was worried that something might be wrong? 1  
3  
5

ALC/DRUG ONLY . . . 3      3      3  
 YES . . . . . 5      5      5

	B.	If (PERSON(S) IN M1B-M3B) went somewhere without him/her, would s/he need to call him/her, because bad might have happened?	ALSO/DRUGS ONLY	3	3	5	5	5
(K9) SADD3RA6 SADD4A7 SADDICDA6	M9	During that time, did your child often (PERSON(S) IN M1B-M3B), or other people have bad dreams about being away from ALCOHOL/DRUGS ONLY?	ALCOHOL/DRUGS ONLY	3	3	5	5	5
(K10) SADD3RA6 SADD4A8 SADDICDA7	M10.	During the time when your child worried about (PERSON(S) IN M1B-M3B), were there a lot of times when s/he had really bad headaches or stomachaches, or s/he threw up when s/he had to go to school or someplace else?	ALCOHOL/DRUGS ONLY	3	3	5	5	5
(K11) SADD3RA8 SADD4A1 SADDICDA8	M11A.	When your child has had to leave (PERSON(S) IN M1B-M3B), did s/he often cry and beg to stay, because a terrible might happen?	ALCOHOL/DRUGS ONLY	3	3	5	5	5
SADD3RA8 SADD4A1 SADDICDA8	B.	When (PERSON(S) IN M1B-M3B) had to leave, did s/he cry and beg him/her to stay, because s/he was afraid something terrible might happen?	ALCOHOL/DRUGS ONLY	3	3	5	5	5

FIRST CHILD SECOND CHILD THIRD CHILD

IF NO 5'S CODED IN M1B-M11B, SKIP TO BOX M13. OTHERS, CONTINUE.

(K12) SADD3RC SADD4C SADDICDC

M12A. How old was s/he when s/he started having those feelings like (NAME 5'S IN M1B-M11B)?

ONS: \_\_\_\_\_

B. How old was s/he the last time s/he had those feelings?

REC: \_\_\_\_\_

SADD3RB SADD4B SADDICDE

C. How long did the longest period of (NAME 5'S IN M1B-M11B) last? IF DK, ASK C1.

WEEKS: \_\_\_\_\_

(K13)

1. IF DK, Did it last ...

Table with 4 columns: Response options (1 WEEK OR LESS, 2 WEEKS, 3 WEEKS, 4 WEEKS OR MORE) and 3 columns for child responses (1, 2, 3, 4).

BOX M13: IF NO 3'S IN M1B-M11B, SKIP TO M14A. OTHERS, CONTINUE.

SADD3RC SADD4C SADDICDC

M13A. How old was s/he when s/he started having those feelings like (NAME 3'S IN M1B-M11B)?

ONS: \_\_\_\_\_

B. How old was s/he the last time s/he had those feelings?

REC: \_\_\_\_\_

SADD3RB SADD4D SADDICDE

C. How long did (NAME 3'S IN M1B-M11B) last? IF DK, ASK C1.

WEEKS: \_\_\_\_\_

1. IF DK, Did it last ...

Table with 4 columns: Response options (1 WEEK OR LESS, 2 WEEKS, 3 WEEKS, 4 WEEKS OR MORE) and 3 columns for child responses (1, 2, 3, 4).

**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

M14A. When your child was worried and upset about being away from (PERSON), did ar

COL. II	FIRST CHILD			SECOND CHILD			THIRD CHILD					
	COL. I			COL. I			COL. I					
	NO	A/D	YES	NO	A/D	YES	NO	A/D	YES			
SADD4D	1	3	5	1	2	3	1	3	5	1	2	3
1. Was it hard for him/her to get along with family?	1	3	5	1	2	3	1	3	5	1	2	3
2. Was it hard for him/her to get schoolwork done?	1	3	5	1	2	3	1	3	5	1	2	3
3. Was it hard for him/her to get along with teachers at school?	1	3	5	1	2	3	1	3	5	1	2	3
4. Did s/he miss any school?	1	3	5	1	2	3	1	3	5	1	2	3
5. Was it hard for him/her to have fun with friends?	1	3	5	1	2	3	1	3	5	1	2	3



FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
-----------------------	------------------------	-----------------------

I'm going to ask you some questions about things your child might worry about.

(L1)	N1.	Has s/he ever been the kind of <del>person</del> who worries a lot?	1	1
		YES . . . . .	5	5

(L2)	N2A.	Has your child ever worried a <u>NO</u> about things before they happened; like starting school, <del>yes</del> going to a party, <del>5</del> going to see the doctor, taking a test, or participating in a sport? <del>IF NO, SKIP TO N3A; IF YES, SPECIFY)</del>	1	1
			5	5

(PROBE: DID S/HE THINK ABOUT WHAT WAS GOING TO HAPPEN AND WORRY THAT IT WOULD HAPPEN?  
PROBE FOR MORE THAN ONE EXAMPLE:

\_\_\_\_\_  
\_\_\_\_\_

OD3RA1 GAD4A GADICDA	B.	Did s/he worry about these things <del>no</del> over and over, so that it really upset him/her?	1	1
		ALC/DRUG ONLY . . . . .	3*	3*
		YES . . . . .	5*	5*

(IF CODED 3 OR 5, SPECIFY)

SPECIFY HOW: \_\_\_\_\_  
\_\_\_\_\_

(L3)	N3A.	Has your child ever really worried a lot about little things s/he has done in the past? For example, did s/he ever say something to someone and then keep worrying about it? <del>IF NO, SKIP TO BOX N3; IF YES, SPECIFY)</del>	1	1
			5	5

SPECIFY EXAMPLE: \_\_\_\_\_  
\_\_\_\_\_

OD3RA2 GAD4A GADICDA	B.	Did s/he worry about these things <del>no</del> a lot, so that it really upset him/her?	1	1
		ALC/DRUG ONLY . . . . .	3*	3*
		YES . . . . .	5*	5*

(IF CODED 3 OR 5, SPECIFY)

SPECIFY HOW: \_\_\_\_\_  
\_\_\_\_\_

**BOX N3: IF NO 3\*'s OR 5\*'s; SKIP TO NN1A, P.100. OTHERS, CONTINUE.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(L4) OD3RA3 GAD4A GADICDA	N4A.	Has your child ever worried a lot about his/her grades being unsatisfactory to you or teachers?	NO . . . . . 1 ALC/DRUG ONLY . . 3* YES . . . . . 5*	1 3* 5*	1 3* 5*
	B.	Has your child ever worried about doing well in things like sports, making friends, or other activities?  (IF CODED 3 OR 5, SPECIFY)	NO . . . . . 1 ALC/DRUG ONLY . . 3* YES . . . . . 5*	1 3* 5*	1 3* 5*
SPECIFY EXAMPLE: _____					
(L5) OD3RA4	N5.	Has your child ever gotten sick from worrying? For example, did s/he worry so much that his/her head or stomach started to hurt?	NO . . . . . 1 ALC/DRUG ONLY . . 3* YES . . . . . 5*	1 3* 5*	1 3* 5*
(L6)	N6A.	Has your child ever worried about how s/he looked, what to say, or about how to act in front of friends?  (IF NO, SKIP TO N7A)	NO . . . . . 1 YES . . . . . 5	1 5	1 5
OD3RA5	B.	Everyone feels that way a little bit. Did s/he feel that way <u>a lot</u> , so that it really made him/her upset with himself/herself?	NO . . . . . 1 ALC/DRUG ONLY . . 3* YES . . . . . 5*	1 3* 5*	1 3* 5*
(L7)	N7A.	Have there been times when your child was always asking someone in the family, a teacher, or a friend to check his/her schoolwork?	NO . . . . . 1 ALC/DRUG ONLY . . 3 YES . . . . . 5	1 3 5	1 3 5
	B.	Have there been <u>a lot of times</u> when your child asked family or friends if they thought s/he was good at doing things s/he likes to do, like sports, games or other activities?	NO . . . . . 1 ALC/DRUG ONLY . . 3 YES . . . . . 5	1 3 5	1 3 5
	C.	Have there been a lot of times when your child asked you or someone else if you thought his/her friends really liked him/her?	NO . . . . . 1 ALC/DRUG ONLY . . 3 YES . . . . . 5	1 3 5	1 3 5
	D.	Were there many times when your child would ask friends or someone else if they thought that you, a teacher, or other adults were angry with him/her?	NO . . . . . 1 ALC/DRUG ONLY . . 3 YES . . . . . 5	1 3 5	1 3 5
OD3RA6 GAD4A GADICDA	E.	ARE 2 OR MORE 5'S CODED IN N7A-D?	NO . . . . . 1 YES . . . . . 5*	1 5*	1 5*
	F.	ARE 2 OR MORE 3'S CODED IN N7A-D?	NO . . . . . 1 YES . . . . . 3*	1 3*	1 3*

			FIRST CHILD	SECOND CHILD	THIRD CHILD
(L8) OD3RA7	N8.	Has your child worried <u>so</u> much <del>NO</del> that it was hard for him/her to just have fun with friends or with <del>ALC/DRUG ONLY</del> . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4B GADICDB	N9.	Has your child worried so much <del>NO</del> that s/he couldn't make the worry go away? . . . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C1 GADICDC1	N10.	When your child worried about ( <del>NAME.WORRIES</del> ), was it hard for him/her to relax and sit still? <del>ALC/DRUG ONLY</del> . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C2 GADICDC2	N11.	Did worrying like that make you <del>NO</del> child tired? . . . 1 ALC/DRUG ONLY . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C3 GADICDC3	N12A.	When your child has gotten really <del>NO</del> worried, has s/he had trouble concentrating on schoolwork or <del>ALC/DRUG ONLY</del> . . . 3* YES . . . . . 5*	3*	3*	1 3*
	B.	When your child worried, has s/he had a hard time remembering things s/he was supposed to do? <del>ALC/DRUG ONLY</del> . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C4 GADICDC4	N13.	When your child has been really <del>NO</del> worried, has s/he felt irritable or angry? . . . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C5 GADICDC5	N14.	When your child has been really <del>NO</del> worried, have his/her muscles felt tense? . . . . . 3* YES . . . . . 5*	3*	3*	1 3*
GAD4C6 GADICDC6	N15A.	When your child has worried a lot <del>NO</del> , has s/he had a hard time falling asleep at night? . . . . . 3* YES . . . . . 5*	3*	3*	1 3*
	B.	When your child has worried a lot <del>NO</del> , has s/he often woken up at night or earlier than usual in <del>ALC/DRUG ONLY</del> . . . 3* YES . . . . . 5*	3*	3*	1 3*
	C.	Would s/he wake up tired in the <del>NO</del> morning? . . . . . 1 ALC/DRUG ONLY . . . 3* YES . . . . . 5*	3*	3*	1 3*

IF NO 5\*'S IN N2B-N15C, SKIP TO BOX N18.  
OTHERS, CONTINUE.

			FIRST CHILD	SECOND CHILD	THIRD CHILD
(L9) GADICDE	N16A.	How old was s/he when s/he first started (NAME 5*'S IN N2B-N15C)?	AGE ONS: ___ ___	___ ___	___ ___
			ONS: _____	_____	_____
	B.	How old was s/he the last time s/he had <del>AGE</del> <u>REC</u> of <u>these</u> worries?	REC: _____	_____	_____
(L10) OD3RA	N17A.	Did most of these things happen <del>NO</del> around the same time (for example, in the same grade) YES . . . . .	5	5	5
OD3RA GAD4A	B.	Did these things last for 6 months or longer? . . . . .	1	1	1
		YES . . . . .	5	5	5

**BOX N18:**  
**IF NO 3\*'S IN N2B-N15C, SKIP TO N20A.**  
**OTHERS, CONTINUE.**

GAD4F GADICDG	N18A.	How old was s/he when s/he first started <del>AGE</del> <u>NAME</u> 3*'S IN N2B-N15C)?	ONS: ___ ___	___ ___	___ ___
			ONS: _____	_____	_____
	B.	How old was s/he the last time s/he had <del>AGE</del> <u>REC</u> of <u>these</u> worries?	REC: _____	_____	_____
OD3RA	N19A.	Did most of these things happen <del>NO</del> around the same time (for example, in the same grade)? YES . . . . .	1	1	1
OD3RA GAD4A	B.	Did these things last for 6 months or longer? . . . . .	1	1	1
		YES . . . . .	5	5	5

	FIRST CHILD	SECOND CHILD	THIRD CHILD
N20A. Did you ever take your child to a doctor or any other professional because of his/her worrying? . . . . .	5	5	5
(IF NO, SKIP TO N21A)			
B. Did s/he see:	<u>NO</u>	<u>YES</u>	<u>NO</u>
	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. a psychiatrist or psychologist? . . . . .	1	5	1
2. another medical doctor? . . . . .	1	5	1
3. a school counselor or social worker? . . . . .	1	5	1
4. someone like a minister, priest, or rabbi? . . . . .	1	5	1
5. another professional? (IF YES, SPECIFY) . . . . .	1	5	1
SPECIFY: _____			
C. Did the (PERSON) give him/her any medicine for his/her worrying? . . . . .	5	5	5
(IF YES, SPECIFY)			
SPECIFY: _____			
CODE: _ _ _ _ _			
CODE: _ _ _ _ _			
D. What did the (PERSON) say?	_____		
	_____		

**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did it happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

N21A. When s/he was (NAME 3\*'S AND 5\*'S IN N2B-N15C), did any of the following t

	FIRST CHILD			SECOND CHILD			THIRD CHILD		
	COL. I	COL. II		COL. I	COL. II		COL. I	COL. II	
	NO	A/D	YES	NO	A/D	YES	NO	A/D	YES
GAD4E GADICDF	1.	Was it hard for him/her to get along with you (parents)?	1 3 5	1 2 3	1 3 5	1 2 3	1 3 5	1 2 3	1 2 3
	2.	Was it hard for him/her to get along with teachers?	1 3 5	1 2 3	1 3 5	1 2 3	1 3 5	1 2 3	1 2 3
	3.	Was it hard for him/her to do homework?	1 3 5	1 2 3	1 3 5	1 2 3	1 3 5	1 2 3	1 2 3
	4.	Was it hard for him/her to get along with friends?	1 3 5	1 2 3	1 3 5	1 2 3	1 3 5	1 2 3	1 2 3
	5.	Was it hard for him/her to be happy?	1 3 5	1 2 3	1 3 5	1 2 3	1 3 5	1 2 3	1 2 3
	N22.	OMITTED.							

PAN3RA  
PAN4A  
PANICDA/B

NN1A. Sometimes people suddenly feel scared, even when most people wouldn't be scared. This happens at times when they are not doing things that might usually make them nervous like taking a test or speaking in front of their class. Has your child ever suddenly felt very upset and afraid and didn't know why?

FIRST  
CHILD

SECOND  
CHILD

THIRD  
CHILD

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

DRUG/MED CODE:

— — —

— — —

— — —

ILLNESS CODE:

— — —

— — —

— — —

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

**IF NN1A = 1, SKIP TO 01, P.105.  
= 2, 4, OR 5; SKIP TO NN2A.  
= 3, CONTINUE.**

FIRST  
CHILD

SECOND  
CHILD

THIRD  
CHILD

B. Did s/he feel like this while s/he was taking (DRUG/MED), or after stopping or cutting down on taking (DRUG/MED), or both?

USING . . . . . 1  
STOPPED/CUT DOWN. 2  
BOTH . . . . . 3

1  
2  
3

1  
2  
3

PAN3RC  
PAN4A1  
PANICDB

NN2A. I'm going to ask you about some things that can happen when a person suddenly feels very scared and upset for no real reason.

When your child (NAME EXAMPLE IN NN1A), did s/he also ...		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
1. feel his/her heart beating hard?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
2. start sweating?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
3. feel his/her body shaking?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
4. have feelings of shortness of breath or smothering?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
5. feel like s/he was choking?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
6. have chest pain?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
7. have nausea or abdominal pain?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
8. feel dizzy, faint or unsteady on his/her feet?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
9. feel like s/he was not real, like s/he was outside of his/her body looking at himself/herself or like s/he was in a dream?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
10. feel like s/he might go crazy or lose control?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
11. feel a strange tickling or tingling in his/her fingers or toes, like they had gone to sleep?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
12. feel cold?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
13. feel hot?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
14. have a dry mouth?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
15. think s/he was going to die?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5

**IF 3 OR FEWER 5'S IN NN2A.1-15,  
ADOLESCENTS: SKIP TO O1, P.105.  
CHILDREN: SKIP TO P1A, P.111.  
OTHERS, CONTINUE.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
PAN3RD PAN4A1 PANICDB2/3	NN3. When your child got very scared and upset, did (NAME 5'S IN NN2A) happen all of a sudden and get worse very quickly?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5

PAN4A1	NN4A. How many times has s/he been scared and upset and had (NAME 5'S IN NN2A)? <b>IF DK, ASK A1.</b>		TIMES: <u>  </u> <u>  </u>	<u>  </u> <u>  </u>	<u>  </u> <u>  </u>
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<b>IF 2 TIMES OR FEWER, SKIP TO NN5. IF 3 OR MORE TIMES, SKIP TO B.</b>
---

1. <b>IF DK,</b> Was it at least ...				
1-2 TIMES . . . . (SKIP TO NN5) . . . . .	1	1	1	1
3-5 TIMES . . . . .	2	2	2	2
6-9 TIMES . . . . .	3	3	3	3
10-20 TIMES . . . . .	4	4	4	4
MORE THAN 20 TIMES . . . . .	5	5	5	5

PAN3RB	B. Has s/he ever had . . . .			
	1. 3 attacks within a three-week period?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
PANICDF41.00	2. 4 attacks within a four-week period?	NO . . . . . 1 YES . . . . . 5	1 5	1 5

NN5.	How old was s/he the (first/last) time s/he suddenly felt very scared and (NAME 5'S IN NN2A)?	AGE ONS: <u>  </u> <u>  </u>	<u>  </u> <u>  </u>	<u>  </u> <u>  </u>
		ONS: _____	_____	_____
		AGE REC: <u>  </u> <u>  </u>	<u>  </u> <u>  </u>	<u>  </u> <u>  </u>
		REC: _____	_____	_____

<b>ADOLESCENTS: CONTINUE. CHILDREN: SKIP TO P1A, P.111.</b>
---

NN6A.	After one of those times when s/he was suddenly very scared and upset, did s/he worry that it might happen again?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
		(IF NO, SKIP TO NN7A)		

B.	Did s/he worry about that a lot?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
		(IF NO, SKIP TO NN7A)		

PAN3RB PAN4A2(a)	C. Did s/he worry like that for ...			
	1 WEEK OR LESS . . . . .	1	1	1
	2-3 WEEKS . . . . .	2	2	2
	4 WEEKS OR MORE . . . . .	5	5	5



		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NN7A.	After one of those times when your child felt really scared and upset, did s/he worry that his/her heart might stop, s/he might die, s/he was going crazy, or that something terrible might happen to him/her?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO, SKIP TO NN8)		

1. What did s/he worry about?

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B.	Did s/he worry about that a lot?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO, SKIP TO NN8)		

PAN4A2(b)

C. Did s/he worry about that for ...

1 WEEK OR LESS . . . . .	1	1	1
2-3 WEEKS . . . . .	2	2	2
4 WEEKS OR MORE . . . . .	5	5	5

NN8. Sometimes young people act differently, because they are worried that they are going to become scared in front of other people. Because of this, they might miss more school, stop going places, or stop doing things with their friends.

A.	Has your child ever behaved differently because s/he was worried about becoming scared in front of other people?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO, SKIP TO BOX NN8)		

B. How did s/he act differently?

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PAN4A2(c)

C. How long did s/he (NAME BEHAVIOR)?

1 WEEK OR LESS . . . . .	1	1	1
2-3 WEEKS . . . . .	2	2	2
4 WEEKS OR MORE . . . . .	5	5	5

**BOX NN8: IF NO 5'S IN NN6C, NN7C, AND NN8C;  
ADOLESCENTS: SKIP TO O1, P.105.  
CHILDREN: SKIP TO P1A, P.111.  
 OTHERS, CONTINUE.**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NN9A.	Did you (parents) ever take him/her to a doctor or other professional because of problems like the ones we've been talking about?	NO . . . . . 1 YES . . . . . 5	1 5	1 5

(IF NO, SKIP TO NN10A)

B. Did s/he see:

		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1.	a psychiatrist or psychologist? . . . . .	1	5	1	5	1	5
2.	another medical doctor? . . . . .	1	5	1	5	1	5
3.	a school counselor or social worker? . . .	1	5	1	5	1	5
4.	someone like a minister, priest, or rabbi? . . . . .	1	5	1	5	1	5
5.	another professional? (SPECIFY) . . . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

C. Did the (PERSON CHILD SAW) give him/her any medicine?

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

(IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_ CODE: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

D. What did (PERSON CHILD SAW) say?

\_\_\_\_\_

\_\_\_\_\_

**FOR EACH 3 OR 5 IN COL. I, ASK "Did that happen (1) a little, (2) somewhat, or (3) a lot?" AND CODE IN COL. II.**

NN10A. When your child suddenly became scared and upset, did any of the following things happen? (CODE IN COL. I)

	<u>FIRST CHILD</u>			<u>SECOND CHILD</u>			<u>THIRD CHILD</u>					
	<u>COL. I</u>	<u>COL. II</u>		<u>COL. I</u>	<u>COL. II</u>		<u>COL. I</u>	<u>COL. II</u>				
	NO	A/D	YES	NO	A/D	YES	NO	A/D	YES			
1. Was it hard for him/her to get along with you (parents)?	1	3	5	1	2	3	1	3	5	1	2	3
2. Was it hard for him/her to get along with his/her teachers?	1	3	5	1	2	3	1	3	5	1	2	3
3. Was it hard for him/her to do his/her schoolwork?	1	3	5	1	2	3	1	3	5	1	2	3
4. Was it hard for him/her to get along with friends?	1	3	5	1	2	3	1	3	5	1	2	3
NN11. OMITTED.												

**SECTION O: ADOLESCENTS ONLY (CHILDREN SKIP TO P1A, P.111)**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
	01.	Was there a time when your child felt very anxious in <u>most</u> situations where s/he had to be with people s/he didn't know?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
SP3RA SP4A SPICDA1	02.	Some people become anxious in certain situations, because they think that they might become embarrassed, or that others may think they are weak, crazy, stupid or anxious. Have there been situations such as meeting people, or talking in front of a group, that caused your child to feel <u>very</u> anxious or afraid, because s/he thought people would be watching him/her, or that s/he might become embarrassed?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5 (IF NO; SKIP TO P1A, P.111)	1 3 5	1 3 5

**CHILD I**

03A. Has your child ever had a strong, unreasonable fear of ...  
(CODE IN COL. I)

(FOR ANY YES, USE STANDARD PROBE: "Was it because s/he was afraid that s/he would do something embarrassing?")

	COL. I		ALMOST ALWAYS COL. II		USUALLY UNREASONABLE COL. III	
	NO	YES	NO	YES	NO	YES
1. starting or continuing conversations with people his/her own age? . . . . .	1	5	1	5	1	5
2. going to parties? . . . . .	1	5	1	5	1	5
3. dating? . . . . .	1	5	1	5	1	5
4. speaking to a teacher, boss or others in authority? . . . . .	1	5	1	5	1	5
5. eating or drinking in public? . . . . .	1	5	1	5	1	5
6. using public toilets? . . . . .	1	5	1	5	1	5
7. talking to a group of strangers? . . . . .	1	5	1	5	1	5
8. writing while someone watches? . . . . .	1	5	1	5	1	5
9. calling someone on the telephone? . . . . .	1	5	1	5	1	5
10. taking a test or exam? . . . . .	1	5	1	5	1	5
11. asking for directions or asking for help in a store? . . . . .	1	5	1	5	1	5
12. performing in front of others? . . . . .	1	5	1	5	1	5
13. anything else (SPECIFY)?	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

FOR EACH 5 IN COL. I, ASK B AND CODE IN COL. II.  
IF NO 5'S IN COL. I; SKIP TO CHILD #2, P.107.  
IF NO OTHER CHILD; SKIP TO P1A, P.111.

SP4GEN

B. Was there a period of time when s/he almost always felt scared or very anxious when (NAME 5'S IN COL. I, ONE AT A TIME)?

FOR EACH 5 IN COL. II, ASK C AND CODE IN COL. III.  
IF NO 5'S IN COL. II; SKIP TO CHILD #2, P.107.  
IF NO OTHER CHILD; SKIP TO P1A, P.111.

SP3RF  
SP4C  
SPICD-C

C. Do either you or your child feel that fear of (NAME 5'S IN COL. II, ONE AT A TIME) was usually unreasonable?

IF NO OTHER CHILD, SKIP TO BOX 04.

**CHILD II**

03A. Has your child ever had a strong, unreasonable fear of ...  
(CODE IN COL. I)

(FOR ANY YES, USE STANDARD PROBE: "Was it because s/he was afraid that s/he would do something embarrassing?")

	COL. I		ALMOST ALWAYS COL. II		USUALLY UNREASONABLE COL. III	
	NO	YES	NO	YES	NO	YES
1. starting or continuing conversations with people his/her own age? . . . . .	1	5	1	5	1	5
2. going to parties? . . . . .	1	5	1	5	1	5
3. dating? . . . . .	1	5	1	5	1	5
4. speaking to a teacher, boss or others in authority? . . . . .	1	5	1	5	1	5
5. eating or drinking in public? . . . . .	1	5	1	5	1	5
6. using public toilets? . . . . .	1	5	1	5	1	5
7. talking to a group of strangers? . . . . .	1	5	1	5	1	5
8. writing while someone watches? . . . . .	1	5	1	5	1	5
9. calling someone on the telephone? . . . . .	1	5	1	5	1	5
10. taking a test or exam? . . . . .	1	5	1	5	1	5
11. asking for directions or asking for help in a store? . . . . .	1	5	1	5	1	5
12. performing in front of others? . . . . .	1	5	1	5	1	5
13. anything else (SPECIFY)?	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

FOR EACH 5 IN COL. I, ASK B AND CODE IN COL. II.  
IF NO 5'S IN COL. I; SKIP TO CHILD #3, P.108.  
IF NO THIRD CHILD, SKIP TO BOX 04.

SP4GEN

B. Was there a period of time when s/he almost always felt scared or very anxious when (NAME 5'S IN COL. I, ONE AT A TIME?)

FOR EACH 5 IN COL. II, ASK C AND CODE IN COL. III.  
IF NO 5'S IN COL. II; SKIP TO CHILD #3, P.108.  
IF NO THIRD CHILD, SKIP TO BOX 04.

SP3RF  
SP4C  
SPICD-C

C. Do either you or your child feel that fear of (NAME 5'S IN COL. II, ONE AT A TIME) was usually unreasonable?

IF NO OTHER CHILD, SKIP TO BOX 04.

**CHILD III**

03A. Has your child ever had a strong, unreasonable fear of ...  
 (CODE IN COL. I)  
 (FOR ANY YES, USE STANDARD PROBE: "Was it because s/he was afraid  
 that s/he would do something embarrassing?")

	COL. I		ALMOST ALWAYS COL. II		USUALLY UNREASONABLE COL. III	
	NO	YES	NO	YES	NO	YES
1. starting or continuing conversations with people his/her own age? . . . . .	1	5	1	5	1	5
2. going to parties? . . . . .	1	5	1	5	1	5
3. dating? . . . . .	1	5	1	5	1	5
4. speaking to a teacher, boss or others in authority? . . . . .	1	5	1	5	1	5
5. eating or drinking in public? . . . . .	1	5	1	5	1	5
6. using public toilets? . . . . .	1	5	1	5	1	5
7. talking to a group of strangers? . . . . .	1	5	1	5	1	5
8. writing while someone watches? . . . . .	1	5	1	5	1	5
9. calling someone on the telephone? . . . . .	1	5	1	5	1	5
10. taking a test or exam? . . . . .	1	5	1	5	1	5
11. asking for directions or asking for help in a store? . . . . .	1	5	1	5	1	5
12. performing in front of others? . . . . .	1	5	1	5	1	5
13. anything else (SPECIFY)?	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

**FOR EACH 5 IN COL. I ASK B AND CODE IN COL. II.  
 IF NO 5'S IN COL. I, SKIP TO BOX 04.**

SP4GEN

B. Was there a period of time when s/he almost always felt scared or very anxious when (NAME 5'S IN COL. I, ONE AT A TIME?)

**FOR EACH 5 IN COL. II ASK C AND CODE IN COL. III.  
 IF NO 5'S IN COL. II, SKIP TO BOX 04.**

SP3RF  
 SP4C  
 SPICD-C

C. Do either you or your child feel that fear of (NAME 5'S IN COL. II, ONE AT A TIME) was usually unreasonable?

**BOX 04: CONTINUE WITH 04A,  
ASKING ONLY ABOUT CHILDREN WITH 1 OR MORE 5'S CODED IN O3, COL. III.  
IF NO SUCH CHILDREN; SKIP TO P1A, P.111.**

SPICD-B

04A. When your child felt scared or very anxious about (NAME 5'S IN O3, COL. III), did s/he have any of these other experiences?

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
Did s/he:							
1.	feel his/her heart pounding?	1	5	1	5	1	5
2.	start sweating? . . . . .	1	5	1	5	1	5
3.	start shaking? . . . . .	1	5	1	5	1	5
4.	have trouble breathing or feel as though s/he was being smothered? . . . . .	1	5	1	5	1	5
5.	feel like s/he was choking? .	1	5	1	5	1	5
6.	feel chest pain? . . . . .	1	5	1	5	1	5
7.	feel nausea or abdominal pain?	1	5	1	5	1	5
8.	feel dizzy, faint, or unsteady on his/her feet? . .	1	5	1	5	1	5
9.	feel unreal -- like s/he was having an "out of body" experience or s/he was in a dream? . . . . .	1	5	1	5	1	5
10.	think s/he might go crazy or lose control? . . .	1	5	1	5	1	5
11.	feel numbness or tingling in his/her fingers or toes? . .	1	5	1	5	1	5
12.	get chills? . . . . .	1	5	1	5	1	5
13.	feel his/her face get hot or red? . . . . .	1	5	1	5	1	5
14.	have a dry mouth? . . . . .	1	5	1	5	1	5
15.	think s/he was going to die?	1	5	1	5	1	5
16.	suddenly <u>have</u> to use the bathroom or <u>think</u> s/he might have to? . . . . .	1	5	1	5	1	5
17.	have a fear that s/he was going to throw up? . . . . .	1	5	1	5	1	5

**IF NO 5'S IN O4A.1-17, SKIP TO O5. OTHERS, CONTINUE.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SPICD-D	B.	Did s/he experience (NAME 5'S IN O4A.1-17) only when (NAME 5'S IN O3, COL. III)?	NO 1	1	1
			YES 5	5	5

SP3RD SP4D SPICD-A2	05.	Has your child often tried to avoid any of these situations because of his/her fear?	NO 1	1	1
			YES 5	5	5
		SPECIFY: _____			
		_____			

SP3RC SP4B	06.	Did your child usually get nervous or panicky right away when s/he (NAME 5'S IN O3, COL. III)?	NO 1	1	1
			YES 5	5	5

FIRST CHILD	SECOND CHILD	THIRD CHILD
----------------	-----------------	----------------

SP3RE  
SP4E  
SPICD-C

07. Did it bother your child a lot that s/he was so afraid of (NAME 5'S IN O3, COL. III)?

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

SP3RE  
SP4E

A. Did his/her anxiety or avoidance of (NAME 5'S IN O3, COL. III) cause him/her difficulties at home or with family?

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

SP3RE  
SP4E

B. Did his/her anxiety or avoidance of (NAME 5'S IN O3, COL. III) make it difficult for him/her to do things such as leave the house, go shopping, go to the movies, belong to clubs, or do other things that other people his/her age like to do?  
SPECIFY: \_\_\_\_\_

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

(IF YES, SPECIFY)

SP3RE  
SP4E

C. Did his/her anxiety or avoidance of (NAME 5'S IN O3, COL. III) ever cause him/her difficulties getting along with friends or difficulties making new friends?

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

SP3RE  
SP4E

D. Did his/her anxiety or avoidance of (NAME 5'S IN O3, COL. III) ever cause him/her difficulties at school?  
SPECIFY: \_\_\_\_\_

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

(IF YES, SPECIFY)

08. How old was s/he the (first/last) time s/he felt very anxious or scared when (NAME 5'S IN O3, COL. III)?

AGE ONS: _____	_____	_____	_____
ONS: _____	_____	_____	_____
AGE REC: _____	_____	_____	_____
REC: _____	_____	_____	_____

SP4F

09. Did your child ever have (this fear/these fears) for 6 months or more?

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

SP4G  
SPICD-E

010. Did your child have a physical illness, or was s/he taking any medication or drugs before starting to worry about (NAME 5'S IN O3, COL. III)?

NO . . . .	1	1	1
ILLNESS . .	2	2	2
DRUG/MED .	3	3	3

(IF NO; SKIP TO P1A, P.111.  
IF ILLNESS OR DRUG/MED, SPECIFY)

SPECIFY ILLNESS: \_\_\_\_\_

\_\_\_\_\_

SPECIFY DRUG/MED: \_\_\_\_\_

\_\_\_\_\_

CODE: _____	_____	_____	_____
CODE: _____	_____	_____	_____
CODE: _____	_____	_____	_____
CODE: _____	_____	_____	_____

011. OMITTED.



Now I would like to ask you some questions about times when your child might have

		FIRST CHILD	SECOND CHILD	THIRD CHILD
(M1)	P1A. Has your child ever thought a lot about death or dying?	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO P2A)		
	B. Can you tell me what was going on?			
	_____			
	_____			
	C. Did s/he have these thoughts every day or almost every day?	1	1	1
	ALC/DRUG ONLY .	3	3	3
	YES . . . . .	5	5	5
		(IF NO, SKIP TO P2A)		
	D. How old was s/he when s/he (first/last) had these thoughts?	__	__	__
	ONS:	_____	_____	_____
	AGE REC:	__ __	__ __	__ __
	REC:	_____	_____	_____

**IF P1A/B RELATES TO SELF, CODE E SILENTLY.**

(M2)	E. Has s/he ever thought about killing himself/herself?	1	1	1
	YES . . . . .	5	5	5
	P2A. Has your child ever made a plan about how s/he might kill himself/herself?	1	1	1
	ALC/DRUG ONLY .	3	3	3
	YES . . . . .	5	5	5
		(IF NO, SKIP TO P3A)		
	B. How many times has s/he made a plan like that?			
	TIMES:	__ __	__ __	__ __
	C. How old was s/he when s/he (first/last) made a plan?	__	__	__
	ONS:	_____	_____	_____
	AGE REC:	__ __	__ __	__ __
	REC:	_____	_____	_____
	D. Can you tell me about (a/the) plan?			
	CHILD 1: _____			
	CHILD 2: _____			
	CHILD 3: _____			

		FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
(M3)	P3A. Has your child ever tried to kill himself/herself?	1	1	1
	ALC/DRUG ONLY .	3	3	3
	YES . . . . .	5	5	5

IF NO TO P1C, P2A, AND P3A; SKIP TO P7A.  
 IF NO TO P3A AND YES TO P1C OR P2A, SKIP TO P6A.  
 IF YES TO P3A, CONTINUE.

- B. How many times? TIMES:   \_\_ \_\_   \_\_ \_\_   \_\_ \_\_
- C. How old was s/he the (first/last) time? AGE ONS:   \_\_ \_\_   \_\_ \_\_   \_\_ \_\_t
- ONS:   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_
- AGE REC:   \_\_ \_\_   \_\_ \_\_   \_\_ \_\_t
- REC:   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

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

D. Could you tell me what happened (during the most serious try)?

\_\_\_\_\_

\_\_\_\_\_

- |    |  |   |   |   |
|----|--|---|---|---|
| E. | Did your child see a doctor for medical treatment? | 1 | 1 | 1 |
|    | YES . . . . .                                      | 5 | 5 | 5 |
- (IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

- |    |                                      |                              |
|----|--------------------------------------|------------------------------|
| F. | How old was s/he then?               | AGE:   __ __   __ __   __ __ |
| G. | Was s/he sorry that s/he didn't die? | NO? . . . . .   1   1   1    |
|    | YES . . . . .                        | 5   5   5                    |

CODE FOR MOST SEVERE ATTEMPT.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
<p><b>P4A. CODE SILENTLY:</b> <u>TYPE OF METHOD INTENDED</u></p> <p style="text-align: right;">CODE:    ___  ___  ___</p> <ol style="list-style-type: none"> <li>1. Fire gun.</li> <li>2. Crash car.</li> <li>3. Carbon monoxide poisoning.</li> <li>4. Cut wrists, or stab self.</li> <li>5. Take pills.</li> <li>6. Jump from height.</li> <li>7. Jump in front of train/car.</li> <li>8. Strangulation, choking, suffocation, hanging.</li> <li>9. Other or combination.</li> </ol>			
<p><b>B. CODE SILENTLY:</b> <u>DEGREE OF COMPLETION</u></p> <p style="text-align: right;">CODE:    _____  _____  _____</p> <ol style="list-style-type: none"> <li>1. Contemplated only.</li> <li>2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).</li> <li>3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car.)</li> <li>4. Attempted act (jumped, pulled trigger, swallowed pills).</li> </ol>			
<p><b>P5CODE SILENTLY:</b> <u>INTENT</u></p> <p style="text-align: right;">CODE:    _____  _____  _____</p> <ol style="list-style-type: none"> <li>1. Unclear (no information or not sure).</li> <li>2. Denies intent.</li> <li>3. Reports minimal intent.</li> <li>4. Reports significant intent with some ambivalence.</li> <li>5. Very severe/extreme intent to die.</li> </ol>			

(M5)

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

(M6) P6A. Did your child see a doctor or a counselor because s/he (had thoughts/made plans/tried to kill ~~himself/herself~~) ~~5~~ 5 1  
 (IF NO, SKIP TO P7A)

B. What did the (doctor/counselor) do or say?

\_\_\_\_\_  
 \_\_\_\_\_

---

P7A. (Other than when s/he was trying to kill himself/herself) has your child ever tried to hurt himself/herself on purpose? ~~5~~ 5 1  
 (IF NO; SKIP TO Q1, P.115.  
 IF YES, SPECIFY)

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

B. How many times has s/he done something like this?

TIMES:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

C. How old was s/he the (first/last) time?

AGE ONS:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

ONS:       \_\_\_\_       \_\_\_\_       \_\_\_\_

AGE REC:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

REC:       \_\_\_\_       \_\_\_\_       \_\_\_\_

---

P8.    OMITTED.

---

FIRST CHILD      SECOND CHILD      THIRD CHILD

(N1)  
OCD3RA01  
OCD4A01/2  
OCDICDB2

Q1. Has your child ever had strange and upsetting thoughts, ideas, or images that wouldn't go away even though s/he tried not to think about them?  
**DON'T COUNT REAL WORRIES LIKE MOM BEING SICK OR OTHERS BEING MEAN TO HIM/HER.**

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

(IF CODED 3 OR 5, SPECIFY)

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

(N2)

Q2A. Has your child ever worried a lot about having germs or dirt on his/her hands or on other parts of his/her body?

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

(IF NO, SKIP TO Q3A)

OCD3RA01  
OCD4A01/2  
OCDICDB2

B. I don't mean a time when s/he was playing and got his/her clothes dirty. I mean did s/he really just worry about germs and dirt a lot, even though s/he tried not to, but the thought just stayed in his/her head?

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

Q3A. Has your child worried a lot that s/he might catch some really bad illness or disease?

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

(IF NO, SKIP TO Q4A)

(N3)  
OCD3RA01  
OCD4A01  
OCDICDB2

B. Did s/he keep on thinking about getting sick, even though s/he tried to stop thinking about it?

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

(IF NO, SKIP TO Q4A)

C. Did these thoughts really upset him/her?

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

FIRST CHILD SECOND CHILD THIRD CHILD

(N4)  
OCD3RA01  
OCD4A01/2  
OCDICDB2

Q4A. Sometimes people have thoughts about hurting someone, like killing someone in their family, stabbing someone with a knife, pushing someone down the stairs, or poking someone's eyes out.

Has your child ever thought about doing something bad, like hurting someone s/he cared a lot about?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Q5A; IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_

1. Was s/he angry with that person when s/he was having these thoughts?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO B)		
2. Has there been another time when s/he thought about doing something to hurt someone s/he liked when s/he wasn't angry with that person?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Q5A; IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_

OCD3RA01  
OCD4A01/3  
OCDICDB2/3

B. Sometimes people think like that, but the thoughts go away quickly. Has s/he thought about things like that a <u>lot</u> and couldn't make the thoughts go away?	NO . . . . .	1	1	1
	ALC/DRUG ONLY . . . . .	3*	3*	3*
	YES . . . . .	5*	5*	5*

(N5)

Q5A. Has your child worried that s/he might do something inappropriate, like screaming out curse words in front of the teacher, or yelling out loud in church or in the library?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Q6A)		

B. Did s/he think these thoughts over and over?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Q6A)		

OCD3RA01  
OCD4A01  
OCDICDB2

C. Did these thoughts really upset him/her?	NO . . . . .	1	1	1
	ALC/DRUG ONLY . . . . .	3*	3*	3*
	YES . . . . .	5*	5*	5*

			<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
Q6A.	Has your child had any other strange thoughts, ideas, or images over and over?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO, SKIP TO BOX Q6; IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

OCD3RA01	B. Did these thoughts really upset him/her?	NO . . . . .	1	1	1
OCD4A01		ALC/DRUG ONLY .	3*	3*	3*
OCDICDB		YES . . . . .	5*	5*	5*

**BOX Q6:**  
**IF NO 3\*'S OR 5\*'S IN Q1-Q6B; SKIP TO R1A., P.121.**  
**OTHERS, CONTINUE**

---

(N6)	Q7. Has your child tried to stop thinking about (NAME THOUGHTS) by doing something else, but it usually didn't work?	NO . . . . .	1	1	1
OCD3RA02		ALC/DRUG ONLY .	3*	3*	3*
OCD4A03		YES . . . . .	5*	5*	5*
OCDICDB3					

---

(N7)	Q8A. These thoughts that you've been telling me about, were they his/her own thoughts? What I mean is, were they coming from his/her own mind, or was it more like somebody put them inside his/her head?	SOMEONE PUT THEM			
OCD3RA03		IN HEAD . .	1	1	1
OCD4A04		OWN THOUGHTS .	5*	5*	5*
OCDICDB1					

B. Could you tell me a little bit more about that?  
 \_\_\_\_\_  
 \_\_\_\_\_

---

(N8)	Q9A. Did these thoughts, ideas, or images take up a lot of his/her time?	NO . . . . .	1	1	1
OCD3RB		YES . . . . .	5*	5*	5*
OCD4C					
OCDICDC					

B.	How much time (does/did) s/he spend each day thinking about (NAME 3*'S AND 5*'S IN Q1-Q6B)?	AN HOUR OR LESS	1	1	1
		MORE THAN AN HOUR . . . . .	5*	5*	5*

**IF NO 5\*'S IN Q1-Q9B, SKIP TO BOX Q13.**  
**OTHERS, CONTINUE.**

FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
-----------------------	------------------------	-----------------------

(N9) Q10A. How old was s/he the first time s/he started having these thoughts like (NAME 5\*'S IN Q1-Q6B)?

AGE ONS:	___ ___	___ ___	___ ___
ONS:	_____	_____	_____

B. How old was s/he the last time s/he was worried like that?

AGE REC:	___ ___	___ ___	___ ___
REC:	_____	_____	_____

OCD1CDA	Q11. Did your child have those thoughts almost every day for at least 2 weeks?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5

OCD4E	Q12. Was s/he sick at the time s/he was having these thoughts?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
		( IF YES, SPECIFY )			
	SPECIFY ILLNESS: _____				
	_____	CODE:	___ ___	___ ___	___ ___
	_____	CODE:	___ ___	___ ___	___ ___

**BOX Q13:**  
**IF NO 3\*'S IN Q1-Q7, SKIP TO Q14A.**  
**OTHERS, CONTINUE.**

Q13A. How old was s/he the first time s/he started having thoughts like (NAME 3\*'S IN Q1-Q6B)?

AGE ONS:	___ ___	___ ___	___ ___
ONS:	_____	_____	_____

B. How old was s/he the last time s/he were worried like that?

AGE REC:	___ ___	___ ___	___ ___
REC:	_____	_____	_____



**FOR EACH 3 OR 5 IN COL. I, ASK**  
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"  
**AND CODE IN COL. II.**

OCD3RB  
 OCD4C  
 OCDICDC

Q14A. Did any of the following things happen because s/he had these thoughts over and over? **(CODE IN COL. I)**

	CHILD I			CHILD II			CHILD III					
	COL. I			COL. II			COL. I			COL. II		
	NO	A/D	YES	NO	A/D	YES	NO	A/D	YES	NO	A/D	YES
1. Did you (parents) get upset with him/her for having these thoughts?	1	3	5	1	2	3	1	3	5	1	2	3
2. Did s/he try to keep from telling you (parents) about these thoughts?	1	3	5	1	2	3	1	3	5	1	2	3
3. Was it hard for him/her to be with his/her friends because of these thoughts?	1	3	5	1	2	3	1	3	5	1	2	3
4. Did thinking about these things make him/her very upset or unhappy?	1	3	5	1	2	3	1	3	5	1	2	3
5. Was it hard for him/her to do his/her schoolwork or homework because of these thoughts?	1	3	5	1	2	3	1	3	5	1	2	3
6. Did the teacher tell you (parents) s/he wasn't doing his/her schoolwork?	1	3	5	1	2	3	1	3	5	1	2	3

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
Q15A.	Did you (parent) ever take your child to a doctor or other professional because s/he was having problems like the ones we've been talking about?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO; SKIP TO R1A1, P.121)		

B.	Did s/he see:	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	1. a psychiatrist or psychologist? . . . . .	1	5	1	5	1	5
	2. another medical doctor? . . . . .	1	5	1	5	1	5
	3. a school counselor or social worker? . . . .	1	5	1	5	1	5
	4. someone like a minister, priest, or rabbi? . . . .	1	5	1	5	1	5
	5. another professional? . . . . (SPECIFY) . . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

C.	Did the (PERSON CHILD SAW) give him/her any medicine?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_

CODE: \_\_\_\_\_

CODE: \_\_\_\_\_

D. What did (PERSON CHILD SAW) say?

\_\_\_\_\_

\_\_\_\_\_

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Q16. OMITTED.

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Some people have things that they feel they have to do over and over again. Tell me if your child has ever done any of these things over and over.

FIRST CHILD SECOND CHILD THIRD CHILD

(01)
OCD3RAC1
OCD4AC1
OCDICDB2

R1A1. Was there ever a time when s/he washed his/her hands over and over because s/he was afraid they were dirty or had germs on them? NO . . . . 1 YES . . . . 5 (IF YES, SPECIFY) 1 5 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:
EXAMPLE: \_\_\_\_\_

2. Was there ever a period of time when s/he took showers over and over because s/he was worried about dirt or germs? NO . . . . 1 YES . . . . 5 (IF YES, SPECIFY) 1 5 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:
EXAMPLE: \_\_\_\_\_

3. Was there ever a period of time when s/he went back to check on something over and over? For example, s/he checked to see if s/he left the water running or if the door was locked? NO . . . . 1 YES . . . . 5 (IF YES, SPECIFY) 1 5 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:
EXAMPLE: \_\_\_\_\_

4. Was there ever a period of time when s/he felt like s/he had to say prayers over and over? NO . . . . 1 YES . . . . 5 (IF YES, SPECIFY) 1 5 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:
EXAMPLE: \_\_\_\_\_

5. Was there ever a period of time when s/he felt like s/he had to do anything else over and over? NO . . . . 1 YES . . . . 5 (IF YES, SPECIFY) 1 5 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:
EXAMPLE: \_\_\_\_\_

IF NO 5'S IN R1A.1-5, SKIP TO R2A1. OTHERS, CONTINUE.

OCD3RB
OCD4C

B. Did it really upset him/her or make him/her angry if s/he couldn't (NAME POSITIVES)? NO . . . . . 1 ALC/DRUG ONLY . 3\* YES . . . . . 5\* 1 3\* 5\*

FIRST	SECOND	THIRD
<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>

(02) Some young people need to do things in a special order or they get upset.

OCD3RAC1  
OCD4AC1

R2A1. Did your child ever feel like s/he <u>had</u> to put his/her clothes on in the same order, or do schoolwork in the same order, or eat food in the same order, or anything like that?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

2. Did s/he ever feel like s/he <u>had</u> to do something in a special way, like touch the doorknob three times before opening the door?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

3. Did s/he ever feel like s/he needed to <u>keep things</u> in a special order? For example, did s/he always have to line up all the books on the shelf with the tallest one on one end and the shortest at the other? Or did s/he have to put all the blue things in one place and all the red things in another?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

**IF NO TO R2A1-3, SKIP TO R3A.  
OTHERS, CONTINUE.**

OCD3RB  
OCD3RAC2  
OCD4AC2

B. Did it <u>really</u> upset him/her or make him/her angry if s/he couldn't do things in his/her special order?	NO . . . . .	1	1	1
	ALC/DRUG ONLY . . . . .	3*	3*	3*
	YES . . . . .	5*	5*	5*

			FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
R3A.	Has your child ever felt like s/he had to count things when s/he saw them? For example, all the square tiles on a floor or ceiling?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO, SKIP TO BOX R3B; IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_

OCD3RB  
OCD3RAC2  
OCD4AC2

B.	Did it <u>really</u> upset him/her or make him/her angry if s/he couldn't count things?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3*	3*	3*
		YES . . . . .	5*	5*	5*

**BOX R3B:**  
**IF NO 3\*'S OR 5\*'S IN R1A-R3B; SKIP TO S1, P.127.**  
**OTHERS, CONTINUE.**

OCD3RB

R4A.	Did your child (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than s/he really needed to?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3*	3*	3*
		YES . . . . .	5*	5*	5*
B.	Have you (parents) or other people said that s/he (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than s/he really needed to?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3*	3*	3*
		YES . . . . .	5*	5*	5*
C.	When s/he (NAME 3*'S AND 5*'S IN R1A-R3B), did s/he feel that it kept bad things from happening?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3*	3*	3*
		YES . . . . .	5*	5*	5*

OCDICDA

R5.	Did your child (NAME 3*'S AND 5*'S IN R1A-R3B) almost every day for at least 2 weeks?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5

OCD4E

R6.	Did your child have a physical illness at the time s/he was doing these things?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF YES, SPECIFY)		

SPECIFY ILLNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CODE: \_\_\_\_\_

CODE: \_\_\_\_\_

**IF NO 5\*'S IN R1A-R3B, SKIP TO BOX R9.**  
**OTHERS, CONTINUE.**

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(O6A) OCD3RB OCD4C OCDICDC	R7A.	Is (NAME 5*'S IN R1A-R3B) a problem for him/her? For example, does it take up a lot of his/her time?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
OCD3RB OCD4C OCDICDC	B.	How much time does/did s/he spend each day (NAME 5*'S IN R1A-R3B)?	AN HOUR OR LESS 1 MORE THAN AN HOUR . . . . 5*	1 5*	1 5*
	R8A.	How old was s/he when s/he first felt that s/he had to (NAME 5*'S IN R1A-R3B)?	AGE ONS: ___ ___ ONS: _____	___ ___ _____	___ ___ _____
	B.	How old was s/he the last time s/he had to (NAME 5*'S IN R1A-R3B)?	AGE REC: ___ ___ REC: _____	___ ___ _____	___ ___ _____

**BOX R9:  
IF NO 3\*'S IN R1B-R3B, SKIP TO R11A.  
OTHERS, CONTINUE.**

OCD3RB OCD4C OCDICDC	R9A.	Is (NAME 3*S IN R1B-R3B) a problem for him/her? For example, does it take up a lot of his/her time?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
OCD3RB OCD4C OCDICDC	B.	How much time does s/he spend each day (NAME 3*'S IN R1B-R3B)?	AN HOUR OR LESS 1 MORE THAN AN HOUR . . . . 5	1 5	1 5
	R10A.	How old was s/he when s/he first felt that s/he had to (NAME 3*'S IN R1B-R3B)?	AGE ONS: ___ ___ ONS: _____	___ ___ _____	___ ___ _____
	B.	How old was s/he the last time s/he had to (NAME 3*'S IN R1B-R3B)?	AGE REC: ___ ___ REC: _____	___ ___ _____	___ ___ _____

**FOR EACH 3 OR 5 CODED IN COL. I, ASK**  
 "Did that happen (1) a little, (2) somewhat (2); or (3) a lot?"  
**AND CODE IN COL. II.**

OCD3RB  
 OCD4C  
 OCDICDC

R11A. Did any of the following things happen, because s/he felt s/he had to do things over and over? **(CODE IN COL. I.)**

	CHILD I			CHILD II			CHILD III					
	COL. I			COL. II			COL. I			COL. II		
	NO	A/D	YES				NO	A/D	YES			
1. Did you (parents) get upset or angry with him/her for doing things over and over?	1	3	5	1	2	3	1	3	5	1	2	3
2. Did s/he try to keep you (parents) from seeing him/her do things over and over?	1	3	5	1	2	3	1	3	5	1	2	3
3. Did the other children tease or make fun of him/her?	1	3	5	1	2	3	1	3	5	1	2	3
4. Did s/he stay away from other children because s/he thought they would tease or be mean to him/her?	1	3	5	1	2	3	1	3	5	1	2	3
5. Was it hard for him/her to get his/her schoolwork or homework done or did his/her grades go down?	1	3	5	1	2	3	1	3	5	1	2	3
6. Did the teacher tell you (parents) s/he was having a hard time getting his/her schoolwork done?	1	3	5	1	2	3	1	3	5	1	2	3

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
R12A.	Did you (parents) ever take your child to a doctor or any other professional because s/he was having problems, like the ones we've been talking about?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF NO; SKIP TO S1, P.127)		

B.	Did s/he see:	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	1. a psychiatrist or psychologist? . . . . .	1	5	1	5	1	5
	2. another medical doctor? . . . . .	1	5	1	5	1	5
	3. a school counselor or social worker? . . . .	1	5	1	5	1	5
	4. someone like a minister, priest, or rabbi?	1	5	1	5	1	5
	5. another professional? . . . . (SPECIFY) . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

C.	Did the (PERSON CHILD SAW) give him/her any medicine?	NO . . . . . 1	1	1
		YES . . . . . 5	5	5
		(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

D. What did (PERSON CHILD SAW) say?

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

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R13. OMITTED.

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**SECTION S: ADOLESCENTS ONLY** (CHILDREN SKIP TO V1A, P.136)

			FIRST CHILD	SECOND CHILD	THIRD CHILD
(P1) ANR3RA ANR4A	S1. Has your child ever lost a lot of weight on purpose?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
	SPECIFY WHY: _____ _____	(IF NO; SKIP TO T1A, P.129. IF CODED 3 OR 5, SPECIFY)			
(P2) ANR3RC ANR4C	S2. Has your child ever felt that s/he was too fat or that parts of him/her were too fat, even when people might have said s/he was too thin?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
(P4) ANR3RC ANR4C	S3. Has your child ever tried to keep his/her weight down even though other people said s/he was too thin?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
(P3) ANR3RA ANR4A	S4A. When your child was trying to lose weight, how much did s/he weigh when s/he was at his/her thinnest?				LBS: _ _ _ _ _
	B. How old was s/he when s/he was at that weight?				AGE: _ _ _ _ _
	C. How tall was s/he then?				FT/IN: _ _ _ _ _
	D. IS WEIGHT IN S4A EQUAL TO OR BELOW AMOUNT ON WEIGHT CHART (CARD S)?	NO . . . . . 1 YES . . . . . 5	1 5	1 5	1 5
		(IF NO; SKIP TO T1A, P.129)			
(P5) ANR3RB ANR4B	S5. When s/he was thin, did s/he still worry a lot about being fat or becoming fat?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
(P6)	S6A. Did you (parents) take him/her to a doctor, because you were worried about him/her losing so much weight?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5	1 3 5
	B. What did the doctor say?				(IF NO, SKIP TO S7)
	_____				
	_____				

FIRST CHILD SECOND CHILD THIRD CHILD

(P7) S7. How old was s/he the (first/  
last) time s/he worried a lot  
about his/her weight? AGE ONS: — — — —  
ONS: — — — —  
AGE REC: — — — —  
REC: — — — —

**BOYS SKIP TO T1A, P.129.  
GIRLS, CONTINUE.**

(P8)	S8.	Had she started her menstrual period before she began to try to lose weight?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
(IF NO; SKIP TO T1A, P.129)					
(P9)	S9.	While she was losing weight, did her periods stop for at least 3 months in a row?	NO . . . . . 1	1	1
ANR3RD			YES . . . . . 5	5	5
ANR4D					

**SECTION T: ADOLESCENTS ONLY** (CHILDREN SKIP TO VI.A. P.136)

			FIRST <u>CHILD</u>	SECOND <u>CHILD</u>	THIRD <u>CHILD</u>
(Q1) BUL3RA BUL4A1	T1A. Has your child ever gone on eating binges? What I mean is, s/he would keep on eating and eating a very large amount of food in a very short period of time (usually less than 2 hours)? <b>(EXCLUDE IF ONLY DURING HOLIDAYS OR SPECIAL OCCASIONS.)</b>	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5
		(IF NO; SKIP TO U1, P.131)			
	B. How much did s/he eat? About how long did it take? <b>(PROBE: FOR AMOUNT OF TIME.)</b>				
_____					
_____					
(Q2) BUL3RA BUL4C	T2A. Has your child ever eaten large amounts of food like that at least twice a week?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5
		(IF CODED 3 OR 5, SKIP TO T3)			
	B. S/he has <u>never</u> eaten a <u>very</u> large amount of food twice in one week?	NEVER EATEN LARGE AMOUNT .	1	1	1
		HAS EATEN LARGE AMOUNT .	5	5	5
		(IF NEVER EATEN LARGE AMT; SKIP TO U1, P.131)			
(Q3) BUL3RD BUL4C	T3. Has s/he eaten large amounts of food twice a week for 3 months or longer?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO; SKIP TO U1, P.131)		
(Q4) BUL3RE BUL4D	T4A. Has s/he often worried a lot about how his/her body looked?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5
	B. Has s/he often worried a lot about how much s/he weighed?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5
(Q5) BUL3RC BUL4B	T5. When s/he was on eating binges like the ones we described earlier, did s/he often try to keep his/her weight down by taking laxatives or vomiting?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5
(Q6) BUL3RC BUL4B	T6. Did s/he exercise <u>a lot</u> to help keep his/her weight down?	NO . . . . .	1	1	1
		ALC/DRUG ONLY .	3	3	3
		YES . . . . .	5	5	5

			<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
(Q7) BUL3RB BUL4A2	T7.	When s/he was on one of those eating binges, did s/he ever feel like s/he couldn't stop eating?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5

(Q8)	T8.	How old was s/he the (first/last) time s/he had an eating binge?	AGE ONS: ___ ___ ONS: _____ AGE REC: ___ ___ REC: _____	___ ___ _____ ___ ___ _____	___ ___ _____ ___ ___ _____
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	<b>IS S4D CODED 5?</b>	<b>NO . . . . . 1</b> <b>YES . . . . . 5</b> <b>(IF NO; SKIP TO U1. P.131)</b>	<b>1</b> <b>5</b>	<b>1</b> <b>5</b>	<b>1</b> <b>5</b>
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BUL4E	T9.	Did s/he have eating binges only during the time (s/he lost a lot of weight/others thought s/he was too thin)?	NO . . . . . 1 ALC/DRUG ONLY . 3 YES . . . . . 5	1 3 5	1 3 5
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**SECTION U: ADOLESCENTS ONLY** (CHILDREN SKIP TO V1A. P.136)

**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, PSYCHIATRICALY RELEVANT

		FIRST CHILD	SECOND CHILD	THIRD CHILD
(R1) SOM3RA SOM4A	U1. Has your child been sick a lot of times -- more than most children the same age?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	SPECIFY: _____			
(R2) SOM3RB3 SOM4A	U2. Has your child had to see the doctor a lot or visit the school nurse more often than other children the same age?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	(PROBE: HAS S/HE MISSED A LOT OF SCHOOL BECAUSE OF FEELING SICK?)			
(R3) SOM3RB-1 SOM4B2	U3. Has your child had times when s/he has thrown up a lot (much more than usual --much more than his/her friends or others his/her age)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
(R4)	U4. Has your child had a lot of trouble with any of the following problems -- more than most children his/her age?			
SOM3RB-3 SOM4B2	A. Has s/he had nausea a lot of the time?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-4 SOM4B2	B. Has his/her stomach filled up with gas a lot of the time?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-5 SOM4B2	C. Has s/he ever had a lot of problems with diarrhea?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-6 SOM4B2	D. Has s/he ever had a lot of problems with getting sick easily from eating different foods?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-2 SOM4B1	E. Has s/he had a lot of trouble with stomach pains?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**IF NO 5'S IN U4A-E; SKIP TO V1A, P. 136. OTHERS, CONTINUE.**

**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, PSYCHIATRICALY RELEVANT

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(R5) SOM3RB-7 SOM4B1	U5. Has your child ever had a lot of problems with bad pain in his/her arms or legs?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-8 SOM4B1	U6A. Has your child ever had a lot of problems with back pain?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-10 SOM4B1	B. Has s/he ever had a lot of problems with pain when urinating?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM4B1	C. Has s/he ever had a lot of problems with headaches?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-9 SOM4B1	D. Has s/he ever had a lot of pain in the joints (ankles, knees, wrist, elbows)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-11 SOM4B1	E. Has s/he ever had a lot of problems with any other kind of pain (EXCLUDING HEADACHES)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**IF 4 OR MORE 5'S IN U5-U6E, CONTINUE.  
 OTHERS, SKIP TO V1A, P.136.**

**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, PSYCHIATRICALY RELEVANT

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(R7) SOM3RB-12	U7. Has your child often had trouble with running out of breath at times when s/he is <u>not</u> exercising; like when walking or sitting around?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
(R8) SOM3RB-13	U8A. Has your child often had trouble with his/her heart pounding or beating too fast?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-14 SOM4B1	B. Has s/he ever had problems with chest pain (a tight feeling or pain in the chest)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-15	C. Has s/he often felt dizzy or like s/he was going to faint?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
(R9) SOM3RB-16 SOM4B4	U9. Has your child ever had problems with <u>amnesia</u> ?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
(R10) SOM3RB-17 SOM4B4	U10. Has your child often had problems swallowing?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**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, PSYCHIATRICALY RELEVANT**

		FIRST CHILD	SECOND CHILD	THIRD CHILD
(R4) SOM3RB-18 SOM4B4	U11A. Has your child ever just suddenly lost his/her voice?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-19 SOM4B4	B. Has s/he ever gone suddenly deaf?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-20 SOM4B4	C. Has s/he ever had a lot of problems with double vision?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-21	D. Has s/he ever had a lot of problems with blurred vision?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-22 SOM4B4	E. Has s/he ever suddenly gone blind for no reason?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-23 SOM4B4	F. Have there been times when s/he fainted or passed out?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-24 SOM4B4	G. Has s/he ever had a seizure?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-25 SOM4B4	H. Has s/he ever had a lot of difficulty walking?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-26 SOM4B4	I. Has s/he ever felt so weak that s/he couldn't lift or move things that s/he could ordinarily lift or move?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB-27 SOM4B4	J. Has s/he had a hard time urinating?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**GIRLS WHO HAVE NOT BEGUN MENSTRUATING (A12A=1) AND BOYS, SKIP TO U13A.**



**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, PSYCHIATRICALY RELEVANT

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(R12) SOM3RB-32 SOM4B1	U12A. Has she had a lot of problems with menstrual cramps?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**IF CODED 5, CONTINUE. OTHERS, SKIP TO U13A.**

SOM3RB-33 SOM4B3	B. Has she had a lot of problems with irregular menstrual periods?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
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SOM3RB-34 SOM4B3	C. Has she had heavy bleeding (more than most girls) during her menstrual period?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
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	U13A. You've told me that your child had (NAME 4'S AND 5'S IN U1-U12C). Has s/he ever faked any of those problems to keep from going to school or to keep from doing other things s/he didn't want to do?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
		(IF NO, SKIP TO BOX U14; IF YES, SPECIFY)			

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

SOM4D	B. Did s/he always fake (NAME SX IN U13A)?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5

**BOX U14:**  
**IF NO 4'S IN U1-U12C; SKIP TO BOX U15. OTHERS, CONTINUE.**

(R13) SOM3RA	U14. How old was s/he the (first/last) time (NAME 4'S IN U1-U12C) happened?	AGE ONS: ___ ___	___ ___	___ ___
		ONS: _____	_____	_____
		AGE REC: ___ ___	___ ___	___ ___
		REC: _____	_____	_____

**BOX U15:**  
**IF NO 5'S IN U1-U12C; SKIP TO V1A, P.136. OTHERS, CONTINUE.**

(R13) SOM3RA	U15. You've told me that (NAME 5'S IN U1-U12C). How old was s/he the (first/last) time these problems happened?	AGE ONS: ___ ___	___ ___	___ ___
		ONS: _____	_____	_____
		AGE REC: ___ ___	___ ___	___ ___
		REC: _____	_____	_____

**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, PSYCHIATRICALY RELEVANT

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(S1) SCZ3RA1b	V1A.	Has your child ever seen things that other people looking at the same spot couldn't see?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V2A)		
	B.	Did s/he see things when s/he was falling asleep or waking up?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C)		
	1.	Did s/he ever see things at any other time, when s/he was not waking up or falling asleep?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V2A)		
	C.	Tell me about what s/he saw.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
_____					
_____					

---

(S2) SCZ3RA1b	V2A.	Has your child more than once heard voices that <u>only s/he could hear</u> ?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V3)		
	B.	Did s/he hear voices when s/he was falling asleep or waking up?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C)		
	1.	Did s/he ever hear voices at any other time, when s/he was not falling asleep or waking up?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V3)		
	C.	Tell me a little more about what s/he heard and what the voices said to him/her.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
_____					
_____					

---

**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, PSYCHIATRICALY RELEVANT**

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(S7) SCZ3RA2	V3. While s/he was watching TV, has s/he thought that someone on TV was sending a special message to him/her and <u>nobody else</u> ?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SPECIFY: _____ _____				

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(S8) SCZ3RA2	V4. Has s/he ever felt that someone on TV or on the radio was making fun of him/her or saying bad things about him/her?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SPECIFY: _____ _____				

---

(S9) SCZ3RA2	V5. Has s/he ever heard his/her thoughts spoken out loud?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
(PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?)				
SPECIFY: _____ _____				

IF NO PROBING BOX IS CODED 3, 4, OR 5 IN V1-V5; SKIP TO X1, P.143. OTHERS, CONTINUE.

**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, PSYCHIATRICALY RELEVANT

			<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
(S3) SCZ3RA1b	V6A.	Has s/he more than once heard very strange sounds or noises besides voices that only s/he could hear?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V7A)		
	B.	Did s/he hear strange sounds when s/he was falling asleep or waking up?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C)		
		1. Did s/he ever hear strange sounds at any other time when s/he was not waking up or falling asleep?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V7A)		
	C.	Tell me about what s/he heard.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	_____				
	_____				

---

(S4) SCZ3RA1b	V7A.	Has s/he ever smelled something very strange -- something that other people couldn't smell?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V8)		
	B.	Did s/he smell something strange when s/he was falling asleep or waking up?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO C)		
		1. Did s/he ever smell something strange at any other time when s/he was not waking up or falling asleep?	NO . . . . . 1	1	1
			YES . . . . . 5	5	5
			(IF NO, SKIP TO V8)		
	C.	Tell me about what s/he smelled.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	_____				
	_____				

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<p><b><u>PROBING PATTERN:</u></b>  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, PSYCHIATRICALY RELEVANT</p>
--

(S5)  
SCZ3RA1a

V8. Has s/he ever felt like strangers were watching what s/he was doing, like they were spying on him/her?

FIRST  
CHILD

SECOND  
CHILD

THIRD  
CHILD

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

(S6)  
SCZ3RA1a

V9. Have there been times when s/he thought that people were talking about him/her behind his/her back?

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

(PROBE: WERE THEY PLANNING TO HURT HIM/HER IN SOME WAY -- LIKE MAYBE POISON HIM/HER?)

<p>BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE CHILD, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.</p>
--

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(S10)  
SCZ3RA2

V10. Has s/he ever thought that someone was able to control what s/he was thinking and make him/her do things s/he didn't want to do?

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

**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, PSYCHIATRICALY RELEVANT

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
(S11) SCZ3RA2	V11. Has s/he ever felt that people could read his/her mind or hear what s/he was thinking?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	(PROBE: IS THIS ONLY BECAUSE THEY'VE KNOWN HIM/HER FOR A LONG TIME OR KNOW HIM/HER VERY WELL?) SPECIFY: _____ _____			

(S12) SCZ3RA2	V12. Has s/he ever been able to actually read someone else's mind?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	SPECIFY: _____ _____			

**BOX V13:**  
 IF NO 3'S OR 4'S IN V1-V12, SKIP TO BOX V14.  
 OTHERS, CONTINUE.

(S13)	V13. You've told me that (NAME 3'S AND 4'S IN V1-V12). How old was s/he the (first/last) time things like this happened?	AGE ONS: _____	_____	_____
		ONS: _____	_____	_____
		AGE REC: _____	_____	_____
		REC: _____	_____	_____

<b>BOX V14:</b> <b>IF ANY PROBING BOX IS CODED 5 IN V1-V12, CONTINUE.</b> <b>OTHERS; SKIP TO X1, P.143.</b>
---

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
(S13)	V14. You've told me that (NAME 5'S IN V1-V12). How old was s/he the (first/last) time things like this happened?	AGE ONS: ___ ___	___ ___	___ ___
		ONS: _____	_____	_____
		AGE REC: ___ ___	___ ___	___ ___
		REC: _____	_____	_____

V15A.	Did you (parents) take him/her to a doctor or a counselor because of (NAME 5'S IN V1-V12).	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF NO; SKIP TO X1, P.143)		

B.	Did s/he see:		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	1. a psychiatrist or psychologist? . . . . .	1	5	1	5	1	5	
	2. another medical doctor? . . . . .	1	5	1	5	1	5	
	3. a school counselor or social worker? . . . . .	1	5	1	5	1	5	
	4. someone like a minister, priest, or rabbi? . . . . .	1	5	1	5	1	5	
	5. another professional? . . . . (SPECIFY) . . . . .	1	5	1	5	1	5	

SPECIFY: \_\_\_\_\_

C.	Did (PERSON CHILD SAW) give him/her any medicine?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF YES, SPECIFY)		

SPECIFY: \_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_ CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

D. What did the (PERSON CHILD SAW) say?

\_\_\_\_\_

\_\_\_\_\_

E.	Did s/he have to go into the hospital?	NO . . . . .	1	1	1
		YES . . . . .	5	5	5
			(IF YES, SPECIFY)		

SPECIFY DETAILS: \_\_\_\_\_

\_\_\_\_\_

**SECTION W OMITTED FOR PARENTS**



		FIRST CHILD	SECOND CHILD	THIRD CHILD
X1. Has the child had a relationship with his/her biological parents in the past year?	<u>MOTHER</u>			
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
	<u>FATHER</u>			
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
<p>IF THE CHILD HAS NOT HAD A RELATIONSHIP WITH THE BIOLOGICAL PARENT, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE FOR BIOLOGICAL PARENTS <u>ONLY</u> IN "MOTHER" AND "FATHER" SPACES.</p>				
X2. Does child live with ...	NO STEP-PARENT . . . . (ASK X3) . . . .	1	1	1
	STEP-MOTHER . . . . . (CODE 1 IN X3) . . . .	2	2	2
	STEP-FATHER . . . . . (CODE 2 IN X3) . . . .	3	3	3
	BOTH STEP-MOTHER AND STEP-FATHER . . . . (CODE 1 IN X3) . . . .	4	4	4

X3. Is there any adult besides you (M/F/O) whom your child sees a lot and who is like a parent to him/her?	NO OTHER . . . . .	0	0	0
	STEP MOTHER . . . . .	1	1	1
	STEP FATHER . . . . .	2	2	2
	FOSTER MOTHER . . . . .	3	3	3
	FOSTER FATHER . . . . .	4	4	4
	GRANDMOTHER . . . . .	5	5	5
	GRANDFATHER . . . . .	6	6	6
	SIBLING (18 OR OLDER) . . . . .	7	7	7
	OTHER RELATIVES (AUNTS, UNCLES, COUSINS, ETC.) . . . . .	8	8	8
	OTHER ADULTS (TEACHERS, CLERGY, FAMILY FRIENDS) . . . . .	9	9	9
	PARENT'S SIGNIFICANT OTHER . . . . .	10	10	10

The person should be someone who frequently spends time with the child, acts in a parental role, and provides ongoing support beyond his/her normal role (such as teachers, or clergy, family, or friends). If child designates more than one close adult and absolutely cannot pick one, Interviewer should pick one for him/her.

IN THIS PART OF THE INTERVIEW PROBE FOR ALL PARENTING FIGURES THAT APPLY.

Y1. 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.

**IF CHILD LIVES AWAY FROM BOTH BIOLOGICAL PARENTS SAY:**

Since s/he doesn't live with (M/F) now, I'd like you to answer for the last year that s/he lived with (M/F).

<u>CHILD I</u>	A. Do you (M/F/O) do helpful or fun things with him/her like . . .	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	Schoolwork or projects? . . . . .	1	5	1	5	1	5
	Chores at home? . . . . .	1	5	1	5	1	5
	Fun activities? . . . . .	1	5	1	5	1	5
	Shopping? . . . . .	1	5	1	5	1	5
	Making plans? . . . . .	1	5	1	5	1	5
	Anything else?. . (SPECIFY) . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

<u>CHILD II</u>	A. Do you (M/F/O) do helpful or fun things with him/her like . . .	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	Schoolwork or projects? . . . . .	1	5	1	5	1	5
	Chores at home? . . . . .	1	5	1	5	1	5
	Fun activities? . . . . .	1	5	1	5	1	5
	Shopping? . . . . .	1	5	1	5	1	5
	Making plans? . . . . .	1	5	1	5	1	5
	Anything else?. . (SPECIFY) . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

<u>CHILD III</u>	A. Do you (M/F/O) do helpful or fun things with him/her like . . .	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
	Schoolwork or projects? . . . . .	1	5	1	5	1	5
	Chores at home? . . . . .	1	5	1	5	1	5
	Fun activities? . . . . .	1	5	1	5	1	5
	Shopping? . . . . .	1	5	1	5	1	5
	Making plans? . . . . .	1	5	1	5	1	5
	Anything else?. . (SPECIFY) . . .	1	5	1	5	1	5

SPECIFY: \_\_\_\_\_

B. Would you say that you (M/F/O) spend time with him/her . . .	<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>
	<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>
<u>MOTHER</u>			
MORE THAN MOST PARENTS? . . . . .	1	1	1
SAME AS MOST PARENTS? . . . . .	2	2	2
LESS THAN MOST PARENTS? . . . . .	3	3	3
<u>FATHER</u>			
MORE THAN MOST PARENTS? . . . . .	1	1	1
SAME AS MOST PARENTS? . . . . .	2	2	2
LESS THAN MOST PARENTS? . . . . .	3	3	3
<u>OTHER</u>			
MORE THAN MOST PARENTS? . . . . .	1	1	1
SAME AS MOST PARENTS? . . . . .	2	2	2
LESS THAN MOST PARENTS? . . . . .	3	3	3

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
Y2A.	Do you (M/F/O) and your child ever talk about the news or what's going on in the world?		<b><u>MOTHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<b><u>FATHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<b><u>OTHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
B.	Do you (M/F/O) and your child spend time talking about other things, like movies, his/her friends, or anything else?		<b><u>MOTHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<b><u>FATHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<b><u>OTHER</u></b>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5

Y3.	Family celebrations or holidays like Thanksgiving, birthdays, or graduations are supposed to be a lot of fun, but sometimes they end up with people getting upset. In your family, are holidays ...	<b><u>READ OPTIONS:</u></b>		
		VERY UPSETTING?	1	1
		KIND OF UPSETTING?	2	2
		AVERAGE/BORING?	3	3
		KIND OF FUN?	4	4
		VERY FUN? . . .	5	5
		(IF CODED 1 OR 2, SPECIFY)		
	SPECIFY: _____			
	_____			

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
Y4A.	Do you (M/F/O) give your child hugs or kisses to show that you care about him/her?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
B:	<u>ADOLESCENTS ONLY</u> (CHILDREN, SKIP TO C) Did you (M/F/O) give your child hugs or kisses when s/he was younger?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
C.	Do you (M/F/O) show that you care about <u>others</u> in the family by giving <u>them</u> hugs or kisses?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
Y5A.	Do you (M/F/O) criticize your child?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
				(IF NO, SKIP TO Y6A)
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
				(IF NO, SKIP TO Y6A)
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
				(IF NO, SKIP TO Y6A)
B.	Does this happen a little, somewhat, or a lot?	<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3
		<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3
		<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
Y6A.	Do you (M/F/O) ever upset your child by teasing him/her in a mean way or saying things that hurt his/her feelings?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y7A)		
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y7A)		
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y7A)		
B.	Does this happen a little, somewhat, or a lot?	<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3
<hr/>				
Y7A.	Do you (M/F/O) ever go out of your way to say your child did a good job when s/he does something well?		<u>MOTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y8A)		
			<u>FATHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y8A)		
			<u>OTHER</u>	
	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO Y8A)		
B.	Does this happen a little, somewhat, or a lot?	<u>M</u>	<u>F</u>	<u>O</u>
	A LITTLE . . . . .	1	1	1
	SOMEWHAT . . . . .	2	2	2
	A LOT . . . . .	3	3	3

**CHILD I**

Y8A. When your child has problems or is worried about something, does s/he talk to you (M/F/O)?

	<b>MOTHER</b>	
NO . . . . .	(CONTINUE) . . . . .	1
YES. . . . .	(SKIP TO Y8C) . . . . .	5

	<b>FATHER</b>	
NO . . . . .	(CONTINUE) . . . . .	1
YES. . . . .	(SKIP TO Y8C) . . . . .	5

	<b>OTHER</b>	
NO . . . . .	(CONTINUE) . . . . .	1
YES. . . . .	(SKIP TO Y8C) . . . . .	5

B. What is the reason that s/he doesn't usually talk to you (M/F/O) about his/her problems? Is it that s/he feels you're not interested, s/he doesn't feel comfortable, you are not around, some other reason, or for no reason?

SPECIFY REASON (M): \_\_\_\_\_

	<b>MOTHER</b>	
NO REASON . . . . .		1
MOTHER NOT INTERESTED . . . . .		2
CHILD DOESN'T FEEL COMFORTABLE . . . . .		3
MOTHER NOT AROUND . . . . .		4
OTHER REASON (SPECIFY) . . . . .		5

SPECIFY REASON (F): \_\_\_\_\_

	<b>FATHER</b>	
NO REASON . . . . .		1
FATHER NOT INTERESTED . . . . .		2
CHILD DOESN'T FEEL COMFORTABLE . . . . .		3
FATHER NOT AROUND . . . . .		4
OTHER REASON (SPECIFY) . . . . .		5

SPECIFY REASON (O): \_\_\_\_\_

	<b>OTHER</b>	
NO REASON . . . . .		1
OTHER NOT INTERESTED . . . . .		2
CHILD DOESN'T FEEL COMFORTABLE . . . . .		3
OTHER NOT AROUND . . . . .		4
OTHER REASON (SPECIFY) . . . . .		5

**SKIP TO BOX Y8-I**

C. Does s/he feel that (5'S IN Y8A) usually does a good job of listening to his/her troubles?

	<b>MOTHER</b>	
NO . . . . .		1
YES . . . . .		5

	<b>FATHER</b>	
NO . . . . .		1
YES . . . . .		5

	<b>OTHER</b>	
NO . . . . .		1
YES . . . . .		5

**BOX Y8-I: IF NO OTHER CHILD; SKIP TO Z1A, P.151. OTHERS, CONTINUE.**

**CHILD II**

Y8A. When your child has problems or is worried about something, does s/he talk to you (M/F/O)?	<b>MOTHER</b>		
	NO . . . . .	(CONTINUE) . . . . .	1
	YES. . . . .	(SKIP TO Y8C) . . . . .	5
	<b>FATHER</b>		
	NO . . . . .	(CONTINUE) . . . . .	1
	YES. . . . .	(SKIP TO Y8C) . . . . .	5
<b>OTHER</b>			
NO . . . . .	(CONTINUE) . . . . .	1	
YES. . . . .	(SKIP TO Y8C) . . . . .	5	

B. What is the reason that s/he doesn't usually talk to you (M/F/O) about his/her problems? Is it that you're not interested, s/he doesn't feel comfortable, you are not around, some other reason, or for no reason?

SPECIFY REASON (M): _____	<b>MOTHER</b>	
_____	NO REASON . . . . .	1
_____	MOTHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	MOTHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

SPECIFY REASON (F): _____	<b>FATHER</b>	
_____	NO REASON . . . . .	1
_____	FATHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	FATHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

SPECIFY REASON (O): _____	<b>OTHER</b>	
_____	NO REASON . . . . .	1
_____	OTHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	OTHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

**SKIP TO BOX Y8-II**

C. Does s/he feel that (5'S IN Y8A) usually does a good job of listening to his/her troubles?	<b>MOTHER</b>		
	NO . . . . .	. . . . .	1
	YES . . . . .	. . . . .	5
	<b>FATHER</b>		
	NO . . . . .	. . . . .	1
	YES . . . . .	. . . . .	5
<b>OTHER</b>			
NO . . . . .	. . . . .	1	
YES . . . . .	. . . . .	5	

**BOX Y8-II: IF NO OTHER CHILD; SKIP TO Z1A, P.151. OTHERS, CONTINUE.**

<b>CHILD III</b>	Y8A. When your child has problems or is worried about something, does s/he talk to you (M/F/O)?	<b>MOTHER</b>	
		NO . . . . . (CONTINUE) . . . . .	1
		YES. . . . . (SKIP TO Y8C) . . . . .	5
		<b>FATHER</b>	
		NO . . . . . (CONTINUE) . . . . .	1
		YES. . . . . (SKIP TO Y8C) . . . . .	5
		<b>OTHER</b>	
		NO . . . . . (CONTINUE) . . . . .	1
		YES. . . . . (SKIP TO Y8C) . . . . .	5

B. What is the reason why s/he doesn't usually talk to you (M/F/O) about his/her problems? Is it that you're not interested, s/he doesn't feel comfortable, you are not around, some other reason, or for no reason?

SPECIFY REASON (M): _____	<b>MOTHER</b>	
_____	NO REASON . . . . .	1
_____	MOTHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	MOTHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

SPECIFY REASON (F): _____	<b>FATHER</b>	
_____	NO REASON . . . . .	1
_____	MOTHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	MOTHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

SPECIFY REASON (O): _____	<b>OTHER</b>	
_____	NO REASON . . . . .	1
_____	MOTHER NOT INTERESTED . . . . .	2
_____	CHILD DOESN'T FEEL COMFORTABLE . . . . .	3
_____	MOTHER NOT AROUND . . . . .	4
_____	OTHER REASON (SPECIFY) . . . . .	5

**SKIP TO BOX Y8-III**

C. Does s/he feel that (5'S IN Y8A) usually does a good job of listening to his/her troubles?	<b>MOTHER</b>	
	NO . . . . .	1
	YES . . . . .	5
	<b>FATHER</b>	
	NO . . . . .	1
	YES . . . . .	5
	<b>OTHER</b>	
	NO . . . . .	1
	YES . . . . .	5

**BOX Y8-III: SKIP TO Z1A, P.151.**



Parents have many different rules for 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 home.

Z1A. When your child does something that you (M/F/O) think is wrong, do you yell or fuss at him/her ...	FIRST CHILD			SECOND CHILD			THIRD CHILD		
	M	F	O	M	F	O	M	F	O
MORE THAN MOST PARENTS? . . . . .	1	1	1	1	1	1	1	1	1
SAME AS MOST PARENTS? . . . . .	2	2	2	2	2	2	2	2	2
LESS THAN MOST PARENTS? . . . . .	3	3	3	3	3	3	3	3	3

**ADOLESCENTS AGES 15-17, SKIP TO Z2.**

B. When your child does something wrong, do you (M/F/O) spank him/her ...									
NEVER? . . . . .	1	1	1	1	1	1	1	1	1
HARDLY EVER? . . . . .	2	2	2	2	2	2	2	2	2
SOMETIMES? . . . . .	3	3	3	3	3	3	3	3	3
OFTEN? . . . . .	4	4	4	4	4	4	4	4	4

Z2. Sometimes when kids do something wrong, their parents ground them (not allow them to do something they want to do). Do you (M/F/O) ground your child ...									
MORE THAN MOST KIDS? . . . . .	1	1	1	1	1	1	1	1	1
SAME AS MOST KIDS? . . . . .	2	2	2	2	2	2	2	2	2
LESS THAN MOST KIDS? . . . . .	3	3	3	3	3	3	3	3	3

Z3. Does your child get into trouble with you (M/F/O) ...									
MORE THAN MOST KIDS? . . . . .	1	1	1	1	1	1	1	1	1
SAME AS MOST KIDS? . . . . .	2	2	2	2	2	2	2	2	2
LESS THAN MOST KIDS? . . . . .	3	3	3	3	3	3	3	3	3

Z4A. In your family are you (M/F/O) generally fair in scolding or punishing your child?									
YES, FAIR . . . . .	1	1	1	1	1	1	1	1	1
NO, TOO EASY . . . . .	2	2	2	2	2	2	2	2	2
NO, TOO HARD . . . . .	3	3	3	3	3	3	3	3	3
DOES NOT SCOLD OR PUNISH . . . . .	4	4	4	4	4	4	4	4	4

SPECIFY: \_\_\_\_\_

**IF ONLY ONE CHILD; SKIP TO AA1, P.152.  
 OTHERS, CONTINUE.**

B. Are you (M/F/O) usually easier or harder on him/her than on his/her brothers/sisters?									
NEITHER . . . . .	1	1	1	1	1	1	1	1	1
HARDER ON CHILD . . . . .	2	2	2	2	2	2	2	2	2
EASIER ON CHILD . . . . .	3	3	3	3	3	3	3	3	3

		FIRST CHILD			SECOND CHILD			THIRD CHILD		
		M	F	O	M	F	O	M	F	O
AA1.	Do you (M/F/O) belong to any groups or clubs, like the P.T.A., a church or synagogue, or a sports team?	NO . .	1	1	1	1	1	1	1	1
		YES . .	5	5	5	5	5	5	5	5
		(IF YES, SPECIFY)								

**DO NOT COUNT 12-STEP TYPE TREATMENT GROUPS, INCLUDING AA.**

SPECIFY: \_\_\_\_\_

AA2.	Do you (M/F/O) have some friends you see from time to time?	NO . .	1	1	1	1	1	1	1	1
		YES . .	5	5	5	5	5	5	5	5
AA3.	Do (M/F/O) get together with friends and relatives for celebrations like Thanksgiving, 4th of July, or birthdays?	NO . .	1	1	1	1	1	1	1	1
		YES . .	5	5	5	5	5	5	5	5
AA4A.	When your child is in an activity like a game, a play, or a concert at school, do you (M/F/O) usually attend?	NO . .	1	1	1	1	1	1	1	1
		YES . .	5	5	5	5	5	5	5	5

**ASK B FOR EVERY 1 IN AA4A. OTHERS, SKIP TO AA5.**

B. Why don't you (M/F/O) attend?

	FIRST CHILD			SECOND CHILD			THIRD CHILD		
	M	F	O	M	F	O	M	F	O
<b>CODE ALL:</b> . . . .	NO/YES	NO/YES	NO/YES	NO/YES	NO/YES	NO/YES	NO/YES	NO/YES	NO/YES
WORK . . . . .	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
CARING FOR SOMEONE	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
PARENTAL TENSION	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
LIVES OUT OF TOWN	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
NOT INTERESTED .	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
NO REASON . . . .	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
OTHER (SPECIFY) .	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5
SPECIFY OTHER:	_____								

		FIRST CHILD			SECOND CHILD			THIRD CHILD		
		M	F	O	M	F	O	M	F	O
AA5.	Do you (M/F/O) have any activities that you enjoy doing, like crafts, gardening, reading, or sports?	NO . .	1	1	1	1	1	1	1	1
		YES . .	5	5	5	5	5	5	5	5
		(IF YES, SPECIFY)								

SPECIFY: \_\_\_\_\_

FIRST CHILD      SECOND CHILD      THIRD CHILD

IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE, SAY  
 "In spite of all your difficulties ..."

		M	F	O	M	F	O	M	F	O
AA6A.	Would you say that you (M/F/O) NO . .	1	1	1	1	1	1	1	1	1
	are/is a pretty happy person? YES . .	5	5	5	5	5	5	5	5	5

ASK B FOR EVERY 1 IN AA6A.  
 OTHERS, SKIP TO AA7A.

B. How much of the time are you (M/F/O) unhappy (READ OPTIONS)?

A LITTLE . . . . .	1	1	1	1	1	1	1	1	1	1
SOME . . . . .	2	2	2	2	2	2	2	2	2	2
A LOT . . . . .	3	3	3	3	3	3	3	3	3	3

AA7A. Now I would like you to think about how you (M/F/O) get along with your child. Most of the time, how well do you get along?

POOR . . . . .	1	1	1	1	1	1	1	1	1	1
FAIR . . . . .	2	2	2	2	2	2	2	2	2	2
GOOD . . . . .	3	3	3	3	3	3	3	3	3	3
EXCELLENT . . . . .	4	4	4	4	4	4	4	4	4	4

B.	Does your child feel very NO . .	1	1	1	1	1	1	1	1	1
	close to you (M/F/O)? YES . .	5	5	5	5	5	5	5	5	5

ASK C FOR EVERY 1 IN AA7B.  
 OTHERS, SKIP TO BOX AA8A.

C. Why doesn't s/he feel very close to you (M/F/O)?

\_\_\_\_\_

\_\_\_\_\_

**BOX AA8A:**  
**IF 1 OR BOTH BIOLOGICAL PARENTS ARE DECEASED OR**  
**IF PARENTS HAVE HAD NO CONTACT WITH EACH OTHER IN PAST YEAR,**  
**SKIP TO BOX AA8D.**

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
AA8A.	Some parents enjoy being with each other, while others don't. Do you and your child's (mother/father) seem to enjoy being with each other?	NO . . . . . 1 YES . . . . . 5	1 5	1 5
	<b>IF R IS NOT CHILD'S BIOLOGICAL PARENT, ASK:</b> Do his/her biological parents seem to enjoy being with each other?			
B.	Most of the time, how well do your (CHILD'S BIOLOGICAL PARENTS) get along?			
	EXCELLENT? . . . . .	1	1	1
	GOOD? . . . . .	2	2	2
	FAIR? . . . . .	3	3	3
	POOR? . . . . .	4	4	4
C.	Do you (CHILD'S BIOLOGICAL PARENTS) argue and fight in front of your child ...			
	NEVER? . . . . .	1	1	1
	HARDLY EVER? . . . . .	2	2	2
	SOMETIMES? . . . . .	3	3	3
	OFTEN? . . . . .	4	4	4
D.	Do you (CHILD'S BIOLOGICAL PARENTS) fight when you are not with your child ...			
	NEVER? . . . . .	1	1	1
	HARDLY EVER? . . . . .	2	2	2
	SOMETIMES? . . . . .	3	3	3
	OFTEN? . . . . .	4	4	4

**BOX AA8D:**  
**IF OTHER IS A STEP PARENT OR SIGNIFICANT OTHER**  
**AND HAS LIVED WITH R FOR 1 YEAR OR MORE,**  
**CONTINUE.**  
**IF NO OTHER OR OTHER IS NOT A SIGNIFICANT OTHER,**  
**SKIP TO AA9.**

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>						
AA8E. Most of the time, how well do you (BIO MOM/DAD) get along with your child's (STEP MOM/DAD)?									
EXCELLENT? . . . . .	1	1	1						
GOOD? . . . . .	2	2	2						
FAIR? . . . . .	3	3	3						
POOR? . . . . .	4	4	4						
 F. Do you (BIO MOM/DAD) and (STEP MOM/DAD) argue and fight in front of him/her ...									
NEVER? . . . . .	1	1	1						
HARDLY EVER? . . . . .	2	2	2						
SOMETIMES? . . . . .	3	3	3						
OFTEN? . . . . .	4	4	4						
 G. Do you (BIO MOM/DAD) and your child's (STEP MOM/DAD) fight when you are not with him/her ...									
NEVER? . . . . .	1	1	1						
HARDLY EVER? . . . . .	2	2	2						
SOMETIMES? . . . . .	3	3	3						
OFTEN? . . . . .	4	4	4						
<hr/>									
AA9. Everyone gets irritable and crabby some of the time but some people seem to be irritable and crabby most of the time.									
Are you (M/F/O) ...	<b>M</b>	<b>F</b>	<b>O</b>	<b>M</b>	<b>F</b>	<b>O</b>	<b>M</b>	<b>F</b>	<b>O</b>
MORE FUSSY AND CRABBY THAN MOST PARENTS?	1	1	1	1	1	1	1	1	1
ABOUT THE SAME AS MOST PARENTS? . . . .	2	2	2	2	2	2	2	2	2
LESS FUSSY AND CRABBY THAN MOST PARENTS?	3	3	3	3	3	3	3	3	3

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
BB1A. Do you let your child bring friends home to spend time with him/her?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
	(IF YES, SKIP TO BB2A)			

B. What is the reason you don't let his/her friends come over to visit?

<u>CODE ALL:</u>		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
A/D PROBLEMS AT HOME . . . . .		1	5	1	5	1	5
OTHER PROBLEMS AT HOME . . . . .		1	5	1	5	1	5
A/D PROBLEMS W/FRIENDS . . . . .		1	5	1	5	1	5
OTHER PROBLEMS W/FRIENDS . . . . .		1	5	1	5	1	5
OTHER . . . . . (SPECIFY)		1	5	1	5	1	5

SPECIFY OTHER: \_\_\_\_\_  
\_\_\_\_\_

BB2A. Does your child get to go to his/her friends' homes to visit?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
	(IF YES, SKIP TO BB3A)			

B. What is the reason s/he doesn't get to go to his/her friends' homes to visit?

<u>CODE ALL:</u>		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
A/D PROBLEMS AT HOME . . . . .		1	5	1	5	1	5
OTHER PROBLEMS AT HOME . . . . .		1	5	1	5	1	5
A/D PROBLEMS W/FRIENDS . . . . .		1	5	1	5	1	5
OTHER PROBLEMS W/FRIENDS . . . . .		1	5	1	5	1	5
OTHER . . . . . (SPECIFY)		1	5	1	5	1	5

SPECIFY OTHER: \_\_\_\_\_  
\_\_\_\_\_

BB3A. Does your child have to let the family or someone else know where s/he is whenever s/he goes somewhere?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5

B. If s/he doesn't let someone know where s/he is going, is s/he ...

IN NO TROUBLE AT ALL? . . . . .	1	1	1
IN SOME TROUBLE? . . . . .	2	2	2
IN BIG TROUBLE? . . . . .	3	3	3

		<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
BB4A. Does your family have rules about watching TV; for example, how much your child can watch or what s/he can watch?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
		(IF NO, SKIP TO BB5A)		

B. What are the rules about?

<u>CODE ALL:</u>		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
AMOUNT OF TIME . . . . .		1	5	1	5	1	5
TYPE OF PROGRAM . . . . .		1	5	1	5	1	5
WHEN TO WATCH . . . . .		1	5	1	5	1	5
NO TV ALLOWED . . . . .		1	5	1	5	1	5
OTHER . . . . . (SPECIFY)		1	5	1	5	1	5

SPECIFY OTHER: \_\_\_\_\_  
 \_\_\_\_\_

BB5A. How many hours a day does your child usually spend watching TV or videos on school days? HOURS, SCHOOL DAY:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

B. How many hours a day does s/he usually spend watching TV or videos on weekends? HOURS, WEEKEND:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

C. How many hours a day does s/he usually spend watching TV or videos during the summer? HOURS, SUMMER:   \_\_ \_\_       \_\_ \_\_       \_\_ \_\_

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
CC1A. Does your child have any difficulty making friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
B. Does s/he have any difficulty keeping friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
CC2. Does your child have a best friend, or some best friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
CC3A. <b>ADOLESCENTS ONLY:</b> <b>(CHILDREN, SKIP TO CC5A)</b>					
Has your child ever had a boy/girl friend?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
			(IF NO, SKIP TO CC4)		

**CODE ONLY ROMANTIC RELATIONSHIPS OR WHAT THE CHILDREN CONSIDER ROMANTIC.**

B. Has s/he had more than one in his/her life?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
CC4. Does your child have (boys/girls) for friends? Not like (boy/girl) friends, but <u>just</u> friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
CC5A. Do you (M/F/O) know most of your child's friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
B. Do you (M/F/O) dislike any of his/her friends?	NO . . . . .		1	1	1
	YES . . . . .		5	5	5
			(IF NO, SKIP TO BOX CC6)		

C. Why do you (M/F/O) dislike his/her friend(s)?

<u>CODE ALL:</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
NO REASON . . . . .	1	5	1	5	1	5
FRIEND GETS HIM/HER INTO TROUBLE . . . . .	1	5	1	5	1	5
FRIEND BEHAVES BADLY . . . . .	1	5	1	5	1	5
FRIEND'S A/D USE . . . . .	1	5	1	5	1	5
FRIEND'S PARENTS NOT RESPONSIBLE . . . . .	1	5	1	5	1	5
OTHER . . . . . (SPECIFY)	1	5	1	5	1	5

SPECIFY OTHER: \_\_\_\_\_  
\_\_\_\_\_

**BOX CC6:**  
**IF ONLY ONE CHILD; RECORD TIME ENDED ON P.159 AND SKIP TO SARAH, P.1.**  
**IF THERE IS MORE THAN ONE CHILD IN THE FAMILY; CONTINUE WITH DD1, P.159**



FIRST CHILD      SECOND CHILD      THIRD CHILD

SHOULD THIS SECTION BE CODED?	NO . . . . .	1	1	1
	YES . . . . .	5	5	5
(IF NO, RECORD TIME ENDED)				

DD1. All brothers and sisters fight some of the time.  
Do you think that your child fights with his/her brothers/sisters ...

MORE THAN MOST BROTHERS/SISTERS?	. . . . .	1	1	1
SAME AS MOST BROTHERS/SISTERS?	. . . . .	2	2	2
LESS THAN MOST BROTHERS/SISTERS?	. . . . .	3	3	3

DD2. Even though they sometimes fight,  
would you say that your children really like each other ...

MORE THAN MOST BROTHERS/SISTERS?	. . . . .	1	1	1
SAME AS MOST BROTHERS/SISTERS?	. . . . .	2	2	2
LESS THAN MOST BROTHERS/SISTERS?	. . . . .	3	3	3

DD3A. Do your children do anything together besides watch TV?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5  
(IF NO, SKIP TO DD4)

B. What sorts of things do they do together?  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR EDITOR'S USE ONLY:</b>				
HE =	. . . . .	1	1	1
NON-HE =	. . . . .	5	5	5

DD4. In your family, do the older children help take care of the younger ones?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5

(PROBE: HELPING WITH HOMEWORK, BABYSITTING, PLAYING WITH THEM?)

DD5. Does your child ever tell his/her brothers/sisters about his/her problems or worries?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5

DD6. Does your child often talk with his/her brothers/sisters about what's going on at school, with friends, or things like that?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5

DD7A. Do your children stick up for each other in arguments with you (parents)?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5

B. Do your children stick up for each other in arguments with other kids?  
NO . . . . . 1      1      1  
YES . . . . . 5      5      5

TIME ENDED: \_\_\_\_ : \_\_\_\_ : \_\_\_\_  
(USE 24-HOUR CLOCK)

TIME STARTED: \_\_ \_\_ : \_\_ \_\_  
 (USE 24-HOUR CLOCK)

OPTIONAL  
**STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES**  
**( SARAH )**

**FOR EACH ADDITIONAL CHILD IN THE FAMILY USE**  
**STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES ( SARAH ) SUPPLEMENT 3.**

FAMILY DRINKING/CHEMICAL DEPENDENCY PATTERNS

**REMEMBER TO ASK ABOUT MOTHER, FATHER, AND OTHER IF APPLICABLE.**

I want to remind you that I won't tell your answers to anyone else unless someone is in danger or being hurt.

		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
SARAH	1A. Do you (M/F/O) drink beer, wine, or any other alcoholic beverages?	NO . . . 1 YES . . . 5 (IF YES, SKIP TO 2A)	1 5	1 5
	B. Have you (M/F/O) ever drunk alcohol in the past?	NO . . . 1 YES . . . 5 (IF NO, SKIP TO 2A)	1 5	1 5
	C. Did you (M/F/O) drink alcohol only before your child was born?	NO . . . 1 YES . . . 5	1 5	1 5
SARAH	2A. Do you (M/F/O) take drugs like crack, cocaine, marijuana, uppers, or downers?	NO . . . 1 YES . . . 5 (IF YES, SKIP TO D)	1 5	1 5
	B. Have you (M/F/O) ever used any of these drugs in the past?	NO . . . 1 YES . . . 5 (IF NO, SKIP TO BOX 3)	1 5	1 5
	C. Did you (M/F/O) use drugs only before your child was born?	NO . . . 1 YES . . . 5 (IF YES, SKIP TO BOX 3)	1 5	1 5

2D. Have you (M/F/O) used:	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	NO	YES	NO	YES	NO	YES
1. marijuana? . . . . .	1	5	1	5	1	5
2. crack? . . . . .	1	5	1	5	1	5
3. cocaine? . . . . .	1	5	1	5	1	5
4. amphetamines (uppers)? . . . . .	1	5	1	5	1	5
5. PCP/LSD? . . . . .	1	5	1	5	1	5
6. barbiturates (downers)? . . . . .	1	5	1	5	1	5
7. others? . . . . .	1	5	1	5	1	5

IF OTHER DRUGS, SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

**BOX 3:**  
 IF (M/F/O) HAD NO ALCOHOL OR DRUG USE IN CHILD'S LIFETIME,  
 SKIP TO PARENT QUESTIONNAIRE.  
 OTHERS, CONTINUE.

Many adults drink and never have any problems. But sometimes when parents drink a lot (or take other drugs), it causes problems for them and for their families. I'm going to name some problems people may have with alcohol (or drugs) and you tell me if these are problems in your family.

SARAH	3. Has drinking (or using drugs) ever made you (M/F/O) more crabby or angry than usual?	<u>EVER</u>					<u>NOW</u>				
		MOTHER					MOTHER				
		1	2	3	4	5	1	2	3	4	5
		FATHER					FATHER				
	NO . . . . .	1	2	3	4	5	1	2	3	4	5
	DRINKING . . . . .										
	DRUGS . . . . .										
	BOTH . . . . .	1	2	3	4	5	1	2	3	4	5
	CAN'T DISTINGUISH . . . . .										

SARAH

4A.	When you (M/F/O) have had too much to drink (or have taken drugs), have you (M/F/O) ever said or done anything that upset your child or hurt his/her feelings?	<u>EVER</u>					<u>NOW</u>									
		MOTHER					MOTHER									
		1	2	3	4	5	1	2	3	4	5					
	NO. . . . (SKIP TO 5A) . . . . . 1	FATHER					FATHER									
	DRINKING . . . . . 2	1	2	3	4	5	1	2	3	4	5					
	DRUGS . . . . . 3	OTHER					OTHER									
	BOTH . . . . . 4	1	2	3	4	5	1	2	3	4	5					
	CAN'T DISTINGUISH . . . . . 5															
B.	How many times has that happened?	<u>MOTHER</u>					<u>FATHER</u>					<u>OTHER</u>				
	1 TIME . . . . . 1	1					1					1				
	2 TIMES . . . . . 2	2					2					2				
	3-5 TIMES . . . . . 3	3					3					3				
	6-10 TIMES . . . . . 4	4					4					4				
	11+ TIMES . . . . . 5	5					5					5				

SARAH

5A.	Have you (M/F/O) ever had too much to drink (or taken drugs) when his/her friends were around?	<u>EVER</u>					<u>NOW</u>									
		MOTHER					MOTHER									
		1	2	3	4	5	1	2	3	4	5					
	NO. . . . (SKIP TO 6) . . . . . 1	FATHER					FATHER									
	DRINKING . . . . . 2	1	2	3	4	5	1	2	3	4	5					
	DRUGS . . . . . 3	OTHER					OTHER									
	BOTH . . . . . 4	1	2	3	4	5	1	2	3	4	5					
	CAN'T DISTINGUISH . . . . . 5															
B.	How many times has that happened?	<u>MOTHER</u>					<u>FATHER</u>					<u>OTHER</u>				
	1 TIME . . . . . 1	1					1					1				
	2 TIMES . . . . . 2	2					2					2				
	3-5 TIMES . . . . . 3	3					3					3				
	6-10 TIMES . . . . . 4	4					4					4				
	11+ TIMES . . . . . 5	5					5					5				

SARAH

6.	Did s/he ever stop bringing friends around because of your (M/F/O)'s drinking (or drug use)?	<u>EVER</u>					<u>NOW</u>				
		MOTHER					MOTHER				
		1	2	3	4	5	1	2	3	4	5
	NO . . . . . 1	FATHER					FATHER				
	DRINKING . . . . . 2	1	2	3	4	5	1	2	3	4	5
	DRUGS . . . . . 3	OTHER					OTHER				
	BOTH . . . . . 4	1	2	3	4	5	1	2	3	4	5
	CAN'T DISTINGUISH . . . . . 5										

SARAH	7A.	Did you (M/F/O) ever argue and fight when you (M/F/O) had been drinking (or using drugs)?		<u>EVER</u>		<u>NOW</u>
				MOTHER		MOTHER
			1	2 3 4 5	1	2 3 4 5
		NO . . . . (SKIP TO 8) . . . . . 1		FATHER		FATHER
		DRINKING . . . . . 2	1	2 3 4 5	1	2 3 4 5
		DRUGS . . . . . 3		OTHER		OTHER
		BOTH . . . . . 4	1	2 3 4 5	1	2 3 4 5
		CAN'T DISTINGUISH . . . . . 5				

B.	How many times has s/he overheard the fighting and arguing?		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
	NEVER . . . . . 0	0	0	0	
	1 TIME . . . . . 1	1	1	1	
	2 TIMES . . . . . 2	2	2	2	
	3-5 TIMES . . . . . 3	3	3	3	
	6-10 TIMES . . . . . 4	4	4	4	
	11+ TIMES . . . . . 5	5	5	5	

SARAH	8.	Have you (M/F/O) ever thrown things or broken things when you (M/F/O) have been drinking (or using drugs)?		<u>EVER</u>		<u>NOW</u>
				MOTHER		MOTHER
			1	2 3 4 5	1	2 3 4 5
		NO . . . . . 1		FATHER		FATHER
		DRINKING . . . . . 2	1	2 3 4 5	1	2 3 4 5
		DRUGS . . . . . 3		OTHER		OTHER
		BOTH . . . . . 4	1	2 3 4 5	1	2 3 4 5
		CAN'T DISTINGUISH . . . . . 5				

SARAH	9A.	When you (M/F/O) have been drinking (or using drugs), have you (M/F/O) ever tried to hit your child or hurt him/her in some way?		<u>EVER</u>		<u>NOW</u>
				MOTHER		MOTHER
			1	2 3 4 5	1	2 3 4 5
		NO . . . . (SKIP TO 10A) . . . . . 1		FATHER		FATHER
		DRINKING . . . . . 2	1	2 3 4 5	1	2 3 4 5
		DRUGS . . . . . 3		OTHER		OTHER
		BOTH . . . . . 4	1	2 3 4 5	1	2 3 4 5
		CAN'T DISTINGUISH . . . . . 5				

B.	How many times has that happened?		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
	1 TIME . . . . . 1	1	1	1	
	2 TIMES . . . . . 2	2	2	2	
	3-5 TIMES . . . . . 3	3	3	3	
	6-10 TIMES . . . . . 4	4	4	4	
	11+ TIMES . . . . . 5	5	5	5	

SARAH	10A.	When you (M/F/O) have been drinking (or taking drugs), has your child ever seen you unhappy or crying?		<u>EVER</u>		<u>NOW</u>
				MOTHER		MOTHER
			1	2 3 4 5	1	2 3 4 5
		NO . . . (SKIP TO 11A) . . . . . 1		FATHER		FATHER
		DRINKING . . . . . 2	1	2 3 4 5	1	2 3 4 5
		DRUGS . . . . . 3		OTHER		OTHER
		BOTH . . . . . 4	1	2 3 4 5	1	2 3 4 5
		CAN'T DISTINGUISH . . . . . 5				

B.	How many times has s/he seen you (M/F/O) unhappy or crying?		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
----	---	--	---------------	---------------	--------------

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

SARAH

11A. Sometimes when people drink (or take drugs), they don't make any fuss--they just sit quietly drinking (or taking drugs) until they fall asleep. Has this ever happened with you (M/F/O)?

	<u>EVER</u>					<u>NOW</u>				
	MOTHER					MOTHER				
NO. . . (SKIP TO 12) . . . . .	1	2	3	4	5	1	2	3	4	5
DRINKING . . . . .	1	2	3	4	5	1	2	3	4	5
DRUGS . . . . .										
BOTH . . . . .										
CAN'T DISTINGUISH . . . . .	1	2	3	4	5	1	2	3	4	5

B. How often did that happen to you (M/F/O)?

	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
EVERY DAY OR NEARLY EVERY DAY . . . . .	1		1		1	
ONCE OR TWICE A WEEK . . . . .	2		2		2	
ONCE OR TWICE A MONTH . . . . .	3		3		3	
LESS THAN ONCE OR TWICE A MONTH . . . . .	4		4		4	

SARAH	12.	Have you (M/F/O) ever spent so much time drinking (or taking drugs) that you didn't have time to be with your child or look after him/her?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

SARAH	13A.	Have you (M/F/O) ever given your child <u>extra</u> jobs at home, because of your (M/F/O)'s drinking (or taking drugs)?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . (SKIP TO 14) . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

B. What kind of extra jobs would s/he have to do?

\_\_\_\_\_

\_\_\_\_\_

SARAH	14.	When you (M/F/O) have been drinking (or using drugs), did your child ever try to stay out of your (M/F/O)'s way by going to another part of the house?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

SARAH

15A. Has your child ever left the house because of your (M/F/O)'s drinking (or taking drugs)?

NO . . . (SKIP TO 16) . . . . . 1  
 DRINKING . . . . . 2  
 DRUGS . . . . . 3  
 BOTH . . . . . 4  
 CAN'T DISTINGUISH . . . . . 5

<u>EVER</u>					<u>NOW</u>				
MOTHER					MOTHER				
1	2	3	4	5	1	2	3	4	5
FATHER					FATHER				
1	2	3	4	5	1	2	3	4	5
OTHER					OTHER				
1	2	3	4	5	1	2	3	4	5

B. Where did s/he go?

\_\_\_\_\_

\_\_\_\_\_

<b>FOR EDITOR'S USE ONLY</b>
<b>H E = 1</b>
<b>NON H E = 5</b>

(**PROBE** FOR FRIENDS, RELATIVES, PLACES WHERE TEENAGERS HANG OUT, LIKE ARCADES, FAST FOOD PLACES, MALLS, OTHER PLACES.)

1. What did s/he do at (PLACE)?

\_\_\_\_\_

\_\_\_\_\_

C. How many times has this happened?

	<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
1 TIME . . . . .	1	1	1
2 TIMES . . . . .	2	2	2
3-5 TIMES . . . . .	3	3	3
6-10 TIMES . . . . .	4	4	4
11+ TIMES . . . . .	5	5	5

SARAH

16. Has your child ever worried about you (M/F/O) drinking (or using drugs) when your child is away from home, like when s/he is in school?

NO . . . . . 1  
 DRINKING . . . . . 2  
 DRUGS . . . . . 3  
 BOTH . . . . . 4  
 CAN'T DISTINGUISH . . . . . 5

<u>EVER</u>					<u>NOW</u>				
MOTHER					MOTHER				
1	2	3	4	5	1	2	3	4	5
FATHER					FATHER				
1	2	3	4	5	1	2	3	4	5
OTHER					OTHER				
1	2	3	4	5	1	2	3	4	5



SARAH	17.	Has your child ever gotten upset and nervous when s/he thought you (M/F/O) were going to start drinking (or using drugs) or perhaps, come home drunk (or high)?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

SARAH	18.	When you (M/F/O) have been drinking (or using drugs), has your child ever asked you (M/F/O) to stop?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

SARAH	19.	Has your child ever told you (M/F/O) that you (M/F/O) have been drinking too much (or that you (M/F/O) should not be taking drugs)?	<u>EVER</u>	<u>EVER</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

SARAH	20.	Has your child ever tried to be nicer than usual, extra good, hoping that this might stop you (M/F/O) from drinking (or taking drugs)?	<u>EVER</u>	<u>NOW</u>
			MOTHER	MOTHER
			1 2 3 4 5	1 2 3 4 5
		NO . . . . . 1	FATHER	FATHER
		DRINKING . . . . . 2	1 2 3 4 5	1 2 3 4 5
		DRUGS . . . . . 3		
		BOTH . . . . . 4	OTHER	OTHER
		CAN'T DISTINGUISH . . . . . 5	1 2 3 4 5	1 2 3 4 5

**RECORD TIME ENDED AND CONTINUE WITH PARENT QUESTIONNAIRE.**

**TIME ENDED:** \_\_\_\_\_ : \_\_\_\_\_  
(USE 24-HOUR CLOCK)

SUBJECT COMMENTS

I've asked you a lot of questions about your feelings, experiences, and behavior. Of course, people are not all the same, and maybe there is something that is important to you that I have missed. Is there anything else that you think I should know?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like to say about this interview?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME ENDED:**        \_\_\_\_ : \_\_\_\_

(USE 24-HOUR CLOCK)

RATE ACCURACY OF RATINGS THROUGHOUT C-SSAGA:

NO DIFFICULTY . . . . .	1
SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE . . . . .	2
MAJOR DIFFICULTY IN CONDUCTING EXAM . . . . .	3
IMPOSSIBLE TO RATE WITH ANY CONFIDENCE . . . . .	4

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**INTERVIEWER NARRATIVE**

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